



NATIONAL REGISTRATION AND ACCREDITATION SCHEME  
FOR THE HEALTH PROFESSIONS

**AUSTRALIAN OSTEOPATHIC ASSOCIATION  
SUBMISSION PAPER**

## **Proposed Registration Arrangements**

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A SUBMISSION BY THE AUSTRALIAN OSTEOPATHIC ASSOCIATION

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## **This submission**

This submission is made in relation to the Practitioner Regulation Sub-Committees paper, dated 4 September 2008. It sets out the particulars of the proposed Registration Arrangements.

## **Australian Osteopathic Association**

The Australian Osteopathic Association (**AOA**) represents the interests of osteopaths who practice in the various States of Australia, in accordance with the State-based legislation which the National Accreditation Scheme is intended to replace.

The AOA has been consulted by those involved in development of the Scheme. We appreciate the efforts made by officials to keep all interested parties informed as the proposal develops.

## **The Scheme and proposed registration arrangements are supported**

The AOA supports the objectives of a national scheme. In particular, we support the intention that practitioners will be able to practice under consistent standards and scope across Australia, once national registration and accreditation are in place and in operation. We support the schemes objectives in ensuring safety for the public and that only suitably qualified and professional practitioners will be able to practice.

The AOA does; however, have grave concerns for public safety if restrictions in the practice of spinal manipulation is lowered allowing anyone to perform a potentially deadly procedure. We will address this point further below.

This submission will only address points in which the AOA see relevant to comment and numbering is based on the consultation paper numbering.

## **2. Principles and approach**

### **Proposal 2.1:**

- a. is the least restrictive law necessary to achieve the policy objectives, and includes legislated restrictions on practice only where the benefits to the community as a whole outweigh the costs, and there is no other more responsive method of achieving these benefits, and

Although the AOA endorses the need to maintain as generic legislation format as possible across all partitioners, the desire to remove all restrictions may be at the risk of decreasing public safety and therefore at direct odds with the ultimate goal of national registration scheme.

## **4. Initial registration**

### **4.3 Criminal history checks**

The AOA supports the need for all new applicant to undertake a criminal history check on an applicant for registration and ongoing spot checks (via declarations and

other means) for existing registrants; however, there needs to be efficient systems to ensure costs and time requirements are minimised while maintaining the goal of public safety.

The AOA believes that clearer definition of “*criminal*” is needed, if not an appendix or summary of the scope of offences that would/would not to be included.

## 5. Qualifications for registration

**Proposal 5.1:** It is proposed that the legislation define the qualifications for general registration to mean one or a combination of the following:

- an approved course of study
- an approved period of supervised practice (if any) (ie an internship), and
- an examination (if any) set by or on behalf of the responsible board.

Clearly having “*an approved period of supervised practice*” is not a qualification for general legislation and the punctuation/grammar should be amended.

## 6. Registration decisions

### 6.2.1 Who makes registration decisions?

The AOA believes it is essential that each board is able to determine the combination of committees it requires. Equally for the smaller professions, like osteopathy, if the workload is relatively small, a single committee may carry out multiple statutory functions spanning the registration, investigation and disciplinary functions, either at the national or local levels.

### 6.3 Professional indemnity insurance

The AOA endorses that the legislation require registrants (except for non-practising registrants if any) to be covered by professional indemnity insurance (PII) arrangements at all times during the registration period (and any potential run-on, depending on the policy) as a condition of registration.

**Proposal 6.3.2:** It is proposed that each national board have the power to issue a guideline about what constitutes acceptable arrangements for PII for registrants; however, these need to be consistent with standard practice/indemnity in the insurance industry.

The Boards should be able to set a mandatory minimum; however, advice from independent underwriters and professional associations using industry knowledge in respect to current claims histories should be required to prevent over inflated PII requirements being set without a justifiable basis.

### Proposal 6.4.1:

The following sections need further clarity:

- a. A clear, standardised and agreed definition of ‘*Character*’ is needed.
- b. “*drug or alcohol dependency*” should be replaced with substance abuse.

The following may be additional sections:

- The absence of the appropriate qualification, and
- Reasonable suspicion of fraudulent applications.

## **6.6 Rights of review of registration decisions**

The AOA notes that further development is ongoing in regards to the important role of review of registration decisions and looks forward to commenting further at the time.

## **7. Types of registration granted**

### **7.1 General registration**

The AOA believes that a range of options for registration types is optimum; however, there should not be mandatory requirement for all boards to have these categories.

### **7.2 Specific registration**

The AOA would prefer the term “Restricted” over “Specific” particularly as granted practitioners do not hold approved qualifications and therefore are subject to various forms of restriction on their practice.

### **7.3 Non-practising registration**

The AOA agrees with proposal to include in legislation the capacity for boards to adopt a non-practising category of registration if they wish; however, that such applicants cannot practice in any capacity.

### **7.4 Student registration**

The AOA agrees that student registration would be of great benefit in protecting the public, encouraging early professional conduct and in educating students in relation to later required registration processes.

The AOA believes students should be registered only when they commence undertaking clinical training as opposed to class room based activities.

