

Allied Health Assistants Training Package Products

Submission by Osteopathy Australia to Skills IQ

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Contact

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Summary and recommendations

Osteopathy Australia thanks Skills IQ for the opportunity to lodge recommendations on the proposed *Allied Health Assistance Training Package Products*. All recommendations made in this submission are presented in a spirit of collaboration, aiming to improve the quality and calibre of therapy assistants, as well as their overall experience providing supervised services in allied health practices.

Our recommendations are as follows:

Recommendation 1: the Certificate III in Allied Health Assistance, combined with a Certificate IV that does not duplicate Certificate III units would be far more attractive for potential osteopathy workplaces. The Certificate II in Health Support Services should be eliminated altogether, and applicable knowledge of infection control and general Work Health & Safety integrated into the Certificate III in Allied Health Assistance.

Recommendation 2: Skills IQ should assess any overlaps between Certificate III and IV units, remove duplicated units and make Certificate III completion a prerequisite for entry to a more expansive and targeted Certificate IV. Allied health practices have obligations to patient/client risk management, and AHPRA regulated allied health professionals have strict duty of care regulatory requirements demanding progressive knowledge building in therapy assistants.

Recommendation 3: Skills IQ should seek to bundle and genericise units applicable broadly to neuromusculoskeletal allied health practice, removing specific references to the 'physiotherapy assistant skillset' to recognise the broad applicability of the competencies.

Recommendation 4: Skills IQ should recommend that as a component of the bundle skillset for neuromusculoskeletal therapy assistants, additional competencies are imparted including: manual therapy techniques and therapies that are out of scope; the expanded roles and responsibilities of regulated allied health care professionals; neuromusculoskeletal presentations and flags needing immediate referral to the allied health supervisor; and, advertising, record keeping and other requirements as specified within the COAG endorsed code of conduct for unregulated health care professionals.

Osteopaths and their role in allied health care

Osteopaths are skilled government regulated allied health professionals applying adaptable and diverse clinical management approaches. Osteopaths complete a dual Bachelor or Bachelor/Masters qualification covering functional anatomy, biomechanics, human movement, the musculoskeletal and neurological systems as well as clinical intervention approaches. There are significant overlaps between the competencies of osteopaths and those of other neuromusculoskeletal allied health professions such as physiotherapy and musculoskeletal exercise physiology.

As a defining characteristic, the osteopathic profession emphasises the neuromusculoskeletal system as integral to client function and uses client-centred biopsychosocial approaches in managing presenting issues. Evidence informed reasoning is fundamental to case management and clinical intervention. Osteopaths prescribe skilled clinical exercise, including general and specific exercise programming for functional improvement. Patients consult osteopaths for advice on physical activity, positioning, posture, and movement in managing a diverse range of neuromusculoskeletal functional impairments and needs. Most osteopaths are consulted within primary healthcare practices, being a key source of allied health advice for tens of thousands of people per week. Osteopaths work within hundreds of primary health care practices, both osteopathy specific and multidisciplinary.

Therapy assistants and their role in osteopathy practice

Many osteopathy practices, whether osteopathy specific or multidisciplinary employ therapy assistants to support the delivery of health and other care services. Therapy assistants may include massage assistants, rehabilitation assistants or beyond; they form an essential component of practice and in tandem with supervising osteopaths, have an interface with thousands of patients daily.

Therapy assistants, depending on their level of skill and capability may be given variable delegation in practice, however always under the supervision of the registered osteopath.

We recognise that the ways in which a worker may develop the skills required to be a therapy assistant are highly variable. There is importantly, need to structure a high quality, consistent, future focused training and qualification package aiding assistants to support osteopaths in delivering health and rehabilitation services.

