A new approach to defining scope of practice for orthotist/prosthetists in Australia
Orthotist/prosthetists assess the physical and functional limitations of people resulting from disease, illness, trauma and disability, including limb amputation, diabetes, arthritis and neuromuscular conditions, such as stroke. Orthotic and prosthetic services may involve the provision of orthoses and prostheses to restore function, prevent deterioration, and improve quality of life. Orthotist/prosthetists are commonly employed in Australian hospitals, private clinics, research institutions as well as rural and remote regions, working independently and as part of multidisciplinary healthcare teams to support the Australian community.

Orthotist/prosthetists are tertiary qualified allied health professionals. An Australian Qualification Framework level 7 is required to practice as an orthotist/prosthetist in Australia, consistent with education standards for other allied health professions. Orthotic/prosthetic students complete training alongside physiotherapy, podiatry and occupational therapy students.

The Australian Orthotic Prosthetic Association (AOPA) is the peak professional body for orthotist/prosthetists in Australia, with certified practitioners comprising 80% of the practicing profession. AOPA is responsible for regulating the profession and is a founding member of the National Alliance of Self Regulating Health Professions (NASRHP) in partnership with other professional organisations, including Speech Pathology Australia, the Australian Association of Social Workers and Exercise and Sports Science Australia. AOPA is recognised by the Commonwealth Government as the assessing authority responsible for conducting migration skill assessments for orthotist/prosthetists.

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Summary statement of position

Scope of practice defines the rules, regulations and boundaries within which a practitioner may practice. A traditionally defined scope of practice serves to communicate the role of the profession and provide protection to the public, but it also imposes rigid limits on a profession that may restrict workforce growth, flexibility and innovation in service delivery.

AOPA has not defined a scope of practice for orthotist/prosthetists in Australia, instead promoting the concept of a personal scope of practice. Personal scope refers to the area of a practitioner’s profession where they have the knowledge, skills and experience to practice lawfully, safely and effectively, in a way that meets professional standards and does not pose any danger to the public or themselves.

What is scope of practice?
Across the health and medical professions in Australia, the phrase ‘scope of practice’ is used to define the rules, regulations and boundaries within which a fully qualified practitioner with substantial and appropriate training, knowledge and experience, may practice, in a specifically defined field.

Where did scope of practice come from?
In the past, the essential roles and responsibilities of many healthcare professions were defined within legislation, which was the basis for a traditional scope of practice. The overall purpose of scope of practice in this setting was to inform the public, employers and other practitioners of the professional roles, activities, practice settings and guiding frameworks covered by a specific profession.

Background

Practicing within your personal scope is required of Certified orthotist/prosthetists through upholding the AOPA Code of Ethical and Professional Conduct. Practitioners are supported in this through the AOPA Scope of Practice Guidance Tool. AOPA have developed an Occupation Summary to meet the communication needs previously fulfilled by a defined profession-wide scope of practice, and set and maintain minimum standards for education and entry to the orthotic/prosthetic profession in Australia. AOPA believe this approach is the best way to provide boundaries on safe practice and therefore provide protection to the public and encourage excellence in orthotic/practice.

This served two broad purposes. First, scope of practice was a communication tool; describing what the practitioner actually ‘does’. This can be particularly helpful for practitioners in other health and medical fields if the role of the profession is not well known. It is also helpful for informing the public regarding which professionals to access for the services they require.

A second key purpose of scope of practice is to ensure that practitioners only practice within their competent skill set, thereby providing a level of protection to the public by defining the boundaries of practice. If a practitioner performed activities outside the definition of the profession, then this activity can be deemed a breach of scope and the profession’s code of conduct allowing for disciplinary action to proceed.
Limitations of a defined scope of practice

While scope of practice has its origins in legislation, healthcare professions went on to develop more extensive scope of practice statements to achieve the same purpose. These statements defined the work role of each profession, which were largely mutually exclusive.

However, defining the boundaries of a profession in this way has some limitations. The work role of health care professions is subject to a degree of natural evolution. The health workforce needs to grow and become more flexible to be able to meet the growing demands of an ageing population who are experiencing increasing rates of chronic disease. In preparing for this, the orthotic/prosthetic workforce will be subject to additional challenges due to poor geographic dispersion of practitioners across states and rural/remote areas. Most professions today share some skills or procedures with other professions and it is no longer reasonable to expect each profession to have a completely unique scope of practice, exclusive of all others.

