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# Osteopathy Board of Australia (OBA) Revised Draft Framework: pathways for registration of overseas trained osteopaths

**Submission by the**
**Australian Osteopathic Association**
**August 2013**

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# Revised Draft Framework: pathways for registration of overseas trained osteopaths

## The Australian Osteopathic Association

The Australian Osteopathic Association (AOA) is the national professional body representing over 85% of osteopaths across Australia. This gives us a unique voice for representing the profession and lobbying to ensure high industry standards are established or maintained.

The AOA Chairs a number of committees on regulation; education (including all 3 universities as participants); continuing professional development and advanced clinical practice; risk management (with participants from the profession, law and indemnity insurance); as well as, participating in wide ranging external government and stakeholder committees covering education, DVA, MBS, prescribing, health workforce, immigration, health care, private health insurance, regulation and professional development.

Our core work is liaising with state and federal governments, regulatory or other statutory bodies and key stakeholders, such as Universities. As such we always welcome opportunities for input or collaboration, such as this.

On the face of it the AOA is please that the OBA has accepted the principal that a period of assessment and supervised practice is required for overseas trained osteopaths. The AOA in principle is supportive of removing barriers to skilled migration but this must not be at expense of the public's safety or jeopardizing the profession's current low complaint rates and high safety record.

We have a number of concerns regarding the proposed scheme and feel that in its current form it may expose the public to risk. We have outlined the main areas of concern below:

## Background / Previously proposed models

The OBA is aware the AOA has participated in the many levels of consultation and/or development of the Australian & New Zealand Osteopathic Council's (ANZOC) overseas assessment process, having representation at workshops and planning meetings over the last four years. The AOA therefore has a thorough understanding of the historical context and development leading to the current proposed model. Further we have a thorough understanding of the ANZOC process, an understanding of what constitutes best practice in competence assessment methodologies (both through the UTS project, ANZOC's review and the later VU Research) and high level of trust in the academics that had input into the design of the previously proposed, but never fully implemented ANZOC overseas assessment process.

**The AOA is broadly supportive of removing barriers to skilled migration that are justified on the grounds of public protection, and by proxy the professional reputation of osteopathy.** The AOA wants to see a more streamlined and efficient process for overseas trained osteopaths to enter Australia due to shortages of supply in many states; however, we have a number of points which we would like further information on.

The AOA thank the OBA for provision of the Victoria University/OBA "*Assessment of overseas-qualified osteopaths for their suitability to practice in Australia*" and this reinforces the need for competent standard pathway assessment processes and potentially the benefit of portfolios in assessment.

**This research; however, contributes little evidence regarding the safety or efficacy of using the proposed competent authority pathway beyond the standard assessment process**.

The AOA is aware that the previously proposed ANZOC Overseas Assessment process was principally funded by the Department of Health & Ageing. We do have some concerns that the project was never fully implemented in Australia, after considerable public funds were invested in it and so by setting aside potential best practice approaches to competence assessment without trial or evaluation that may have provided a safe and streamlined entrance to Australia since 2011. **This delay has reduced workforce migration and mobility in Australia**

### Inconsistency between Standard and Competent Authority

It is our understanding that assessment methodologies with competent authority pathway in Australian healthcare professions generally have a standard pathway and then those that are eligible on the basis of competent authority are exempted from elements of the standard pathway. **If a module and assessment on the Australian healthcare system and a supervised period of practice is deemed necessary for those eligible for the competent authority pathway we do not understand why the same does not apply to the standard authority pathway.** We are also perplexed as why the eligible applicants for competent authority are able to choose to be assessed on the standard pathway.

Question: We would be grateful if the concept and justification behind this could be explained?

### Trans-Tasman Mutual Recognition

The AOA is aware that in recent years the **overwhelming majority of overseas trained osteopaths that have been able to register and work in Australia have been able to do so under the provisions of the Trans-Tasman Mutual Recognition (TTMRA).** Our members have longstanding recruitment problems

and we are concerned that any policy developments by the Osteopathy Board of Australian (OBA) & the Australian and New Zealand Osteopathic Council (ANZOC) need to be consistent with the maintenance of equivalency per TTMRA.

