

Osteopathy Council of New South Wales

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Dr Cathy Woodward Executive Officer Osteopathy Board of Australia

Dear Dr Woodward

Thank you for the opportunity to comment on the proposed changes to the registration standards.

Professional Indemnity Insurance

The Osteopathy Council of NSW (OCNSW) is aware that there was wide spread concern within the profession when the Osteopathy Board of Australia (OBA) initially set the PII at \$20 million per single claim. We agree that this did seem somewhat excessive when compared with the level of cover required in the comparable manual medicine professions of chiropractic and physiotherapy.

The OCNSW supports transparency and an evidenced based approach to policy development. In principle, the OCNSW would not be opposed to the level of PII cover being lowered, but only if the available evidence supported the proposal. It would be highly problematic for osteopaths to 'self-assess' as to what level of cover they require as this may result in practitioners under insuring, and thus may put the public at risk. On the other hand, the OCNSW would not support this matter being decided by insurance brokers who obviously have a conflict of interest.

If there were a rational methodology for determining differential insurance cover levels for those practising in different ways, then this would benefit from being considered by input from the professional associations and their insurance providers. In the absence of a scope of practice, it may be problematic for insurance brokers to determine levels of risks as there is little clarity on what practice involves. For example, some practitioners engage in high risk therapies which have proven to be high risk, such as dry needling, while others offer passive treatment that may nevertheless create risk through negligence or misdiagnosis. In principle the OCNSW would support different levels of cover, but within a transparent policy framework. It might be sensible for those osteopaths working primarily in research or teaching with little clinical activity to be able to obtain lower levels of PII cover. It would be problematic particularly for those practitioners that work with children, where an act of omission such as a missed diagnosis could give rise to negative consequences requiring long term care needs, to be allowed to self-assess their level of cover which may be inadequate to meet the needs of the patients. These variables must be considered.

In summary:

Whilst the OCNSW supports the PII cover being reviewed there is insufficient information to support moving away from the current standard and insufficient detail of the revised standard to assess if this would afford adequate protection for the public.

Continuing Professional Development

The proposed amendments seem to make no substantive difference to the current requirements for continuing professional development (CPD). Clearly it is sensible to remove 'recognised bodies' from the standard if none has been determined.

OCNSW feels the standard would benefit from making explicit the criteria that will be used at audit to determine if an osteopath's CPD activity is appropriate and how they evidence that this has been applied to their practice. It would be appropriate for literature review on effectiveness of CPD that is referred to in your document to be made public so that stakeholders have access to the thinking that is informing policy development in this area.

In summary:

It would seem that the current proposed changes are merely tidying up some loose wording in the existing standard which the OCNSW supports. A future process for reviewing the current standard is alluded to and for this to be meaningful, information on mechanisms of audit, criteria and the literature review informing policy development would need to be forthcoming.

Recency of Practice Standard

Broadening the definition of practice to include clinical supervision seems a sensible development and would allow those working in educational establishments to comply with the standard.

Increasing the tariff of hours required from 400 to 450 over three years (16hrs 40 min per annum) would seem to be a minor change. OCNSW cannot make a judgment on how this would lead to greater protection of the public. There is insufficient detail on the criteria used to determine competency and the mechanism used to evidence it, to understand if this standard affords adequate protection of the public.

In summary:

It would be useful if the OBA could provide details of how those that fail to meet this standard are, as it were, remediated. That is, the capabilities or standards framework used to determine if someone is competent and the mechanisms for evidencing this would need to be scrutinised to determine if this registration standard was adequate for ensuring public protection.

Yours faithfully

Anne Cooper President