



Public consultation on draft registration standards

April 2014

Responses to consultation questions

Please provide your feedback as a word document (not PDF) by email to osteboardconsultation@ahpra.gov.au by close of business on 30 June 2014.

Stakeholder Details

If you wish to include background information about your organisation please provide this as a separate word document (not PDF).

Organisation name
Discipline of Osteopathic Medicine, College of Health & Biomedicine, Victoria University
Contact information <i>(please include contact person's name and email address)</i>
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Registration standard: Recency of practice (ROP) <i>Please provide your responses to any or all questions in the blank boxes below</i>
1. From your perspective how is the current ROP registration standard working?
<p>The standard currently prevents most full-time osteopathic academics from being registered as practising osteopaths. The current standard has been written with the apparent assumption that academic activities that directly relate to patient management, including teaching of osteopathic technique and patient management, and direct supervision of students treating patients, do not constitute activities that maintain currency of practice skills. We strongly take the contrary view, that activities, whether requiring direct or indirect contact with patients, and whether they be clinical teaching or clinical supervision, require knowledge, skill, judgement and reflection that – at very least – match the capabilities required by practicing osteopaths, and more likely far exceed them.</p> <p>Both clinical supervision and teaching osteopathic technique involve practice of manual skills practice which maintains currency of these skills and patient management. In technique classes, for example, educators not only demonstrate ‘hands on’ manual techniques, but observe and correct difficulties and issues faced by students attempting these skills, discuss in considerable detail the</p>

Registration standard: Recency of practice (ROP)

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fundamentals of the technique, anatomically relevant issues, pathologies, ergonomic considerations, relevant application, safety issues and common presentation of complaints relevant to the particular group of techniques. An academic osteopath who teaches osteopathic technique or supervises clinical practice does not lose practice skill; on the contrary, the academic refines these skills and may develop a deeper understanding of patient management than might be achieved by private practice alone.

The result of this standard is that some previously full-time academics, despite their involvement in clinical teaching and supervision, have had little option but to reduce their university appointment in order to undertake part-time private practice. This is disruptive for the career progression of academics in a discipline where academics are a rarity.

2. Is the content and structure of the draft revised ROP registration standard helpful, clear, relevant and more workable than the current standard?

Yes, given that the revised draft standard will 'broaden the definition of clinical practice to include oversight of direct clinical care of patients.' Our interpretation of this revision is that clinical supervision such as occurs in a teaching clinic will contribute to the requirement of recency of practice.

3. Is there any content that needs to be changed or deleted in the draft revised ROP registration standard?

No

4. Is there anything missing that needs to be added to the draft revised ROP registration standard?

No

5. Do you have feedback on the definition of a recent graduate?

No

6. Do you have any other comments on the draft revised ROP registration standard?

No