

**HEALTH WORKFORCE AUSTRALIA BILL 2009**

**Submission**

**to the**

**Senate Community Affairs Committee**

**by the**

**Australian Osteopathic Association**

**June 2009**

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## **This submission**

This submission responds to the invitation from the Senate Community Affairs Committee for the Australian Osteopathic Association (AOA) to present its views on the *Health Workforce Australia Bill 2009* ("the Bill"). We appreciate the opportunity to make this submission.

## **Support for the Bill**

Subject to our views set out below, **AOA supports the proposals in the Bill** and recommends that the Senate Committee do so also.

## **The Australian Osteopathic profession**

The Australian Osteopathic Association (AOA) represents the interests of practically all 1500 osteopaths practising in Australia. In brief, the practice of osteopathy involves manipulation and management of the musculoskeletal system, to treat the whole person.

The 1500 osteopaths earned fees totalling \$200m in 2007-08. Over 85% of our patients come unreferral. No more than \$5m is recouped by them from Medicare and perhaps another \$10-15m from private health insurance.

The profession's service delivery is mainly through small practices with the professional osteopath doubling as business manager. Despite the small contribution made by Medicare and private health insurance, our members report constantly full waiting rooms with new patients arriving all the time.

Osteopathy is the fastest growing allied health professional group, albeit from a low base.

## **The future of the profession**

It is clear that patient demand for our services is rising and there are issues (discussed below) about ensuring supply of professionals to meet that demand.

Our profession also believes that osteopaths could do more for people, whose social and economic status, or their remoteness, makes access to us difficult. In particular –

- patients in public hospitals;
- the elderly or chronically ill;
- Indigenous people; and
- people in rural and remote locations.

We do not doubt that our treatment modalities could assist all these groups to healthier and better lives. In this, we seek active cooperation and

engagement with other health professionals – doctors, nurses, pharmacists, podiatrists and so on.

Into the future, there will be a growing demand from students to train as osteopaths, especially if demand grows in the areas listed above.

As it is right now, twice as many students apply to the four Australian universities which offer degrees in osteopathy than are accepted. The average TES or similar score needed will be about 95.

### **Including osteopaths within the Australian health workforce**

As already noted, AOA supports the Bill and looks forward to the development of a new focus and energy in meeting Australia's growing demand for the full range of health professionals.

**We seek a specific and explicit assurance that osteopaths are to be included in the legislative instrument to be made under sub-s. 5 (3) of the Bill.**

We ask the Committee to recommend accordingly.

We need this assurance because, whether by inadvertence or deliberate policy, osteopaths have been omitted from a variety of lists or enumerations of what are regarded as "allied health professionals". For example, the initial Productivity Commission Report's definition of "allied health professionals" did not include us.<sup>1</sup> On the other hand the NRAS does.<sup>2</sup>

The several reports on health reform commissioned by the Minister<sup>3</sup> do not refer in any way to the contribution osteopaths do, or could, make.

The National Health Workforce Taskforce itself omitted osteopaths from its coverage of professions concerned with Clinical Placements reform – see Attachment 1.

These are the reasons why we seek an explicit and unequivocal indication within the s. 5 order.

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<sup>1</sup> Productivity Commission, *Australia's Health Workforce*, pp. 2-3:

"The study adopts an expansive definition of the health workforce, with the term 'health workforce professional' defined to cover 'the entire health professional workforce', from a number of education and training backgrounds, including vocational, tertiary, post-tertiary and clinical. Without attempting to be exhaustive, examples of relevant occupations covered include: doctors, nurses, midwives, physiotherapists, podiatrists, pharmacists, psychologists, occupational therapists, dentists, radiographers, optometrists, Aboriginal Health Workers, ambulance officers and paramedics. Generally, people must be registered before they can practise in most of these occupations."

<sup>2</sup> "Bill A" of the National Registration and Accreditation Scheme, includes osteopathy within the definition of "health profession" – see sub-s. 4 (1).

<sup>3</sup> The National Health and Hospitals Reform Commission; Preventative Health Strategy and Primary Healthcare reviews, make numerous references to "allied health professionals" and many professional groups are exemplified. But never osteopaths.

## **Clinical training**

There is severe financial pressure on osteopathy faculties in Australian universities. This, despite the very high demand from students for places and the strong public demand for osteopaths in the community.

