

12 February 2013

Dr. Robert Fendall  
Chair  
Osteopathy Board of Australia

[osteoboardconsultation@ahpra.gov.au](mailto:osteoboardconsultation@ahpra.gov.au)

Dear Dr. Fendall,

**Re: Draft Guidelines for Supervision of Osteopaths; Supervision Practice Plan;  
Supervision Agreement; Supervision Report Template; Supervised Practice Plan**

The Chiropractic & Osteopathic College of Australasia (COCA) wishes to thank the Osteopathy Board of Australia (OBA) for the opportunity to review and comment on the Consultation Paper - Draft Guidelines for Supervision of Osteopaths:

COCA in principle endorses the current draft of these guidelines. However, we believe further amendments and additions to the document are necessary, in order to adequately guide and inform practitioners on their responsibilities when participating in practitioner supervision.

We note that the proposed guidelines stipulate that a supervisor is required to be suitably qualified and experienced and must usually have a minimum of five years' experience with general registration. However, the guidelines fail to define "suitably qualified and experienced".

The guidelines also state a supervisor "must be approved by the Board" yet the guidelines do not specify what if any criteria the Board will employ for such approval.

Furthermore, COCA suggests that to undertake such an important role as a supervisor, the osteopath's qualifications and experience should exceed the requirements of a practitioner holding only General Registration status.

Clinical training, whether it be at an educational institution or in keeping with the role of a supervisor for the purposes of these guidelines, is not a role suited to the average osteopath and in COCA's view it is a role requiring advanced training, knowledge and experience. COCA strongly urges the Board to only consider osteopaths for supervisory roles that can demonstrate such capabilities and competencies.

The draft guidelines currently state: “A supervisor accepts a professional responsibility to the Osteopathy Board to properly supervise the supervisee. A supervisor remains responsible for the clinical care, or oversight of the clinical care, provided by the supervisee, depending on the level of supervision.” The question that arises from such a statement is when and where does “professional responsibility” of supervision start and end?

In the situation where a supervisee causes harm to a patient or the care provided or their conduct was of a standard less than that expected of a registered osteopath, where does the onus fall and under whose professional indemnity insurance, would a claim against such care or be covered?

The draft guidelines fail to identify who is responsible for unsafe care, professional misconduct or unprofessional conduct, which arise from the care provided by a supervisee, as well as other ramifications which may ensue in such a situation.

In summary, COCA believes that the proposed guidelines do not adequately provide for protection of the public, while undergoing treatment provided by a supervisee and that without safeguards, such as more stringent eligibility criteria for supervisors and the professional indemnity insurance requirements of supervisors and supervisees, that the Board is failing in its duty of care to the profession and the public.

We thank the Board for the opportunity to provide this submission and hope that our comments and suggested amendments assist the Board in the development of this guideline.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'John W Reggars', written in a cursive style.

John W Reggars DC, MChiroSc.  
CEO/Vice President