Standards of Practice for
ACT Allied Health Professionals

ACT Health
September 2004
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>5</td>
</tr>
<tr>
<td>Introduction</td>
<td>6</td>
</tr>
<tr>
<td>Background</td>
<td>6</td>
</tr>
<tr>
<td>Purpose</td>
<td>7</td>
</tr>
<tr>
<td>Guiding Principles</td>
<td>7</td>
</tr>
<tr>
<td>Categorising the Standards</td>
<td>7</td>
</tr>
<tr>
<td>What makes a health professional different from other workers in the health care setting?</td>
<td>8</td>
</tr>
<tr>
<td>What is the difference between legal and professional requirements for health professionals?</td>
<td>8</td>
</tr>
<tr>
<td>What will happen if the standards are breached?</td>
<td>9</td>
</tr>
<tr>
<td>What is the difference between the standards of practice for allied health professionals, competency standards and practice guidelines?</td>
<td>9</td>
</tr>
<tr>
<td>1. Standards pertaining to interaction with the client</td>
<td>10</td>
</tr>
<tr>
<td>1.1 Duration and frequency of care</td>
<td>10</td>
</tr>
<tr>
<td>1.2 Rights and responsibilities of the patient/client</td>
<td>10</td>
</tr>
<tr>
<td>1.3 Ability to consent to, request and receive health services</td>
<td>12</td>
</tr>
<tr>
<td>1.4 Communication</td>
<td>12</td>
</tr>
<tr>
<td>1.5 Professional boundaries</td>
<td>13</td>
</tr>
<tr>
<td>1.6 Provision of certificates</td>
<td>13</td>
</tr>
<tr>
<td>1.7 Refusal to provide a service and discontinuation of treatment prior to completion of course of care</td>
<td>14</td>
</tr>
<tr>
<td>1.8 Fees</td>
<td>15</td>
</tr>
<tr>
<td>1.9 Supply of medicines/use of drugs</td>
<td>15</td>
</tr>
<tr>
<td>1.10 Procedures with a risk of catastrophic consequences</td>
<td>16</td>
</tr>
<tr>
<td>1.11 Open disclosure</td>
<td>16</td>
</tr>
<tr>
<td>2. Standards pertaining to the health professional</td>
<td>17</td>
</tr>
<tr>
<td>2.1 Continuing professional development</td>
<td>17</td>
</tr>
<tr>
<td>2.2 Responsibilities of the health professional</td>
<td>18</td>
</tr>
<tr>
<td>2.3 Advertising</td>
<td>18</td>
</tr>
<tr>
<td>Section</td>
<td>Title</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>2.4</td>
<td>Health records</td>
</tr>
<tr>
<td>2.5</td>
<td>Infection control and communicable diseases</td>
</tr>
<tr>
<td>2.6</td>
<td>Use of titles</td>
</tr>
<tr>
<td>2.7</td>
<td>Name of health professional</td>
</tr>
<tr>
<td>2.8</td>
<td>Tele-medicine and cross-border services</td>
</tr>
<tr>
<td>2.9</td>
<td>Scope of practice</td>
</tr>
<tr>
<td>2.10</td>
<td>Delegation of practice</td>
</tr>
<tr>
<td>2.11</td>
<td>Recency of practice</td>
</tr>
<tr>
<td>2.12</td>
<td>Professional indemnity and public liability insurance</td>
</tr>
<tr>
<td>2.13</td>
<td>Research</td>
</tr>
<tr>
<td>2.14</td>
<td>Teaching/Supervision</td>
</tr>
<tr>
<td>2.15</td>
<td>Management</td>
</tr>
<tr>
<td>3</td>
<td>Standards pertaining to the environment</td>
</tr>
<tr>
<td>3.1</td>
<td>Standards of premises</td>
</tr>
<tr>
<td>3.2</td>
<td>Signage and identification</td>
</tr>
<tr>
<td>3.3</td>
<td>Confidentiality and privacy</td>
</tr>
<tr>
<td>3.4</td>
<td>Maintenance of equipment</td>
</tr>
<tr>
<td>3.5</td>
<td>Occupational health and safety risk management</td>
</tr>
<tr>
<td>3.6</td>
<td>Emergency procedures</td>
</tr>
<tr>
<td>4</td>
<td>Standards pertaining to professional colleagues</td>
</tr>
<tr>
<td>4.1</td>
<td>Reporting other health professionals</td>
</tr>
<tr>
<td>4.2</td>
<td>Reporting impaired health professionals</td>
</tr>
<tr>
<td>4.3</td>
<td>Acting as a consultant</td>
</tr>
<tr>
<td>4.4</td>
<td>Referral to other health professionals</td>
</tr>
<tr>
<td>4.5</td>
<td>Sharing of fees</td>
</tr>
<tr>
<td>5</td>
<td>Standards pertaining to the community</td>
</tr>
<tr>
<td>5.1</td>
<td>Provision of care to patients/clients who are at risk</td>
</tr>
<tr>
<td>5.2</td>
<td>Reporting child abuse</td>
</tr>
<tr>
<td></td>
<td><strong>Glossary</strong></td>
</tr>
<tr>
<td></td>
<td><strong>References</strong></td>
</tr>
</tbody>
</table>
To support the operation of the Health Professionals Act 2004, ACT Health has developed core (non-clinical) generic standards of practice for Allied Health Professionals including Continuous Professional Development (CPD) requirements. These Standards have been developed for dentists, dental hygienists, dental technicians and prosthetists, physiotherapists, podiatrists, psychologists, veterinary surgeons, chiropractors, osteopaths, pharmacists and optometrists to assist them in providing safe care to the public.

I would like to commend the Steering Committee for its work as these Standards and requirements were developed through wide consultation with health professionals within the public and private ACT allied health community. They incorporate contemporary thinking in relation to consumer involvement, continuing professional competency requirements and the maintenance of standards of practice and are a first for the ACT and Nationally.

The Standards include aspects of practice relating to professional conduct, behaviour, systems, procedures and the required knowledge and skill for professional practice. As the scope of practice for each profession is different, additional, profession specific required standards will be documented within the Schedule and Regulations for each profession. These new core practice standards will also provide the Community and Health Services Complaints Commissioner and Health Profession Boards with a basis for decisions regarding professional misconduct or unprofessional conduct.

The new legislation will be progressively applied over the next twelve months and will benefit the ACT as the professional standards provide a high standard of service and ensures that allied health professionals in the ACT are competent in their area of practice.

I believe the Professional Practice Standards provide an excellent framework for Allied Health Professionals in the ACT and am pleased to support this publication.

Simon Corbell
MINISTER FOR HEALTH
Introduction

Background

Consumers have the right to expect that health professionals providing professional services do so in a competent and contemporary manner that meets best practice standards. Part 3 of the ACT Health Professionals Act 2004\(^1\) defines the required standard of practice as “the exercise of professional judgment, knowledge, skill and conduct at a level that maintains public protection and safety”.

The Health Professionals Regulations 2004\(^2\) set out the provisions for maintaining competence and continuing professional development which will apply under the Health Professionals Act 2004.

These regulations state that “a health profession board must, in consultation with professional representative bodies, develop, or endorse, written standards about the action registered health professionals need to take to maintain competence and continue professional development.”

Many health professional associations and employing agencies have specific ethics and code of conduct documents. The Health Professionals Regulations 2004 state that “the health profession board must ensure, as far as practicable, that the profession-specific standards developed or endorsed are consistent with any standards developed by professional representative bodies for the health profession”.

Each health profession board will develop profession-specific standards that will be endorsed in accordance with the Health Professionals Regulations 2004. As such, the standards specified by each health profession board will form the legal benchmark of professional practice standards for the relevant profession.

The health profession board may endorse standards that are inconsistent with standards approved by a professional association or employing agency if it is necessary to do so in order to protect the public. In the case of any conflict or discrepancy with ethics or code of conduct documents, the standards specified by health professional boards will prevail because, once approved, they are a legal document. The Health Professionals Act 2004 and Regulations 2004 will take precedence over the Schedules containing the Standards.

The Standards of Practice for ACT Allied Health Professionals have been developed in consultation with representatives from regulated and non-regulated health professions, and describe generic standards of practice for a variety of allied health professionals in the Australian Capital Territory. These generic standards will form the basis for the profession-specific standards to be specified by allied health profession boards.

