

Post implementation review of the Authorised Health Practitioner framework

**Submission by OSTEOPATHY AUSTRALIA to:
NSW SIRA Motor Accidents**

July 2021

Contact

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Recommendations

Osteopathy Australia thanks NSW SIRA Motor Accidents for the opportunity to lodge a submission addressing the consultation paper *Post implementation review of the Authorised Health Practitioner framework (July,2021)*. We recognise the importance of Authorised Health Practitioners (AHPs) for resolving medico-legal disputes within the scheme in a timely way, providing clarity to clients and practitioners. To optimise the supply of AHPs, their recruitment and best assure AHPs are prepared to deliver the important outcomes they are tasked with, our recommendations are as follows:

Recommendation 1: that NSW SIRA broaden AHP eligibility criterion one to read “and/or recognition with an Advanced scope of practice by an appropriate professional body”

Recommendation 2: that all references to ‘knowledge of injury management’ be replaced with “knowledge of clinical return to activity practice”. This amendment would cover injury management and rehabilitation more explicitly, as core scheme aims.

Recommendation 3: that NSW SIRA broaden the scope of support information and training available to AHPs and prospective AHPs, moving beyond administrative components of the application process and the existing *Motor Accident Guidelines*. Specifically, more information and training should be created to support AHPs and prospective AHPs to understand how to perform aspects of their role that are essential for them to remain appointed. Specific minimum training should focus upon NSW SIRA’s frameworks for performance, reporting for publications regarding compliance data, training and complaints-handling, and minimum resource requirements for these agency processes.

Recommendation 4: that NSW SIRA work with Osteopathy Australia to identify association e-learning the agency would consider promoting for AHP knowledge growth, and promote the modules to existing and new AHPs. As a cost efficiency measure, NSW SIRA should link AHPs in with Osteopathy Australia’s educational offerings for enhancing rehabilitative and recovery at work reasoning.

About the osteopathic profession

Osteopaths in Australia are government regulated allied health professionals having inbound and outbound referral relationships with other health professionals.

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. Significant commonalities exist between the health science units undertaken by osteopaths and those undertaken by peers of other allied health professions, including physiotherapy.

As a defining characteristic, the osteopathic profession emphasises the neuromusculoskeletal system as integral to client function and uses biopsychosocial and client-centred approaches in managing functional limitations from motor vehicle injuries. The *Capabilities for Osteopathic Practice*ⁱ outline the required capabilities for professional skill, knowledge, and attributes; osteopaths are required to possess many professional skills common across allied health and health professions.

Clients---injured workers and users of compulsory third-party motor vehicle accident schemes---present to osteopaths with a range of musculoskeletal functional conditions and impairments.

Osteopaths conduct comprehensive functional examinations. Evidence informed reasoning is fundamental to case management and clinical intervention. Osteopaths prescribe skilled clinical exercise, including general and specific exercise programming aimed at enhancing functional capabilities. ⁱⁱ Many clients consult an osteopath for advice on physical activity, positioning, posture, and movement. Self-management is a key objective in the clinical services provided by osteopaths, consistent with the nationally endorsed *Clinical Framework for the Delivery of Health Services* to which Osteopathy Australia is a key signatory under our previous entity name, the Australian Osteopathic Association.

Osteopathy Australia

Osteopathy Australia is the national 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 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), the Australian Health Practitioner Regulation Agency (AHPRA), the Australasian Osteopathic Accreditation Council (the university accreditor and assessor of overseas osteopaths), compensable injury schemes in each jurisdiction, and other professional health bodies through our collaborative work with Allied Health Professions Australia (AHPA).

As the peak body, we have a common commitment with NSW SIRA to encourage streamlined and clear processes for medico-legal dispute resolution. Such processes are needed to give both patients and practitioners fair, timely and transparent outcomes with minimal stress or anxiety caused, wherever possible. In the spirit of this shared commitment, we welcome the opportunity to offer feedback to the *Post implementation review of the Authorised Health Practitioner framework*.

AHP eligibility criteria

Existing criteria for AHP appointment eligibility are robust, however, other experiential pathways to competency for AHP advisory work should be considered

We support all the existing eligibility criteria in general. They underpin appropriate selection, professionalism, and probity. Their attempt to prevent AHP appointments for practitioners with criminal charges, undertakings or conditions is endorsed by us.

Nevertheless, additional criteria could be included with caveated 'and/or' clauses to supplement for some domains being appraised, allowing additional appropriate allied health professionals, including osteopaths to be appointed.

Criterion one currently puts a very large emphasis on years' of experience in practice, with the minimum being at least five required, and some exposure to motor accident work within this five years. Beyond years of experience, there are other pathways we would suggest NSW SIRA could refer to in identifying practitioners with knowledge and skillsets equivalent to or consistent with five years' experience.

Many allied health professional associations, including Osteopathy Australia, have systems for determining whether a member possesses an Advanced scope of practice in a focus area. Three areas we recognise members in having strong overlap to motor accidents are: exercise rehabilitation, pain management, and work rehabilitation or occupational health support.

We have two main pathways members may be recognised or “credentialed” through; one does require the sort of length of applied career experience NSW SIRA refers to in its current criteria, but the other does not. It requires demonstrating at least two years’ practice experience and being awarded an AQF Level 7 or above degree within the area of practice in which recognition is sought. The degree is not permitted to be the member’s qualifying osteopathic degrees. Both groups of credentialed members, despite their differing years of experience, have similar levels of competence as affirmed by blinded high level interdisciplinary review panels. Both have a mix of general practice experience and advanced area focused practice experience. We and no doubt, many other professional associations, would be supportive of NSW SIRA making use of practitioners with Advanced standing recognised through a non-experiential pathway for the AHP process.

