

Standards of Practice for ACT Health Allied Health Professionals



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ACT Health also acknowledges the contribution of ACT Health allied health professionals to the revised publication.

ACT Health will use its best endeavours to ensure this document is reviewed and amended on a regular basis to maintain currency of the links. Users should notify the Chief Allied Health Office if they find any errors or links that do not work.

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Foreword



It is with great pleasure that I release the revised *Standards of Practice for ACT Health Allied Health Professionals* on behalf of the Chief Allied Health Office.

In developing the revised Standards, our aim is to provide allied health professionals with a contemporary outline of the requirements and expectations in applying their knowledge, skills and values to their roles and functions in ACT Health, supporting ethically sound and accountable practice.

The Standards are an important practical guide for registered and self-regulated allied health professionals, that are intended to expand on the various professional codes and guidelines that exist across each of the individual allied health disciplines. The Standards establish the requirements for professional practice and provide a reference point for all allied health professionals in ACT Health, their colleagues, and the broader community who access our allied health services.

I extend my appreciation to those involved in developing the *Standards of Practice for ACT Health Allied Health Professionals*, and encourage all allied health professionals to become familiar with the Standards as a significant point of reference for professional practice.

Karen Murphy
Chief Allied Health Officer
ACT Health

Background

The revised *Standards of Practice for ACT Health Allied Health Professionals* have been drafted following a review of the original publication *Standards of Practice for ACT Health Allied Health Professionals* (the 2004 edition) and the companion documents relating to continuing professional development (the 2004 CPD Documents). The review of the 2004 edition and 2004 CPD Documents and subsequent development of the *Standards of Practice for ACT Health Allied Health Professionals* were completed in consultation with representatives from registered and self-regulated health professions.

Although the 2004 edition and 2004 CPD Documents no longer reflect current legislation and health care practice, the review identified that the documents are still being used for a variety of activities including:

- Staff performance and management
- Orientation/induction of staff and students
- Education of students
- Professional development guidance
- Supervision of students in the workplace
- General guidance about “professionalism”.

The revised *Standards of Practice for ACT Health Allied Health Professionals* are based on the 2004 edition and the 2004 CPD Documents. Unlike the 2004 edition, the revised *Standards of Practice for ACT Health Allied Health Professionals* have no legislative standing; rather, they are intended to provide guidance to allied health professionals about the minimum standard of practice required in ACT Health. The revised *Standards of Practice for ACT Health Allied Health Professionals* have subsumed relevant content from the 2004 CPD document and there is no longer a separate CPD document.

The *Standards of Practice for ACT Health Allied Health Professionals* apply to all allied health professionals working in ACT Health, and so they are relevant to registered, as well as, self-regulated allied health professionals.

Purposes

The purposes of the *Standards of Practice for ACT Health Allied Health Professionals* are to:

- a. establish the required standard of professional practice for allied health professionals working in ACT Health
- b. provide allied health professionals working in ACT Health with a central point of reference to clarify the required standard of professional practice, and
- c. inform the community of the required standard of professional practice for allied health professionals working in ACT Health.

Uses of the document

The document's primary use is as a tool to support allied health professionals working in ACT Health. The *Standards of Practice for ACT Health Allied Health Professionals* offer a common language and way of describing the required standard of professional practice for allied health professionals working in ACT Health.

It is anticipated that allied health professionals in ACT Health will use the *Standards of Practice for ACT Health Allied Health Professionals* and its Appendix for a variety of activities, including:

- Orientation/induction of staff and students
- Education of students
- Professional development guidance
- Supervision of students in the workplace
- General guidance about “professionalism”
- Staff performance management.

Related documents

The *Standards of Practice for ACT Health Allied Health Professionals* do not replace existing standards, codes of conduct or guidelines. Rather, they are intended to complement existing quality frameworks and standards by providing a central point of reference to guide allied health professionals working in ACT Health.

The *Standards of Practice for ACT Health Allied Health Professionals* complement existing quality frameworks and standards and it is important that this document is used in conjunction with other information, such as:

- The Australian Charter of Health Care Rights
- The National Safety and Quality Health Service Standards¹
- Policies and procedures that apply in ACT Health²
- Health profession competency/capability frameworks and practice standards
- For self-regulated professions, the standards, codes and guidelines established by the relevant profession
- For registered professions, the Health Practitioner Regulation National Law Act³ ('the National Law') and relevant National Boards' standards, codes and guidelines^{4,5}.
- Standards, codes and guidelines established in accordance with legislation referenced in this document, and
- Staff related resources developed by ACT Health.

This document includes a reference list containing links to many of the relevant documents.