## **8. Authorities conferred by registration**

### **8.1 Title protection**

Table 2 in Attachment A of the IGA sets out the professional titles that are proposed to be restricted under the legislation; however, the AOA has some grave concerns for one of the listed titles.

Under the Profession – Physiotherapy, one of the listed protected titles (with catchall provisions) listed is ‘*physical therapist*’. Physical therapist, physical therapy etc are descriptor terms in common language and frequently used by Osteopaths, but frequently used by many other health practitioners in describing the type of physical treatment they provide clients. Ultimately it may legally hard to defend, due to its use in common terminology outside physiotherapy. If this title is to be protected it should also be listed as a protected title for any registered Osteopath (plus others) to use and prevent any unnecessary prosecutions.

**Proposal 8.1.1:** Currently most states allow the use of courtesy titles, like doctor, for Osteopaths and the AOA supports the rights of registered health practitioners to use courtesy titles.

### **8.5 Restrictions on spinal manipulation**

Current arrangements with respect to regulation of spinal manipulation vary across States and Territories; however, the *vast majority of jurisdictions restrict its practice to registered practitioners* (such as chiropractors, osteopaths, physiotherapists and medical practitioners). If the National Registration Scheme's goal is to protect the public the removal of regulation of spinal manipulation would be negligent and short-sighted.

We have been advised that all the Osteopathic Registration Boards and the Australian Osteopathic Council also recommend that spinal manipulation should remain restricted under the National Registration Scheme. We have also been advised likewise regarding all Chiropractic bodies.

### **Competencies to undertake spinal manipulation**

Spinal manipulation when practiced by qualified individuals is extremely safe; Australian osteopaths currently undergo five years of full-time university level training, which, in addition to the study of osteopathic technique, includes study of anatomy, physiology, pathology, clinical diagnosis and management, biochemistry, radiology, pharmacology, nutrition, psychology and exercise prescription. The training also includes supervised practice in university teaching clinics. The use of superior anatomical and neurological diagnosis techniques assist in preventing serious injuries. The same cannot be said for a barber or workers in a supermarket massage stand.

### **Risk of unrestricted spinal manipulation**

Unqualified practitioners can seriously damage the spine (at any point along the spine), cause severe strokes or even kill a patient with inappropriate techniques of spinal manipulation or if diagnostic warnings (red flags) have not been noticed. Registration Boards have indicated increases in the number of complaints regarding unregistered practitioners attempting spinal manipulation.

If a barber, footy coach etc conducts spinal manipulation will the National Registration Scheme and/or Ministerial Council consider this an adequate protection of the public?

As an association, rather than a Registration Board, we are well aware of the number of people who call us with injuries that are never reported to the registration boards due to civil action or lack of jurisdictional clarity, most of these complaints involve unregistered practitioners without PII. The AOA stresses the need for restrictions based on competent training, qualifications and competencies; however until these mechanisms are in place, restriction of practice through title is our only safeguard.

### **Definition of spinal manipulation**

Clearly in many jurisdictions the lack of clarity in definitions of spinal manipulation leads to a weakness in the ability to prosecute unregistered practitioners and protect the public.

The AOA calls on the National Registration Scheme to consult further with all appropriately qualified professional bodies, the registration boards with existing jurisdiction and your legal counsel to determine which definition will provide the best protection for the public and ability to prosecute unregistered practitioners.

### **Cervical 'v' spinal manipulation**

It may be that the more serious risks associated with spinal manipulation relate mainly to manipulation of the cervical spine; however, injuries to the lower back can lead to debilitating and costly injuries. The AOA believe that all spinal manipulation should be restricted due to the high cost of back injuries on the individual, the medical system and the public purse.

## **9. Renewal of registration and continuing competence**

The AOA completely supports the need for compulsory participation in continuing professional development (CPD) among health practitioners. Currently only a couple of Osteopathy Boards require CPD; however, the AOA does require mandatory ongoing CPD as a requirement of our association membership.

Under the national scheme, the Osteopathic Board of Australia must have sufficient powers and monitoring systems to satisfy itself of the ongoing competence and fitness to practise of any practitioner, if their core role in protecting the public is to be maintained. We support the need for continuing practitioner competence schemes to be implemented for each profession on 1 July 2010.

## **10. Endorsement of registration**

### **10.2 Endorsement as qualified to prescribe scheduled medicines**

The AOA supports the intention that the registration legislation work in combination with State and Territory drugs and poisons legislation to identify and authorise suitably qualified practitioners to prescribe scheduled medicines.

### **10.3 Other endorsements on registration**

The AOA supports that the national legislation make provision for a mechanism through which a board may identify a sub-group of practitioners within the profession who have specific training and are considered qualified to deliver a particular type of service that they would otherwise be prevented by law from delivering.

## **12. Transition arrangements**

We note that the proposed content of the register and what information is to be publicly accessible and to whom, will be the subject of a separate paper and we look forward to the opportunity to comment on that at a later date.

### **Further consultation**

We ask that the sub-Committee consider these issues and respond as appropriate. AOA will continue to take advantage of the consultation opportunities as they arise and we thank the Committee for those opportunities.

**A SUBMISSION BY THE AUSTRALIAN OSTEOPATHIC ASSOCIATION**