

Independent Assessor Qualification and Eligibility Framework

Submission by Osteopathy Australia to:

**The Standing Parliamentary Committee into the implementation,
performance and governance of the National Disability Insurance
Scheme (NDIS)**

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Contact

Contact Peter Lalli, Senior Policy Officer- Clinical Excellence, for questions or comments about this submission via phone: (02) 9410 0099 or email:

clinicalpolicy@osteopathy.org.au

Summary and recommendations

Osteopathy Australia welcomes the opportunity to lodge a submission to the Standing Parliamentary Committee into the implementation, performance and governance of the NDIS (“the Parliamentary Committee”), addressing Independent Assessors.

In particular, our submission centres on Term of Reference D - the qualifications, training and expertise of Independent Assessors¹; specifically, we propose that many osteopaths meet the existing qualification and skills framework and should be included as eligible allied health professionals to offset workforce supply issues in the disability service sector.

Our recommendations are as follows:

Recommendation a: the Parliamentary Committee should broaden the definition of eligible professions beyond the six specified, to include ‘AHPRA registered and self-accredited allied health professionals able to meet the registration, supervision, and career experiential requirements’

Recommendation b: the Parliamentary Committee should recommend that the NDIS allow commissioned Independent Assessor organisations to use their full existing and future workforces in Independent Assessments. We are aware of osteopaths already working within some of the commissioned organisations; commissioning contracts should not arbitrarily exclude professions from among an organisation’s highly skilled workforce. The Independent Assessor workforce should be based on competencies, not professional titles. This would be counterintuitive to managing workforce supply pressures the NDIS has already observed in scheme operation

Recommendation c: the Parliamentary Committee should place trust in the recruitment and probity review processes of commissioned Independent Assessment organisations and realise the benefits of this trust for minimising unnecessary Commonwealth red tape, and need for future extensive reregulation to address workforce shortages

Recommendation d: that the Parliamentary Committee note the baseline competencies of osteopaths in standardised outcome measure use and biopsychosocial assessment for movement disability and limb related functional impairments; the Parliamentary Committee is asked to recognise the direct applicability of these skillsets to Independent Assessments.

Osteopaths and people with a significant lifelong disability

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. Osteopaths are recognised to provide services under Medicare, Veteran's Affairs, plus all State workers compensation and motor accident schemes.

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. ii

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 allied health practices, being a key source of allied health advice for tens of thousands of people per week. Osteopaths work within hundreds of allied health care practices, both osteopathy specific and multidisciplinary.

For people with acute or persistent pain, osteopaths may offer lifestyle and/or movement advice, injury specific exercises, manual therapy, and health promotional strategies to aid symptom recovery. When people with a significant and lifelong disability require 'health care management', in alignment with NDIS guidelines, Osteopathy Australia's position is that related interventions are most appropriately addressed through Medicare items (Chronic Disease Management (CDM)), state or territory health services and not via the NDIS- except where there is a gap in existing health services.

Osteopaths apply contrasting clinical management approaches when managing clients with significant physical disabilities and/or other disability syndromes with a physical impact. Osteopaths acknowledge that growing skills for self-coping and community participation is the overarching goal, despite what may be persisting health care symptoms or health deterioration.

Osteopaths, applying person-centred care:

- Review and identify functional capacity and movement barriers to individual goal fulfillment and/or community participation
- Aid and educate clients, their families and carers on mobility, mobility strategies and whole-body movement for participation in the home and community

- Assist clients in developing and applying physical skills needed for activities of daily living, including coordination, strength, flexibility, stability, conditioning, and balance
- Assist clients in establishing whole body movement styles and postural interventions preventing injury in activities of daily living
- Where appropriate, manage pain associated with movement that could compound core activity limitations.

Osteopaths, in meeting these disability care objectives:

- Observe client movement and function in specific environments to assess barriers to whole-body physical skill use
- Perform assessments of physical function, including but not limited to muscular strength, joint movement, and limb function
- Recommend and prescribe mobility equipment assisting clients to stand, walk and move around more easily or independently within their home, school or local community
- Provide advice and education to clients on positioning and posture in undertaking daily living activities
- Design and prescribe exercises, motor related activities and tasks, whether land or water based (hydrotherapy) that can enhance whole-body movement or specific functional skills.

