



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 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).

Organisation name
The Chiropractic & Osteopathic College of Australasia
Contact information <i>(please include contact person's name and email address)</i>
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Your responses to consultation questions

Registration standard: Professional indemnity insurance arrangements (PII) <i>Please provide your responses to any or all questions in the blank boxes below</i>
1. From your perspective how is the current PII registration standard working?
COCA is of the opinion that the current PII registration standard is working but requires amendment in addition to the changes contained in the revised draft
2. Is the content and structure of the draft revised PII registration standard helpful, clear, relevant and more workable than the current standard?
Yes
3. Is there any content that needs to be changed or deleted in the draft revised PII registration standard?
In COCA's opinion the current draft requires further amendment. COCA supports Option 2 of the proposed revised standard and in particular lowering the level of cover but not to permit the options of self-assessment and not to require a specific level of cover.

Registration standard: Professional indemnity insurance arrangements (PII)

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

The current requirement for a minimum cover of \$20 million is excessive and cannot be supported.. COCA is not aware of any negligence claim against an Australian osteopath, which approximated such an amount and COCA believes that a cover of \$10 million is more in keeping with industry standards and is adequate cover for a registered osteopath.

The proposed standard also fails to quantify the period of “run-off cover” required and in this regard we suggest that a period of five years “run-off cover” is adequate, given the nature of claims made against osteopaths and the types of condition and treatment provided by osteopaths.

As per several previous submissions on this and other Registration Standards COCA suggests that the definition of “Practice” requires review and amendment.

We acknowledge that under certain circumstances professional indemnity insurance may be required in order to safeguard the public, including students but in other areas of osteopathic practice this requirement would appear irrelevant.

Included in the definition of “practice”, provided by the Board for the purposes of Professional Indemnity Insurance are activities such as “working in management”, “administration” and “regulatory of policy development roles”. While it is possible that some of these roles may indirectly or directly impact on the safe and effective delivery of osteopathic services, there would be many instances where the requirement for professional indemnity insurance would be irrelevant, such as administration positions, where the work involved has not bearing or influence on patient safety and health outcomes.

In this context, COCA refers the Board to AHPRA’s previous “preliminary consultation on the definition of practice, issued in August 2011, and suggests the alternative definition of practice contained in that document, “**Practice** means any role in which the individual uses their skills and knowledge as a health practitioner in their profession in any way that impacts on safe, effective delivery of health services”, is better suited for this practice standard.

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

See above

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 above

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

No

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?

COCA is not aware of any issues relating to the workability of this registration standard

Registration standard: Recency of practice (ROP)

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

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

In COCA's opinion, while the current draft is an improvement over the current standard, significant changes are required in order to make the standard clearer and more effective.

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

COCA agrees with the Board that Option 2 is the preferred option but in our opinion further amendments are required for clarity and in order to fulfil the Board's mandate of protecting the public.

The draft standard is confusing, in that while it defines "clinical practice" it fails to define "non-clinical practice". The standard "applies to all registered osteopaths except those with student or non-practising registration" but does not take into account osteopaths who practice in a non-clinical domain i.e. such as where no direct clinical care or oversight is provided.

In order to make the draft more clear and workable, "non-clinical" should be defined and the standard should provide examples of "non-clinical" practice.

Further, those osteopaths not involved in "clinical practice" should be afforded less onerous Recency of Practice requirements. Non-clinical practice, by virtue of its definition, does not involve activities that may have an impact of risk, patient safety or health outcomes, unless they are related to teaching and instruction on matters pertaining to clinical practice. In such circumstances, where non-clinical practice has no relevance to patient safety or health outcomes, the hourly requirement should be reviewed and reduced to a standard below of that required for clinical practice.

The draft standard requires osteopaths to have practiced as an osteopath in their current domain of practice for at least 450 hours in the previous three years. While it is noted that the hourly requirement has increased from 400 hours to 450 hours, COCA does not believe this is an adequate period in which to maintain practice skills. Averaged out over three years the draft standard would require a little over 3 hours of practise per week, per year. In our view the skills and knowledge required for osteopaths to be safe and competent in "practice" cannot be maintained under such conditions.

The draft standard states that recent graduates are exempt from this standard, when applying for registration for the first time, if they graduated within six months from applying for registration. COCA is of the opinion, that such a short period after graduation is overly restrictive and the period should be extended to twelve months, provided that the balance of standard's hourly requirement be met within the first three years of practice.

The draft standard also fails to specify a period of absence from practice that would automatically require an osteopath to undergo a review of their recency of practice conditions. Under the proposed standard an osteopath may be absent from practice for two years and still satisfy the standard by completing the 450 hour requirement, in the last year of the stipulated three year period. In COCA's view such a situation is not conducive to maintaining practice competency. Therefore COCA suggests that in circumstances, where an osteopath has been absent from practice for a period of two or more years that they be required to undergo a period of supervised practice, as determined by the Board taking into account all other relevant matters.

