



REGULATING OSTEOPATHS -  
MANAGING RISK TO THE PUBLIC

## OSTEOPATHY REGULATION AT WORK IN AUSTRALIA, 2013/14

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Regulating osteopaths in the National Registration  
and Accreditation Scheme



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# About this report

For the first time this year, the Osteopathy Board of Australia is publishing this profile of its work in regulating osteopathy in the National Registration and Accreditation Scheme during 2013/14.

The report aims to provide a profession-specific view of the Board's work to manage risk to the public and regulate the profession in the public interest.

As ever, this year the National Board has worked in close partnership with the Australian Health Practitioners Regulation Agency (AHPRA) to bring out the best of the National Scheme for all Australians.

The data in this report are drawn from data published in the 2013/14 annual report of AHPRA and the National Boards, reporting on the National Registration and Accreditation Scheme.

This report looks at these national data through a profession-specific lens. Wherever possible, historical data are provided to show trends over time, as well as comparisons between states and territories. In future years, we will provide more detailed analysis to deepen our understanding of trends.

For completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with the [2013/14 annual report of AHPRA](#) and the [National Boards](#).

# Message from the Chair, Osteopathy Board of Australia

I am pleased to report that in 2014 the Osteopathy Board of Australia will complete its fifth year of operation. This last year has seen a number of policy and guideline reviews, and also a change of membership of the Board.

In July 2013, Ministers appointed two new members: Ms Judith Dikstein, community member from NT and Mr Robert McGregor AM, community member from NSW. In October 2013, Dr Amanda Heyes (osteopath), inaugural member of the Board, tendered her resignation as a Board member. Her knowledge of the profession is extensive and has been of great value to the Board. In November 2013, Ministers appointed Dr Pamela Dennis (osteopath) from Tasmania.

The main focus of the Board during the year was to undertake a public consultation for the proposed competent authority pathway and then to finalise the implementation. The implementation was undertaken concurrently with the Australian and New Zealand Osteopathic Council (now known as the Australasian Osteopathic Accreditation Council (AOAC). The Board, AHPRA and the Council were ready to receive applications from overseas-trained osteopaths in this pathway on 1 January 2014, which was a memorable milestone in the year. I wish to also acknowledge the Council's specialist contribution to the wider accreditation functions for osteopathy.

On 31 August 2014, Dr Nikole Grbin (Osteopath) was appointed to the position of Chair of the Board. Nikole appreciates the warm welcome that has been extended to her in that position by the Board, stakeholders and AHPRA.

The Board is now past the midway point of the current appointment cycle (until 30 August 2015). The outgoing

and current Chairs both wish to acknowledge Board members' contribution to the regulation of osteopathy and appreciate their continuing professionalism and enthusiasm for the task.



Dr Robert Fendall (osteopath), Chair, Osteopathy Board of Australia (to 31 August 2014)



Dr Nikole Grbin (osteopath), Chair, Osteopathy Board of Australia (from 1 September 2014)

# Message from the AHPRA Chair and CEO

Patient safety lies at the heart of our health system. Maintaining standards and ensuring we have a safe, competent and patient-centred health workforce is a vital part of our work as a regulator. We can be proud of the quality and dedication of the health practitioners who provide our health services on a daily basis, and we have good systems in place to address the occasional few who do not meet expected standards. This is the work of the National Boards, with the support of AHPRA.

It has been a year of consolidation and improvement across the National Scheme. We have had three main areas of focus during the year: improving the experience of all involved in the notifications process; measuring and improving our performance; and participating in and preparing for the review of the National Registration and Accreditation Scheme.

We now set international benchmarks for online registration renewals, matched by high (96%) rates for submission of the workforce survey. The results of this survey, which is completed voluntarily at renewal by registered practitioners, provide invaluable health workforce data that can be used for planning purposes. Such data reflect the importance of the workforce objectives of our work. When the newly appointed health ombudsman takes effect in Queensland on 1 July 2014, there will be two different co-regulatory models for notifications within the National Scheme. This will establish three different models of health complaints management in Australia, all underpinned by the same set of nationally consistent professional standards for practitioners, with information feeding into the national registers. We are committed to making these models work, but recognise the challenges they may pose for national consistency in decision-making.