The reason for the faculties' difficulties arises from the high cost of clinical ("hands-on") training. Because osteopaths have, until now, not had access to public hospitals, training has to be provided on-campus. AOA is actively pursuing two strategies to deal with this situation and we would hope that Health Workforce Australia would engage with us. These strategies are:

- looking anew at the five-year Masters degree to see whether its final year could be a "clinical training" year, with training delivered in the clinics of leading practising osteopaths;
- exploring the possibility of osteopaths practising in public hospitals.

## **Access to public hospitals**

Earlier this year, AOA corresponded with all Commonwealth and State Health Ministers. We sought to clarify why osteopaths had not made a contribution to public hospital operations. The correspondence is reproduced at Attachment 2. It is clear that there is really no reason why osteopaths could not make a contribution. There is every reason why, from a public health perspective, they should.

We hope that Health Workforce Australia will cooperate with us to pursue this possibility.

**Attachment 1**

Peter Carver  
Executive Director  
National Health Workforce Taskforce  
Level 12/120 Spencer Street  
Melbourne VIC 3000

01 May 2009

**RE: Clinical Training: governance and organisation**

Dear Mr Carver

Thank you for the invitation to attend the National Health Workforce Taskforce (NHWT) - Clinical Placements Reform: Stakeholder Forum at Manuka Oval in Canberra on Friday 27 March 2009.

The Australian Osteopathic Association (AOA) is the national professional body representing osteopaths across Australia. Our core work is liaising with state and federal governments, regulatory or other statutory bodies and key stakeholders, such as Universities. As such we always welcome opportunities for input or collaboration. It is estimated that in 2007-08 Australians spent around \$176-200m on osteopathic services.

After receiving the invitation you can understand the Australian Osteopathic Associations dismay to note the NHWT Report on Clinical Training: governance and organisation states:

*“For the purposes of this Paper, allied health disciplines include: audiology; chiropractic; dietetics and nutrition; occupational therapy; optometry; orthoptics; orthotics and prosthetics; pharmacy; physiotherapy; podiatry; psychology; radiography; speech pathology; and social work.”*

NHWT has therefore excluded osteopathy; however, osteopathy is not an alternative or complementary health service. Osteopaths are university qualified (5-year Masters Degree) and have been government registered for over 30 years. Osteopathy was also reported by ABS as the fastest growing health profession in Australia.

Furthermore *osteopaths are listed within the allied health services* accessible by Medicare Plus – Enhanced Primary Care; the Department of Veterans' Affairs and all state accident or workers compensation schemes.

The Australian Government has stated a desire to build a stronger primary health care system that is more accessible, comprehensive; integrated and affordable; (for the public and governments) which has a greater focus on wellbeing, health promotion and illness

prevention. Yet a national health body looking at workforce has excluded osteopaths either deliberately or by mismanagement.

Further through the discussions regarding support for the development and enhancement of clinical training for health professionals across Australia, we have again been excluded despite having 4 university courses currently offering osteopathy and undertaking extensive clinical training of its graduates.

The report refers to developing strategies for increasing capacity and exploring new and alternative settings and modes for clinical education; yet appears to have been trapped in a hospital based clinical training model without taking regard for existing alternative clinical training models, outside public health. University courses in Osteopathy have had to develop alternatives to hospital based clinical training and have undertaken these for decades.

If NHWT considers that osteopaths have no place in present-day Australian healthcare, you should say so, and give reasons. The Board of the AOA has directed me to seek clarification from the NHWT on its intentions in regards to acknowledging osteopathy and including the profession in future discussions, planning and programs.

Please feel free to contact me on 02 9410 0099 if you have any further questions.

Yours sincerely

Antony Nicholas  
Executive Director



**Attachment 2**



**THE HON KON VATSKALIS MLA**  
Minister for Health  
Minister for Primary Industry, Fisheries and Resources  
Minister for Racing, Gaming and Licensing  
Minister for Alcohol Policy

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Mr Antony Nicholas  
Australian Osteopathic Association  
PO Box 5044  
CHATSWOOD WEST NSW 1515

Dear Mr Nicholas

Thank you for your letter of 4 February 2009 enquiring about the legal and policy provisions regarding osteopaths practising in Northern Territory hospitals.

I can advise you that the Northern Territory has no fundamental legal or policy provision regarding private allied health or alternative medicine practitioners practising in public hospitals. In keeping with current provisions in public healthcare, Osteopaths are not included as a part of the clinical services provided by the hospitals.

If an Osteopath were to be considered to provide a service, they would be required to satisfy the hospital and Department of Health and Families' indemnity and legal liability criteria.

I hope this provides some clarity and informs your further consideration of this matter.