The AOA notes that the ANZOC overseas assessment process as originally envisaged was adopted some two years ago by the OCNZ. **The AOA has been advised that OCNZ has concerns that TTMRA may be placed at potential risk by the Australian proposals.** The AOA would welcome reassurance that the OBA has consulted with and has determined that the Osteopathic Council of New Zealand (OCNZ) feels that the proposed competent authority pathway in Australia will not jeopardise free movement of registrants across the Tasman.

### Memorandum of Understanding between the Australian, New Zealand and UK Regulatory Authorities.

Within the spirit of the MoU the AOA is aware that graduates from accredited courses in Australia and New Zealand may directly apply for registration in the other Trans Tasman jurisdiction. This is a positive development and has removed the unnecessary barrier of dual registration to the mobility of graduate osteopaths and helped increase the supply of New Zealand trained osteopaths to fill positions in Australia. This is both welcome and reciprocal.

We would be grateful if the OBA could update the Association on any progress the General Osteopathic Council has made with removing barriers to Australian trained osteopaths registering in the UK. It is a legitimate concern for our members that if UK registrants have unhindered access to practice in Australia, that such easing or barriers is reciprocal.

Question: We also note that the MoU has now passed it expiry period without achieving any progress in regards to the UK and ask if a new MoU will be entered into or if the UK has indicated they will not be proceeding with any changes for Australian trained osteopaths?

## Capabilities Framework

In our previous submission on the OBA Supervision Guidelines we were concerned that **the policy did not reference a competency or capabilities framework.** We note that the supervision policy has been re-presented with no reference to a capabilities framework. As a consequence an osteopath working under a supervision order would have no objective frame of reference for what constituted competence in practice or which areas of the competency or capabilities framework are not currently up to date. It is unclear how a supervision plan can meaningfully be developed in the absence of such a model being made explicit.

Question: How will the OBA ensure consistency in standards and what is deemed acceptable in the absence of such a framework?

Question: How would the OBA defend itself against allegations of biases where individual supervisors are accused of imposing personal approaches to practice as being the required standards?

This clearly leaves the supervisor, the supervisees and the patient vulnerable. We questions if this will meet the test of public protection and we will need to inform our members of any perceived risks if they are participating in such programs.
The NSW Registration Board previously endorsed the UTS Capabilities for Osteopathic Practice and the AOA suggests that the OBA make it explicit that this capabilities framework is adopted and incorporated into this policy. The AOA was a stakeholder in their development and actively participated in the research project that produced them. These are broad based and were developed using extensive consultation processes with the Australian osteopathic profession. We understand that the OBA has commissioned research to develop performance indicators and/or evidence to complement the framework and we assume this would enhanced further the utility of the Capabilities for Osteopathic Practice.

We are aware that Australian and New Zealand Osteopathic Council (ANZOC) have incorporated the UTS Capabilities for Osteopathic Practice in to their accreditation standards for Australian osteopathic programs and it would seem logical to ensure that overseas trained osteopaths were expected to practice within the same framework.

## ANZOC Module – Orientation to the Australian Healthcare System

We cannot comment on the worth or otherwise on the ANZOC assessment as details have not been made available. As this would seem to be an integral component of the pathway the information provided for the consultation is incomplete. If an element of assessment has been deemed necessary surely details of the assessment methodology need to be made public.

Question: Will the AOA be consulted on the module and assessment?

## Supervision Plan / Level of Supervision

We are unclear on the mechanism for constructing a supervision plan. In the absence of details of the ANZOC assessment and no apparent capabilities framework how would it be determined what level of supervision was required?

At level 1, supervision is performed by the Clinical Educators at universities and where they will assume responsibility for patient care and indemnity risks.

Question: **Can the OBA outline if they have engaged and consulted with universities to ensure such an option is available and what fees are involved?**

Question: Will the registrant requiring supervision be required to cover any such costs?

There is a substantial onus on the supervisor under level 1. With the requirement to be physically present at the workplace but not have a relationship with the supervisee; it is really only the universities or a paid, skilled and qualified supervisor that will be able to provide this level of supervision.

At level 2 under specifications, 'majority of time' needs to be defined in some way. This lack of clarity and specificity is a real weakness in the guideline.

## Professional Indemnity Insurance

We are concerned given the lack of clarity over assessment, capabilities framework, and supervision plan on the ability for both supervisees and supervisors to obtain professional indemnity insurance.