After four years, AHPRA is continuing to mature rapidly, but on any international and national regulatory comparison, it is still a relatively young organisation. We are not complacent and continue to identify and act on opportunities to improve the performance of the National Scheme in partnership with National Boards.



Michael Gorton AM, AHPRA Chair



Martin Fletcher, AHPRA CEO

# Major outcomes/ achievements 2013/14

## Competent authority pathway

The Board introduced the competent authority pathway on 1 January 2014 to facilitate the rigorous and responsive assessment of overseas-trained health practitioners. The competent authority pathway is an additional route to the standard pathway for overseas practitioners to obtain general registration in Australia. The pathway applies to some osteopaths who qualified in the United Kingdom after 2000 and are considered to have the clinical skills and knowledge required to practise in Australia.

Up to 30 June 2014, AHPRA received six applications for provisional registration for overseas-trained osteopaths from that pathway to undertake a period of six months' supervision. The applications have been from osteopaths who received their osteopathy training in the UK, are registered with the General Osteopathic Council and have organised to work under supervision in Queensland, ACT, New South Wales, South Australia and Victoria. The approval is with the Board.

## Board meetings

The Board met 12 times in the past year, bringing our total to 58 meetings. Most meetings were held at the AHPRA national offices in Melbourne, but meetings were also held in Sydney. This provided an opportunity to meet with the Osteopathy Council of NSW, which manages complaints under the NSW co-regulatory model, to discuss issues of mutual interest in a co-regulatory jurisdiction, including common regulatory functions, outcomes and challenges.

In addition to the monthly Board meetings, the Registration and Notification Committee meets each month and the Finance Committee meets four times a year. The Chair participates in the Forum of National Board Chairs each month.

## Planning

A risk-assessment workshop and working group meetings were held in late 2013 and early 2014, with the AHPRA Risk and Compliance Manager. The Board also prioritised activities and developed an action plan for 2014/15. The work-plan can be viewed on the Board's website, in Schedule 2 of the Board's Health Profession Agreement. This also outlines the services that AHPRA will provide to the Board throughout the year.

## Accreditation

During the year, Australian and New Zealand Osteopathic Council (ANZOC) (now known as the Australasian Osteopathic Accreditation Council (AOAC)) provided advice that informed the Board's work on the proposed competent authority pathway, on which it consulted in the draft *Framework: pathways for registration of overseas-trained osteopaths*. AOAC started a review of the accreditation standards for osteopathy programs with funding from the Board, which will be completed in 2014/15. AOAC continued to advise the Board on the accreditation of osteopathic courses in Australia and assesses the qualifications and skills of overseas-trained osteopaths on behalf of the Board.

## Consultations

This year the Board conducted a second-round public consultation on the *Framework: pathways for registration of overseas-trained osteopaths*. This set out the proposed competent authority pathway and existing standard pathway.

The Board undertook preliminary and public consultations on the revised drafts of:

- Professional indemnity insurance arrangements registration standard
- CPD registration standard
- Recency of practice registration standard
- CPD guidelines

## Published documents

- Fact sheet: Using the title 'acupuncturist'
- Fact sheet: CPD
- Framework: Pathways for registration of overseas-trained osteopaths
- Fact sheet: Supervision in the competent authority pathway

## Stakeholder engagement

### Stakeholder meetings

Following each meeting of the Board, a Communiqué is published detailing the work of the Board. Four electronic newsletters were sent directly to registered osteopaths to advise of important information and updates.

The Chair and the Executive Officer meet regularly with the accreditation authority, AOAC, and also

met six times with the professional associations, Osteopathy Australia (OA) and the Chiropractic and Osteopathic College of Australasia (COCA), to discuss issues of concern to all bodies relating to the osteopathy profession.

The numbers of students in osteopathy courses in Australia has risen significantly each year, as shown in the student registration data held under the National Law. The Chair presented information about the regulation of the osteopathic profession to final-year students at each campus of Victoria University, RMIT University and Southern Cross University. The focus in 2014/15 will be on the first- and second-year students as well.

