

. 12<sup>th</sup> February, 2013

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Dear Robert,

Thank you for inviting comment on your guidelines. On behalf of the School of Health and Human Sciences I submit the following comments generated by the Osteopathic teaching team at Southern Cross University as well as Dr Keri Moore, our Practice-based Curriculum Specialist.

The Osteopathy team review of OBA Guidelines is presented in the following set of Tables.

Reference to OBA document	SCU comments
<b>1. Draft Guidelines for Informed Consent</b>	
P4, line 29. "4. osteopathic alternatives to proposed examination, treatment or procedure..."	Suggest add: to the appropriate level of your training and availability of evidence.
P4, line 30. "5. benefits and risks of the alternative osteopathic approaches as far as is known..."	Suggest add: to the best of your ability.
P5, line 42. 9. Documenting the patient's informed consent	The recommendation that practitioners document patients' informed consent in patient files (as opposed to the common practice of asking patients to sign informed consent forms) could be made more explicit earlier in the document. Would a tick-box option in electronic records be sufficient to show informed consent has been gained? In hand-written records, some practitioners use the letters: 'IC' to denote informed consent. Would this be considered sufficient?
P6, line 16 "...in conjunction with advice from his or her professional indemnity insurer. "	Would it be practical for the OBA to consult the insurers and put their recommendations into the document? Also need clarification regarding the period of absence that requires the whole consent process to be repeated. Clarification is needed about how to actually record informed consent on subsequent consultations.
P7, line 13 11 Duration of informed consent	'until withdrawn' appears to be in conflict with repeated Informed Consent requirements. Please clarify.
P4, line 29. "4. osteopathic alternatives to proposed examination, treatment or procedure..."	Suggest add: to the appropriate level of your training and availability of evidence.

<b>2. Guidelines for Supervision of Osteopaths</b>	
<b>2.1 Supervision Guidelines</b>	
P3, point 5 5. 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.	Is this a legal responsibility? Should this be made more explicit by including the word 'legally'? For example if a claim is made against the supervisee by a patient, who is legally responsible?
P11. Appendix 1: Definitions A supervisor is a suitably qualified and experienced osteopath	This does not necessarily ensure the supervisor has adequate skills or experience to supervise another osteopath. Is there formal supervisor training? What are the capabilities for osteopathic supervision and what are the capabilities against which the supervisor is assessing the candidate?
	The SCU team are concerned that the necessary infrastructure may not be in place to support quality supervision in osteopathy (e.g. appropriate training for supervision, legal and financial agreements, avenues for appeals etc.)
<b>2.2 Supervision Practice Plan</b>	No comment
<b>2.3 Supervision Agreement</b>	No comment
<b>2.4 Supervision Report Template</b>	
P3. Supervisee	Include in brackets (applicant)
<b>2.5 Plan for Professional Development</b>	
P1, line 14 "What to read before completing?"	Suggest provide web addresses or direct link in document
P2. "Learning needs analysis"	Is there a suitable reference for applicants to consult as some will not understand the process of identifying their own learning needs

<b>3. Draft Sexual and Professional Boundaries Guidelines</b>	
P2, line 36-7 “... expressing your personal beliefs...”	It may not always be possible to judge likely reactions of patients to practitioners’ expressions of views.
P3, line 3 “...osteopathic treatment has the potential to be perceived as crossing physical boundaries or sexual boundaries”	The team does not believe that osteopathic treatment has the potential to be perceived as crossing physical/sexual boundaries. Patients are provided with information about the nature of treatment and give informed consent before treatment commences.
P3, line 8 “The relationship between an osteopath and a patient is not one of equality”	Agreed but we note the tension with this view of inequality and contemporary patient-centred care in which patients are invited to participate in a partnership with their practitioner to achieve the best outcomes of care.
P3, line 18 “the osteopath should seek appropriate professional advice”	Should there be suggestion about from whom an osteopath should seek advice?
P4, line 11 “(g) making suggestive comments about a patient’s appearance or body.”	(add)”... or clothing”. There was a case brought to a team member’s attention of a male practitioner commenting on the underwear of a 14 year old girl.
P4, line 14 “conducting intimate examinations”	Should there be a requirement for another person to be present when the explanation and treatment are occurring? (This is covered later in the document but a short statement in this section would be helpful.)
P5, line 42 “intimate areas”	Please define intimate areas. Negotiation should be emphasised in the document, rather than ‘telling’ which could be construed as authoritative
P6, line 11 “using gloves when conducting internal examination or treatment”	Should specify ‘sterile examination glove’. It’s the view of SCU academic team that internal techniques (specifically per rectum and per vagina) are not supported in our curriculum as the evidence for the benefit vs risk of these techniques is inadequate to support their use pre-entry level.
P7, line 1	This statement could be a bolded heading
P7, line 30 “seek the opinion of a practitioner with similar ethics”	How would an osteopath know/judge when to ask someone else and how would he/she know what their ethics might be? Suggest replace with: ‘another registered health practitioner’.
P7, lines 37-9 Boundaries	Is there a need to mention online boundaries in this document? For example, is a birthday card too personal/outside professional boundaries?
P8, line 25	A person’s private life should be of no interest to

“Sexual misconduct outside of the professional context”	the Board unless there is a criminal record.
<b>4. Draft Framework: Pathways for Registration of Overseas Trained Osteopaths</b>	Supported

Dr Moore’s personal view is as follows:

**The Guidelines on both Sexual Misconduct and Informed consent.**

- Given that there are no other similar Guidelines for other health professions, the existence of these document singles out and could be seen as discriminatory for osteopaths.
- Both the above documents need considerable restructure, in order to present a logical and coherent set of guidelines.
- Many of the issues discussed in the above documents, are or ought to be covered in the pre-professional curriculum and CPD. As far as Sexual Misconduct is concerned the issues mentioned in your draft guidelines are adequately covered in the AHPRA Code of Conduct. Hence, the need for Guidelines at all is unclear.

**The Guidelines for Supervision.**

This document lacks a companion documents about payment and training for supervisors and accreditation of supervisors.

It would be wise move for the osteopathic profession to align their guidelines etc with the practices of other allied health disciplines for consistency across the sector.

Thank you again for the opportunity to comment.

*Yours faithfully,*

Dr Keri Moore, PhD

Corres.ltrosteoboard12.2.2013



*On behalf of*  
Professor Iain Graham, Head of School of Health and Human Science