About Osteopathy Australia

Osteopathy Australia is the peak body representing the interests of osteopaths, osteopathy as a profession, and consumer's rights to access osteopathic services. We promote standards of professional behaviour over and above the requirements of AHPRA registration. A vast majority of registered osteopaths are members of Osteopathy Australia. Our core work is liaising with state and federal government, and all other statutory agencies, professional bodies, non-for-profit and private industry regarding professional, educational, legislative, and regulatory issues. As such, we have close working relationships with the Osteopathy Board of Australia (the national registration board), the Australian Health Practitioner Regulation Agency (AHPRA), the Australasian Osteopathic Accreditation Council (the university accreditor and assessor of overseas osteopaths). Given our broad stakeholder interfaces, we are appropriately positioned to comment on the skill needs of therapy assistants and we welcome the opportunity to give comment to the *Allied Health Assistance Training Package Products* for Skills IQ.

Recommendations for therapy assistant training packages

A Certificate II in Health Support Services is unlikely to be sufficient for employment in a competitive allied health market and may present an upskilling burden to osteopaths

Given the complex clinical functions osteopaths perform, ranging from assessment, differential diagnostics, management planning, intervention and plan reviews/modification, a therapy assistant should have an appropriate minimum level of skill to support these functions, once more, under osteopathic supervision.

While there will always be scope for the supervising osteopath to upskill an assistant on entry to the workplace or practice setting- in particular, in relation to the specific workplace scope of osteopathic practice applied, our strong position is that any training packages should be tailored to minimise the upskilling burden that might apply.

Any excessive training and upskilling requirements for an allied health professional post certification attainment could, in our view, disincentivise osteopaths from engaging an assistant. This would be counterintuitive to the current project aiming to restructure training packages to support future health care needs.

We believe the Certificate II in Health Support Services is altogether unlikely to present a sufficient basis for workplace entry in osteopathy practices. In many ways, its proposed units offer little more than a grounding in practice/business administration, or front of house service delivery, with little emphasis on supporting clinical management--- which is the core focus of a therapy assistant. We refer here,

to the general core units 'CHCCOM005 Communicate and work in health or community services, CHCDIV001 Work with diverse people, HLTINF001 Comply with infection prevention and control policies and procedures, and HLTWHS001 Participate in workplace health and safety'. It is unclear how any of these units would support a person to participate in supervised clinical interventions over and above say, a basic certification in business support or general workplace administration.

There also appears to be duplication between core and elective units within the Certificate II, which makes it difficult for a prospective osteopathy practice or employer to determine just how much knowledge and capability is being built through unit progression. It is unclear what difference exists between the core units 'HLTINF001 Comply with infection prevention and control policies and procedures, HLTWHS001 Participate in workplace health and safety, and elective units HLTHSS008 Perform general cleaning tasks in a clinical setting, HLTHSS009 Handle and move equipment, goods and mail, and, HLTWHS005 Conduct manual tasks safely'. From a training provider's perspective, this unit configuration is ideal for streamlining costs and course delivery; but is not ideal for preparing a person for the realities of clinical assistant work.

Recommendation 1: the Certificate III in Allied Health Assistance, combined with a Certificate IV that does not duplicate Certificate III units would be far more attractive for potential osteopathy workplaces. The Certificate II in Health Support Services should be eliminated altogether, and applicable knowledge of infection control and general Work Health & Safety integrated into the Certificate III in Allied Health Assistance.

The Certificates III and IV in Allied Health Assistance contain many overlapping core and elective units, making it difficult for osteopathic and other allied health practices to differentiate calibre of therapy assistant training

We note that the revised draft certifications do not require a student to complete a Certificate III in Allied Health Assistance before completing a Certificate IV in Allied Health Assistance; this absence of prerequisites means that the Certificate IV duplicates requirements and as such, its value appears diminished; how the units would vary from one another is unclear based on current course descriptions.

Hence, for an osteopath, the inherent value of engaging a Certificate IV awardee and paying rates above a Certificate III is uncertain. A clear and distinct contribution to clinical practice should be evident via the benchmarks met in the Certificate IV. The Certificate IV has a valuable role in demonstrating enhanced knowledge progression, building on the Certificate III.