The above skillsets and capabilities guide and inform the tertiary educational content imparted to all osteopaths in the country. Osteopathy regulators, the Australian Health Practitioner Regulation Agency (AHPRA) and Osteopathy Board of Australia (OBA), require each osteopathy registrant to possess attributes and skills aligned with the *Capabilities for Osteopathic Practice (2019)*. Osteopaths must make a measurable contribution to neuromusculoskeletal function, adhere to best available neuromusculoskeletal evidence, work in an interdisciplinary and coordinated fashion, and encourage individual empowerment in clinical care.ⁱⁱ

Specifically, on graduating an osteopathy course, registrants must be able to:

- Identify and understand client goals and concerns
- Evaluate the social determinates of core activity limitations interacting with client physiology
- Develop and review management plans based on sound clinical evidence to facilitate optimum client participation in activities of daily living

- Development clinical management interventions incorporating manual therapy, exercise and activity-based interventions, educational interventions, and assisted movement strategies
- Apply appropriate standardised outcome measures for client milestone mapping, including measures of disability and function. ⁱⁱⁱ

These capabilities are shared by other allied health professionals, including registered musculoskeletal physiotherapists^{iv}; as such, they are interdisciplinary in nature and are not the preserve of any one profession.

Many osteopaths are consulted by self-managed and plan-managed NDIS clients with a personalised budget for certain core supports associated with mobility and growing skills for performing daily activities. Osteopaths also liaise with carers, families, and case managers to maximise client capacity for community participation.

Osteopathy Australia

Osteopathy Australia is the peak body representing the interests of osteopaths, osteopathy as a profession, and consumers' rights to access osteopathic services. We promote standards of professional behaviour over and above the requirements of Australian Health Practitioner Regulation Agency (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, 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), AHPRA, the Australasian Osteopathic Accreditation Council (the university accreditor and assessor of overseas osteopaths), schemes in each jurisdiction, and other allied health bodies through our collaborative work with Allied Health Professions Australia (AHPA). We also liaise regularly with brokers, case managers for NDIS clients and clients themselves; we have broad experience of the scheme through these various stakeholders.

1. Many osteopaths meet the Independent Assessor Qualifications and Skills Framework

The following criteria have been set out within the qualifications and skills framework for Independent Assessors by the NDIS:

- Assessors must have a minimum of 12 months full time clinical experience (post General Registration) working in their field with an appropriate level of clinical supervision
- Assessors must have direct face-to-face experience working with a variety of clients, covering a wide range of disabilities, support needs, skills and backgrounds.^v

In recent years, the osteopathy profession has diversified in accordance with its evidence based musculoskeletal scope of practice. Some members of Osteopathy Australia work exclusively within aged care service settings, disability services, and/or rehabilitation consultancy organisations. Many osteopaths also provide client supplementary information for inclusion in the NDIS initial intake assessment process as it currently exists in the absence of independent assessments.

We would expect that the above specified osteopaths and other allied health professionals would be eligible within the recruitment process for commissioned organisations where they demonstrate a minimum 12 months of clinical experience post registration in clinically supervised settings and a background in direct face-to-face work with people having a range of disabilities and support needs. If this is not to be the case, we kindly request the Parliamentary Committee return written advice on why other musculoskeletal allied health professions and their registrants possessing like-with-like capabilities would be given preference.

We do not advocate that each and every osteopath would be appropriate, just as the NDIS does not propose that each and every registrant of the now six core professions is appropriate: occupational therapists, physiotherapists, speech pathologists, clinical and registered psychologists, rehabilitation counsellors, social workers. We ask only for consistent and equal consideration. More about why this equal consideration is required from an organisational workforce perspective is outlined in section 2, below.

Recommendation a: that the Parliamentary Committee and NDIS broaden its definition of eligible professions beyond the six specified, to include AHPRA registered and self-accredited allied health professionals able to meet the broad registration, supervision, and career experiential requirements specified.

2. Osteopaths are increasingly engaged in functional capacity evaluations in non-health program settings, and some are employed in the very organisations commissioned by the NDIS for Independent Assessment facilitation

In 2020, osteopaths achieved approval as an eligible profession in occupational rehabilitation consultancy in Victoria. Occupational rehabilitation services aim to assess ongoing core activity limitations in a biopsychosocial context resulting from a workplace injury when initial injury management interventions have limited success.