As detailed previously, this and other standards of practice Include in the definition of "practice", activities such as "working in management", "administration" and "regulatory of policy development roles". While it is possible that some of these roles may indirectly or directly impact on the safe and effective delivery of osteopathic services, there would be many instances where these roles would be irrelevant for Recency of Practice purposes, such as administrative positions, where the work involved has no bearing or influence on patient safety or health outcomes.

Registration standard: Recency of practice (ROP)

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

In this context, COCA refers the Board to AHPRA's previous "preliminary consultation on the definition of practice, issued in August 2011, and suggests the alternative definition of practice contained in that document, "**Practice** means any role in which the individual uses their skills and knowledge as a health practitioner in their profession in any way that impacts on safe, effective delivery of health services", is better suited for this practice standard.

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

See above

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

COCA suggests this registration standard be reviewed after a minimum of five years.

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

No

Registration standard: Continuing professional development (CPD)

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

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

In COCA's opinion the current CPD standard is working but its requirements are deficient in several aspects and is deficient in its goal of improving or maintaining clinical competencies or standards of practice.

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

In COCA's opinion the revised registration standard, like the current standard, could be clearer and more helpful and in particular, the addition of the sentence relating to limited registration for supervised practice requires further clarification.

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

Registration standard: Continuing professional development (CPD)

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

The proposed draft states that the standard “may not apply to those registrants with limited registration for supervised practice to sit an examination”. This sentence is confusing and we suggest it be amended to state that the standard may not apply to some registrants such as those with limited registration for supervised practice that are required to sit an examination.

The ultimate goal of any osteopathic CPD activity should be to maintain and where appropriate improve practitioner competencies and standards of practice, which in turn should lead to improved health outcomes. While it is recognised that, in general, the scientific literature does not provide overwhelming evidence of a causal relationship between mandatory continuing professional development and improved competencies or standards of practice, there is good evidence that moderately large changes in professional practice are attainable via specific forms of continuing education. (1,2)

COCA suggests that the requirements of the draft registration standard are inadequate in the context of improving or maintaining practitioners' clinical competencies and standards of care. As the Board's overarching mandate is to ensure public safety in the practice of osteopathy, COCA is of the firm belief that all CPD undertaken should not only focus on clinical aspects of practice but be a mandatory requirement of the standard. The registration standard fails define good CPD and omits, as one of its requirements, that the CPD should be evidence based. CPD that relates to professional development in areas other than those directed at minimising risk and improving patient safety are outside the Board's obligations and this type of CPD would best be provided by professional associations.

The draft standard only requires that a minimum of four hours of CPD be completed from the Board's list of mandatory topics. In COCA's opinion, four hours of CPD on these topics is totally inadequate and should be increased to 25 hours per annum.

The current draft standard includes the requirement for all registered practising osteopaths to hold a senior first aid certificate at the minimum standard of a Senior First Aid certificate of equivalent. In COCA's view such training is superfluous to the needs of osteopathic practice. Senior First Aid training involves many aspects of first aid which are not germane to the practice of osteopathy, such as the treatment of burns, bites, stings, poisoning and internal injuries. While possessing all the skills and knowledge required to successfully complete a Senior First Aid certificate, is a laudable attribute for any individual, COCA is of the opinion that this requirement, in the context of registration as an osteopath, is excessive and not in keeping with the requirements of most other health professionals registration boards. Other boards, such as the Podiatry Board, the Optometry Board, have as part of their requirements that practitioners must hold a current cardiopulmonary resuscitation (CPR) certificate and COCA would recommend that a similar requirement replace the current draft standard.

The definition of “practice”, provided by the Board for the purposes of this standard includes such activities as “working in management”, “administration” and “regulatory of policy development roles”. While it is possible that some of these roles may indirectly or directly impact on the safe and effective delivery of chiropractic services, there would be many instances where CPD relating to clinical activities would be irrelevant, such as administration positions where the work involved has no bearing or influence on patient safety and health outcomes.

In this context, COCA refers the Board to AHPRA's previous “preliminary consultation on the definition of practice, issued in August 2011, and suggests the alternative definition of practice contained in that document, “Practice means any role in which the individual uses their skills and knowledge as a health practitioner in their profession in any way that impacts on safe, effective delivery of health services”, is better suited for this practice standard.

1. Thompson O'Brien MA, Freemantle N, Oxman AD, Wolf F, Davis DA, Herrin J. Continuing education meetings and workshops: effects on professional practice and health care outcomes. *Cochrane Database Syst Rev* 2009;(2):CD003030

Registration standard: Continuing professional development (CPD)

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

2. Forsetlund L et al Continuing education meetings and workshops: effects on professional practice and health care outcomes. Cochrane Database Syst Rev 2001;(2):CD003030

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

See above

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

No

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