The Standards of Practice for ACT Allied Health Professionals will be reviewed and amended at regular intervals to reflect current best practice in health care and the needs of the health profession boards.
Purpose
The purposes of the Standards of Practice for ACT Allied Health Professionals are to:

• set a basis for the required standard of professional practice for allied health professionals in professions regulated by the Health Professionals Act 2004;

• inform allied health professionals practising in the ACT of the required standard of professional practice;

• inform the community of the standard of professional practice for allied health professionals in professions regulated by the Health Professionals Act 2004;

• provide allied health profession boards with a basis for decisions regarding professional misconduct or unprofessional conduct; and

• guide allied health professionals towards formal or informal resolution of ethical violations when they arise.

Guiding Principles
Allied health professionals have responsibilities and obligations to their clients and to the broader community to provide safe, beneficial, responsible and competent health care which is responsive to individual, group and community needs, and the professional situation, within a context of justice and respect for people’s rights and dignity.

Allied health professionals have responsibilities and obligations to their colleagues and to their profession, but these will always be secondary to their responsibilities and obligations to the public.

Categorising the Standards
The standards in this document pertain to five areas:

• interaction with the client;

• the health professional;

• the practice environment;

• interaction with professional colleagues; and

• responsibilities to the community.
What makes a health professional different from other workers in the health care setting?

Health professionals have special responsibilities to patients/clients that are different to those of the non-professional workforce. The characteristics of any professional include:

- a primary responsibility to the client (duty of care);
- a requirement to act in accordance with the client’s wishes (client autonomy);
- a requirement to act in the best interests of the client (principles of beneficence and non-maleficence);
- practise is based on a body of knowledge and defined skills;
- a commitment to maintaining competence and continuing professional development;
- reflective practice; and
- decision-making based on available information and likely consequences.

What is the difference between legal and professional requirements for health professionals?

Health professionals must always act in accordance with relevant laws, and in some cases, their responsibility as a professional may extend beyond the minimum legal requirement. The Standards of Practice for ACT Allied Health Professionals contain several references to standards arising from legislation other than the Health Professionals Act 2004. Such legislation usually applies to the general community, not just to health professionals. Although there are many legal requirements of such legislation, there are usually few offences that can be committed. This creates a situation where a health professional’s actions may not constitute an offence, but may be considered by the health profession board to fail to meet a professional standard.

For example, it is a breach of the Health Records (Privacy and Access) Act 1997 not to pass on clinical information to a subsequent treating practitioner, but it is not defined in the Act as an offence. However, the health profession board may determine that such behaviour fails to meet the professional standard in this area.

Conversely, a health professional may be found to be negligent by a court in a civil action, but the health profession board may see the action as an understandable accident and not censure the health professional.

It is important to note that as with any professional, a health professional has a duty to act responsibly at all times, even if an employer or supervisor directs otherwise and a professional body should be prepared to support professionals who refuse (reasonably) to compromise professional standards during the course of their duties.
When conflict exists between the professional standards and organisational/work demands, the health professional must resolve the conflict to ensure he or she is practising in accordance with the professional standards.

What will happen if the standards are breached?

The *Health Professionals Act 2004* and the *Community and Health Services Complaints Act 1993* stipulate the procedures that will be followed, including possible outcomes, if there is a reported breach of the standards that have been adopted by the health professionals boards.

For non-regulated professions, there are various formal and informal processes that could apply depending on the seriousness of the breach. These processes range from proceedings in accordance with policies and procedures of the relevant professional association or workplace to formal investigations by the Health Complaints Commissioner.

Health professionals who are employed in the ACT Public Service are bound by the *Public Sector Management Act 1994* and the *ACT Public Service Code of Ethics* and *Public Sector Management Standards*. These apply to all ACT Public Service employees and form the basis for disciplinary procedures in relevant workplaces.

Health professionals who are employed in the Commonwealth Public Service are bound by the *Public Service Act 1999* and should act in accordance with the *APS Values and Code of Conduct 2003*.

If a health professional employed by the ACT or Commonwealth Public Service is unable to fulfil his or her duties due to sanctions resulting from a breach of the *Health Professionals Act 2004*, he or she may be subject to disciplinary procedures including dismissal.

What is the difference between the standards of practice for allied health professionals, competency standards and practice guidelines?

<table>
<thead>
<tr>
<th>Standards of practice for allied health professionals</th>
<th>Competency standards</th>
<th>Practice guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statements of the level of professional performance considered to be acceptable practice in terms of actual competence, ethical behaviour, systems, procedures and use of information.</td>
<td>Statements of the level of potential professional performance, including the knowledge, skill and other attributes, considered to be the minimum required to attain a professional qualification.</td>
<td>Statements that are systematically developed to assist decision-making by health professionals and patients/clients about appropriate approaches to management for specific clinical situations.</td>
</tr>
</tbody>
</table>

It is important to note that a health professional may be competent but may still not practise in accordance with the standards of practice. Interdependence between the standards of practice for health professionals and the relevant profession-specific competency standards is required for professional service delivery.
1. Standards pertaining to interaction with the client

1.1 Duration and frequency of care

1.1.1 A health professional must ensure they provide services that are appropriate for the assessed needs of the patient/client and do not provide services of a kind that are excessive, unnecessary or not reasonably required.

1.2 Rights and responsibilities of the patient/client

The ACT Government is committed to ensuring the health system is clearly focused on meeting the needs of patients/clients, and encourages active and real involvement of patients/clients in decision-making in their health care. As part of this commitment, a Code of Health Rights and Responsibilities is being established in accordance with the Community and Health Services Complaints Act 1993. The Code will set out the rights and responsibilities of the various participants in the health care relationship. Any breaches of some (or any) sections of the Code will be considered prima facie breaches of the professional standard in this area. Until the Code is established, the following standards will apply:

1.2.1 Patients/clients have the right to:

• receive services that are provided with reasonable skill, care and competence;

• accurate and up to date information about their care and treatment, and the services and options available to them, sufficient to enable them to make informed decisions about their care;

• be treated with respect regardless of cultural and spiritual beliefs;

• be free from discrimination, intimidation, coercion, harassment, abuse, assault or exploitation;

• their dignity, autonomy and independence;

• be communicated with in a manner, language and format they can understand;

• an environment which promotes their ability to speak freely, ask questions and seek more information;

• receive a fair settlement of just claims;

• know in advance about the likely costs of services;

• timely and appropriate referral to other services;

• participate in all stages of their care or treatment;

• refuse care and treatment;
• seek a second opinion about their care and treatment and be informed of this option;

• choose their care or treatment when more than one treatment option is available;

• make informed choices and give informed consent to care and treatment, except where legislation waives the right\(^{10}\);

• withdraw their consent to care and treatment, including the right to discontinue care at any time, against the advice of a health professional, except except where legislation waives the right\(^{11}\);

• confidentiality and privacy of health information;

• refuse to give access to some or all of their health information;

• be informed if the treatment or care is being provided by a person who is a student;

• be informed if the treatment or care offered to them is experimental, or part of a teaching or research exercise;

• be the subject of medical research or teaching only with informed consent;

• refuse to take part in research, experiments and teaching exercises;

• be made aware of procedures for complaints; and

• to provide feedback to health professionals, including making a complaint without reprisal or penalty from a provider.

1.2.2 There are limits to the responsibilities of health professionals if patients/clients unreasonably fail to accept or act on good advice, despite all reasonable efforts being made by the health professional. Patients/clients have a responsibility to contribute to effective therapeutic partnerships by:

• treating the health professional with the same respect and consideration that they are provided by the health professional;

• communicating effectively and being honest;

• being fair, truthful and accurate in providing feedback; and

• ensuring that complaints are not petty or simply for the purpose of troublemaking.
1.3 Ability to consent to, request and receive health services

There are several conditions or situations in which patients/clients may have limited competence or limited ability to make independent decisions about their health care – for example, people with dementia, or acute conditions that temporarily affect competence, and children or young people. In the ACT, a health professional must make a professional judgement whether a person is of sufficient age, and of sufficient mental and emotional capacity to understand the nature of a health service, and sufficiently competent to give consent to a health service being provided in a particular situation.

1.3.1 In general, where the health professional judges that a person is of sufficient age, and of sufficient mental and emotional capacity to understand the nature of a health service, and sufficiently competent to give consent to a health service being provided, then he or she should be able to request and provide informed consent to receive health services without the consent of a parent, guardian or other legal representative.

1.3.2 Where the health professional does not consider that a person is of sufficient age, and of sufficient mental and emotional capacity to understand the nature of a health service, and sufficiently competent to give informed consent to receive health services, then the health professional should ensure a parent, guardian or other legal representative acts on behalf of the person.

1.4 Communication

Effective and appropriate communication with patients/clients, carers, other health professionals and other members of the community is a fundamental requirement in the provision of health care services.

