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

**Submission by the
Australian Osteopathic Association
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The Australian Osteopathic Association (AOA) appreciates this opportunity to comment on the Osteopathy Board of Australia (OBA) 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.

This Submission

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 be open to varied individual interpretation and/or application.

The AOA still has ongoing concerns regarding the lack of specificity or any in-depth presentation on the actual processes or components of this framework and it is therefore difficult to make a considered assessment of its consequences or potential risks. Further, we have some ongoing concerns regarding the lack of risk management strategies or procedures proposed to safeguard the competence of overseas applicants entering Australia and the impact that may have on public safety.

As currently presented it appears to be potentially setting the public at risk and therefore constitutes a threat to the standing of the Australian Osteopathic profession. It appears a lower expectation is being applied to overseas trained osteopaths seeking registration in Australia, but maintaining much

higher expectations on Australian osteopathic institutions and registrants, placing them at comparative disadvantage.

We offer the following suggestions and questions regarding the proposed draft Framework

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 three to 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 in 2011.**

We are aware that the previously proposed ANZOC Overseas Assessment Process competent authority pathway has been operating in New Zealand. **Before any untested pathway is introduced we would welcome some further information on how the ANZOC process (as originally conceived)**

is operating in NZ, if any evaluation has been completed and what lessons might be learned and usefully applied in Australia. It is not in the wider interest of the profession to risk lower standards to facilitate workforce supply. Safeguards for the public and professional standards must be evident.

Workforce Supply

Whilst the AOA has submitted to consultations with DEEWR and to states and territories authorities to ensure that Osteopathy remains on the Shortage Occupation List; **we do not feel that recruitment of overseas osteopaths should be at the expense of assessment of their competence to practice.**

Australia currently has the same per capita supply of osteopaths as the United Kingdom as is demonstrated by the table below:

Country	Osteopaths (2011)	Population	Osteopaths per 100,000
UK*	4170	62,300,000	6.7
Aus	1502	22,543,000	6.7

Draft Framework: pathways for registration of overseas trained osteopaths.

Memorandum of Understanding

The AOA would be grateful if the OBA can update the Association on any **progress the General Osteopathic Council (GOsC) 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 Australian, that such easing or barriers is reciprocal.

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 some concerns that TTMRA may be placed at potential risk.** The AOA would welcome reassurance that the OBA has consulted with and is determined that the Osteopathic Council of New Zealand (OCNZ) feels that the proposed competent authority pathway in Australia with no assessment of clinical competence of UK trained osteopaths will not jeopardise free movement of registrants across the Tasman.

Module

The AOA would like to thank the OBA for providing further information via ANZOC on the “module” as outlined in the consultation document. This further information confirmed that the module is based on the AOA new graduate check list and is completed prior to practicing in Australia. **As the original developers of this basic information package we can state confidently that it would be woefully inadequate in developing any sense of Australian health culture, competence, practice or patient safety.** Further as the AOA still has no accurate information regarding any new content, coverage or modality of delivery or actual nature of the module, we are unable to comment further on its suitability.

The ANZOC document *Process used for assessing Competent Authority Status of the General Osteopathy Council (GOsC) United Kingdom* states

*“The only area judged to be **lacking in equivalence relates to the socio-cultural, structural and medico-legal aspects of Australian healthcare delivery and financing.** These deficits will be addressed in a specially developed module for all internationally qualified osteopaths seeking registration in Australia”.*

As it is unclear if the module will address all of these issues or if it will be assessed in a competent fashion or what policy, mentoring or supervision applies if pending applicants or new registrants fail the module it is hard for the AOA to identify what actions will occur or if the module will contribute anything to patient safety.

The AOA is also concerned after the recent consultation on “Supervision of Osteopath” that no credible systems have been established to competently supervise or mentor any new registrant adjusting to practice in Australia. **Further we note that both the OCNZ and more recently the General Osteopathic Council have acknowledged the important role of mentoring and support in practice.** With the removal of these aspects from the previously proposed ANZOC model, we again

express our concerns about the lack of supervision and mentoring in the proposal; especially when so little is known of the suggested module.

Assessment of Overseas Authorities

The AOA is aware that the GOSC is a mature and professional statutory regulatory body. We are not clear how a desk top audit of policies and approaches to accreditation of osteopathic education programmes establishes that individual graduates are competent. **We note that most Australian healthcare professions with a competent authority pathway retain an element of assessment, unlike the model proposed here.**

The AOA was a stakeholder in the development of the original ANZOC overseas assessment process where a 'light touch' approach to competent authority pathway eligible registrants was an integral component. We are surprised that this has been removed and would welcome reassurances that the experts in clinical competence assessment that were as consultants in the development of the original proposal have been consulted on the impact of the revised scheme. We note that there appears to be no risk management analysis of the implications of dropping all aspects of competence assessment and would welcome some further information explaining the process of development?

As the OBA is confident in the safety and competence of UK trained registrants, the AOA calls on the OBA to release comparative complaints data and evaluations it has conducted in the development of this policy.

Recognised Qualifications / Awards that do not lead to GOSC Registration

The AOA is aware that at least one UK institution (British College of Osteopathic Medicine) is offering a pathway to their qualification for European osteopaths that does not confer registration rights with the GOSC. This may lead to confusion where an applicant has an identical award but is not eligible for registration with the GOSC. If such an osteopath were to gain entry to the GOSC register under arrangements in place in the European Union for free movement of works then they would be indistinguishable from those registrants that had a recognised qualification of the same name that led to registration. **In the absence of any assessment of competence this may pose a risk to the health & safety of the Australian community.** Considering there is an existing example of overseas trained osteopaths who were placed incorrectly on the AHPRA register can the OBA outline what safeguards will be in place to ensure such administrative errors cannot occur again?