The Board was accepted as a partner member of the Osteopathic International Alliance (OIA) in late 2013. In January 2014, the Chair of the Board presented a paper to the annual regulators' forum of the OIA in Austin, Texas, and met with international regulators. The address included information for other countries about the regulation of osteopathy in Australia. The Chair also attended the Health Regulatory Authorities of New Zealand (HRANZ) conference in Wellington, New Zealand in May 2014, and took the opportunity to meet with the Chairs of AOAC and the OCNZ.

## Priorities for the coming year

The Board will continue to build on its risk assessment work and further develop an educative focus on advertising guidelines and the National Law.

We will also continue to work to increase public awareness and understanding of the Board's role and the development of a communications plan.

Work will continue on new projects and the review of current documents with AOAC, including:

- monitoring and evaluating the competent authority pathway
- approval of the revised accreditation standards
- consideration of a review of the *Capabilities for osteopathic practice*, and
- working closely with the other professions to achieve as great a degree of consistency as possible.

## Osteopathy Board registration and notifications data 2013/14

On 30 June 2014, there were 1,865 registered osteopaths in Australia and most (979) cited Victoria as their principal place of practice. Compared with the previous 12 months, the number of registered practitioners has increased by 5.4%. The majority of practitioners (1,139 registrants or 61%) are under 40 years old.

In 2013/14, 11 notifications were received across Australia about osteopaths; an increase from the eight received in 2012/13. Five of the notifications received in 2013/14 were lodged outside NSW. Notifications lodged related to 0.6% of the registrant base.

Fourteen cases were closed in 2013/14; eight of these were notifications made outside NSW. Of these eight, three were closed after assessment, two were closed after investigation and three were closed following a health or performance assessment.

In four of the cases closed in 2013/14, the Board determined that no further action was required (2) or that the notification should be handled by the health complaints entity that had received the notification (2). In four cases, conditions were imposed on the practitioner's registration.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

- because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- the practitioner's registration was improperly obtained, or
- the practitioner or student's registration was cancelled or suspended in another jurisdiction.

In relation to students, the Board must reasonably believe that they:

- have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more, or
- have or may have an impairment, or
- have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

Immediate action was initiated in relation to one Victorian practitioner during 2013/14. Integrated data for all professions including outcomes of immediate actions are published from page 138 in the 2013/14 annual report of AHPRA and the National Boards. More information about immediate action is published on our website under notifications.

Concerns raised about advertising during the year were managed by AHPRA's statutory compliance team and are reported on page 119 of the 2013/14 annual report of AHPRA and the National Boards.

**Table 1: Registrant numbers at 30 June 2014**

Osteopath	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total	% change from prior year
2013/14	34	529	1	166	34	40	979	56	26	1,865	5.43%
2012/13	31	515	1	155	36	43	915	51	22	1,769	5.55%
2011/12	32	510	2	149	29	38	843	52	21	1,676	5.08%
% change from prior year	9.68%	2.72%	0.00%	7.10%	-5.56%	-6.98%	6.99%	9.80%	18.18%		

\*Principal place of practice

**Table 2: Registered practitioners by age**

Osteopath	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Total
2013/14	54	338	402	345	230	129	102	105	87	33	25	9	6	1,865
2012/13	48	340	402	304	209	112	105	92	84	38	22	7	6	1,769
2011/12	46	329	384	274	178	113	113	93	73	37	23	9	4	1,676

**Table 3: Notifications received by state or territory**

Osteopath	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14				1		4		5	6	11
2012/13						2		2	6	8
2011/12				1	1		4		11	17

**Table 4: Per cent of registrant base with notifications received by state or territory**

Osteopath	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14				2.9%		0.4%		0.4%	1.1%	0.6%
2012/13						0.2%		0.2%	1.0%	0.4%
2011/12				0.7%	3.4%		0.4%		1.4%	0.7%

**Table 5: Notifications closed by state or territory**

Osteopath	ACT	NT	QLD	SA	TAS	VIC	WA	2014 Subtotal	2014 NSW	2014 Total	2013 Total	2012 Total
2013/14				1		7		8	6	14	8	10

**Table 6: Immediate action cases by state or territory (excluding NSW)**

Osteopath	VIC	Total
2013/14	1	1

**Table 7: Stage at closure for notifications closed (excluding NSW)**

Stage at closure	
Assessment	3
Health or performance assessment	3
Investigation	2
Total	8

**Table 8: Outcome at closure for notifications closed (excluding NSW)**

Outcome at closure	
No further action	2
Health complaints entity to retain	2
Impose conditions	4
Total	8

## Keeping the public safe: monitoring

Health practitioners and students may have restrictions placed on their registration for a range of reasons including as a result of a notification, the assessment of an application for registration or a renewal of registration.

