



Osteopathy Australia Submission

OBA/ AHPRA Review of accreditation arrangements – assignment of accreditation functions

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Submitted by:

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1 INTRODUCTION

Osteopathy Australia welcomes the opportunity to participate in this consultation. However, it must be noted in the first instance that the consultation period is very short and that it has therefore been difficult to provide a considered response.

The first communication Osteopathy Australia received directly regarding this consultation was the 28th of April, with the closing date stipulated as 14th of May. Osteopathy Australia is perplexed regarding the shortened consultation period on this important issue. The paper states it was released on the 17th of April which still indicates the consultation period is shorter than standard process. We question why this occurred.

Considering the implications of the COAG accreditation system review from 2017 have not been finalised we would question if much of this work may be wasted effort especially if national boards and/or AHPRA may no longer have a role in appointing accreditation councils or bodies. As such we question the timing of this release, the use of registrants' money in conducting this work, and then providing a rushed consultation for stakeholder review. This is acknowledged within the consultation document (page 4, para 4) and then ignored.

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.

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

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.

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 CONSULTATION PAPER

1. What is your general experience of the accreditation functions under the National Law?

Osteopathy Australia's general experience of accreditation functions under the National Law has been increasing efficiency and leadership shown by the Australasian Osteopathic Accreditation Council. Unfortunately, areas where there have been significant delays in approvals or modernising capability frameworks have generally been attributable to National Board or AHPRA and not the Accreditation Council.

2. Do you have any comments on performance against the individual Quality Framework domains

2.1 Ref p8 "Recent Reports":

In line with other reviews, Osteopathy Australia has concerns that neither AHPRA nor the National Board for Osteopathy have placed sufficient energy or effort into ensuring that modern workforce needs are captured within accreditation processes and osteopathic capabilities. This concern needs to be more strongly addressed in this document and the objective set for any independently appointed accreditation body. Currently the Osteopathy Board of Australia states it is the owner of capabilities for osteopathy, so the consequence of using a decade old capabilities framework and their misalignment with modern workforce needs has been the failing of the National Board / AHPRA not the Accreditation Council.

2.2 Ref p11 "Performance against quality framework"

- 'The accreditation authority is able to demonstrate business debility and including financial viability' [page 14 top]: Whilst Osteopathy Australia agrees with this principle it is difficult to understand how that is achievable when an accreditation council may be wholly funded under a decision by the National Board. This situation again raises questions around true independence of decision-making.
- Domain 2, Independence [page16] – Similar to the point above, true independence is difficult when an accreditation body or committee is beholden to a National Board as it's primary source of income. almost to repeat of the point above, how can they truly be independent if they beholden to the National board for the vast majority of that funding.

- *[page 16] ‘ there are clear procedures for identifying and managing conflicts of interest’*

This must include identifying areas of real or potential conflict of interest between the staff, policies and processes within AHPRA and accreditation council policies and operations, so that external stakeholders can be satisfied that requisite checks and balances are in place and that true independence is manifest and asserted.

- *Fee structures [page 18] - While Osteopathy Australia agrees that fee structures must be set to cover costs and ensure efficiencies it must also be acknowledged that universities make significant profits from training health practitioners and rarely do accreditation fees have any significant impact on those profits.*
- *[page 29, 6th para] ‘The accreditation authority has policies on the selection, appointment, training and performance review of the assessors. Its policies provide for the use of competent people who have qualified by their skills, knowledge and experience to assist overseas qualified practitioners.’*

It is unclear to the profession where such a requirement has been enforced and clearly documented, however, we consider this a vital aspect of managing independent accreditation and to avoid potential conflicts of interest.

- *[page 29] Domain 8 stakeholder collaboration: ‘ there are processes for engaging with stakeholders, including governments, education institutions, health professional associations, health providers, national boards and consumers/community’*

Osteopathy Australia wholeheartedly endorses this principle however it notes that in line with capability development the Accreditation Council has met this principle whilst the National Board has not.

3. Do you have any comments on how future accreditation agreements could address any of the following issues and demonstrate progressive improvements over the next five years?

Osteopathy Australia considers it vital for AHPRA to reflect on the pending accreditation systems review and its eventual outcomes before proceeding with any further work on accreditation systems, appointment models or frameworks.

While we do not have significant concerns with the proposed document, it is based on the assumption that significant change is not needed in the current scheme.

Osteopathy Australia’s reflection on the COAG accreditation system review is that it appeared to indicate that significant change was needed rather than a continuation of the status quo, especially if in future accreditation agencies will not be reporting to either national boards or AHPRA.

As such it is difficult for us to comment on issues such as reducing duplication, current lack of transparency, models for better collaboration, the lack of focus on current workforce issues or identifying if performance issues are the result of the accreditation authorities or the national boards/AHPRA.

4. Do you have any comments on the extent to which accreditation has addressed or had regard for the objectives and guiding principles of the National Scheme?

5. Do you have any comments on how future accreditation arrangements could address or have regard for the objectives and guiding principles of the National Scheme?

[page 31] 'performance against the objectives and guiding principles in the national law' - sub heading: 'enabling the continuous development of a flexible responsive and sustainable Australian health workforce and to enable innovation in the education, and service delivery by health practitioners.'

This highlights an example of where the Accreditation Council has acted diligently; however, delays by the National Board in developing capabilities (used by the Accreditation Council) has resulted in an extended delay using a decade old set of capabilities which do not reflect current flexible and sustainable health workforce needs, nor do they support innovation in workforce planning or clinical practice.

6. Do you have any comments on the benefits or risks of an arrangement where one accreditation authority performs accreditation functions for more than one profession?

Although Osteopathy Australia considers it important that efficiencies are found in reducing duplication or administrative process complexity, it also considers that profession specific components of accreditation and capability development must remain within professional specific entities. We also acknowledge that some generic competencies should be consistent across all registered professions.

If one accreditation authority performs accreditation functions for more than one profession they must be safeguards in place to ensure to emphasis is maintained each profession individually. For this to be achieved it may require that the accreditation authority would need to be independent of any of those professions to ensure equity and maintain clear focus on the workforce and training needs of each individual profession.

7. Do you have any other comments about the future accreditation arrangements in the National Scheme?

(Page 6, last para): This document, nor AHPRA, have clearly explained how a wholly National Board appointed committee can act as a truly independent accreditation decision maker. This concept needs further investigation and explanation.

Osteopathy Australia supports the better use of other bodies involved in accreditation such as the Accreditation Liaison Group and the Health Professional Accreditation Collaborative Forum (HPACF, page 7). To ensure efficiency and better collaboration Osteopathy Australia believes the HPACF should be better supported and funded by the national scheme, independent of the national boards or AHPRA.