



**Consultation Paper on Revised Guidelines for
Continuing Professional Development**

**Submission to the
Osteopathy Board of Australia
by the Australian Osteopathic Association
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Contact:

Antony Nicholas, Executive Director

p. 02 9410 0099

e. executivedirector@osteopathic.com.au

Executive Summary

- i. Under best practice regulation it is generally acknowledged that if guidelines are to be effective and enforceable they must be clearly understood, directly applicable to those being regulated and not open to individual interpretation.
- ii. The AOA is pleased to support the proposed CPD guideline in principle, with our concerns highlighted in this document.
- iii. The AOA has concerns that this CPD program based on a model which may better serve the profession within the United Kingdom than Australia; particularly as GOsC itself is currently reviewing their guideline.
- iv. The removal of the previous requirement that the majority of CPD should be conducted within the clinical scope of practice of an osteopath and based within science is considered a major oversight in this guideline.
- v. Without additional compliance requirements, the AOA believe the proposed OBA guidelines are insufficient and below the standard of CPD that is current industry practice.
- vi. The AOA would like some assurance that the OBA will put in place safeguards to ensure procedural fairness is guaranteed.
- vii. The AOA considers the use of minimum and maximum hours per activity category is preferable to assist osteopaths in planning a diversity of activities
- viii. It is the AOA understanding that the OBA codes and guidelines all refer to the treatment and protection of human patients and it is therefore unclear why the treatment of animals would be considered applicable to a mandatory CPD under the national registration scheme?
- ix. The AOA would like further clarity on communications and education strategies the OBA will undertake to ensure registrants have a good understanding of the proposed guidelines.

This submission

The Australian Osteopathic Association (AOA) appreciates this opportunity to further comment on the proposed Revised Guidelines for Continuing Professional Development.

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.

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.

The AOA and Continuing Professional Development

The AOA represents over 90% of osteopaths in Australia, and has acquired considerable experience administering CPD programs to its members. As such, osteopaths share a good understanding of the need for CPD and its place in modern health care.

Our experience suggests that CPD administration should be flexible; but also have clear definitions, boundaries and exclusions to ensure that it is applicable and worthwhile. CPD compliance can be costly and time consuming, especially for registrants who practice in regional Australia or who work part-time. Therefore, any set of OBA guidelines should consider these factors and ensure that CPD requirements do not become a disincentive for practitioners to maintain their registration.

Implementation of requirements

What is the OBA timetable for these CPD guidelines to come into effect? We have many registrants still unaware of their CPD obligations. When will the OBA communicate these new guidelines and requirements to the universities to ensure students and new graduates are taught the new CPD requirements?

Supports the proposed guideline, in principle

Subject to comments outlined below, the AOA is pleased to support the proposed revised guideline and scheme for continuing professional development in principle whilst offering the following comments with a view to further improving its clarity and intent.

The AOA is enthusiastic to see the development of detailed guidelines by the OBA, as they better clarify enforceable standards and support the ongoing professionalisation of Osteopathy, and therefore public safety. With the rapid changes in education and the requirements to practice over the last two decades, such guidelines are particularly relevant.

General Osteopathic Council of United Kingdom: The revised guideline for CPD state: “*The Board has drawn on the approach and experience of the General Osteopathic Council of the United Kingdom, which has been administering a mandatory CPD scheme for some time.*”

The AOA has concerns that this CPD program is based on a model which may better serve the profession within the United Kingdom than Australia; particularly as GOSc itself is currently reviewing the guidelines. Without additional compliance requirements, the AOA believe the proposed OBA guidelines are insufficient and below the standard of CPD that is current industry practice. The Ministerial Council required mandatory CPD for all professions and the AOA assumes this was seen as either a public safety issue or a continuing competence issue. As such we are at a loss to understand why a reduction in current industry standard is being proposed?

We believe that the Australian osteopathic profession deserves a policy document that is more 'home-grown' and one that has been developed through a process of deep consultation with key Australian stakeholders. Imposing a document, developed for the UK market, without substantial reflective changes, may create unforeseen compliance issues for many members as well as organisational headaches for established and prospective CPD providers.

CPD within the Scope of Practice: In the previously published CPD Guidelines it was stated that the majority of CPD should be conducted within the clinical scope of practice of an osteopath and based within science; however, this has since been deleted from the proposed guidelines. The AOA deem this a major oversight in the suggested scheme; particularly when many of the other National Boards have stated such requirements.

Ability of OBA/AHPRA to answer queries or offer advice: The AOA receives a significantly high number of calls each week asking for an interpretation of the OBA guidelines or registration standards.

Under best practice in regulation, is it generally acknowledged that if guidelines are to be effective and enforceable they must be clearly understood, directly applicable to those being regulated and not be open to interpretation.

AHPRA will require skilled staff with in-depth knowledge of the CPD guidelines, and osteopathy, in order to provide accurate and meaningful answers. The AOA hopes AHPRA will not simply refer registrants' back to the guidelines when they have specifically phoned to clarify items within the guidelines.

The AOA believes that this revision, in its current form, is too ideological and the guidelines do not set enough boundaries in terms of guiding registrants on their obligations as it is too open to interpretation.