Types of restrictions being monitored include:

**Drug and alcohol screening** – requirements to provide biological samples for analysis for the presence of specified drugs and/or alcohol.

**Health** – requirements to attend treating health practitioner(s) for the management of identified health issues (including physical and psychological/psychiatric issues).

**Supervision** – restrictions that require a health practitioner to practise only if they are being supervised by another health practitioner (usually registered in the same profession). The restrictions detail the form of supervision.

**Mentoring** – requirements to engage a mentor to provide assistance, support and guidance in addressing issues, behaviours or deficiencies identified in skills, knowledge, performance or conduct.

**Chaperoning** – restrictions that allow patients generally, or specific groups of patients, to be treated or examined only when a suitable third party is present.

**Audit** – requirements for a health practitioner to submit to an audit of their practice, which may include auditing records and/or the premises from which they practise.

**Assessment** – requirements that a health practitioner or student submits to an assessment of their health, performance, knowledge, skill or competence to practise their profession.

**Practice and employment** – requirements that a practitioner or student does, or refrains from doing, something in connection with their practice of their profession (for example, restrictions on location, hours or scope of practice, or rights in respect of particular classes of medicines).

**Education and upskilling** – requirements to attend or complete a (defined) education, training or upskilling activity, including prescribed amounts of continuing professional development.

**Character** – requirements that a health practitioner or student remain of good character for a specified period of time (for example, that no further notifications are received regarding them).

A health practitioner or student may simultaneously have restrictions of more than one type and/or category in place on their registration at any time.

## Statutory offences: advertising, practice and title protection

Concerns raised about advertising, title and practice protection during the year were managed by AHPRA's statutory compliance team.

More detail about our approach to managing statutory offences is reported from page 119 of the 2013/14 annual report of AHPRA and the National Boards.

## Criminal history checks

Under the National Law, applicants for initial registration must undergo criminal record checks. National Boards may also require criminal record checks at other times. Applicants seeking registration must disclose any criminal history information when they apply for registration, and practitioners renewing their registration are required to disclose if there has been a change to their criminal history status within the preceding 12 months.

While a failure to disclose a criminal history by a registered health practitioner does not constitute an offence under the National Law, such a failure may constitute behaviour for which the Board may take health, conduct or performance action. The criminal record check is undertaken by an independent agency, which provides a criminal history report. AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of people in that jurisdiction. The criminal history reports are used as one part of assessing an applicant's suitability to hold registration.

More detailed information about criminal record checks is published from page 115 of the 2013/14 annual report of AHPRA and the National Boards.

## Working across the professions

A key strength of the National Scheme is the regular interaction between National Boards. This has facilitated cross-profession approaches to common regulatory issues and supported joint consultation and collaboration.

While the National Scheme is a multi-profession scheme operating within a single statutory framework and with one supporting organisation (AHPRA), a range of regulatory approaches – which are tailored to professions with different risk profiles and professional characteristics – are being explored with National Boards.

Policy development to address the objectives and guiding principles of the National Law is an important part of AHPRA's support for National Boards, including development and review of registration standards, codes and guidelines, and the coordination of cross-profession policy projects such as a revised approach to international criminal history checks.

### Standards, codes and guidelines

The core registration standards (English language skills, professional indemnity insurance, criminal history, recency of practice and continuing professional development (CPD)) required under the National Law, together with each Board's code of conduct or equivalent, are the main way National Boards define the minimum *national* standards they expect of practitioners, regardless of where they practise in Australia.