1.4.1 A health professional must provide the patient/client with sufficient information to ensure the patient/client is able to participate as actively as possible and respond appropriately to the information.

1.4.2 A health professional must explain the nature of the health care being proposed, what its purpose is, its possible positive and adverse consequences, its limitations, and reasonable alternatives wherever they exist.

1.4.3 A health professional must communicate appropriately with, and provide relevant information to, other stakeholders including members of the treating team.

1.4.4 A health professional must utilise effective and flexible communication in a manner appropriate for the reader or listener.
1.4.5 A health professional must utilise appropriate interpreters for those who clearly require assistance because they are non English speaking, have English as a second language, or are speech and/or hearing impaired. Wherever possible, trained translators and interpreters should be used rather than family members or other staff.

1.5 **Professional boundaries**

The *Health Professional Regulations 2004* state that a registered health professional must not engage in inappropriate behaviour involving someone who is, or was, a user of a health service provided by the health professional, and that the standards may set out what kind of behaviour is inappropriate in relation to a health professional.

The public has an expectation that the therapeutic context will be safe one for patients/clients. As such the proper and professional relationship between a patient/client and a health professional is one where the health of the patient/client is the primary concern. It is the responsibility of the health professional to behave responsibly at all times and to maintain professional boundaries with patients/clients. Sexual misconduct is an example of a violation of professional boundaries.

The relationship between a health professional and a patient/client is not one of equality as the patient/client is seeking assistance and guidance. Patients/clients perceive a power differential between themselves and the treating health professional and as such any exploitation of the relationship must be considered as an abuse of power.

1.5.1 A health professional shall behave responsibly at all times and maintain professional boundaries with patients/clients.

1.5.2 A health professional must avoid dual relationships that may exploit patients/clients or other parties.

1.5.3 Where a health professional identifies the potential for a violation of professional boundaries, the health professional should immediately refer the patient/client to a suitably qualified health professional.

1.6 **Provision of certificates**

Health professionals should always keep in mind that a certificate is a document with legal status. A certificate is a statement in writing by a person having public or official status concerning matters within their knowledge. When a health professional provides a certificate, it is imperative that it is prepared with care and accuracy.
1.6.1 All parts of a certificate should be completed in a legible manner (preferably typed), bear the date of consultation, the date and time of issue of the certificate, and the name and address of the issuing health professional.

1.6.2 A health professional has a duty to read thoroughly and consider carefully all the implications of a certificate tendered by the client or third party for signature. A health professional should only sign any such certificate if he or she can properly and truthfully certify the information attested.

1.6.3 A health professional must not issue or sign a certificate that misrepresents a fact.

1.7 Refusal to provide a service and discontinuation of treatment prior to completion of course of care

In some situations, a health professional may consider it is in the best interests of the patient/client to refuse to provide a service, or to discontinue treatment. Examples include:

• where the patient/client requests a treatment that the health professional does not consider appropriate;
• where the health professional considers treatment to be futile;
• where the patient/client refuses to co-operate with the recommended treatment;
• where there are insufficient resources to provide effective care to the patient/client;
• where the health professional does not have an appropriate level of knowledge or skill to effectively treat the patient/client; or
• where the health professional does not consider that ongoing treatment will benefit the patient/client.

In other situations, a health professional may consider it is necessary to refuse to provide a service because treatment of the patient/client poses a risk to the health professional or other staff.

1.7.1 Where there are reasonable grounds for doing so, or such action is in the best interests of the patient/client or staff, health professionals may:

• refuse to provide a service; or
• choose to cease treatment of a patient/client prior to completion of a course of care.
1.7.2 A health professional who refuses to provide a service, or chooses to cease treatment of a patient/client during a course of care, must:

- advise the patient/client of the decision; and
- where further treatment is required for the patient/client’s immediate well-being, refer the patient/client to an appropriate health professional for continuing care.

1.7.3 If the ethical, religious and political beliefs of a health professional conflict with a patient/client’s request for care (e.g. request for contraception), the health professional must be willing to refer the patients/client to a more suitable health professional.

1.8 Fees

1.8.1 Patients/clients should be made aware of, and agree to, all the fees and charges involved in a course of treatment, prior to the health service being provided.

1.8.2 Discussion of fees should be in a manner appropriate to the professional relationship and should include discussion about the cost of all required services and general agreement as to the level of treatment to be provided.

1.9 Supply of medicines/use of drugs

Prescription, supply and use of drugs and medicines is regulated primarily by the Poisons Act 1933\(^{12}\) and the Poisons and Drugs Act 1978\(^{13}\) and the Drugs of Dependence Act 1989\(^{14}\) and the relevant regulations. The list of scheduled medicines is contained in the Standard for the Uniform Scheduling of Drugs and Poisons\(^{15}\) and its gazetted amendments. Many unscheduled drugs and medicines (scheduled and unscheduled) have contraindications, precautions and interactions with other drugs, and the community has a right to expect that health professionals who supply, recommend or use any drug or medicine are aware of its appropriate use and the potential contraindications, precautions, adverse effects and interactions with other drugs.

1.9.1 Only health professionals who are appropriately qualified and licensed/registered can prescribe, supply, recommend or use drugs and medicines that are included in the schedule in the course of their professional practice.

1.9.2 A health professional shall ensure that all relevant contraindications, precautions and interactions with other drugs are checked with a patient/client before prescribing, supplying, using or recommending any scheduled or non-scheduled medicines or drugs as part of the treatment.
1.10 **Procedures with a risk of catastrophic consequences**

A risk is defined by the *Australia/New Zealand Standard for Risk Management (AS/NZS 4360:1999)* as “…the possibility of something happening that impacts on your objectives…..It is measured in terms of likelihood and consequence.” The ACT Government has published risk management guidelines and a toolkit to assist organisations and individuals to assess and minimise risk. Even if the likelihood of an adverse event is unlikely, if the consequence is catastrophic (eg: serious injury or death), then the risk level is assessed as high.

1.10.1 Only health professionals who are appropriately trained and competent shall perform procedures that are accompanied by a risk of catastrophic consequences – for example cervical spine manipulation and certain invasive procedures.

1.10.2 All health professionals who perform procedures with a risk of catastrophic consequences must practise in accordance with best practice guidelines, including appropriate history taking, physical examination and other investigations, to minimise the risk.

1.10.3 Wherever practicable, a health professional who performs procedures with a risk of catastrophic consequences must ensure patients/clients understand the nature of the intervention, including potential adverse events and treatment options, and consent to the procedure prior to it being performed.

1.11 **Open disclosure**

Open Disclosure is about providing an open, consistent approach to communicating with patients/clients following an adverse event. This includes expressing regret for what has happened, keeping the patient informed, and providing feedback on investigations including the steps taken to prevent an event from recurring. It is also about providing information that will enable systems of care to be changed to improve patient safety.

1.11.1 In the case of an adverse event, all health professionals shall actively follow the Open Disclosure Standard.
2. Standards pertaining to the health professional

2.1 Continuing professional development

The *Health Professionals Regulations 2004* state that the standards must include requirements for maintaining professional competence and professional development. Many professional associations and workplaces have minimum requirements for continuing professional development (CPD) - for example, ACT Health is adopting a “Learning and Development Framework” for all employees. In recognition that many health professionals are required to meet existing minimum requirements for CPD, the *Health Professionals Regulations 2004* state that the health professionals standards may provide that membership of a named organisation or participation in a named course or program is sufficient evidence of CPD.

CPD is an interactive process by which health professionals maintain, enhance and extend their knowledge, expertise and competence throughout their careers. CPD covers both structured and unstructured learning activities which contribute directly to the competence of the health professional to practise in their chosen field of work within their profession. This means that a health professional who does not engage in clinical practice would not be required to maintain clinical competence unless he or she intends to return to clinical practice. It also means that a health professional who engages in a particular type of clinical practice would not be required to maintain competence in areas of clinical practice outside their chosen scope of practice unless he or she intends practising in these areas.

Effective learning does not require attendance at courses and conferences, it requires the health professional to reflect on their practise and integrate new information where it is relevant to their field of work. Further information regarding the CPD requirements of the *Health Professionals Act 2004* are contained in information sheets for health professionals and health profession boards.

2.1.1 The level of participation in CPD should enable a health professional to maintain currently accepted standards of technical competency in their chosen field of work within their profession.

