



Osteopathy Australia Submission

Public Consultation on a proposed National Board guideline for informing a National Board about where you practise

21 May 2018

Submitted by:

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1 INTRODUCTION

Osteopathy Australia welcomes the opportunity to participate in this consultation.

As a general comment, we feel that whilst the guideline is useful the language needs to be tightened and clarified to avoid repetition. There are essentially a few key points – the legislation allows such requests, practitioners must generally comply, why you may be asked for your practise information, and what to do if you have any questions. We suggest that a simply worded fact sheet style summary is provided at the front of the document, with the accompanying explanatory notes and examples in the following pages for those seeking more in -depth detail, with a copy of s132 of the National Law as an Appendix for reference only.

Busy practitioners need to know what is important to them in clear, concise language. Perhaps AHPRA can consider the merits of a reference group tasked with re-wording the legislative interpretation (which has the tone of a legal review) for health practitioners.

2 OSTEOPATHY AUSTRALIA

Osteopathy Australia is the peak body representing the interests of osteopaths, osteopathy as a profession and consumer's right to access osteopathic services.

Our core work is liaising with state and federal government, all other statutory bodies regarding professional, educational, legislative and regulatory issues as well as private enterprise. As such we have close working relationships with the Osteopathy Board of Australia (the national registration board), the Australasian Osteopathic Accreditation Council (the university accreditor and assessor of overseas Osteopaths) and other professional health bodies through our collaborative work with Allied Health Professions Australia. Our role is also to increase awareness of osteopathy and what osteopaths do.

Osteopathy Australia members are committed to continuing professional education and we require all members to comply with our standards. Osteopathy Australia signifies a standard of professional and ethical behaviour over and above the requirements of registration.

3 OSTEOPATHY

Osteopathy is a healthcare profession that is underpinned by biopsychosocial and holistic principles, and that focuses on the health and mobility of all tissues of the body. Osteopathic healthcare includes a thorough primary care assessment and the application of a range of manual therapies and health promotion strategies tailored to the individual that aim to optimise function and health¹.

Osteopaths are university trained, government registered allied health professionals. Osteopaths collectively treat over 70,000 people a week. Osteopathy has been practiced for over 100 years in Australia.

¹ Orrock, PJ. 2017. Developing an evidence base for osteopathic healthcare (PhD Thesis). Southern Cross University. Lismore NSW.

Osteopathic services include clinical diagnosis, therapeutic management and rehabilitation to address physical injury, trauma and/or disease, as well as preventative care to enhance health and wellbeing. Osteopaths use multiple clinical approaches including manual therapy, exercise advice and prescription, lifestyle advice and education where appropriate. The emphasis on the neuro-musculoskeletal system as integral to the body's function, a person's health and to patient care is a defining characteristic of osteopathy.

4 SPECIFIC COMMENTS ON DRAFT PAPER

Section 1

Paragraph 4 largely repeats Section 8, which contains guidance about further information. If necessary in Section 1 then perhaps a general statement like: 'health practitioners may contact the Australian health practitioner is regulation to clarify processes and general expectations. AHPRA should be able to provide you with sufficient information to ensure the guideline is clear and understood. It cannot however provide legal advice or interpretation of the guidelines.'

Section 2

The first two paragraphs should be deleted or included in an appendix (perhaps including the full transcript of s132). They shed little light on the relevant topic. This guideline needs to focus on what the core purpose of this guideline is and that is not explaining everything about the national scheme.

The very last sentence in section 2 is probably the most important and relevant bits of information to share with practitioners. Potentially it should be the first sentence.

Section 3

We recommend that the legislation is included as an appendix at the end, rather than taking up an entire page at the start, because the vast majority of practitioners have no interest in rereading the legislation, but are interested in how it impacts on them and what their responsibilities are. Clearly it should be included; however, as an appendix it will be available people who wish to read it, rather than a component that may be a disincentive for practitioners reading beyond section 3. As noted above, key messages first, then more detail for those seeking it.

Section 4

In what form do practitioners have to reply? Presumably the 'practice information notice' will tell them but it may be useful to clarify. Also, will there be any online means to check and/ or provide their practice details, or to submit the information via an online form?

Section 5

This section is generally clear. It may be useful to clarify how the information will be used in any public context so that those practitioners who wish to protect their location understand if this information will be displayed on the register or not. For example, can a practitioner who holds an Apprehended Violence Order on a former partner, or for other reasons of personal safety, be able to withhold information?

Section 6

Paragraph 2 is unnecessary unless the legislation, which is quoted verbatim, is removed to an appendix as suggested above. Also note that the points i to iv below repeat the legislation too.

Section on self-employed practitioners – the numbered points i to iv on pp6/7 are the key information and should perhaps be moved to the start of this section.

Regarding the examples on pp7/8, will there be profession specific examples – e.g. for a guide published to the Osteopathy Board of Australia, could there be an example relating to osteopaths. We understand that this is commonplace in many other guidelines. We make this suggestion to improve the relevance to osteopaths and hopefully enhance engagement with the guideline.

Section 7

As noted with Section 5, can we clarify if this information will be displayed on the register with the same safety concerns being flagged as section 5.

Section 8

See comments on Section 1 re clarity about AHPRA's ability to provide advice.

Appendix

As with section 6 we think a profession specific appendix should be developed for each profession, in order to make it more relevant for osteopaths.