Question: Has the OBA taken advice from insurers on their willingness to provide cover and the cost implications or is the OBA/ANZOC offering supervisors cover under their insurance policies?

It would not be acceptable if this led to an increase in costs to members through the additional risk being carried by the general pool.

## Clinical supervision is recongised skill-set

Clinical supervision and mentoring skills are required to competently (and safely) carry out a supervisory role. It is a concern that the guideline enables anyone to be eligible to supervise another healthcare professional in the absence of training program to equip the supervisor with the necessary knowledge, skills and attitudes. **Merely being in practice for 5 years is not an indication that the individual registrants will have supervisory skills**.

In the absence of a capabilities framework this clearly increases further the risk that a supervisor's judgment could lead to allegations that personal / subjective determinations of what constitutes competence in practice are being imposed. From this guideline it appears the only real requirement of a supervisor is that they have general registration and 5 years' experience.

This appears to be quite open, vague and requires further development and criteria to be clearly defines. The AOA requests that the assessment methodologies developed for the ANZOC work based portfolio competence assessment is used as the basis of supervisory process. The AOA participated in the development of the ANZOC overseas assessment process and understand that it uses current best practice in the assessment of clinical competence and utilized some of Australia's leading academic experts.

We understand that the portfolio assessment has been delivered by ANZOC over the last 18 months and that clinical educators from all 3 Australian universities have been trained up in the use of the assessments. These could form the core of the required pool of supervisors and be supplemented over time by developing a suitable training program. We would welcome the opportunity to work with the OBA / ANZOC and the Osteopathic clinical educators to ensure that this occurred.

## Conflict of interest and a lack of transparency

99% of osteopaths work within private practice either as business owners, or associates in contractor or employee arrangements. **Therefore we are concerned that having a supervisor who works in the same practice is an unacceptable conflict of interest and lacking in transparency.** The supervisor will have a pecuniary interest in the supervisee successfully completing their program and this weakens the protection of the public. Generally the AOA considers that only university teaching clinics or a *trained* and experienced supervisor could undertake the level of supervision required for levels 1 & 2 be delivered.

Furthermore, we have concerns that such supervisory situations will have a very high probability of being attached to income potential for either the Principle or associate or both and that leaves either party open to abuse, undue coercion or intimidation during the supervisory processes.

We have previously expressed these concerns and we are alarmed that the current guideline would appear (with some vague wording) to allow supervisees / supervisors to be in a personal relationship or have direct business interests. The Guideline would be improved if such relationships were expressly excluded on the basis of constituting irreconcilable conflicts of interests between supervisors / supervisees.

## Payment of Supervisors

**Clearly the task of supervision is onerous and would not likely be taken on without remuneration.**

Question: Is it the case that the OBA envisages that supervisors will undertake this work on a volunteer basis?

The guideline is silent on payment to supervisors and / or costs to overseas trained registrants. The AOA is concerned that any overseas assessment process will be undermined by a lack of supervisors if the plan is to use volunteer labour. We would welcome details on how these costs can be identified and passed on to the individual supervisee rather than being added to the general registration fee.

## Review Process and Quality Assurance

We are concerned that the proposal contains no commitment to review or quality assurance processes. As the proposal is so very clearly different from the original competent authority pathway proposed by ANZOC we feel its imperative that for public protection review is built in.

Question: Are the OBA able to share the advice and rationale for the approach to the assessment processes being advocated?

We would be re-assured if the provenance of the scheme could be situated in best practice and the body of expert opinion being applied were to be made public.

Question: How will a relationship with supervisors be maintained?

Question: How will common standards be enforced between different supervisors? How will AHPRA / OBA / the supervisors / supervisees interact?

Question: How will the OBA be able to identify the AHPRA costs associated with supervising overseas trained osteopaths and ensure that these are not funded from the general registration fee?

## Immigration Processes

The AOA is aware that the recruitment of overseas trained osteopaths is a priority for a number of clinic owners that are struggling to find additional staff. The AOA would like assurances that the OBA has sought advice from the relevant immigration authorities that the requirement for provisional registration status will not add additional costs / barriers to overseas trained osteopaths ability to obtain work permits / visas.