We are aware of osteopaths working as functional assessors in several of the organisations now commissioned by the NDIS across jurisdictions to provide Independent Assessments. Further, many national providers of aged care facility based clinical services have also chosen to engage an osteopath for functional assessment. Clients with a permanent and significant lifelong disability can choose to remain with the NDIS or transition to the aged care system on turning 65 years of age; many osteopaths therefore already possess sound functional assessment skills,

the clinical communication and reporting competencies for working with people with a disability across the lifespan.

The NDIS has selected the range of organisations it has, in its own words, because they 'have the right staffing mix and level of professional expertise to deliver independent assessments'. If the NDIS trusts the professional experience of commissioned organisations, and these organisations have engaged osteopaths following an appropriate recruitment process, it is appropriate for the NDIS to in turn trust their professional organisational judgement in doing so.

Recommendation b: the Parliamentary Committee should recommend that the NDIS allow commissioned Independent Assessor organisations to use their full existing and future workforces in Independent Assessments. We are aware of osteopaths already working within some of the commissioned organisations; commissioning contracts should not arbitrarily exclude professions from among an organisation's highly skilled workforce. The Independent Assessor workforce should be based on competencies, not professional titles. This would be counterintuitive to managing workforce supply pressures the NDIS has already observed in scheme operation

Recommendation c: the Parliamentary Committee should place trust in the recruitment and probity review processes of commissioned Independent Assessment organisations and realise the benefits of this trust for minimising unnecessary Commonwealth red tape, and need for future extensive reregulation to address workforce shortages.

3. *The osteopathic profession generally has extensive experience in applying musculoskeletal measures for mobility and impairment/function, including those endorsed by the NDIS, within multiple rebated public programs*

For clients with a significant lifelong disability associated with the neuro-musculoskeletal system, *Independent Assessment- Selection of IA tools^{vi}*, makes clear certain lower limb, upper limb, and mobility outcome measures are preferred for their construct, internal and external validity.

The Parliamentary Committee should be aware that the very same tools specified by the NDIS in the framework are applied by osteopaths working within specific practice settings: compensable injury management schemes (Comcare, state and territory workplace injury and motor vehicle accident schemes, aged care and other consultancy services, as well as for self-and plan-managed clients receiving personalised funding). Such osteopaths are trained in mapping social, environmental, and individual factors contributing to outcome measure scores. This is an essential skillset for determining social aspects of disability or core activity limitation versus biological or physical aspects inherent to a person, as required within Independent Assessment.

Whether a mobility or movement disability is inherited from birth or acquired post a catastrophic accident, good practice remains good practice; the profession's background in such good practice across program settings is directly transferrable to

Independent Assessment for inherited physical disability syndromes and other disability syndromes with a physical impact.

Recommendation d: that the Parliamentary Committee note the baseline competencies of osteopaths in standardised outcome measure use and biopsychosocial assessment for movement disability and limb related functional impairments; the Parliamentary Committee is asked to recognise the direct applicability of these skillsets to Independent Assessments.

References

ⁱ Standing Parliamentary Committee into the implementation, performance and governance of the National Disability Insurance Scheme, Independent Assessments Terms of Reference [online];

https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/IndependentAssessments

ⁱⁱ Osteopathy Board of Australia, *Capabilities for Osteopathic Practice (2019)* [online];

<https://www.osteopathyboard.gov.au/Codes-Guidelines/Capabilities-for-osteopathic-practice.aspx> pp. 3-8

ⁱⁱⁱ Osteopathy Board of Australia, *Capabilities for Osteopathic Practice (2019)* [online];

<https://www.osteopathyboard.gov.au/Codes-Guidelines/Capabilities-for-osteopathic-practice.aspx> pp. 9-17

^{iv} Physiotherapy Board of Australia, *Physiotherapy Practice Thresholds Statement* [online];

<https://www.physiotherapyboard.gov.au/Accreditation.aspx>

^v NDIS, 'Independent Assessors' [online]; <https://www.ndis.gov.au/participants/independent-assessments/independent-assessors>

^{vi} NDIS 'Independent Assessors' [online]; <https://www.ndis.gov.au/participants/independent-assessments/independent-assessors>

^{vii} National Disability Insurance Scheme (NDIS) 'Independent Assessment-Selection of Assessment Tools', September 2020, p.p. 5-6

^{viii} WorkSafe Victoria, 'Outcome Measures' [online];

<https://www.worksafe.vic.gov.au/outcome-measures>