Appropriateness: The AOA is concerned that *undefined* appropriateness is open to a variety of interpretations; and such interpretations may lack consistency over time.

The AOA would like some assurance that the OBA will put in place safeguards to ensure procedural fairness is guaranteed. If the term 'appropriate' remains undefined, will the OBA

allow those found non-compliant, due to 'inappropriate choices', an opportunity to undertake alternative CPD within a reasonable timeframe without penalties?

It is no secret that many guidelines or policies are rewritten from similar organisations. For example: the General Council of Chiropractic (UK) document on CPD looks remarkably like the GOsC one, albeit easier to understand, and shorter; it also manages to acknowledge the main pitfall the GOsC document fails to address.

We draw your attention to an extract (below) from the GCC document, where it appears the GCC have gone out of their way to lessen registrant anxieties. This psychological safety net may be crucial to preventing a spate of registrant enquiries to AHPRA.

3.3 The GCC will monitor registrants' summary sheets to confirm that each registrant has met their CPD requirements. In particular it will check that the individual has

- 1) undertaken at least 30 hours learning in the CPD year of which at least 15 hours is learning with colleagues or other professionals
- 2) completed one full learning cycle in the CPD year, in respect of some of the required 30 hours
- 3) related their learning to improving patient care and/or the development of the profession
- 4) signed and dated the form correctly.

Subject to satisfaction of requirements 1-4 above, the GCC will not be telling individuals they have undertaken the wrong sort of learning, should have learnt something else or should have learnt in a different way. Nor will registrants have to seek GCC approval of their identified learning needs at any stage in the process.

The final paragraph is important in that the OBA needs to provide more clarification or examples of what would constitute inappropriate CPD in order to allay any registrant fears or misunderstanding.

Use of minimum and maximum hours to assist in better learning: The revised guidelines give, "Examples of CPD activities". As proposed by many of the other National Boards of regulated professions; the AOA considers the use of minimum and maximum hours per activity category is preferable to assist osteopaths in planning a diversity of activities.

Learning with others: The revised guideline for CPD state: "*A minimum of eight hours of your CPD must fall within the category Learning with others*".

The AOA is concerned that this broad definition will lead to confusion or abuse. For example, if practitioners have a weekly team meeting (up to 40 plus hours per year) is this, in combination with some home reading and repeating the mandatory modules each year, considered adequate CPD?

Further, can the OBA clarify whether watching an educational DVD with others, or a webinar, would be considered learning with others? Without clarification, this might be open to interpretation. Is “Learning with Others” simply meant as a method of verification; CPD that is either shared or witnessed by others or should this entail an interactive and structured learning environment?

OBA Mandatory Modules: The covering introduction to the revised guideline for CPD state the modules must be completed **within a two year period**; however the Guidelines themselves state: *“In each CPD cycle of 12 months, practitioners are required to complete each of the mandatory CPD modules covering the following competencies: risk management; record keeping; informed consent; privacy; overview of the National Law and OBA Registration Standards, Codes and Guidelines. [...] Completion of these modules may be fulfilled by attendance at a subject specific course. Practitioners will note there is no mandatory or accredited course provider”*

Additionally, further definition as to the minimum requirements of these “mandatory modules” is needed. The AOA understands the need to avoid predetermined courses; however, the OBA should now define the minimum content requirement for each of these modules.

Clarify training in other modalities: The revised guideline for CPD state: *“All CPD undertaken should be relevant to your professional work as an osteopath”*.

“The responsibility to choose CPD that is beneficial to your practice lies with you. Use your professional judgment to decide what is appropriate. The OBA has the right to challenge your choice of activities, but this is only likely to occur if an activity does not obviously meet the purpose of the process, i.e. to maintain or enhance your professional work as an osteopath. You should not just randomly select activities in order to meet your CPD requirement.”

Australian osteopaths often choose a wide range of CPD activities (including some that might reasonably fall well outside the scope of osteopathy, ie. attending an equestrian event, and participants’ generally present strong arguments as to why such activities are valid. The AOA has developed a list of non-compliant CPD topics and can provide this list to the OBA, if desired. If the OBA were to offer registrants something similar it might be quite helpful.

Osteopathic Treatment of Animals: The revised guideline for CPD state: *“CPD activities undertaken in relation to the treatment of animals may be included as part of your CPD requirements, but you must show very clearly how this relates to your scope of practice.”*

It is the AOA understanding that the OBA codes and guidelines all refer to the treatment and protection of human patients and it is therefore unclear why this would be considered applicable to a mandatory CPD under the national registration scheme?

Part time: The revised guideline for CPD state: *“All registered osteopaths (except students and those with non-practising registration) must undertake CPD. It is important that you maintain and enhance your professional work as an osteopath, whether or not you are in*

full-time practice” Will the OBA be offering any exemption criteria for those working part time?

In summary

The AOA is pleased to support the proposed guidelines and scheme in principle; however, we hope the above examples or questions highlight the potential awkwardness registrants may have in implementing them. The AOA consider the revised guidelines may be too vague to encourage appropriate CPD compliance; however, with minor changes, such difficulties could be overcome.