We note that across the country, third party schemes applying value based care are increasingly looking to association systems and structures to help differentiate quality practitioners for engagement. In keeping with this trend, in addition to point one, new criteria should read “and/or recognised as having an Advanced scope of practice through the dedicated professional association”.

Finally, for the NSW injury management system to be as helpful to practitioners and clients as possible, practitioners appointed as AHPs should have specific knowledge of returning people to functional activity within the scheme- not simply knowledge of ‘injury management’. To require only an ‘understanding of injury management’, per criterion one now, may imply that a candidate could be appointed with only injury management policy framework or injury administrative process awareness. The criterion has no reference to the clinical knowledge needed to partner with practitioners to support compensable injury management practice for clients and practitioner growth. We would recommend a slight change of wording for criteria one to become ‘understanding of clinical return to activity practice in the motor accident scheme’. This advice would be consistent with scheme goals, which are not merely about injury management or maintenance, but restoring capacity for work and/or community participation.

Recommendation 1: that NSW SIRA broaden AHP eligibility criterion one to read “and/or recognition with an Advanced scope of practice by an appropriate professional body”

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AHP training and support

Since the implementation of the AHP framework, it would be fair to say that NSW SIRA has placed most of its efforts into the application process. Of the two agency websites dedicated to AHPs, administration is the main issue covered: fees, how to prepare an application, and accessing the *Motor Accident Guidelines*. There are some written resources for preparing a report and conducting an examination, but beyond these there is an absence. ⁱⁱⁱ

We note that there are 'discretionary' modules available to any eligible allied health practitioners wishing to participate in the motor accident scheme. This is unlike the NSW SIRA worker's compensation induction program, where course participation for practitioner registration is generally mandatory. Why it is that there are not dedicated modules appointed AHPs would complete on being inducted, given their heightened responsibilities for scheme outcomes, is curious to Osteopathy Australia.

The terms of an AHPs' entire appointment necessitate knowing and adhering to quite a significant number of governance requirements additional to the requirements of a treating allied health professional. The full scope of governance requirements are:

- Acting ethically, professionally, considerately, and without bias
- Complying with relevant laws, policies, and codes, including those relating to privacy
- Complying with administrative requirements (ensuring the Authority has up to date details for publication, having resources and infrastructure to perform the role, maintaining appropriate records)
- Engaging in SIRA's frameworks for performance, compliance, data, training, and complaints-handling
- Avoiding prohibited activities (such as providing treatment advice/services, accepting referrals where there is a conflict of interest, seeking inducements and gifts, publicly expressing opinions that may undermine their role, or acting outside their area of expertise).^{iv}

Given NSW SIRA may revoke an appointment based on contravention of any of these clauses, training is of the essence. AHPs can simply not know what they are in not in a position to know. Relying on individual intuition with the consequence of appointment disengagement is simply not sufficient for scheme governance.

While allied health professionals will have background knowledge supporting their engagement, including as regards their scope of practice, professional behaviour, mitigating conflicts of interest, as well as acting in line with privacy---knowing NSW SIRA's frameworks for performance, reporting for publications regarding compliance data, training and complaints-handling, and minimum resource requirements for all these components is not generally within the scope of knowledge.

If there is training on these matters, it must be more clearly communicated and relayed to AHPs and all allied health professionals who might consider AHP future appointments.

Finally, allied health professional associations including Osteopathy Australia source interdisciplinary educators to produce evidence-based injury and rehabilitation management e-learning modules. This is a valuable source for practice standards we would wish to extend to osteopathy AHPs, and have NSW SIRA promote to grow clinical awareness in topics related to compensable injury management practice, client pain and capacity management.

Recommendation 3: that NSW SIRA broaden the scope of support information and training available to AHPs and prospective AHPs, moving beyond administrative components of the application process and the existing *Motor Accident Guidelines*. Specifically, more information and training should be created to support AHPs and prospective AHPs to understand how to perform aspects of their role that are essential for them to remain appointed. Specific minimum training should focus upon NSW SIRA's frameworks for performance, reporting for publications regarding compliance data, training, and complaints-handling, and minimum resource requirements for these agency processes.

Recommendation 4: that NSW SIRA work with Osteopathy Australia to identify association e-learning the agency would consider promoting for AHP knowledge growth, and promote the modules to existing and new AHPs. As a cost efficiency measure, NSW SIRA should link AHPs in with Osteopathy Australia's educational offerings for enhancing rehabilitative and recovery at work reasoning.

References

ⁱ Osteopathy Board of Australia (2019), Capabilities for osteopathic practice [online] <https://www.osteopathyboard.gov.au/Codes-Guidelines/Capabilities-for-osteopathic-practice.aspx>

ⁱⁱ Adams et al (2018), 'A workforce survey of Australian osteopathy: analysis of a nationally-representative sample of osteopaths from the Osteopathy Research and Innovation Network (ORION) project', [BMC Health Services Research](#) December 2018, 18:352

ⁱⁱⁱ E.g., <https://www.sira.nsw.gov.au/resources-library/across-schemes/authorised-health-practitioners>
<https://www.sira.nsw.gov.au/for-service-providers/A-Z-of-service-providers/authorised-health-practitioners>

^{iv} NSW SIRA (2021) Post Implementation Review of the Authorised Health Practitioner (AHP) Framework, page 7