Alternatives to a defined scope of practice

Healthcare professions are now acknowledging that workforce growth and flexibility are a priority and that opportunity and innovation for the individual practitioner, the profession and the healthcare system must be encouraged. In response, some professions have expanded their defined scope of practice, allowing them to undertake tasks traditionally performed by other professions; for example nursing, optometry, podiatry and physiotherapy. While this approach meets current need these definitions will require revision as the roles of individual disciplines continue to evolve.

An alternative is to move from relying on a defined profession-wide scope of practice, towards a focus on the individual practitioner’s responsibility to practice within their personal scope of practice. Personal scope of practice (or personal competency) refers to the area of a practitioner’s profession where they have the knowledge, skills and experience to practice lawfully, safely and effectively, in a way that meets professional standards and does not pose any danger to the public or themselves. Every practitioner will have a slightly different personal scope of practice that reflects his or her own experience, education and training, which will continue to evolve over their career.
The Australian Orthotic Prosthetic Association’s approach

AOPA has not defined a scope of practice for Australian orthotist/prosthetists. AOPA instead promotes the concept of a personal scope of practice as the means to ensure practitioners only practice within their competent skill set. This is complemented by a suite of tools, resources, and standards to serve the same purpose previously achieved by a formal scope of practice statement (Figure 1).

**Purpose #1 - Communication**
Clear descriptions of the role of the orthotist/prosthetist help to build an informed understanding of this small allied health profession among the wider community. This includes consumers, prospective students, other professionals, policy makers and funding bodies amongst others. To address this need AOPA have developed an Occupation Summary, which defines the orthotic/prosthetic disciplines, practitioners and interventions, as well as provide more general descriptions of the breadth of clients and settings that orthotist/prosthetists may practice in.

**Purpose #2 - Public protection**
As the peak body representing orthotist/prosthetists in Australia, AOPA self-regulates the profession by setting minimum standards and codes that are voluntarily upheld by certified orthotist/prosthetists. These standards provide guidance to consumers, employers, referrers and practitioners regarding the expectations of an orthotist/prosthetist in Australia and therefore provide a measure of protection to the public. Two standards that contribute to this are the Code of Ethics and Professional Conduct (By-Law 5) and the Entry-Level Competency Standards.
The Code of Ethics and Professional Conduct outlines the professional ethics and conduct expected of an orthotist/prosthetist in Australia. The Code states that orthotist/prosthetists have an obligation to their clients to acknowledge the boundaries of their competency and only provide services for which they are appropriately qualified by training or experience. Practitioners have a responsibility to recognise the boundaries of their competency and refer patients to another practitioner or health care professional as appropriate. Certified practitioners must also maintain their scope of practice through continuing Professional Development activities.

A breach of the Code may result in removal of a practitioner’s certified status and expulsion from membership to the Association - a credential required to access a variety of funding bodies and public hospital systems. AOPA provide a Scope of Practice Guidance Tool to help orthotist/prosthetists familiarize themselves with their personal scope of practice and make appropriate decisions about their orthotic/prosthetic treatment.

Entry-Level Competency Standards are set by AOPA and voluntarily upheld by all members. The AOPA Entry-Level Competency Standards describe the attributes an orthotist/prosthetist is required to have for entry into the Australian workforce. These standards set the minimum level for education and entry to the profession and have a vital role in promoting and protecting the health of the Australian public. All certified orthotist/prosthetists have met the Entry-Level Competency Standards as this is a requirement for membership eligibility to the Association.

The position of AOPA

AOPA has not defined a profession-wide scope of practice for Australian orthotist/prosthetists, instead promoting the concept of a personal scope of practice. AOPA believe this to be the most appropriate way to ensure practitioners have the knowledge, skills and experience to practice lawfully, safely and effectively, in a way that meets professional standards and does not pose any danger to the public or themselves.

Recommendation

- Consumers are encouraged to enquire about the personal scope and experience of practitioners to assist with determining their preferred service provider.
- Practitioners must consider their personal scope of practice and implement processes of referral or up-skilling when gaps in scope are identified.
- Practitioners should use the AOPA Personal Scope of Practice Guidance Tool to determine their personal scope of practice boundaries.
- Practitioners must be familiar with the Code of Ethics and Professional Conduct.
- Employers must ensure practitioners are working within their personal scope rather than historically defined jobs roles linked to qualifications.

2. National Alliance of Self-Regulating Health Professions (2015) Self Regulating Health Profession Peak Bodies Accreditation Standards
4. AOPA Scope of Practice Guidance Tool

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