The relationship between the *Standards of Practice for ACT Health Allied Health Professionals* and registration and/or health profession associations' standards

Each of the health professions that are part of the National Registration and Accreditation Scheme is regulated by the National Board for that health profession. For the purpose of this document these health professions are referred to as the registered health professions or health professions regulated by National Law. The health professions that are not currently part of the National Registration and Accreditation Scheme are represented by health profession associations and for the purpose of this document these professions are referred to as the self-regulated health professions.

The *Standards of Practice for ACT Health Allied Health Professionals* apply to all allied health professionals, both registered and self-regulated, working in ACT Health.

In addition, the National Boards have published standards, codes of conduct and guidelines that apply to the registered professions and similarly many of the health professions' associations have published standards, codes of conduct and guidelines that apply to allied health professionals under the respective association's membership rules

or constitution. Allied health professionals, both registered and self-regulated, should ensure they are familiar with and comply with any such standards of practice, guidelines and codes of conduct.

These bodies' standards, codes and guidelines will cover some of the same professional performance, workplace behaviours and general obligations contained in the *Standards of Practice for ACT Health Allied Health Professionals*.

Further, some of the standards outlined in the *Standards of Practice for ACT Health Allied Health Professionals* make reference to ACT-specific legislation such as the Work Health and Safety Laws. Allied health professionals working in ACT Health should ensure they are familiar with their obligations under ACT-specific legislation.

The *Standards of Practice for ACT Health Allied Health Professionals* are subordinate to any legal requirements and where conflict exists between the *Standards of Practice for ACT Health Allied Health Professionals* and any legal requirements, the allied health professional must resolve the conflict to ensure they are practising in accordance with their legal requirements ahead of the *Standards of Practice for ACT Health Allied Health Professionals*.

Using the *Standards of Practice for ACT Health Allied Health Professionals*, the health professions' competency/capability standards and the standards established by the *Public Sector Management Act 1994*

The *Standards of Practice for ACT Health Allied Health Professionals* provide clear information for the community and allied health professionals about the standards of care and professionalism expected of allied health professionals working in ACT Health. They complement, but do not replace, the health professions' competency standards and the codes, standards and guidelines established under the *Public Sector Management Act 1994*. The table below identifies how the three sets of standards may be used to support a workplace performance framework.

Standards of Practice for ACT Health Allied Health Professionals	Competency and capability standards	Standards established by the <i>Public Sector Management Act 1994</i>
The <i>Standards of Practice for ACT Health Allied Health Professionals</i> may be used to clarify expectations about the acceptable level of professional performance, workplace behaviours and general obligations for allied health professionals working in ACT Health.	Competency and capability standards where they exist may be used as the primary reference for expectations about the level of discipline-specific knowledge, skill and other attributes, which are not captured in the <i>Standards of Practice for ACT Health Allied Health Professionals</i> .	These Standards apply to ACT Public Service employees, including allied health professionals employed by ACT Health. Any codes, standards and guidelines established under this Act prevail over the <i>Standards of Practice for ACT Health Allied Health Professionals</i> . This includes the ACT Public Service Performance Framework ⁶ .

Structure

The *Standards of Practice for ACT Health Allied Health Professionals* is set out in five sections, each of which relates to an aspect of practice common to all allied health professions. Each section contains statements about the standard of practice expected of allied health professionals in relation to that aspect.

The five sections are:

- Standards related to the health professional's interaction with the patient/client
- Standards related to the health professional
- Standards related to the health professional's practice environment
- Standards related to the health professional's interaction with professional colleagues, and
- Standards related to the health professional's responsibilities to the community.

Section 1.

Standards related to the health professional's interaction with the patient/client

Overview

Allied health professionals have responsibilities and obligations to their clients and to the broader community to provide safe, beneficial, responsible and competent health care that is responsive to individual, group and community needs. The allied health professional provides a service 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 their clients. It is these responsibilities and obligations that differentiate health professionals from the non-professional workforce.

The responsibilities and obligations of a health professional include:

- A primary responsibility to the patient/client (duty of care)
- A requirement to act in accordance with the patient/client's wishes (patient/client autonomy)
- A requirement to act in the best interests of the patient/client (principles of beneficence and non-maleficence)
- Practising within the scope of the individual health professional's knowledge, defined skills and professional attributes
- A requirement to maintain their competence
- A requirement to engage in continuing professional development, and
- A responsibility to ensure their decision-making is based on available information and likely consequences.

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 of the patient/client

The Australian Charter of Health Care Rights⁷ sets out the rights of patients/clients and other people accessing the Australian health system. The rights included in the Charter relate to access, safety, respect, communication, participation, privacy and consent. The Australian Commission on Safety and Quality in Health Care has published a guide⁸ that discusses each of the seven Charter rights, and provides some guidance to health professionals about ways they can contribute to ensuring that the rights are upheld.