2.1.2 All health professionals should document all CPD undertaken, including informal learning gained through experience and interaction with colleagues, as well as attendance or participation in formal learning activities such as courses or conferences.
2.2 **Responsibilities of the health professional**

A health professional has a responsibility to the interests of patients/clients and the community ahead of the interests of their colleagues, themselves, and their profession. Many of the rights of patients/clients outlined in 1.2.1 become, conversely, the responsibility of the health professional. There are some additional responsibilities that are integral to professional behaviour.

2.2.1 A health professional has a responsibility to:

- display respect, integrity and responsibility with colleagues, supervisors, students, research participants, community members, employers and all other parties whom they encounter in the line of duty;
- work toward achieving justice in the provision of health care for all people;
- ensure they maintain relevant knowledge and competence to provide safe and effective services;
- ensure they practise in accordance with, and maintain current knowledge of, their statutory obligations; and
- contribute to their profession through activities such as training and mentoring, serving on health profession boards, and providing expert advice upon request.

2.2.2 A health professional can:

- expect co-operation from their professional colleagues; and
- extend their scope of practice through innovation provided that such development is based on clinical outcome measures, or evidence of efficacy and safety, and is approved by the profession and the relevant health profession board.

2.3 **Advertising**

Whilst advertising should serve the public interest, not the interests of the health profession, there are legitimate occasions where health professionals may wish to promote their services.

2.3.1 A health professional must only advertise or promote services in a way that:

- is not false, misleading or deceptive or is likely to mislead or deceive. It must not contain material misrepresentative of fact, or create an unjustified expectation of beneficial treatment;
• is not disparaging of another health professional, a professional service provided by another person, or a business providing professional services; and

• is not likely to bring the health profession or health service into disrepute.

2.3.2 A health professional must not advertise or offer a discount, gift or other inducement to attract a person to use the service or business unless the advertisement or offer also states the terms and conditions of the discount, gift or other inducement.

2.4 Health records

Health records are an important tool in the practice of health care. They serve as a basis for planning patient/client care and as a means of communication between health professionals. They contain documentary evidence of the patient/client’s requirements, care and treatment. They serve as a basis for review, study and evaluation of health care provided by the health professional.

Health professionals are bound by the Health Records (Privacy and Access) Act 1997 and its relevant amendments. In the non-public sector, health professionals are also required to have a written records policy in accordance with the Privacy Act 1988.

In some situations - for example military settings, treatment of “at risk” patients/clients, and patients/clients who are a danger to themselves and/or others - health professionals are legally bound by mandatory reporting requirements. In these situations, health professionals should advise the patient/client that they are bound to report information about the patient/client.

In order to ensure compliance with the Health Records (Privacy and Access) Act 1997, health professionals should be mindful of the following:

2.4.1 A health professional must keep an accurate, legible, and complete health record for every patient/client consulted by the health professional in a format appropriate to the nature of the consultation and in accordance with legislative requirements.

2.4.2 Health records should contain sufficient information to warrant the consultation and any subsequent intervention. The following should apply:

• records should contain sufficient information to allow a similar health professional to continue the management of the patient/client;
• the records should contain accurate statements of fact or statements of clinical judgement and should be recorded at the time of, or shortly after, the patient/client consultation;

• the health professional should record information on every patient/client consultation with significant clinical content, particularly when treatment is changed, and at least include the date, action, time and signature or electronic authentication of the health professional;

• a health professional must not change a health record to deceive anyone and any changes to records should be initialled and changes should be made in such a way as to make the previous entry visible;

• computerised records must be established in such a way that, for every entry to the record, there is a record of when the entry was made, by whom and when changes were made; and

• records should not contain non-technical terms or non-standard abbreviations, nor comments that are derogatory or emotive.

2.4.3 The manner and purpose of collection of personal health information is to be lawful, comply with provisions of the Health Records (Privacy and Access) Act 1997, and relate to the health of the patient/client.

2.4.4 Health professionals may have obligations under other legislation or their indemnity insurer to retain records beyond the specified period or when the records relate to care of maternity patients/clients. Health records must be retained for a period sufficient to be sure that:

• the safety and effectiveness of future treatment is not compromised by the loss of health information; and

• information can be made available to courts and assessors reviewing the practice of a health professional.

2.4.5 Where requested by the patient/client in writing, a health professional is to provide another health professional with adequate health information for safe and effective treatment.

2.4.6 Health records should be confidential and no information in these records should be released to anyone without written authorisation from the patient/client or those persons legally authorised to access the records.

2.4.7 The Health Records (Privacy and Access) Act 1997 and the Privacy Act 1988, where it applies, provide a patient/client with a right of access to their own treatment records and the health professional may charge the gazetted fee to provide access.
The patient/client should be advised that they may gain access by any of the following means, and made aware of any fees involved prior to gaining access:

- inspecting the health records (if held in electronic form by way of a printout);
- receiving a copy of the record; or
- viewing the record and having its content explained by the health professional holding the record or by another suitably qualified health professional.

2.4.8 When a patient/client changes health professional and on the written request from the patient/client, at least a summary of the health records maintained by the first health professional should be transferred to the second health professional.

2.5 Infection control and communicable diseases

The Health Professionals Regulations 2004 state that a registered health professional must comply with the infection control procedures described in the ACT Health Care Facilities Code of Practice 2001. Health professionals should also practise in accordance with Infection Control Guidelines for the Prevention of Transmission of Infectious Diseases in the Health Setting.

The ACT Health Care Facilities Code of Practice 2001 provides a minimum set of standards required to operate a health care facility where prescribed medical and dental procedures are performed. Many of the standards in the code, including infection control, are applicable to non-licensed premises.

The term ‘blood borne virus’ is used throughout this paper and refers particularly to HIV, Hepatitis B and Hepatitis C. The emergence of infection with HIV, Hepatitis B and Hepatitis C has focused scrutiny on the role and responsibility of the health professional. The general principles which govern the management of other communicable diseases should be applied with these blood borne viruses.

2.5.1 A health professional must ensure that basic infection control procedures are used at all times. Procedures must be in accordance with the ACT Health Care Facilities Code of Practice 2001 and should reflect the Infection Control Guidelines for the Prevention of Transmission of Infectious Diseases in the Health Setting.

2.5.2 A health professional must ensure they practise in accordance with the ACT Policy related to management of infected health care workers.
2.6 **Use of titles**

The Australian Competition and Consumer Commission has advised that the use of titles and qualifications by professions is an issue of concern\(^\text{27}\).

2.6.1 A health professional wishing to use a title must ensure that he or she is not using the term in a way that may mislead or deceive consumers.

2.6.2 A health professional shall only use a title that reflects professional qualifications which have been authorised by the relevant health profession board, if there is one.

2.6.3 Business names or titles must only give the impression that the nominee is an expert in an area of practice when the health professional is recognised by the relevant health profession board, or where this is not regulated, acknowledged by his or her peers as having relevant special expertise in the form of skills, knowledge, training or qualifications.

2.7 **Name of health professional**

2.7.1 A health professional shall only practise using the same name as the one under which they are registered.

2.8 **Tele-medicine and cross-border services\(^\text{28}\)**

Under the provisions of the *Mutual Recognition Act 1992 Cth*\(^\text{29}\) a person who has a current authority to practise in one State/Territory in an occupation recognised as equivalent to an occupation in another State/Territory, is eligible to be registered and to carry on that equivalent occupation in that second State or Territory. This right may be exercised provided that certain conditions, including lodgment of written notice to the regulatory authority in the second State or Territory are met. Mutual Recognition provides an additional and alternative avenue for obtaining registration – it does not mean that a health professional can practise in any State/Territory without being specifically registered in that State/Territory.

The advent of tele-medicine introduces situations where the health professional and the patient/client may be in different States/Territories at the time the health care service is provided. It is important that health professionals are aware of their obligations with respect to authority to practise in the State/Territory in which the patient/client is located.
2.8.1 A health professional shall be registered to practise in the State or Territory in which the health care service is provided to the patient/client. That is, if the service is provided by telephone, mail or internet, and if the patient/client is in different State or Territory to the health professional, the health professional must comply with the registration requirements (if any) in the State/Territory in which the patient/client is located at the time of service.

2.8.2 A health professional must restrict his or her practice to the State(s) or Territory(ies) in which he or she is registered to practise.

2.9 Scope of practice

Although the scope of practice of health professions cannot be restricted as this has the potential to limit innovative approaches to practice, it is important that individual health professionals restrict their practice to that defined by their professional board and do not engage in practices in which they are unskilled or practices that are unsafe.

2.9.1 A health professional shall restrict his or her practice to the scope of his or her profession according to current knowledge and competency standards unless he or she has completed appropriate training, or is undertaking supervised practice, in an area of extended scope.

