

08 March 2013

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

Dear Cathy,

**Draft Framework: Pathways for Registration of overseas-trained osteopaths.**

Thank you for providing the opportunity for Council to comment on the draft framework.

**Background**

The Council is very concerned about the proposed framework. If it is accepted it would establish a disparity between our respective jurisdictions which Council feels would potentially jeopardise its primary purpose under the Health Practitioners Competence Assurance Act (the Act) that being – *Protect the health and safety of the New Zealand public.* (Section 3).

As you know, Council operates the system for the assessment of overseas practitioners wishing to register in New Zealand. This system was originally developed by the Council in partnership with the Australian accreditation council the Australian and New Zealand Osteopathic Council (ANZOC). This includes, for eligible candidates, the Competent Authority Pathway Programme (CAPP). I have attached a copy of the CAPP for your information. Practitioners who register in New Zealand have a condition placed on their scope of practice requiring them to complete the CAPP over a twelve month period under the supervision of a Council appointed preceptor. This arrangement gives assurance to the Council that overseas practitioners are supported in their transition to practice in New Zealand. To date we have 42 practitioners within the CAPP.

You will be aware that the CAPP was a joint development between our respective jurisdictions which was financially supported by Commonwealth of Australia's Department for Health and Ageing (DOHA) and was a process to be adopted by Australia and New Zealand. The current proposal the OBA is advancing is quite different to the CAPP as originally envisaged by the academic experts in competence assessment that advised on the process. No explanation has ever been given to Council as why the joint venture was not adopted by the Osteopathic Board of Australia. This is surprising given the financial contribution of \$225,000 made by DOHA.

Given that the ANZOC overseas assessment process has been fully implemented in New Zealand and is well into its second year of operation we are concerned that this proposal is being advanced without OBA or ANZOC having sought input from the Council on how the processes are working.



As already mentioned, the policy if accepted, would set up a disparity which would allow overseas practitioners to register in Australia and then under the Trans Tasman Mutual Recognition Agreement (TTMRA) allow them to register in New Zealand. There is no provision within the TTMRA to allow the Council to place conditions on scope of practice and therefore be satisfied that practitioners on its register through this route are competent and fit to practice in New Zealand.

### **Competent Authority vs Competence in Practice**

The main thrust of your document seems to be a comparative analysis of the UK's General Osteopathic Council (GOsC) functions, governance arrangements and other attributes. We are unconvinced that this adequately assures the competence of individual practitioners. The Council has no doubt that the GOsC has the necessary attributes to be considered a 'competent authority'. The concept of 'right touch' regulation was central to the original overseas assessment scheme developed by the Council and ANZOC. The guidance from the academic experts was that the competent authority model allows some reliance on the regulatory authority processes of the competent authority so as to lessen the assessment focused on the individual practitioner.

The criteria for the establishment of equivalent status are entirely focused on the equivalence of the authority and with no consideration of the individual practitioner's competency. The original ANZOC assessment process was in effect modelled on the conceptual framework of the Australian Medical Council's approach to overseas assessment. It is our understanding that in Australia most healthcare professions use this right touch approach to assessment and retain some assessment / supervisory elements in their competent authority pathways.

In your criteria for the establishment of equivalent status there is inadequate detail on the competencies, capabilities, code of ethics and scopes of practice the authority has in place and how these relate to those of the OBA. The Council finds no reference to these essential elements of professional practice a surprising omission.

The memorandum of understanding (MoU) signed by the Council, the GOsC and the OBA was predicated on removing barriers to registration not justified by the prerogative of public protection as required by the particular legislative frameworks in each jurisdiction. The overseas assessment system developed by the Council and ANZOC and implemented in New Zealand has allowed these barriers to the skilled migration be removed without undermining the duty to ensure individual practitioners are competent to practice within the context of their new country's healthcare system.

The Council questions the wisdom of creating an expectation of reciprocity by situating the overseas assessment process within the context of the MoU. We understand that the UK is now not intending to undertake a review of their overseas assessment processes in the foreseeable future.

### **Risk Management**

We would be interested to know if this trend continues. The original assessment process was designed to

manage borderline cases and the portfolio / work intergrated competence assessment to allow assesment and learing to be aligned so that weaknesses are addressed. As the capabilities are tested at various stages, from a risk management perspective assurance can be taken as they have subsequent opportunities to demonstrate competence. You are proposing to entirely remove this safeguard from the system.

We are surprised that there is no reference to the performace of the candidates in the written exam. Under your proposal all these candidiates would be eligible for registration in the absence of any assessment or supervision to help them improve on areas of weakness. As the primary purpose of the legislation in both jurisdictions is the protection of the health and saftety of the public we are concerned that there is no risk assessment component in the proposal. We would welcome the opinons of the team of ANZOC examiners and portfolio supervisors on how the interim process has operated in Australia and their thoughts on removing all elements of assessment from CAPP candidates.

As members of the OBA took part in the workshops to develop the assessment methodologies you will be aware that the EMQ section is primarily designed to test underlying knowledge that supports clinical decisions making. The question banks were developed using practising osteopaths but the scoring / pass mark as part of the methodology (modified Anghof) were determined primarily be Australian academic osteopaths teaching in the osteopathic programmes at Victorian University and RMIT.

#### **Module**

No details are given on the module. Therefore Council can not comment on its utility or relationship to assessing competence.

#### **In conclusion:**

It is the view of the Council that the assessment methodolgy in the original assessment process is current best practice and allows a fair assessment of a candidate's competence. We feel it would be appropriate to withdraw the current draft framework and seek advice from the experts in clinical competence and assessment used as consultants in the development of the ANZOC on the legitimacy of your proposal from a risk assessment perspective. Particularly Brian Jolly, Professor of Medical Education at Newcastle University, NSW, given his involvement in the development of the ANZOC process and his previous role in advising on competency assessment processes to the UK osteopathic regulator and Professor Liz Farmer (Clinical Professor Univ Wollongong Faculty of Medicine and Professorial Fellow, Flinders University, School of Medicine, Faculty of Health Sciences).

Yours sincerely,



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c.c.  
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