- 1.2.1 A health professional must ensure they practise in a manner that upholds the Australian Charter of Health Care Rights.

1.3 Patient/client consent to 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 receive treatments or procedures in a particular situation.

- 1.3.1 A health professional must ensure valid, informed and documented consent is obtained from, or on behalf of, patients/clients before treatments or procedures commence.
- 1.3.2 Health professionals working in ACT Health must comply with policies and procedures relevant to patient/client consent.^{9,10}

1.3.3 In general, when a health professional considers that a person is:

- a. of sufficient age
- b. of sufficient mental and emotional capacity to understand the nature of the proposed treatments or procedures, and
- c. sufficiently competent to give consent to the proposed treatments or procedures being provided, the patient/client may request, and provide informed consent to receive, and the health professional may provide, the proposed treatments or procedures without the consent of a parent, guardian or other legal representative.

1.3.4 When a health professional considers that a person is:

- a. not of sufficient age
- b. not of sufficient mental and emotional capacity to understand the nature of the proposed treatments or procedures, and
- c. not sufficiently competent to give consent to the proposed treatments or procedures being provided, the health professional must only provide the proposed treatments or procedures after gaining the lawful consent of a parent, guardian or other legal representative.

1.4 Communication

Many patients/clients rely on the information provided by health professionals to help them understand their health issues and treatment options. Communicating effectively about treatment options and health care issues is an essential part of gaining informed consent for procedures and improves the patient/client's experience of health care. The ability to deliver and receive information effectively and appropriately is a fundamental skill for health professionals.

- 1.4.1 A health professional must recognise the communication needs, health literacy and preferences of individuals and adjust their communication strategies to the individual situation, including using an interpreter.
- 1.4.2 A health professional must, where possible, use trained translators and interpreters rather than family members.
- 1.4.3 A health professional must seek out and apply the learnings from cultural awareness training when building patient/client and team partnerships with people from diverse cultural and linguistic backgrounds, including Aboriginal and Torres Strait Islander peoples.
- 1.4.4 A health professional must provide the patient/client with sufficient information in an accessible format to ensure the patient/client is able to participate as actively as possible.
- 1.4.5 A health professional must explain the nature of any assessments, interventions, investigations, treatments or procedures being proposed, what their purpose is, their possible positive and adverse consequences, their limitations, any risks and reasonable alternatives wherever they exist.
- 1.4.6 A health professional must communicate appropriately with, and provide relevant information to, other stakeholders including members of the treating team.

1.5 Professional boundaries

The community expects the therapeutic context will be safe for patients/clients. The health professional has a responsibility to maintain professional boundaries with patients/clients.

The relationship between a health professional and a patient/client is not one of equality. The patient/client is seeking assistance and guidance from their treating health professional and this creates a power differential between the two parties. As such, any extension of the relationship between the two parties beyond their therapeutic relationship may constitute an abuse of power by the treating health professional regardless of which party initiates that extension.

- 1.5.1 A health professional must maintain professional boundaries with patients/clients.
- 1.5.2 A health professional must not enter into any relationship that may exploit their current or former patients/clients or other parties.
- 1.5.3 If a patient/client informs a health professional that another health professional has breached professional boundaries, the health practitioner who is informed of the breach:
 - a. must comply with the National Law in relation to notifiable conduct. Further information about notifications, what constitutes a notification and the notification process is available from the Australian Health Professional Regulation Agency¹¹
 - b. must notify their manager or supervisor who may be required to notify the Australian Health Professional Regulation Agency directly
 - c. should, where relevant, provide the patient/client with information about notifying ACT Health
 - d. must provide the patient/client with information about notifying the ACT Health Services Commissioner or the Australian Health Practitioner Regulation Agency.
- 1.5.4 A health professional must comply with relevant organisational policies and procedures including relevant ACT Public Service Codes of Conduct and Ethics.¹²

1.6 Provision of certificates of attendance, certifying documents and witnessing statutory declarations

Health professionals should recognise that medical certificates, certificates of attendance, certified documents and statutory declarations have a legal status.

- 1.6.1 Under the *Fair Work Act 2009*¹³, a “medical certificate” means a certificate signed by a medical practitioner, and “medical practitioner” means a person registered, or licensed, as a medical practitioner under a law of a State or Territory that provides for the registration or licensing of medical practitioners.
- 1.6.2 An allied health professional cannot sign a medical certificate.
- 1.6.3 An allied health professional can sign a certificate of attendance and must take reasonable steps to consider carefully all the implications of issuing a certificate of attendance and/or certifying any document or witnessing any statutory declaration, including complying with any legislative and procedural requirements.
- 1.6.4 An allied health professional must ensure all parts of a certificate of attendance are completed in a legible manner (preferably typed), including the date of the consultation, the date and time of issue of the certificate, and the name and address of the issuing allied health professional.