#### Five core registration standards for all 14 health professions regulated under the National Scheme

- Continuing professional development
- Criminal history
- English language skills
- Professional indemnity insurance arrangements
- Recency of practice.

The standards bring consistency across geographic borders; make the Boards' expectations clear to the professions and the community; and inform Board decision-making when concerns are raised about practitioners' conduct, health or performance. National Boards hold practitioners to account against these standards in disciplinary processes.

National Boards have developed common guidelines for advertising regulated health services and for mandatory notifications. Most National Boards have a

similar code of conduct. This commonality facilitates the National Law's guiding principles of efficiency, effectiveness and fairness. It also helps consumers to understand what they can expect from their health practitioners.

### Our work on professional standards in 2013/14

In 2013/14, the National Boards (supported by AHPRA) reviewed, finalised and implemented common guidelines (advertising and mandatory notifications), the common social media policy and the shared code of conduct. Revised documents came into effect in March 2014 and updates to the guidelines for advertising were published in May 2014.

This work has focused on continuing to build the evidence base for National Board policy and reviewing the structure and format of registration standards, guidelines and codes consistent with good practice.

These changes aimed to support clear communication and understanding of National Board requirements by practitioners, the public and other stakeholders. The common guidelines explain the requirements of the National Law. The wording was refined and clarified to assist practitioners to understand their obligations and to communicate more clearly with other stakeholders. A scheduled four-week lead-time in 2014 gave practitioners and stakeholders time to become familiar with the new content and structure before the revised standards took effect in March 2014.

The National Boards' codes of conduct set out the Boards' expectations of each registered health practitioner. Revisions published in 2014 to the shared code clarify to practitioners what is expected of them.

During the year, the National Boards coordinated the review of the common criminal history registration standard and the largely common English language skills registration standards. To prepare, AHPRA commissioned research about English language skills in the regulatory context to inform the review.<sup>1</sup>

The research was combined with National Boards' experience in administering their English language skills registration standards and was supplemented with further information, including discussions with other regulators and language test providers. National Boards consulted stakeholders through a single consultation paper and proposals for largely common standards. This work ensured that final recommendations to National Boards would be based on the best available evidence and address the objectives and guiding principles of the National Law.

Similarly, the National Boards for the first 10 professions to be regulated under the National Scheme and the Medical Radiation Practice Board of Australia reviewed their registration standards for recency of practice, CPD and professional indemnity

<sup>1</sup> 2013 Osteopathy Board of Australia public consultation: Review of criminal history registration standard and English language skills registration standard. Available at: [www.osteopathyboard.gov.au/News/Past-Consultations.aspx](http://www.osteopathyboard.gov.au/News/Past-Consultations.aspx)

insurance arrangements. AHPRA coordinated these reviews across professions. This enabled multi-profession research to be commissioned, and facilitated National Boards considering issues of consistency and examples of good practice across the professions in the National Scheme.

Several Boards have developed, and the Ministerial Council has approved, additional registration standards beyond the five essential standards required by the National Law. See Appendix 3 of the 2013/14 annual report of AHPRA and the National Boards for a full list of registration standards approved by Ministerial Council during 2013/14.

### Common standards, codes and guidelines issued in 2013/14

- Revised *Guidelines for advertising* (March 2014, updated in May 2014)
- Revised *Guidelines for mandatory notifications* (March 2014)
- Revised *Code of conduct* shared by the Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Dental, Occupational Therapy, Osteopathy, Physiotherapy and Podiatry Boards of Australia, with profession-specific changes for the Chiropractic, Medical Radiation Practice and Pharmacy Boards of Australia.

### Common National Board consultations completed

- International criminal history checks (released 1 October 2013; closed 31 October 2013)
- Common registration standards (English language skills registration standards [except Aboriginal and Torres Strait Islander Health Practice Board] and criminal history) (released 25 October 2013; closed 23 December 2013).

## Stakeholder engagement

AHPRA and the National Boards engage daily with a large number and variety of stakeholders across the professions, community, government and statutory agencies, education providers and employers. The needs and interests of these groups sometimes overlap and sometimes are profession- or jurisdiction-specific.

National Boards and AHPRA continue to work closely with all our many stakeholders. AHPRA's state and territory managers play an important role in fostering relationships with local stakeholders.

