



## Public consultation on draft registration standards

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April 2014

### Responses to consultation questions

**Please provide your feedback as a word document (not PDF) by email to [osteoboardconsultation@ahpra.gov.au](mailto:osteoboardconsultation@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).*

<b>Organisation name</b>
Australian and New Zealand Osteopathic Council (ANZOC)
<b>Contact information</b> <i>(please include contact person's name and email address)</i>
Rachel Portelli Executive Officer admin@anzoc.org.au

#### Your responses to consultation questions

<b>Registration standard: Professional indemnity insurance arrangements (PII)</b> <i>Please provide your responses to any or all questions in the blank boxes below</i>
<b>1. From your perspective how is the current PII registration standard working?</b> The current standard has potential to cause confusion around who needs to hold PII cover. For example, if an employer holds cover for their employees, employees frequently take out their own insurance cover over and above their employer's insurance. It is unclear whether or not registrants meet the standard if they are covered by their employer's insurance policy.
<b>2. Is the content and structure of the draft revised PII registration standard helpful, clear, relevant and more workable than the current standard?</b> No comment
<b>3. Is there any content that needs to be changed or deleted in the draft revised PII registration standard?</b>

**Registration standard: Professional indemnity insurance arrangements (PII)**

*Please provide your responses to any or all questions in the blank boxes below*

ANZOC does not endorse the status quo or option 2 in the current draft form.

Given that most osteopaths work in general private practice, ANZOC recommends that the Board seek actuarial advice about the level of cover required for an osteopath in a typical practice and use this to determine a minimum level of cover with advice to seek professional advice.

Option 2 as proposed may or may not set a minimum cover level with the option of self-assessment for a higher level of cover dependent on the individual's level of practice risk as determined by the individual and their advisor.

ANZOC would prefer that the Board adopt a similar approach to the Nursing and Midwifery Board of Australia (NMBA) and approve a standard based around cover being required for the areas of practice and a requirement to seek professional advice on the level of cover appropriate for the individual's practice.

Under the current draft standard, the Board is imposing a minimum \$20 million cover and then giving the option of assessing higher cover over and above \$20 million. It may well be that professional advice determines that the minimum level of cover of \$20 million is too high and that a policy covering the areas of practice may well be deemed sufficient at a lower monetary amount e.g. \$5 million. Alternatively, it may be determined that an individual requires a higher level of cover based on the risk assessment.

As the draft stands there is no benefit to offering self-assessment over and above a minimum if a minimum monetary amount is already set. As the minimum is just that - a minimum - there already exists no impediment to taking more than the minimum cover in the current standard. Our preference is that the revised standard be practice based cover rather than a set monetary level of cover. A policy more in line with the NMBA PII standard is recommended.

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

No comment

**5. Do you have feedback on whether the Board continues to state the minimum \$20 million level of cover; or whether it should not specify a level of cover, or specify a lower level of cover?**

See answer to question 3.

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

ANZOC recommends that a flow chart similar to the one included in the NMBA registration standard be adapted and included in the revised registration standard.

**Registration standard: Recency of practice (ROP)**

*Please provide your responses to any or all questions in the blank boxes below*

**1. From your perspective how is the current ROP registration standard working?**

No comment.

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

The basic aim of the revised standard regarding improvements in clarity and an alignment with the hours and scope of practice required by other professionals is clear.

<b>Registration standard: Recency of practice (ROP)</b>	
<i>Please provide your responses to any or all questions in the blank boxes below</i>	
3. Is there any content that needs to be changed or deleted in the draft revised ROP registration standard?	
	ANZOC supports the changes recommended in option 2.
4. Is there anything missing that needs to be added to the draft revised ROP registration standard?	
	No comment.
5. Do you have feedback on the definition of a recent graduate?	
	No comment.
6. Do you have any other comments on the draft revised ROP registration standard?	
	No comment.

<b>Registration standard: Continuing professional development (CPD)</b>	
<i>Please provide your responses to any or all questions in the blank boxes below</i>	
1. From your perspective how is the current CPD registration standard working?	
	No comment.
2. Is the content and structure of the draft revised CPD registration standard helpful, clear, relevant and more workable than the current standard?	
	The basic aim of the revised standard regarding improvements in clarity is effective.
3. Is there any content that needs to be changed or deleted in the draft revised CPD registration standard?	
	ANZOC supports the changes recommended in option 2 with the following recommendations.  The Board's preferred option 2 limits the CPD activities eligible to be attributed. <b><i>“CPD activities should also have a focus on the clinical aspects of practice, including diagnosis, evidence-based practice and patient safety”</i></b> . This statement conflicts with the statement <b><i>“CPD should be relevant to the practitioner’s area of professional osteopathic practice and have clear learning aims and objectives that meet the individual’s requirements.”</i></b>  As the standard indicates, CPD should be relevant to the practitioner’s area of professional practice and meet their individual requirements. For osteopaths in private practice there may be CPD activities that meet this definition that fall outside of clinical areas of practice. These areas may include CPD activities related to osteopathy practice management, financial management, records management and human resources e.g. requirements of an osteopathy practice to employ overseas trained osteopaths.  A broadening of the approved scope of CPD activities to recognise that business best practice is a vital part of professional osteopathic practice is recommended.
4. Is there anything missing that needs to be added to the draft revised CPD registration standard?	
	No comment.

**Registration standard: Continuing professional development (CPD)**

*Please provide your responses to any or all questions in the blank boxes below*

5. Do you have any other comments on the draft revised CPD registration standard?

No comment.