Yours sincerely

KON VATSKALIS

16 APR 2009

20 APR 2009



**Australian Government**  
**Department of Health and Ageing**

Mr Antony Nicholas  
Executive Director  
Australian Osteopathic Association  
P O Box 5044  
CHATSWOOD WEST VIC 1515

Dear Mr Nicholas

Thank you for your letter of 4 February 2009 to the Minister for Health and Ageing, the Hon Nicola Roxon MP, concerning your query about any provisions in the Commonwealth and State and Territory Governments public hospital funding arrangements relating to osteopaths. The Minister has asked me to reply on her behalf.

The Commonwealth Government provides funds to each State and Territory Government through health care grants to assist with the cost of providing public hospital services. The funding agreements do not contain any specific conditions about osteopaths or other allied health professionals practising in public hospitals.

The employment of osteopaths in public hospitals is a matter for each State and Territory Government. The State and Territory Governments set their own priorities to determine how to best allocate funds to achieve health outcomes. I note you have appropriately raised this matter with each jurisdiction's respective Health Minister.

I trust this information has been of assistance to you.

Yours sincerely

A handwritten signature in black ink that reads 'Barbara Whitlock'.

Barbara Whitlock  
Director  
Healthcare Agreement Management Section  
13 March 2009

16 MAR 2009

Hon John Hill MP



**Government  
of South Australia**

2009MHE-00421

Mr Antony Nicholas  
Executive Director  
Australian Osteopathic Association  
PO Box 5044  
CHATSWOOD WEST NSW 1515

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Minister.Health@health.sa.gov.au

Dear Mr Nicholas

Thank you for your letter of 4 February 2009 about treating patients of osteopaths' who are admitted to a public hospital.

The clinical role of osteopathy in patient healthcare has been developed over a number of years and it is acknowledged that many patients find it beneficial to their recovery and general well-being. A patient admitted to a public hospital is treated under the direction of an assigned medical practitioner. If an osteopathic treatment is requested by a patient, that request would be considered by the patient's assigned medical practitioner and treating team.

Should osteopathic treatment be considered a necessary part of the patient's treatment plan, then an appointment process, including credentialing and other appropriate checks, would be undertaken by the health service.

The current systems for checking clinician credentials at each health facility will be standardised through the development of a statewide policy for credentialing of allied and scientific health clinicians. This policy is expected to be complete by the end of 2009, after consultation with interested stakeholders. If you would like to discuss this matter further please contact Ms Catherine Turnbull, Chief Allied and Scientific Health Advisor, Department of Health on telephone 08 8226 7251.

Yours sincerely

A handwritten signature in black ink, appearing to read 'John Hill'.

**MINISTER FOR HEALTH**

Date: 19.3.09

25 MAR 2009



Hon Stephen Robertson MP  
Member for Stretton



Queensland  
Government

MI161109  
MO: H/09/00931

Minister for Health

Mr Antony Nicholas  
Executive Director  
Australian Osteopathic Association  
Federal Office  
PO Box 5044  
CHATSWOOD WEST NSW 1515

20 MAR 2009

Dear Mr Nicholas

Thank you for your letter dated 4 February 2009, regarding situations where the patient of an osteopath is admitted to a public hospital.

As you would be aware, a State election has been called for 21 March 2009 and the Government is now in caretaker mode. On this basis, I can only respond to you on operational matters. As the issues you raise are of an operational nature, I advise as follows.

Queensland Health maintains high standards of clinical competency for its medical and allied health staff. A key part of maintaining that competency is our policy for *Credentialing and Defining the Scope of Clinical Practice for Medical Practitioners in Queensland*. I have attached a copy of this policy and resource handbook for your information.

Although this policy refers to medical practitioners, my Department is currently developing a very similar policy that will apply to allied health practitioners. I understand that this policy will be available during the course of this year and I anticipate that it will be against that policy that your members will need to seek practice privileges to attend public hospitals in Queensland.

Patients who are admitted to Queensland Health facilities are under the care of a credentialed medical practitioner who will be responsible for their care and treatment plan. As with other allied health practitioners with practice privileges, your members would have to defer to the clinical opinion and authority of the treating medical practitioner. I hope this information is sufficient to meet your enquiry.

Should you have any queries regarding my advice to you, Mr Peter Crofts, Corporate Counsel, Legal Unit, Queensland Health will be pleased to assist you and can be contacted on telephone (07) 3234 0302.