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 refusing to provide treatment or discontinuing treatment because it is in the best interests of the patient/client to do so, or because treatment of the patient/client poses a risk to the health professional or other staff.

- 1.7.1 A health professional must comply with all relevant ACT Health policies and procedures prior to refusing to provide a patient/client with treatment, or choosing to cease treatment of a patient/client.

1.8 Fees

- 1.8.1 A health professional must ensure patients/clients are aware of, and have agreed to, any fees and charges involved in a course of treatment, prior to providing the treatment. Fees and charges should only be applied where they referred to in the gazetted determination made under the *Health Act 1993*, s 192 (Determination of Fees).

1.9 Supply and administration of medicines and/or therapeutic goods

The *Medicines, Poisons and Therapeutic Goods Act 2008* (ACT) sets out the laws relating to regulated medicines and therapeutic goods in the ACT. The *Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP)*, referred to as the “medicines and poisons standard” in the *Medicines, Poisons and Therapeutic Goods Act 2008* (ACT) is a record of decisions regarding the classification of medicines and chemicals into Schedules. The SUSMP is reviewed and updated regularly and is available from the Therapeutic Goods Administration within the Commonwealth Department of Health.¹⁴

Many medicines (scheduled and unscheduled) have contraindications, precautions and interactions with other substances, and the community has a right to expect that a health professional who supplies, recommends or administers any medicine is aware of its appropriate supply and administration and any potential contraindications, precautions, adverse effects and interactions with other substances.

- 1.9.1 Only health professionals who are appropriately authorised under the *Medicines, Poisons and Therapeutic Goods Act 2008* may prescribe, supply, recommend or administer medicines in the course of their professional practice.
- 1.9.2 A health professional must ensure all relevant contraindications, precautions and interactions with other substances are checked and explained to a patient/client before prescribing, supplying, administering or recommending any scheduled or non-scheduled medicine as part of the treatment.
- 1.9.3 Only health professionals who are appropriately authorised under the *Medicines, Poisons and Therapeutic Goods Act 2008* may supply or recommend use of therapeutic goods in the course of their professional practice.

1.10 Risk management

Risks will be managed in accordance with relevant ACT Health and ACT Public Sector risk and incident management policies and standard operating procedures.¹⁵

- 1.10.1 A health professional must practise in accordance with best practice guidelines, including relevant ACT Health and ACT Public Sector policies and procedures.

1.11 Open Disclosure

Open Disclosure is an open discussion with a patient about an incident(s) that resulted in harm to that patient while receiving health care. The criteria for open disclosure are an expression of regret and a factual explanation of what happened, the potential consequences and the steps being taken to manage the event and prevent recurrence.¹⁶

- 1.11.1 A health professional must practise in accordance with relevant ACT Health policies and procedures.

Section 2.

Standards related to the health professional

2.1 Continuing Professional Development (CPD)

Learning and development provides a broad range of activities to develop workplace capabilities including technical skills, knowledge, attitudes and behaviours.

ACT Health's Learning and Development Framework 2013 – 2016¹⁷ (ACT Health Framework) describes the process for managing learning and development, including mandatory Essential Education. The ACT Health Framework also outlines the requirements for staff to maintain quality in the development and delivery of learning and development within the organisation.

The ACT Public Service Performance Framework (ACT Public Service Framework) seeks to support employee effectiveness for the benefit of the ACT Public Service through a consistent and sustainable approach to achieving high performance as well as to support the ACT Public Service Values and Signature Behaviours. The ACT Public Service Framework provides a consistent approach to the way in which the ACT Public Service holds its employees accountable for their work performance and also embeds performance discussions as a familiar and supportive part of working life in the ACT Public Service.

The ACT Health Framework and ACT Public Service Framework complement each other and both apply to allied health professionals working in ACT Health. Accordingly, each health professional's CPD should involve an interactive process to maintain, enhance and broaden the professional's knowledge, expertise and competence throughout their career. Each health professional's CPD may include both structured and unstructured learning activities that are relevant to that professional's chosen area of practise. This means a health professional who engages in a particular type or area of professional practice would usually undertake CPD relevant to their chosen scope of practice.

Attendance at courses and conferences does not ensure effective learning and health professionals need to reflect on their practise in order to effectively integrate new knowledge and skills into their practice.