2.9.2 A health professional is obliged to inform patients/clients about his or her training and experience in situations where the patient/client might, if well informed, choose to receive a second opinion or to request a referral to a more suitably qualified or experienced health professional.

2.9.3 A health professional moving from one area of practice to another must demonstrate that he or she has undertaken sufficient supervised practice and/or other training from professional colleagues to achieve competency in that particular aspect of their profession.

2.9.4 A health professional shall practise in accordance with the current and accepted evidence base of his or her profession, including clinical outcomes.

2.10 Delegation of practice

2.10.1 A health professional must not allow an assistant to perform activities which require the unique skill, knowledge, discretion and judgement of a health professional in the field to which the service relates unless the assistant is a suitably qualified health professional.
2.10.2 In some circumstances, a health professional will need to delegate tasks to interpreters, interns, students, unqualified health care workers and health assistants. A health professional shall only delegate activities which require the unique skill, knowledge, discretion and judgement of a health professional in the field to which the service relates when:

- the activity is being provided as part of an accredited education program to train the non-health professional to become a qualified health professional;
- the activity is being adequately supervised by a qualified health professional; and,
- the qualified health professional has sufficient knowledge of the tasks that were performed to ensure the safety of the patient/client.

2.10.3 In some circumstances, a health professional will need to delegate procedures which do not require the unique skill, knowledge and judgement of a health professional to the patient/client’s family or carer to be performed outside the clinical environment. In these circumstances, the health professional shall ensure the person to whom the procedure is being delegated:

- is competent to perform the procedure safely and effectively; and
- understands all associated risks, precautions and contraindications.

It is the responsibility of the health professional to review delegated tasks and ensure they have been undertaken safely and effectively.

2.11 Recency of practice

Recency of practice is considered to contribute to the competence of the health professional to practise in their chosen field of work within their profession. This means that a health professional who does not engage in clinical practice would not be required to demonstrate recency of clinical practice unless he or she intends to return to clinical practice. It also means that a health professional who engages in a particular type of clinical practice would not be required to demonstrate recency of practice in areas of clinical practice outside their chosen scope of practice unless he or she intends practising in these areas. Competence to practice is the standard defined by the entry-level competency standards of the relevant health profession for safe and effective practice.
2.11.1 In order to register and renew that registration annually, a health professional must declare that he or she has engaged in sufficient practice (as defined by the relevant professional board) in their chosen field of work within his or her profession to maintain competence in that field of work – this may include supervised practice.

2.11.2 In order to re-register, an unregistered health professional must demonstrate that he or she has undertaken sufficient practice (as defined by the relevant professional board) in their chosen field of work within their profession to achieve competence in that field of work – this may include supervised practice.

2.12 Professional indemnity and public liability insurance

In many situations, the nature of health professional practice is associated with a level of risk of injury or harm to patients/clients. The community has a right to expect that health professionals will have adequate insurance to provide for compensation to the patient if he or she suffers an injury as a result of the action of a health professional, or on the premises of a health professional.

2.12.1 In order to register and renew that registration annually, a health professional must declare that:

- they are covered by an adequate and appropriate professional indemnity insurance policy if specified by the relevant health profession board; and
- their premises are covered by an adequate and appropriate public liability insurance policy if specified by the relevant health profession board.

2.12.2 Non-regulated health professionals must ensure they are covered by appropriate and adequate insurance for the risks relevant to their practice, either through an employer’s insurance policy or by a personal policy.

2.13 Research

2.13.1 A health professional conducting research involving humans must act in accordance with the National Health and Medical Research Council National Statement on Ethical Conduct in Research Involving Humans30.

2.13.2 A health professional conducting research involving animals must act in accordance with the National Health and Medical Research Council National Statement on Ethical Conduct in Research Involving Animals31.
Standards of Practice for ACT Allied Health Professionals

2.13.3 A health professional conducting research must:

- reimburse consumers for any costs they incur in participating in the research;
- inform patients/clients of the function and aims of the research;
- obtain informed consent from patients/clients to participate in the research without coercion or inducement;
- permit patients/clients to withdraw from the research at any time without prejudice;
- maintain the safety of patients/clients participating in the research; and
- maintain privacy and confidentiality of data, including de-identification of all information prior to publication.

2.14 Teaching/Supervision

Some health professionals are educators rather than, or as well as, clinicians and make a significant contribution to the professions in which they work.

2.14.1 Health professionals who are educators practise in accordance with accepted professional standards, as they relate to the context of education, including clinical teaching and supervision.

2.15 Management

There are many different styles of management and it is important that health professionals who work in this area of practice are aware that there is no single recommended or accepted style.

2.15.1 A health professional who is working in a management role should:

- ensure that their position is used fairly and appropriately in a manner which must be neither to their personal advantage nor unjustly to the disadvantage of an employee or colleague;
- ensure that they undertake continuing professional development that is appropriate to maintain competence in health management activities; and
- practise in accordance with accepted professional standards as they relate to the context of management.
3. Standards pertaining to the environment

The community has a right to be protected from the public health risks associated with attendance at health care facilities, particularly those that provide services involving invasive procedures. In the ACT, the operator of a health care facility where prescribed medical and dental procedures are performed is required to hold a Health Care Facility Public Health Licence under the Public Health Act 1997. The ACT Health Care Facilities Code of Practice 2001 provides a minimum set of standards required to operate a health care facility where prescribed medical and dental procedures are performed. Many of the standards in the code are applicable to non-licensed premises, including structure of facilities, laundering, and infection control.

3.1 Standards of premises

3.1.1 A health professional shall ensure his or her premises comply with the relevant sections of the ACT Health Care Facilities Code of Practice 2001.

3.1.2 All Health Care Facilities, including consulting rooms, clinics and hospitals shall:

- be clean and hygienic at all times;
- have on prominent display the name, telephone number(s) and days and hours of attendance of the health professional(s) usually in attendance, arrangements for obtaining after hours services where applicable and how to obtain assistance in emergencies; and
- have on prominent display information regarding how to provide feedback, including complaints, and contact details for the Community and Health Complaints Commissioner’s office.

3.2 Signage and identification

The community has a right to know the name of each health professional providing their care. In situations where identification of the health professional by full name may place them at risk, only the first name of the health professional may be made known to the patient/client. In busy health care environments, patients/clients receive care from many health care professionals and it is important that there is appropriate signage to enable the patient/client to identify each health care professional and the profession they are practising. The type of signage used will depend on the type of health care service and the environment in which the service is provided, and may include a badge, a portable sign that can be placed on a desk in the consulting area, or a sign on the door of a consulting room.
3.2.1 A health professional must ensure they can be identified by a sign or badge bearing the health professional’s full name, and the profession in which the health professional has recognised qualifications (eg: Physiotherapist, Dentist, Speech Pathologist, Social Worker), except where such identification may place the health professional at risk.

3.3 Confidentiality and privacy

Patients/clients have a right to confidentiality and privacy and this right includes the fact that they have attended for treatment. Further privacy information is available from the Office of the ACT Community and Health Services Complaints Commissioner and on the website of the Office of the Federal Privacy Commissioner www.privacy.gov.au/faqs/hf/

3.3.1 Whilst not all areas of a practice will provide auditory and visual privacy, a health professional shall provide appropriate surroundings to enable private and confidential consultations and discussions to take place. Visual and auditory privacy of patients/clients must be available in at least one consulting room, and all patients/clients must be offered visual and auditory privacy in the consulting room.

3.3.2 A health professional shall ensure that all staff in the health care facility respect patient/client confidentiality and privacy, and that all staff, including administrative staff and other people not directly involved in patient/client care, refrain from commenting upon, or discussing, patients/clients in a non-professional context as such comments or discussions constitute a serious verbal breaches of confidentiality.

3.4 Maintenance of equipment

Inadequate equipment maintenance can cause serious injuries to patients/clients, and staff, including burns and electrocution. Maintenance of equipment is required to minimise the risk to, and ensure the safety of, patients/clients and staff.

3.4.1 A health professional shall ensure that all equipment in their practice is adequately maintained and replaced as necessary, and a record of maintenance is kept for each item of equipment.

3.4.2 A health professional shall observe appropriate safety precautions when undertaking patient/client treatment, in particular when using electrical and mechanical equipment.
3.5 **Occupational health and safety risk management**

The *ACT Occupational Health and Safety Act 1989* places responsibility on all workers to make sure that the practice environment is safe and without risks to health and safety of other workers, visitors, passers-by and neighbours. Health professionals who have primary responsibilty for workplace health and safety should contact Workcover ACT or the health profession board for profession-specific guidelines and advice.