25 MAR 2009

Yours sincerely

STEPHEN ROBERTSON MP

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**Deputy Premier of Western Australia  
Minister for Health; Indigenous Affairs**

Our Ref: 25-03348

Mr Antony Nicholas  
Executive Director  
Federal Office  
Australian Osteopathic Association  
PO Box 5044  
CHATSWOOD WEST NSW 1515

Dear Mr Nicholas

Thank you for your letter of 4 February 2009, in which you seek information regarding the ability of an osteopath to privately consult a public hospital inpatient, and any legal or policy provisions which would prevent their practice in a public hospital.

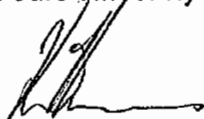
The provisions in the *Osteopaths Act 2005* (the Act) or *Osteopaths Regulations 2006* do not prevent an osteopath from being employed in a public hospital. Under section 32 of the Act "registration confers on the person registered the right to carry on in the State the practice of osteopathy under the title of osteopath". The Act does not restrict the type of institutions where registered osteopaths can practice.

The health service to which a patient is admitted is responsible for their care. Medical professionals employed by health services are accountable for the design and coordination of treatment plans for patients admitted to their service. The delivery of this care is through health professionals, employed by the health service, under the supervision of medical professionals.

The proposed National Registration and Accreditation Scheme for Health Professions (the Scheme), includes osteopathy in the initial group of ten health professions under review. The Scheme aims to provide greater flexibility to health professionals within Australia, and promotes a more responsive and sustainable health workforce. The Western Australian Department of Health has appointed a Transition Manager to facilitate the progress of the Scheme in WA. For further information please contact Mr Kevin Cropper on (08) 9222 2249.

Thank you for bringing this matter to my attention.

Yours sincerely



25 MAR 2009

Dr Kim Hames MLA  
DEPUTY PREMIER  
MINISTER FOR HEALTH

23 MAR 2009



## Minister for Health

50 Lonsdale Street  
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26 MAR 2009

e1484153

Antony Nicholas  
Executive Director  
Australian Osteopathic Association  
Federal Office  
PO Box 5044  
CHATSWOOD WEST 1515


Dear Mr Nicholas

Thank you for your letter of 4 February 2009 regarding the role of osteopaths in providing treatment to patients in public hospitals.

I am advised that there is no formal policy or legal barriers to osteopaths providing services in public hospitals. As you note, osteopaths are currently registered in this State under the *Health Professions Registration Act 2005* and will be one of the professions registered under the national registration and accreditation scheme. However, it would be a matter for each health service to determine whether osteopaths provide an appropriate part of their local mix of allied health services. Where a patient has requested an osteopathic intervention whilst in hospital, the public hospital would have to take account of relevant insurance cover, any costs to be incurred by the hospital as a result of the intervention and also the interface with the broader treatment plan that the hospital clinical staff had agreed with the patient.

Thank you for raising this matter with me.

Yours sincerely



HON DANIEL ANDREWS MP  
MINISTER FOR HEALTH

Deputy Premier  
Attorney-General  
Minister for Justice  
Minister for Health

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MTS No.: 46293 - CNAH

13 MAR 2009

Mr Antony Nicholas  
Executive Director  
Australian Osteopathic Association  
PO Box 5044  
**CHATSWOOD WEST NSW 1515**

Dear Mr Nicholas

Thank you for your letter of 4 February 2009, regarding legal or policy considerations governing osteopaths practising their profession in public hospitals in Tasmania.

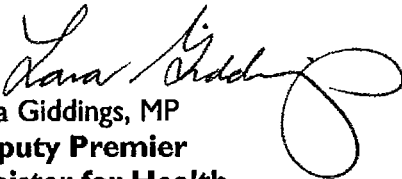
Our current policy is that the only health professionals who can attend patients in Tasmanian public hospitals are those who have been credentialed by the relevant hospital credentialing committee. Public patients in our hospitals are treated by health professionals appointed by the hospital, for example doctors and allied health professionals.

To further clarify the subject of your letter, there are no legislative provisions preventing an osteopath practicing in a public hospital, but the policy requirement for practice in a hospital, is that the osteopath would have to be either an employee of the hospital / Department or credentialed by the hospital's credentialing committee.

As with all good health care, regardless of whether a patient is public or private, our health practitioners are encouraged to seek information from the patient about their previous care and, where appropriate, contact the relevant practitioners for information that will impact on the patient's management while under the care of the Department.

Thank you once again for raising this matter.

Yours sincerely

  
Lara Giddings, MP  
Deputy Premier  
Minister for Health

10 MAR 2009