- 2.1.1 Health professionals working in ACT Health must complete the prescribed essential education requirements, including orientation and induction, as outlined in the ACT Health Essential Education Policy.
- 2.1.2 A health professional must engage in CPD that enables them to maintain currently accepted standards of technical competence in their chosen scope of practice within their profession.
- 2.1.3 A health professional should document all CPD they undertake, including any informal learning activities such as interaction with colleagues, as well as their 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 place the interests of patients/clients and the community ahead of other interests. Many of the rights of patients/clients outlined in the *Australian Charter of Health Care Rights*¹⁸ become, conversely, responsibilities of the treating health professional.

The Australian Charter for Healthcare Rights: *A Guide for Healthcare Providers* discusses each of the seven Charter rights, and provides some guidance to health professionals about ways they can contribute to ensuring that the rights are upheld. There are some additional responsibilities that are integral to health professional professional behaviour.

- 2.2.1 A health professional has a responsibility to:
 - a. 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
 - b. work toward achieving justice in the provision of health care for all people
 - c. ensure they maintain relevant knowledge and competence to provide safe and effective services
 - d. know and follow relevant expectations of behaviour set out in the *Public Sector Management Act 1994* and relevant ACT Health policies and procedures with respect to acceptable use of ICT¹⁹ and social media²⁰
 - e. ensure they practise in accordance with, and maintain current knowledge of, their statutory obligations, and

- f. contribute to their profession through activities such as training and mentoring, serving on health profession boards, and providing expert advice upon request.

2.3 Conflict of interest

A health professional has a responsibility to place the interests of patients/clients and the community ahead of other interests. ACT Health is committed to ensuring that all staff members, whether they are permanent, temporary, casual or volunteers, maintain a high standard of professionalism and integrity in the workplace. In meeting this obligation, any staff member with a perceived, potential or actual conflict of interest, including a second job, must declare this to their manager.

2.3.1 A health professional has a responsibility to:

- a. Know and follow relevant expectations of behaviour set out in the ACT Public Service Code of Ethics, *Avoiding Conflict of Interest*, and relevant ACT Health policies and procedures with respect to conflict of interest, close personal relationships and avoiding conflict of interest.
- b. Be aware of activities that might lead to a perceived, potential or actual conflict of interest including advertising by health professionals, particularly in relation to a personal or financial interest outside the immediate agency or organisation, a second job and/or a close personal relationship.
- c. Understand that advertising by health professionals should be designed to serve the public interest and while there are legitimate reasons why health professionals may wish to advertise their services to the community, advertising must not contain material that misrepresents facts, or has the potential for patients/clients to develop an unjustified expectation of beneficial treatment.

2.3.2 A health professional must not advertise or promote their services in a way that is:

- a. false, misleading or deceptive or is likely to mislead or deceive
- b. disparaging of another health professional, a professional service provided by another person, or a business providing professional services, and
- c. likely to bring the health profession, health service or ACT Health into disrepute.

2.3.3 A health professional must not advertise or offer a discount, gift or other inducement to entice a person to use their services unless the advertisement or offer also states the terms and conditions of the discount, gift or other inducement.

2.4 Health records

Health records 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 records may be created and maintained in hardcopy and/or electronic formats.

The *Health Records (Privacy and Access) Act 1997* requires ACT Health to create and keep health records in a manner that ensures the privacy of patient/client's health information, and to provide adequate opportunities for patients/clients to access the information held about them in their health records. Health records are confidential documents and remain the property of ACT Government Health Directorate.

In order to ensure compliance with the *Health Records (Privacy and Access) Act 1997*, health professionals working in ACT Health should be aware of the following requirements.

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 A health professional must:

- a. ensure they record sufficient information to allow a similar health professional to continue the management of the patient/client
- b. ensure they record accurate statements of fact or statements of clinical judgement at the time of, or shortly after, each patient/client consultation
- c. 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 their signature or electronic authentication
- d. never change a health record to deceive anyone
- e. initial any changes to records and ensure the entry that has been changed remains visible in the record
- f. refrain from using non-technical terms or non-standard abbreviations in their records, and
- g. never record comments that are derogatory or emotive.

2.4.3 A health professional must ensure the manner and purpose of collection of personal health information is lawful, complies with provisions of the *Health Records (Privacy and Access) Act*, and relates to the health of the patient/client.

2.4.4 A health professional may have an obligation under other legislation 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:

- a. the safety and effectiveness of future treatment is not compromised by the loss of health information, and
- b. 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 must provide another health professional with adequate health information for safe and effective treatment.

2.4.6 A health professional must not release any information in health records to anyone without written authorisation from the patient/client or those persons legally authorised to access the records.

