

QUESTIONS FOR CONSIDERATION:

Question 1.

We believe the factors listed to be comprehensive.

Question 2.

We support the statement. Whenever a practitioner has any contact with the public, whether directly as a treating practitioner, or indirectly as a supervising clinician or clinical coordinator operating within an educational institution, there is a level of risk to the public, and that individual needs to have the qualifications, current knowledge, and skills to provide safe and effective health care within their area of practice. The authors wish to emphasise the importance of the term “contemporary knowledge”.

Question 3.

We support this statement. Again there is an element of risk to the public so these individuals need to have the qualifications and contemporary knowledge to provide safe and effective health care.

Question 4

In the roles described in this question, we do not believe that practitioners need 'active' registration. Whilst in some instances they may be deemed to be 'practicing' the profession i.e. in some research roles where they are investigating the efficacy of a particular technique, they are generally not in direct, or indirect, care of patients, and hence pose no risk to the general public. The creation of a 'non-practicing' registration category would be ideal.

Question 5

We strongly believe that all practitioners within education should have current registration. We do not believe non-practicing registration would be sufficient in the education context. With the current registration regime, there is an expectation that the individual is up to date on current theory in practice and is participating in CPD activities. All our educators need to be up to date in order to ensure students and future graduates meet the high standard that we currently are setting. During practical classes in which specific examination and treatment techniques are being taught, it is imperative that the academic providing the training must have a technical knowledge and ability that is relevant to current practices within the profession, and up-to-date. Registration of osteopaths who are also academics, is thus deemed to be important.

OPTIONS FOR CONSIDERATION

Option 1:

We are in general agreement with this option.

Option 2:

We support this option. In particular, we believe this option to be particularly good for the university based osteopaths, involved in training and research. This option would mean that anyone working within the university setting would be deemed to have up to date clinical knowledge and would also be expected to maintain registration requirements of CPD and insurance.

ADDITIONAL COMMENTS

The Victoria University Osteopathic program academic team feels that the **Recency of Practice** standard presents a number of problems:

- Unfortunately it means that anyone who has been out of practice to have children cannot be involved in education as it is difficult to maintain recency of practice. This is an important issue, as the majority of Osteopathic graduates are female. A substantial proportion of Osteopathic academics are also women. In its current form, this standard will result in a steady loss of female educators. This state of affairs is neither fair, nor desirable. It should be noted that finding skilled educators is hard enough as it is.

- The assumption that working as a clinical educator/supervisor in a student clinic context does not require up to date clinical skills is a non sequitur. Educators performing these roles generally need to demonstrate a higher degree of knowledge and skills than the average clinician. It is a common experience for clinicians to experience an improvement in their knowledge and clinical skills as a consequence of being exposed to such clinical environments.
- The standard, in its current form, will prevent most full time osteopathic academics from being registered. A full time (5-day-a-week position) does not realistically leave sufficient time for the maintenance of a clinical practice. It is also not easy to find private clinical work for one day a week, as most practices expect a greater time commitment. It is likely that many academics will eventually succumb to the pressures of working full time and maintain a private practice, and forfeit their registration. Although universities provide for fractional appointments, most educational programs require a core of full-time academics, who provide the stability required for these programs.
- We are concerned that academics can no longer claim CPD points for their activities, both in clinical and theoretical spheres. This restriction does not recognise the constant revision of skills and theoretical knowledge required to maintain adequate teaching standards. A cursory review of accreditation standards for Osteopathic courses would convince one of this fact.
- We are also concerned by the apparent lack of consistency, when it is a requirement that clinical supervisors must be registered, yet the activity itself is not deemed as practice.
- Although the Osteopathic profession requires quality research to underpin its acceptance and evolution, it is clear that anyone making the sacrifice to engage in research will also be penalised by the loss of registration that will be a reality for most full-time researchers.
- Finally, we feel that there is a lack of clear information regarding any loss of registration related to a lack of recency of practice. How long may a practitioner be unregistered, and still be eligible to regain practicing rights? What is the process for them to regain registration?
- Also, is there any process for appeal, or for challenging these requirements?

Regards