Recommendation 2: Skills IQ should assess any overlaps between Certificate III and IV units, remove duplicated units and make Certificate III completion a

prerequisite for entry to a more expansive and targeted Certificate IV. Allied health practices have obligations to patient/client risk management, and AHPRA regulated allied health professionals have strict duty of care regulatory requirements demanding progressive knowledge building in therapy assistants.

Some units within the Certificate IV in Allied Health Assistance ought to be bundled up for multiple allied health professions with overlapping scopes of practice

Within the Certificate IV in Allied Health Assistance, certain qualification streams are proposed to build assistant capability for engaging with specific allied health professions.

The 'physiotherapy assistant skillset' is one such allied health neuromusculoskeletal profession that stream units are explicitly targeted to, to the exclusion of all other overlapping allied health professions.

The 'physiotherapy assistant skillset' requires completing 'HLTAHA028 Deliver and monitor physiotherapy programs, HLTAHA032 Assist with the development and maintenance of an individual's functional status, and, HLTAHA037 Deliver and monitor an aquatic physiotherapy program'.

We strongly believe that the outlined units are applicable beyond physiotherapy, adaptable to both osteopathy and exercise physiology allied health practices. We would therefore propose that the physiotherapy assistant skillset be renamed more generally to be the 'neuromusculoskeletal allied health assistant skillset'. The exclusively labelled physiotherapy units making up the skillset could be renamed as follows: 'deliver and monitor neuromusculoskeletal rehabilitation programs', and 'deliver and monitor an aquatic rehabilitation program', for broader suitability. We feel this renaming could broaden the career prospects of awardees and help impress the pertinence of the skillset beyond physiotherapy practices alone, giving greater surety to allied health practices and Certificate IV awardees.

Furthermore, it is our understanding that under AHPRA requirements, only a registered health professional can refer to their protected title or titles. A therapy assistant is neither a physiotherapist or osteopath and thus can not under regulation claim to 'deliver and monitor physiotherapy programs, osteopathy programs, nor monitor an aquatic physiotherapy or osteopathy program'. We believe genericising and bundling the units for broader relevance to neuromusculoskeletal rehabilitative practice may help eliminate regulatory titling risks.

Recommendation 3: Skills IQ should seek to bundle and genericise units applicable broadly to neuromusculoskeletal allied health practice, removing specific references to the 'physiotherapy assistant skillset' to recognise the broad applicability of the competencies.

Neuromusculoskeletal therapy assistants are unregulated health professionals and within the Certificate IV, they ought to be made aware of codes and guidelines applying to them, as well as limits to their scope

Therapy assistants do not operate in a context devoid of rules and responsibilities.

Independently of their supervision by an allied health professional, assistants have their own requirements to adhere to from the Code of Conduct for Unregulated Health Care Professionals endorsed by the Council of Australian Governments (COAG) and endorsed by each jurisdiction. Assistants must be well versed in assessments and procedures that are out of their scope as determined by the limits of their training and regulation, as well as when to refer a matter to the supervising allied health professional without exception. We suggest education on:

- Manual therapy techniques and therapies that are out of scope
- Neuromusculoskeletal presentations and flags needing immediate referral to the supervising allied health professional
- The expanded roles and responsibilities of regulated allied health care professionals
- Advertising, record keeping and other requirements for therapy assistants as specified within the mentioned code of conduct.

This education should not be the responsibility of an allied health practice, but should be a component of the Certificate IV proper, given its basis in national systemic regulation.

Recommendation 4: Skills IQ should recommend that as a component of the bundle skillset for neuromusculoskeletal therapy assistants, additional competencies are imparted including: manual therapy techniques and therapies that are out of scope; the expanded roles and responsibilities of regulated allied health care professionals; neuromusculoskeletal presentations and flags needing immediate referral to the allied health supervisor; and, advertising, record keeping and other requirements as specified within the COAG endorsed code of conduct for unregulated health care professionals.