The AOA again calls for the simple solution by all competent authority pathway eligible courses and the eligible years of graduation to be publically available via the ANZOC and OBA website to ensure transparency and accuracy.

Qualification

There seems to be an element of confusion over qualifications. For skilled migration an Australian Qualifications Framework (AQF) level 7 bachelor degree is the minimum requirement specified for skilled migration. Please refer to the Australian Government Department of Immigration and Citizenship link: <http://www.immi.gov.au/asri/occupations/o/osteopath.htm>

The AOA is not able to support a proposal where qualifications below bachelor degrees / AQF level 7 are acceptable for registration in Australia. For over 20 years only double degree or masters graduates have been entitled to graduate, register and practice Osteopathy in Australia. **This clearly reduces the standing of the profession and is unfair to Australian trained student osteopaths and those trained over the last 20 years who have a minimum AQF 7, with a majority having a master's level / AQF level 9 qualifications or a double bachelor award.** We suggest that you amend the policy to be consistent with immigration requirements and **not allow lower educational standards for overseas trained osteopaths compared to Australian trained registrants in any circumstances.**

Lack of parity between training standards overseas compared to Australia

The AOA, as the peak body for the osteopathic profession, seeks to ensure that the profession's interests are represented in healthcare regulatory policy developments. The processes leading to registration as an osteopath are quite clearly matters that the profession is legitimately concerned with.

We have a concern that the entrance requirements being set for overseas trained osteopaths are lower than the current Australian accreditation standard. **At present graduates from Australian courses seek registration after being granted a bachelor's / master's double award - Australian Qualification Framework level 9 (AQF). In the proposal the level for a UK graduate is set at a single bachelor's level AQF level 7.** This is quite clearly inferior academically in either the breadth of learning or academic standard of the award.

A number of questions arise given this:

1. Clearly Australian trained osteopaths are being required to study for longer / incur greater expense to enter the register than those trained overseas. Can the OBA justify this difference?
2. This potentially could have a deleterious effect on the ability of publically funded universities in Australia to maintain viable training programmes when standards on shore are being set a higher level by the accreditation authority than those acceptable overseas.
3. Can the OBA clarify if it will be proposing to amend its accreditation standard to match that proposed for the overseas assessment standard?

Risk Management

In the proposal risk management appears to be greatly reduced from the previous schemes and that is clearly a concern. Given the academic standards for overseas trained osteopaths are markedly different to those trained in Australia and NZ this is a conspicuous omission. Particularly as it appears that **the policy is advocating virtually no assessment of the competence of osteopaths on the competent authority pathway.**

The primary purpose of the Health Practitioner Regulation National Law (2009) is given in Part 1 Preliminary (2) , The objectives of the national registration and accreditation scheme are—

- (a) to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered;**
- (b) to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction; and
- (c) to facilitate the provision of high quality education and training of health practitioners; and
- (d) to facilitate the rigorous and responsive assessment of overseas-trained health practitioners; and**
- (e) to facilitate access to services provided by health practitioners in accordance with the public interest; and
- (f) to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.

As the draft policy only makes reference to the attributes of the overseas regulatory authority and not to the osteopath seeking registration this would seem to be a weakness in terms of public protection. If safety was not a concern in the UK osteopathy, GOsC would not exist? Clearly the primary purpose of public protection (a) is not met in the absence of a rigorous assessment (d).

We are aware that ANZOC has been operating an interim overseas assessment process. Many of the successful candidates are now AOA members. **Has the process been reviewed and evaluated? We would welcome an analysis of the pass / fail rate of the candidates being made public so that we can gauge reasonableness of ceasing assessment. This would allow some benchmarking with onshore trained osteopaths as the majority of participants in the question writing workshops are Australasian academics teaching in ANZOC accredited courses.**

The AOA is aware from the recent OCNZ submission that data is available and question why such data has not been shown as a demonstration of safety and competence of UK graduates (as assumed by this proposal) in comparison to Australian graduates?

ANZOC ANNEX: Matrix for assessing authority equivalence 2c - Learning outcome standards

The ANZOC matrix claims that the Australian Capabilities for Osteopathic Practice (January 2009) and the UK GOSC Standard 2000 of Proficiency / Quality Assurance Authority Benchmarks (2007) are equivalent and adopted in the respective jurisdictions as learning outcome standards.

This is clearly a confusing matter of comparing regulation system with a qualification and competency system. The Australian Capabilities for Osteopathic Practice are not standards or a competency framework. They are deconstruction of osteopathic practice from the perspective of process. The UK documents are more akin to competence frameworks /learning outcomes. The AOA is aware that the OBA has commissioned research on 'evidence', that is performance indicators to complement the Australian Capabilities document. This has not yet been made public; regardless, the ANZOC accreditation process is predicated on educational inputs and institutional characteristics - not on educational outcomes.

The AOA has been actively lobbying to have this change of emphasis to the Australian accreditation process but at present there is not an ANZOC graduate outcome profile or Australian competency framework in existence. Could the OBA confirm that the accreditation standards have been amended to incorporate the Osteopathic Capabilities? If they have not, it is highly contestable that the claim of equivalency between graduate outcomes from the 2 systems when the UK is based on

educational outcomes and the Australian system educational inputs; particularly if ANZOC is stating this is not needed. Given that current Australian graduates are AQF level 9 and generally higher than the UK qualifications this also adds further confusion.

We note with some concern that ANZOC has stated in their letter dated 18 February 2013, “At no time was this policy intended to apply to individual graduates in order to determine competence. The assessment of the individual graduate’s competency is undertaken by assessment of the other requirements, such as registration status, recency of practice and good standing.” The AOA is concerned that neither registration status, recency of practice nor good standing are measures of competence.