2.4.7 A health professional may advise the patient/client that they may gain access to their health record by any of the following means, and made aware of any fees involved prior to gaining access:

- a. inspecting the health records (if held in electronic form by way of a printout)
- b. receiving a copy of the record, or
- c. 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, the first health professional should transfer at least a summary of the relevant health records to the second health professional.

2.5 Infection prevention and control

ACT Health works to prevent and control healthcare associated infections through ensuring that governance and management systems for healthcare associated infections are implemented and maintained.

2.5.1 A health professional must comply with the infection control policies and procedures established by ACT Health.²¹

2.6 Use of professional titles and abbreviations

ACT Health policies include a list of approved abbreviations that health professionals may use.²²

2.6.1 A health professional must ensure they do not use professional titles or abbreviations in a way that may mislead or deceive patients/clients about their qualifications or registration.

2.7 Scope of practice

Contemporary health service delivery includes recognition of the contribution of extended, expanded and advanced scopes of practice to flexible and sustainable models of care. It is important that individual health professionals working within these models of care recognise and work within the limits of their own competence and do not engage in practices beyond their area of competence.

- 2.7.1 A health professional can extend their scope of practice through innovation provided that such development is based on clinical outcome measures, or evidence of efficacy and safety, and meets all relevant regulatory requirements and workplace policies.
- 2.7.2 A health professional must limit the scope of their practice according to their own current knowledge and professional competence.
- 2.7.3 A health professional may work in an area of extended, expanded or advanced scope if they have completed appropriate training, or are undertaking supervised practice to enhance their area of competence.
- 2.7.4 A health professional is obliged to inform patients/clients about their 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.
- 2.7.5 A health professional changing their scope of practice must have undertaken sufficient supervised practice and/or other training from professional colleagues to achieve competence in that scope of practice and be appropriately credentialed prior to engaging in unsupervised practice.
- 2.7.6 A health professional must practise in accordance with the current and accepted evidence base of their profession, including clinical outcomes.

2.8 Delegation of practice

Health professionals working in ACT Health may supervise and delegate²³ tasks to allied health assistants where those tasks do not require clinical judgement, assessment, diagnosis, care planning or evaluation. In some circumstances, a health professional may also delegate tasks to peers, interpreters, interns, students and support staff. It is the responsibility of the health professional to review delegated tasks and ensure the person to whom they are delegated is competent to complete the task safely and effectively.

- 2.8.1 A health professional may delegate to a suitably qualified and/or experienced allied health assistant, *tasks that do not* require the unique skill, knowledge, discretion and judgement of a health professional.
- 2.8.2 A health professional may delegate activities that require the unique skill, knowledge, discretion and judgement of a health professional only when:
 - a. the activity is being adequately supervised by a qualified health professional
 - b. the activity is being provided as part of an accredited education program to educate a student to become a qualified health professional, and
 - c. the qualified health professional has sufficient knowledge of the tasks that were performed to ensure the safety of the patient/client.
- 2.8.3 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:
 - a. is competent to perform the procedure safely and effectively, and
 - b. understands all associated risks, precautions and contraindications.

2.9 Recency of practice

Recency of practice is considered to contribute to the competence of the health professional to practise in their chosen area of work within their profession. Competence to practice may be defined by the entry-level competency standards of the relevant health profession, by workplace requirements, by a National Registration Board or by a professional association.

- 2.9.1 A health professional must engage in sufficient practice in their chosen area of work within their profession to maintain competence in that area of work – this may include engaging in supervised practice.
- 2.9.2 A health professional who is required by a professional association or National Registration Board to engage in supervised practice as a condition of their registration, or for re-entry to the profession, must provide written notification to their supervisor of this condition(s).

2.10 Professional indemnity and public liability insurance

In many situations, the nature of health 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 they suffer an injury as a result of the interaction with a health professional.

- 2.10.1 A health professional must ensure they are covered by appropriate and adequate professional indemnity and public liability insurance for the risks relevant to their practice, either through an employer's insurance policy or by a personal policy.

2.11 Research

Research in Australia is governed by standards, codes and guidelines issued in accordance with the *National Health and Medical Research Council Act 1992*.

- 2.11.1 A health professional conducting research must comply with the relevant standards, codes and guidelines issued by National Health and Medical Research Council.
- 2.11.2 A health professional conducting research must comply with the relevant standards, codes and guidelines issued by ACT Health.

2.12 Teaching/Supervision

ACT Health is committed to providing quality clinical placement, supervision and/or management of students and trainees in the allied health professional workforce and has established policy and procedures to ensure student and trainee clinical placements in ACT Health are coordinated in accordance with relevant legislation and policy.²⁴

- 2.12.1 A health professional engaged in clinical supervision of students must comply with relevant workplace policies.
- 2.12.2 A health professional is expected to comply with applicable and relevant standards, codes and guidelines published by their professional body.