3.5.1 A health professional shall ensure they know and practise in accordance with the legal occupational health and safety requirements that apply to their workplace, and that a copy of these requirements is available within their workplace.

3.5.2 A health professional shall ensure all reasonable steps are taken to record and report practice errors and adverse events, and monitor and record incidents that may result in harm or cause risk to the patient/client.

3.6 **Emergency procedures**

Emergencies can take many forms such as fire, flood, water leaks and cuts, sewerage leaks, gas leaks, electrocution, equipment failure, cardiac arrest, poison, chemical spills, biological or radioactive material spills, armed robbery, national security concerns, bomb threat, personal threat including acts of violence or aggressive behaviour, cyclone and extreme storms, bushfire, earthquake and structural fault, even civil disorder. It is important that health professionals are adequately prepared for emergencies to ensure the safety of patients/clients, staff, and visitors.

3.6.1 A health professional must ensure an appropriate fire extinguishing device is present in the workplace and staff are appropriately educated in its use.

3.6.2 A health professional must ensure the workplace at which they practice establishes and maintains written emergency procedures for the evacuation and protection of occupants, and that these procedures are clearly displayed for staff, patients/client and visitors.

3.6.3 A health professional must maintain records that provide evidence that all staff are aware of potential hazards to patients/clients and occupants of the practice (including fire, electrocution, cardiac arrest), and of the action to be taken in such an emergency.

3.6.4 A health professional must ensure that he or she is appropriately trained and competent in relevant emergency procedures relevant to the place at which they practice – for example undertaking annual cardio-pulmonary resuscitation (CPR) training/practice.
4. Standards pertaining to professional colleagues

4.1 Reporting other health professionals

4.1.1 A health professional, who believes on reasonable grounds that a health professional has contravened, or is contravening, the required standard of practice, or a suitability to practise requirement; and:

- the contravention does not relate to an administrative matter; and
- the contravention has had, or likely to have, a substantial effect on a member of the public, must tell the Community and Health Services Complaints Commissioner or relevant health profession board.

Health professionals have a responsibility to ensure the report is not of a vexatious nature prior to contacting the Commissioner or board.

4.1.2 When a health professional is informed by a patient/client that another health professional has violated professional boundaries, he or she has an obligation to encourage the patient/client to make a complaint to the Community and Health Services Complaints Commissioner or health profession board if the behaviour has, or is likely to have, a substantial effect on the patient/client.

4.2 Reporting impaired health professionals

Protection of the public can often be achieved by allowing the impaired health professional to continue to practice, subject to appropriate conditions being placed on practice whilst undergoing treatment. Impairments of particular concern are psychiatric conditions, dependence on alcohol or drugs, stress and general decline in competence or inappropriate behaviour.

4.2.1 When a health professional is aware that a colleague is experiencing physical and/or mental difficulties, he or she has a professional responsibility to notify the Community and Health Services Complaints Commissioner or relevant health profession board.

4.2.2 When a health professional is aware that the competence of a colleague has declined such that it has, or is likely to have, a substantial effect on a member of the public, he or she has a professional responsibility to notify the Community and Health Services Complaints Commissioner or relevant health profession board.
4.3 Acting as a consultant

When a health professional is called upon as a consultant, their primary obligation is to give their considered and honest opinion.

4.3.1 A health professional shall not criticise a colleague’s opinion, treatment or fees in a manner that is of a personal nature.

4.3.2 Where a patient/client seeks an opinion from a health professional with or without reference to his usual health professional, the health professional consulted must provide factual information, and different options for the patient/client’s care. If the consultant has a different opinion, but the initial advice is also reasonable, the consultant has an obligation to make this clear to the patient/client.

4.3.3 A health professional acting as a consultant shall not embark upon any treatment, with the exception of emergency treatment, outside the realm of their consultancy, or upon any treatment which is not requested by the referring health professional without prior consultation with that health professional.

4.4 Referral to other health professionals

4.4.1 A health professional shall define his or her scope of practice according to current knowledge and competency standards, and shall seek advice from, or refer patients/clients to, more suitably qualified health professionals when it is in the best interests of the patient/client.

4.5 Sharing of fees

4.5.1 A health professional shall not directly or indirectly share or agree to share fees paid by a patient/client with any other person who is not a partner or employee of the health professional, or receive other forms of remuneration, without the informed financial consent of the patient.
5. Standards pertaining to THE COMMUNITY

5.1 Provision of care to patients/clients who are at risk

Health professionals are bound by a duty of care to their patients/clients. From time to time, health professionals may encounter patients/clients who are at risk – for example suicidal patients/clients, abused children, some older people, some people with disabilities and some people with language difficulties. It is important that health professionals recognise that their duty of care includes making appropriate attempts to ensure the patient/client receives expert assessment and treatment for their condition.

5.1.1 In situations where health professionals are likely to interact with suicidal patients/clients, or other patients/client who are at risk, it is important that:

- all staff have undertaken a basic training course in suicide intervention skills or appropriate interventions for the particular type of risk;
- all staff are aware of the various roles of, and know how and when to contact, relevant 24 hour agencies for assistance. This includes the ACT Crisis Assessment and Treatment Team (CATT), the police, or appropriate intervention agencies;
- contact details of relevant 24 hour agencies are provided to suicidal patients/clients and other patients/clients who are at risk; and
- details of any intervention and communication are fully documented as soon as possible after the interaction with the patient/client.

5.1.2 In situations where health professionals who are not trained to work with at risk patients/clients are of the opinion that a patient/client is at risk, they must:

- refer the patient/client immediately to a skilled practitioner;
- contact a carer or significant other to escort the patient/client to attend a skilled practitioner; and
- take all reasonable measures to ensure the patient/client is not left in a situation that places them at risk.
5.2  Reporting child abuse

In the ACT, the law relating to child protection is set out in the *Children and Young People Act 1999*. Section 159 of the Act makes it compulsory for certain groups of people to report suspected child abuse to Family Services when they have formed a reasonable suspicion, in the course of their work, that a child or young person has suffered or is suffering sexual abuse or non-accidental physical injury. A reasonable suspicion includes disclosure of abuse from a child or young person, someone else telling you about the abuse (hearsay) or your own observations.

Responsibility for mandatory reporting under the Act rests with the individual. This responsibility cannot be delegated and a report must be made, even if a reporter believes others have already done so.

The Act also enables anyone, mandated or otherwise, to make a voluntary report to Family Services if they suspect a child is in need of care and protection. This includes forms of child abuse other than non-accidental injury or sexual abuse – for example, emotional abuse and neglect. It should be noted that the threshold for voluntary reporting is “any belief or suspicion”, whereas that for mandatory reporting is “reasonable suspicion”.

Anyone, therefore, may report to Family Services and, if that report is made in good faith, the reporter cannot be sued, nor do they need to prove their allegations.

Whilst the Act stipulates mandatory provisions for reporting where there is a reasonable suspicion that a child or young person has suffered or is suffering sexual abuse or non-accidental physical injury, and voluntary provisions for reporting a belief or suspicion that a child or young person is in need of care and protection, ACT Health requires its staff to make a report to Family Services should they, in the course of their work, form a reasonable suspicion that child abuse has occurred.

5.2.1  A health professional who has formed a reasonable suspicion that a child or young person has suffered or is suffering sexual abuse or non-accidental physical injury must report the matter to Family Services.

5.2.2  A health professional who believes or suspects that a child or young person is in need of care and protection may report the matter to Family Services.
### Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Chosen field of work</td>
<td>A distinct area of practice within a profession including management, teaching, research, and other non-clinical areas.</td>
</tr>
<tr>
<td>Competence</td>
<td>The combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession or occupation.</td>
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<tr>
<td>Health record</td>
<td>Any record held by a health service provider and containing personal information, or containing personal health information.</td>
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<tr>
<td>Health profession</td>
<td>A profession the main purpose of which is to provide health services.</td>
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<tr>
<td>Health professional</td>
<td>A person who provides a health service while working in a health profession.</td>
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<tr>
<td>Regulated health profession</td>
<td>A health profession regulated under the Health Professionals Act 2004.</td>
</tr>
<tr>
<td>Health service</td>
<td>A service provided to someone for any of the following purposes: (a) assessing, recording, maintaining or improving the physical, mental or emotional health, comfort or wellbeing of the service user; (b) diagnosing or treating an illness, disability, disorder or condition of the service user; or (c) a service provided by a health professional in the professional’s capacity as a health professional.</td>
</tr>
<tr>
<td>Registered health professional</td>
<td>A health professional registered under the Health Professionals Act 2004.</td>
</tr>
<tr>
<td>Treating Team</td>
<td>The group of healthcare staff that work together to achieve the agreed clinical goals.</td>
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</table>
REFERENCES


2. The Health Professionals Regulations 2004 are in a draft-in-confidence stage and are not yet publicly available.


10. Examples are mental health patients/clients, compulsory medical assessments, certain court orders, and treatment of certain transmissible diseases.