Individually, each National Board works with the stakeholders specific to their profession, including practitioners, in a range of ways.

Across the scheme, we have developed a stakeholder engagement framework to help us engage more effectively with our stakeholders and members of

the community, to build confidence in the National Scheme and make it more accessible. We want to make it easier to interact with and to understand. The framework maps the network of relationships and stakeholders in the National Scheme and identifies how these should take effect and who is responsible for making them work.

Our approach to stakeholder engagement is shaped by a commitment to being proactive, transparent, accessible and accountable.

Proactive	Transparent
<ul style="list-style-type: none"><li>• Actively engage, inform and educate stakeholders</li><li>• Encourage stakeholders to provide feedback</li><li>• Listen to how we can engage more effectively with our stakeholders</li><li>• Support greater awareness of the scheme and its benefits</li></ul>	<ul style="list-style-type: none"><li>• Be clear about what we do</li><li>• Look for ways to improve</li><li>• Take a 'no surprises' approach to how we engage</li></ul>
Accessible	Accountable
<ul style="list-style-type: none"><li>• Actively develop a public voice and face of the scheme</li><li>• Make it easy to engage with us</li><li>• Speak and write plainly</li><li>• Be clear</li></ul>	<ul style="list-style-type: none"><li>• Report on what we do</li><li>• Be transparent and up front</li></ul>

## Stakeholder engagement across the National Scheme

AHPRA's Community Reference Group (CRG) continues to advise AHPRA and the National Boards on ways in which community understanding and involvement in our work can be strengthened. The Professions Reference Group (PRG) is made up of members of professional associations for practitioners registered in the National Scheme. It provides feedback, information and advice on strategies for building better knowledge from within the professions about health practitioner regulation, and advising AHPRA on operational issues affecting the professions. The group includes national professional associations. It does not discuss individual registration or notifications matters.

We continue to work closely with governments, education providers and other agencies interested in or involved with health practitioner regulation. We have established partnerships, consistent with privacy law and confidentiality requirements, with a range of data partners such as Medicare Australia, the National eHealth Transition Authority (NEHTA) and Health Workforce Australia.

We have established services for employers who employ registered health practitioners so they have access to our online services for bulk registration checks, and can check the registration status of their employees in real time. We work with education providers on student enrolments and, in most cases, through accreditation authorities or committees, to ensure high-quality education.

Routinely, AHPRA keeps governments informed about the National Scheme, seeks feedback and provides briefs on jurisdiction-specific issues.

## National Registration and Accreditation Scheme Review

In May 2014, Health Ministers published the terms of reference for the independent review of the National Registration and Accreditation Scheme. Mandated initially by the inter-government agreement that underpins the scheme, the review is focused on:

- identifying the achievements of the National Scheme against its objectives and guiding principles
- assessing the extent to which National Scheme meets its aims and objectives
- the operational performance of the National Scheme
- the National Law, including the impact of mandatory reporting provisions; the role of the Australian Health Workforce Advisory Council, advertising, and mechanisms for new professions entering the scheme; and
- the future sustainability of the National Scheme, with a specific focus on the addition of other professions in the scheme and funding arrangements for smaller regulated professions.

AHPRA and the National Boards have engaged thoughtfully with the review, which is being led by Mr Kim Snowball. It provides both an important opportunity to identify what is working well and opportunities to improve and strengthen our work to protect the public and facilitate access to health services.

## Members of the Osteopathy Board of Australia

- Dr Robert Fendall (Chair) to 31 August 2014
- Dr Pamela Dennis
- Ms Judith Dikstein
- Dr Nikole Grbin (Chair) from 1 September 2014
- Dr Amanda Heyes (to 28 October 2013)
- Mr Robert McGregor AM
- Ms Liza Newby
- Dr Natalie Rutsche
- Adjunct Associate Professor Philip Tehan

During 2013/14, the Board was supported by Dr Cathy Woodward, Executive Officer, and Ms Akemi Pham-Vu, Support Officer.

- More information about the work of the Board is available at: [www.osteopathyboard.gov.au](http://www.osteopathyboard.gov.au)



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