

27th July 2011

Dr. Robert Fendall
Chair
Osteopathy Board of Australia

Dear Dr. Fendall,

Re: July 2011- Revised Guidelines for Continuing Professional Development

The Chiropractic & Osteopathic College of Australasia (COCA) welcomes the opportunity to comment on these Continuing Professional Development (CPD) Guidelines and understands that the revised guidelines are designed to provide further guidance for osteopaths on how to comply with the Board's CPD Registration Standard.

The College, in principle, supports the proposed CPD guidelines. However, we believe that the guidelines in their current form will not achieve their desired outcome, exceed what would normally be expected of a registered osteopath, are confusing and overly complex in nature.

What is continuing professional development?

The Board correctly defines CPD as “activities undertaken to maintain, enhance and develop existing knowledge and skills after completing a professional qualification”. However, in this context and where the CPD is a requirement of health practitioners, under national law, it behoves the responsible regulatory authority to ensure that the CPD is consistent with and designed to meet the objectives of that law. That is, under The Health Practitioner Regulation National Law Act 2009, the overarching objective is to provide for the protection of the public, by ensuring that only health practitioners who are suitably trained and qualified and practise in a competent and ethical manner are registered.

The Board's current draft guidelines include examples of CPD activities, which appear to be irrelevant in consideration of this objective. For example, COCA fails to see how the participation of a registered osteopath in a course on the use of advertising in small business or participation in a course in practice management or CPD activities undertaken in relation to the treatment of animals, will in anyway help protect the public.

COCA sees an advantage and purpose for practitioners to enhance their non-clinical skills and knowledge through specific CPD programs and experience. COCA would encourage practitioners to become involved in such activities but strongly feels that this type of activity would best be offered as an optional component of CPD activities and not included in the prescribed CPD activities.

Recommendation:

That the guidelines be amended to define CPD activities as only those, which are directed towards clinical practice and designed to improve health outcomes, reduce risk and improve patient safety.

CPD Requirements

The Board has chosen to identify areas of clinical competency, which appear fundamental to safe practice and a common source of professional complaints and insurance claims. The guidelines stipulate that each 12 months practitioners must complete, a minimum of 4 hours CPD involving a module covering one or more of those competencies.

There appears to be a contradiction in the proposed period within which this mandatory CPD is to be completed. That is, Page 1 of the consultation paper, under the heading, “Key changes from the current guidelines” states, that mandatory CPD modules should be completed every two years, while Page 7 states, that a mandatory CPD module must be completed every 12 months.

COCA has previously commented on areas of concern and relating to this mandatory component of CPD and refers the Board to its previous submissions on this subject. We can only reiterate our concerns, that it is our view that the proposed requirement that osteopaths must complete a minimum of four hours of CPD, of an activity determined by the Board, as manifestly inadequate. In our view, this inadequacy is further compounded, should the Board not amend its definition of CPD, to state that CPD activities should only be directed towards clinical practice and designed to improve health outcomes, reduce risk and improve patient safety.

The draft guidelines fail to clearly explain the proposed mechanism under which the mandatory CPD component will operate. It is unclear as to whether the Board will dictate, which mandatory CPD module should be completed each year or whether it will be at the practitioner's discretion.

The draft guidelines also state that “Completion of these modules may be fulfilled by attendance at a subject specific course. Practitioners will note there is no mandatory or accredited course provider.” Does the Board intend to advise CPD providers on this requirement and the expected structure, content and expected outcomes of these activities? Without such advice and direction, there is little assurance that modules produced by CPD providers, for this purpose, will in anyway educate osteopaths on these specific clinical competencies.

As highlighted in our previous submission, COCA notes that the current draft guidelines on CPD make no mention of, or require any of the desired prerequisites of effective CPD. The scientific literature suggests, that to improve standards of care and change practitioner behaviour, CPD activities should have an emphasis on active learning and must possess the fundamental requirements of effective continuing education such as, identification of learning needs, learning objectives, commitment to a learning contract, evaluation of learning, identification of appropriate resources and an educator as a facilitator.

Furthermore, COCA notes that the Board has also elected not to qualify or change what appears to be an arbitrary decision to specify a minimum of eight hours CPD, which involves activities of “learning with others”. If the Board, as it has stated, seeks to maintain, enhance and develop osteopaths' existing knowledge and skills, it would seem reasonable that such an endeavour would be undertaken using proven and well researched methods. We are unaware of any research that suggests learning outcomes are improved solely by “learning with others”, particularly when the CPD activity is not required to conform to any of the accepted criteria, normally associated with effective CPD activities.

In accord with our earlier submissions, the College believes that the requirement for all registered practising osteopaths to hold, as a minimum standard, a Senior First Aid (Level 2) certificate or equivalent, is excessive.

COCA is of the opinion that this requirement is an unnecessary impost on practising osteopaths and not in line with industry standards. The training required for a Senior First Aid certificate involves many aspects of first aid, which are not germane to the practice of osteopathy, such as the treatment of burns, bites, stings, poisoning and internal injuries. While possessing all the skills and knowledge is a laudable attribute for any individual, COCA is of the opinion that this requirement is excessive, in the context of registration as an osteopath.

However, COCA agrees with the Board that all practising osteopaths should be knowledgeable and experienced in the application of cardiopulmonary resuscitation (CPR) and endorses the Board's requirement that practitioners should undertake a CPR refresher course every 12 months.

COCA notes that the Board has continued in its stance not to accredit CPD activities, such as training courses and lectures. COCA respectfully, suggests that the Board review its position on this matter. In our view, without some form of accreditation, CPD activities may not achieve the desired outcomes of maintaining, enhancing and developing the existing knowledge and skills of registered osteopaths.

Finally, with regard to the structure of the guidelines document, we note some important improvements over the previous draft but in our opinion the document still appears to be inordinately long. In its current form the document is of some 26 pages. In our opinion, the documents length and complexity may dissuade the average osteopath from reading it in its entirety and therefore he or she may fail to fully comprehend its intent and inherent requirements. The document also appears to be repetitive in parts and at times ambiguous.

Recommendation:

That the guidelines be rewritten in a more succinct and user friendly format.

That the guidelines be amended to remove this contradiction and to clearly state the period in which practitioners must complete the mandatory CPD component is every 12 months.

That the guidelines be amended to state that practitioners must complete a minimum of 12.5 hours of CPD to be completed every 12 months, in either specific areas as determined by the Board or in activities directed towards clinical practice and designed to improve health outcomes, reduce risk and improve patient safety.

That the guidelines be amended to include only CPD activities, which have an emphasis on active learning and possess the fundamental requirements of effective continuing education, such as, identification of learning needs, learning objectives, commitment to a learning contract, evaluation of learning, identification of appropriate resources and an educator as a facilitator.

That the guidelines amended to include the Board or a Board appointed agency, establish a committee, whose function will be to assess seminars, conferences, workshops and other CPD activities in order to determine whether they satisfy the fundamental requirements of effective continuing education.

That the guidelines amended to remove the requirement, that all practising osteopaths must undertake an approved course in first aid, resulting in the maintenance of a current first aid certificate, at the minimum standard of a Senior First Aid (Level 2) certificate or equivalent and to be updated every three years. That this requirement be replaced with a requirement to reflect that practitioners must hold a current cardiopulmonary resuscitation (CPR) certificate.

We thank the Board for the opportunity to provide this submission and hope that our comments and suggested amendments assist the Board in the development of its codes and guidelines of practice.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'John W Reggars', with a large, sweeping flourish extending to the right.

John W Reggars DC, MChiroSc.
CEO/Vice President