11. See footnote 8 for examples.


15. This document is available at http://www.tga.gov.au/ndpsc/susdp.htm


19. This document is available at http://www.safetyandquality.org/articles/action/opendiscl.pdf


24 This document is currently under review by the Office of the ACT Chief Health Officer


27 Information is available at http://www.accc.gov.au/content/index.phtml/itemld/3653

28 This is based on advice received from the ACT Government Solicitor

29 This section of the Act is available at http://www.austlii.edu.au/cgi-bin/disp.pl/au/legis/cth/num%5fact/mra1992n1981992248/s17.html?query=%22mutual%22+and+%22recognition%22

30 This document is available at http://www.health.gov.au/nhmrc/publications

31 This document is available at http://www.health.gov.au/nhmrc/publications/

32 These procedures are defined in the Public Health Act 1997


36 The Commissioner gathers information and undertakes investigations where needed, whereas the Board sets standards, determines whether they have been breached (in a hearing), takes action to protect the public and also, in the case of an impaired practitioner, takes action to rehabilitate the practitioner.


38 Competency Standards for Community Registered Nurses, Australian Council of Community Nursing Services, 2002.

39 Health Records (Privacy and Access) Act 1997

40 Health Professionals Act 2004
Continuing Professional Development

*information for*

Health Professionals
Background

Consumers have the right to expect that health professionals will provide services in a competent and contemporary manner that meets best practice standards. The ACT government has introduced new legislation – the *Health Professionals Act 2004* - that requires all health professionals in the ACT to maintain competence and continue their professional development. Continuing Professional Development (CPD) is an interactive process by which health professionals can maintain, enhance and extend their knowledge, expertise and competence throughout their careers.

The *Health Professionals Regulations 2004* set out the provisions for maintaining competence and continuing professional development which will apply under the *Health Professionals Act 2004*. These regulations state that "a health profession board must, in consultation with professional representative bodies, develop, or endorse, written standards about the action registered health professionals need to take to maintain competence and continue professional development."

Each health profession board will determine the minimum requirements for continuing professional development (CPD) for the relevant profession. In recognition that many health professionals are required to meet existing minimum requirements for CPD, the Standards of Practice for ACT Health Professionals suggest that membership of a named organisation or participation in a named course or program be considered by the health profession board to be sufficient evidence of CPD.

This information has been provided to assist you in understanding the requirements of the new legislation. Further profession-specific information is available from your health profession board.
How will the health profession board monitor my CPD?

If you are registering to practise in the ACT for the first time, or your registration to practise has lapsed, you will be required to sign a declaration stating that:

- you are currently competent to practise in your profession;
- you are fulfilling CPD program requirements of your workplace, professional association or other agency (you will be required to name the organisation); and
- you commit to undertake sufficient CPD to maintain competence throughout the period of registration.

Every year when you renew your registration, you will be required to sign a declaration stating that:

- you are fulfilling CPD program requirements of your workplace, professional association or other agency (you will be required to name the organisation);
- you have undertaken sufficient CPD to maintain your competence throughout the past 12 months; and
- you commit to undertake sufficient CPD to maintain competence throughout the next 12 months.
What is continuing professional development (CPD)?

CPD is the maintenance, enhancement and extension of the knowledge, expertise and competence of health professionals throughout their careers.

It is important to recognise that we all learn in many and different ways and CPD may include formal and informal learning activities.

Why is CPD important?

Consumers have the right to expect that registered health professionals providing professional services do so in a competent and contemporary manner. CPD can improve competence, and result in better patient outcomes (Thomson et al 2004; Jamtvedt et al 2004). CPD is important in the continued provision of safe and effective services by health professionals.

I already have to meet the CPD requirements of my professional association and/or workplace, does this mean I will have to meet the requirements of yet another CPD program?

If you are already participating in a CPD program through your professional association or workplace, this will usually be sufficient to meet the requirements of your health profession board so there will be no additional recording. Your health profession board will provide information regarding the specific CPD requirements for your profession.
The requirements of the CPD scheme of my professional association and/or workplace is based on a period of greater than 12 months, will the health profession board recognise this scheme?

Your health profession board will provide specific information regarding the CPD requirements for your profession. It is reasonable to expect that the board will recognise schemes that are based on periods of greater than 12 months. This will be reflected in the declarations for your registration.

I don’t participate in a CPD program through my professional association and/or workplace, what will I have to do to meet the minimum CPD requirements?

If you are not already participating in a CPD program through your professional association or workplace, your health profession board will provide information regarding what you need to do to meet the minimum requirements for your profession.

I am an experienced professional and I don’t think I can learn anything from attending lectures, courses and conferences. I find I learn more by reading up on cases I see, and discussing them with my colleagues. Does the new legislation mean I will have to attend formal CPD activities to be able renew my registration?

Attending lectures, conferences and courses remains an important aspect of life-long learning, but it is important to realise that the majority of learning occurs from experience in day-to-day practice (Davis et al 1995, Davis 1998, Davis et al 1999). For experienced professionals, learning in the clinical setting through activities such as reading up on cases and discussion with colleagues will often be the main source of CPD. Whilst this learning may count towards health professional’s CPD and should be recorded, a combination of
Informal learning and attendance at formal learning activities is likely to be required by the health profession board.

It may be useful to note over the next few days just how many times you learn – through your reading, your discussions with colleagues and your reflection about work situations – you could be surprised by just how much CPD you do on a day-to-day basis!

It is important that health professionals also participate in formal learning activities that are relevant to their practice. However, formal CPD activities such as lectures, courses and conferences have little effect on enhancing practice unless they include active participation to relate the content to the participant’s professional practice (Berry & Dienes 1992, Houle et al 1987). Therefore, health professionals should ensure they consciously reflect on the relevance of formal learning activities to their practice to optimise the effect on their practice.
What counts as CPD?

All learning activities which help you maintain competence should be accepted as CPD. Learning occurs through a wide variety of formal and informal activities. Examples are:

**Formal learning activities**

- tertiary courses
- accredited courses
- work based learning contracts
- conferences, forums and seminars
- undertaking research and presentation of work
- courses leading to degree, higher degree and research degree
- on-line learning (interactive discussion and chatrooms)
- inservice education programs
- making presentations

**Informal and incidental learning activities**

- reflecting on experience in day to day activities
- reading books, journals, etc
- secondment and/or contact with other professionals
- quality assurance activities, such as accreditation
- participation in committees
- information sharing at meetings
- discussion with colleagues
- internet research
What is the best way for me to learn?

You will learn best when you are motivated and your CPD:

- is highly self directed – you are responsible for deciding on what CPD activities you want to do;
- is based on your learning plan and the learning needs you have identified for yourself;
- builds on your existing knowledge and experience;
- links your learning and practice;
- includes evaluation of the effect of your learning on your practice; and
- involves review of your learning plan in response to your experience.
Is there a prescribed way that I must record my CPD?

It is strongly recommended that you use a personal portfolio to record your CPD. Your portfolio should include:

- a personal collection of evidence of ongoing development;
- a record of reflection and evaluation of informal and incidental learning;
- a record of attendance at formal learning activities; and
- important supporting documents.

If you are required to provide the health profession board with evidence of your CPD, your personal portfolio will enable you to demonstrate that you have met the minimum CPD requirements.

You will find your portfolio is also a useful record when compiling your curriculum vitae and completing your taxation returns.

Many professional associations and workplaces provide member/employees with a personal portfolio to systematically plan, record and evaluate CPD activities. If you do not have access to a portfolio template through your professional association or workplace, contact your health profession board for information to help you develop a personal portfolio.
ACT Health will be offering information sessions to assist health professionals understand and comply with the new legislation. Contact Dawn Wilson on 6207 9125 for details of upcoming information sessions.

**CPD – staying competent through lifelong learning!**

**References**


Houle CO, Cyphert DB & Boggs D 1987, Education for the professions, *Theory into Practice*, 26, 2, 87-93.