2.13 Management

- 2.13.1 A health professional who works in a management role must:
 - a. use their position fairly and appropriately in a manner which is neither to their personal advantage nor unjustly to the disadvantage of another person
 - b. undertake continuing professional development that is appropriate to maintain their competence in management activities, and
 - c. practise in accordance with accepted professional standards as they relate to the context of management.

Section 3.

Standards related to the health professional's practice 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, all health professionals must ensure they comply with any licences, qualifications or other legislative requirements imposed by the *Public Health Act 1997*³.

3.1 Standards of premises

3.1.1 A health professional has a responsibility to ensure their place of work:

- a. is clean and hygienic at all times, and
- b. has on prominent display information regarding how to provide feedback, including complaints, and contact details for the ACT Health Services Commissioner's office.

3.2 Signage and identification

Patients/clients have 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 the professional at risk, the health professional may be identified only by their first name. 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. Signage may include a name badge, a portable sign 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 their patients/clients can identify them, 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 extends to the fact they have attended for treatment. Further information about confidentiality and privacy in the context of health services in the ACT is available from the ACT Health Services Commissioner and through the *Health Records (Privacy and Access) Act 1997*.

3.3.1 While not all treatment areas will provide auditory and visual privacy, a health professional must ensure private and confidential consultations and discussions can take place. Visual and auditory privacy of patients/clients must be available and all patients/clients must be offered visual and auditory privacy.

3.3.2 A health professional must respect patient/client confidentiality and privacy, and refrain from commenting upon, or discussing, patients/clients in a non-professional context, including social media. Such comments or discussions constitute serious breaches of privacy and confidentiality.

3.3.3 A health professional must respect patients and their privacy when gaining consent for, taking, using, storing and disposing of images taken that are not for diagnostic purposes.²⁵

3.4 Maintenance of equipment

Inadequate equipment maintenance can cause serious injuries to patients/clients and staff, including burns and electrocution. Equipment must be appropriately maintained to minimise the risk to, and ensure the safety of, patients/clients and staff.

3.4.1 A health professional must observe appropriate safety precautions when undertaking patient/client treatment, in particular when using electrical and mechanical equipment.

3.4.2 A health professional must report incidents and near misses involving clients, patients and public using the relevant ACT Health incident management reporting system(s).

3.5 Work Health and Safety

The *Work Health and Safety Act 2011* creates wide-ranging duties with respect to safety and risk management in the workplace.

3.5.1 A health professional must ensure they know and practice in accordance with their statutory work health and safety responsibilities.²⁶

- 3.5.2 A health professional must 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 and others in the workplace.

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 threats; personal threats including acts of violence or aggressive behaviour; cyclone and extreme storms; bushfire; earthquake and structural faults; and 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 their workplace and that they are appropriately educated in its use.
- 3.6.2 A health professional must ensure they are aware of the organisation's policies and procedures for the evacuation and protection of all occupants within the workplace, and that these procedures are clearly displayed for staff, patients/client and visitors
- 3.6.3 A health professional must be aware of potential hazards to patients/clients and others in the workplace (including fire, electrocution, and cardiac arrest) and the action to be taken in case of an emergency.
- 3.6.4 A health professional must ensure that they are appropriately trained and competent in relevant emergency procedures, including mandatory annual training in the areas of basic life support and fire and emergency awareness.

Section 4.

Standards related to the health professional's interaction with professional colleagues

4.1 Collaborative practice

Contemporary health service delivery requires allied health professionals to engage in models of care that are patient/client/family centred and include working in collaborative and inter-professional practice teams.

ACT Health has identified collaboration as one of its core values: Care, Excellence, Collaboration and Integrity. In this context, ACT Health defines collaboration as “Actively communicate to achieve the best results by giving time, attention and effort to others. Respect and acknowledge everyone’s input, skills and experience by working together and contributing to solutions. Share knowledge and resources willingly with your colleagues”.

Health professionals working in ACT Health should be familiar with the ACT Health policy for interprofessional learning, education and practice.²⁷

- 4.1.1 A health professional is expected to display interprofessional collaboration and respect to their professional colleagues.
- 4.1.2 A health professional should define their scope of practice according to current knowledge, performance standards and commensurate with any applicable registration or health profession’s association standards.
- 4.1.3 A health professional must seek advice from, or refer patients/clients to, more suitably qualified health professionals when it is in the best interests of the patient/client.

4.2 Notifications about health professionals

In the ACT, the Health Services Commissioner deals with complaints about registered and self-regulated health professionals.

Part 8 of the *Health Practitioner Regulation National Law (ACT) Act 2010* (National Law) includes provisions about mandatory notifications by registered health professionals, employers and education providers in relation to registered health professionals and students. The National Law also provides grounds for voluntary notifications by anyone who believes that one of those grounds exists in relation to a registered health professional or student.

The mandatory and voluntary notifications under the National Law include situations where the health professional is impaired. 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 while 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 A health professional is expected to comply with National Law where relevant and with any applicable and relevant standards, codes and guidelines published by their health profession’s association or relevant National Board.²⁸
- 4.2.2 A health professional is expected to comply with all other relevant codes of conduct.

Section 5.

Standards related to the health professional's responsibilities 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 vulnerable and/or 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 and/or that the risks are addressed.

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

- a. The health professional has completed a basic training course in suicide intervention skills or in intervention skills relevant to the specific risks of the patient/client population
- b. The health professional is aware of the roles of, and knows how and when to contact, relevant 24-hour agencies to assist with the management of clients who are at risk. This includes the ACT Health Mental Health Crisis Assessment and Treatment Team, the police or other appropriate intervention agencies
- c. The health professional provides contact details for relevant 24-hour agencies to patients/clients who are at risk, and
- d. The health professional records all details of any intervention and communication with a patient/client who is at risk, as soon as possible after the interaction with the patient/client.
- e. A health professional who is not trained to work with patients/clients who are at risk must, for any patient/client that the professional considers is at risk:
 - f. arrange an immediate referral to an appropriately skilled professional
 - g. contact a carer or significant other to escort the patient/client to attend an appropriately skilled professional, and
 - h. take all reasonable actions and precautions to ensure the patient/client does not remain in a situation that places them at risk.

5.2 Protection of children and young people

In the ACT, the law relating to child protection is set out in the *Children and Young People Act 2008*. Part 11.1 of the Act includes provisions that make it compulsory for certain groups of people (including health professionals working in ACT Health) to report suspected child abuse to Care and Protection Services when they believe on reasonable grounds, in the course of their work, that a child or young person has experienced or is experiencing sexual abuse or non-accidental physical injury.

Health professionals working in ACT Health are required to report suspicions of all other forms of abuse, including neglect and emotional abuse, regardless of whether or not the employee is mandated under the *Children and Young People Act 2008* to report such suspicions. All ACT Health staff must attend child protection training.

A belief on reasonable grounds or a suspicion may be based on the professional's own observations of non-accidental physical injury, neglect or emotional abuse, or arise from a child or young person, or someone else, telling the professional about the sexual abuse, non-accidental physical injury, neglect or emotional abuse.

Responsibility for reporting sexual abuse, non-accidental physical injury, neglect or emotional abuse rests with the individual professional. The individual professional cannot delegate the responsibility and must make a report to Care and Protection Services even if they think someone else has already done so.

The *Children and Young People Act 2008* also enables anyone to make a voluntary report to Care and Protection Services if they believe or suspect a child or young person is being abused or neglected or is at risk of abuse or neglect.

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

Health professionals in the ACT who provide services to children may be required to be registered under the *Working with Vulnerable People (Background Checking) Act 2011*.

- 5.2.1 A health professional working in ACT Health must comply with the ACT Health Child Protection Policy and related procedures and guidelines, including mandatory training in Child Protection and any additional requirement for registration under the *Working with Vulnerable People (Background Checking) Act 2011*.²⁹
- 5.2.2 A health professional who believes on reasonable grounds that a child or young person has suffered or is suffering sexual abuse or non-accidental physical injury must report the matter to Care and Protection Services.
- 5.2.3 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 Care and Protection Services.

Glossary

Allied Health Assistant	<p>A person employed under the supervision of an Allied Health Professional whose primary role is to assist and support the work of an allied health professional. Supervision may be direct, indirect or remote and must occur within organisational guidelines.</p> <p>Note: This definition does not include Assistants in Nursing or personal care workers.</p>
Competence	<p>The combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession or occupation.</p>
Allied health professional/ practitioner	<p>A person who has undertaken a tertiary qualification at Bachelor Degree (or other recognised equivalent) in an allied health discipline.</p>
Health professional	<p>A profession where the main purpose is to provide a health service.</p>
Health record	<p>Any record held by a health service provider and containing personal information, or containing personal health information.</p>
National Board	<p>A National Board established under the Health Professional Regulation National Law (ACT) Act.</p>
Registered allied health professional	<p>A health professional whose allied health profession is part of the National Registration and Accreditation Scheme and who is required to be registered under the Health Professional Regulation National Law (ACT) Act.</p>
Self-regulated allied health professional	<p>A health professional whose allied health profession is not part of the National Registration and Accreditation Scheme and who is not required to be registered under the Health Professional Regulation National Law (ACT) Act.</p>

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