Continuing Professional Development

information for

Health Profession Boards
Background

Consumers have the right to expect that health professionals will provide services in a competent and contemporary manner that meets best practice standards. The ACT government has introduced new legislation – the *Health Professionals Act 2004* - that requires all health professionals in the ACT to maintain competence and continue their professional development. Continuing Professional Development (CPD) is an interactive process by which health professionals can maintain, enhance and extend their knowledge, expertise and competence throughout their careers.

The *Health Professionals Regulations 2004* set out the provisions for maintaining competence and continuing professional development which will apply under the *Health Professionals Act 2004*. These regulations state that "a health profession board must, in consultation with professional representative bodies, develop, or endorse, written standards about the action registered health professionals need to take to maintain competence and continue professional development."

Each health profession board will determine the minimum requirements for continuing professional development (CPD) for the relevant profession. In recognition that many health professionals are required to meet existing minimum requirements for CPD, the *Standards of Practice for ACT Health Professionals* suggest that membership of a named organisation or participation in a named course or program be considered by the health profession board to be sufficient evidence of CPD.

This information has been provided to assist you in understanding the requirements of the new legislation. As a health profession board, you are responsible for developing profession-specific information.
What is CPD?

There are many definitions of continuing professional development (CPD) in the literature. If CPD is to be monitored, it is necessary to define what is meant by CPD in the context of the ACT Health Professions.

In this context, CPD is the maintenance, enhancement and extension of the knowledge, expertise and competence of health professionals throughout their careers.

It is important to recognise that we all learn in many and different ways and CPD may include formal and informal learning activities.

Why is CPD important?

The community has the right to expect that registered health professionals providing professional services do so in a competent and contemporary manner. Consequently, health professionals need to be able to demonstrate that they are maintaining current knowledge, techniques and developments related to their profession. This applies in all areas of health professional services – clinical, education, management/leadership and research.
What is effective CPD?

The literature suggests that effective CPD for health professionals is that which emphasises active learning and focuses on activities that have been demonstrated to result in behaviour change and subsequent improved clinical practice. Effective CPD requires active participation in learning throughout a professional’s career.

An increasing number of randomised controlled trials and systematic reviews of CPD have demonstrated that CPD can produce changes in practitioner behaviour, improve competence, and result in better patient outcomes (Thomson O’Brien et al 2004; Jamtvedt et al 2004). It is important to note that activities that engage participants and provide an opportunity to practise skills can produce changes in professional practice and, occasionally, improve health outcomes, whereas didactic sessions, conferences and courses that do not include active participation do not appear to be effective in changing practitioner performance (Thomson O’Brien et al 2004; Jamtvedt et al 2004).

Research also suggests a strong link between evaluation, learning and enhanced patient care and service quality, with the majority of learning resulting from experience in practice, rather than from attendance at formal courses (Davis et al 1995, Davis 1998, Davis et al 1999). Knowledge and skills gained from formal activities have been found to have little effect on enhancing practice unless they are linked to experiential, practice-based learning (Berry & Dienes 1992, Houle et al 1987).
What counts as CPD?

It is important that CPD is linked to the needs of the community to whom the health professional is providing services. All learning activities which help a health professional maintain competence and improve the quality of health care should be accepted as CPD. Learning occurs through a wide variety of formal and informal activities. Examples are:

**Formal learning activities**
- tertiary courses
- accredited courses
- work based learning contracts
- conferences, forums and seminars
- undertaking research and presentation of work
- courses leading to degree, higher degree and research degree
- on-line learning (interactive discussion and chatrooms)
- inservice education programs
- making presentations

**Informal and incidental learning activities**
- reflecting on experience in day to day activities
- reading books, journals, etc
- secondment and/or contact with other professionals
- quality assurance activities, such as accreditation
- participation in committees
- information sharing at meetings
- discussion with colleagues
- internet research
What is the best way for a health professional to learn?

Health professionals will learn best when they are motivated and their CPD:

• is highly self directed – each person is personally responsible for deciding on what CPD activities he or she wants to do;

• is based on an individual learning plan and the learning needs that the individual has identified for his or her self;

• builds on an individual’s existing knowledge and experience;

• links an individual’s learning and practice;

• includes evaluation of the effect of an individual’s learning on his or her practice; and

• involves personal review of an individual’s learning plan in response to his or her experience.
How will the health profession board monitor CPD?

The health profession board does not have sufficient resources to audit health professionals’ CPD. Following a detailed review of the literature related to effectiveness of CPD schemes, research into current CPD programs for health professionals, and extensive consultation, a pragmatic approach to monitoring CPD has been recommended. This approach places the responsibility for undertaking, and maintaining evidence of, sufficient CPD on the health professional. It is strongly recommended that the minimum requirements for CPD reflect the CPD requirements of the relevant professional association.

The following processes will be implemented by each health profession board:

If a health professional is registering to practise in the ACT for the first time, or their registration to practise has lapsed, he or she will be required to sign a declaration stating that he or she:

- is currently competent to practise in his or her profession;
- is fulfilling CPD program requirements of his or her workplace, professional association or other agency; and
- commits to undertake, and maintain evidence of, sufficient CPD to maintain competence throughout the period of registration.

Every year when a health professional renews his or her registration, he or she will be required to sign a declaration stating that he or she:

- is fulfilling CPD program requirements of his or her workplace, professional association or other agency (the health professional will be required to state the name of the workplace or professional association);
• has undertaken sufficient CPD to maintain his or her competence throughout the past 12 months; and

• commits to undertake, and maintain evidence of, sufficient CPD to maintain competence throughout the next 12 months.

If a health professional already has to meet the CPD requirements of his or her professional association and/or workplace, does this mean he or she will have to meet the requirements of yet another CPD program?

The new legislation suggests that the health profession board should set the minimum CPD requirements to match those of the relevant professional association. This will mean that most health professionals will already be completing sufficient CPD to meet the requirements of his or her health profession board.

The requirements of the CPD scheme of some professional associations and/or workplaces are based on a period of greater than 12 months, will the health profession board be able to recognise these schemes?

Each health profession board will determine specific information regarding the CPD requirements for its profession. It is reasonable to expect that the board will recognise schemes that are based on periods of greater than 12 months. This can be reflected in the declarations for the relevant profession’s registration.

If a health professional does not already participate in a CPD program through his or her professional association and/or workplace, what will they have to do to meet the minimum requirements for registration?

If a health professional is not already participating in a CPD program through his or her professional association or
workplace, his or her health profession board will need to provide information regarding what he or she needs to do to meet the minimum requirements for his or her profession.

Many experienced health professionals don’t think they can learn anything from attending lectures, courses and conferences, and find they learn more by reading up on cases, and discussing them with their colleagues. Does the new legislation mean they will have to attend formal CPD activities to be able renew their registration?

Attending lectures, conferences and courses remains an important aspect of life-long learning, but it is important to realise that the majority of learning occurs from experience in day-to-day practice (Davis et al 1995, Davis 1998, Davis et al 1999). For experienced professionals, learning in the clinical setting through activities such as reading up on cases and discussion with colleagues will often be the main source of CPD. Whilst this learning may count towards health professional’s CPD and should be recorded, a combination of informal learning and attendance at formal learning activities is likely to be required by the health profession board.

It is important that all health professionals also participate in formal learning activities that are relevant to their practice. However, formal CPD activities such as lectures, courses and conferences have little effect on enhancing practice unless they include active participation to relate the content to the participant’s professional practice (Berry & Dienes 1992, Houle et al 1987). Therefore, health professionals should ensure they consciously reflect on the relevance of formal learning activities to their practice to optimise the effect on their practice.
Is there a prescribed way that health professionals must record their CPD?

It is strongly recommended that health professionals use a personal portfolio to record their CPD. A personal portfolio should include:

- a personal collection of evidence of ongoing development;
- a record of reflection and evaluation of informal and incidental learning;
- a record of attendance at formal learning activities; and
- important supporting documents.

If a health professional is required to provide the health profession board with evidence of his or her CPD, their personal portfolio will enable them to demonstrate that he or she has met the minimum CPD requirements.

Many professional associations and workplaces provide members/employees with a personal portfolio to systematically plan, record and evaluate CPD activities. If a health professional does not have access to a portfolio template through his or her professional association or workplace, they should contact the health profession board for information to help them develop a personal portfolio.
ACT Health will be offering assistance to health profession boards to understand the new legislation and develop appropriate resources. Contact Alan Skelton on 6205 1597 for details. Members of the professions should contact their Board Registrar on 6205 1601.

**CPD – staying competent through lifelong learning!**

**References**


Houle CO, Cyphert DB & Boggs D 1987, Education for the professions, *Theory into Practice*, 26, 2, 87-93.

