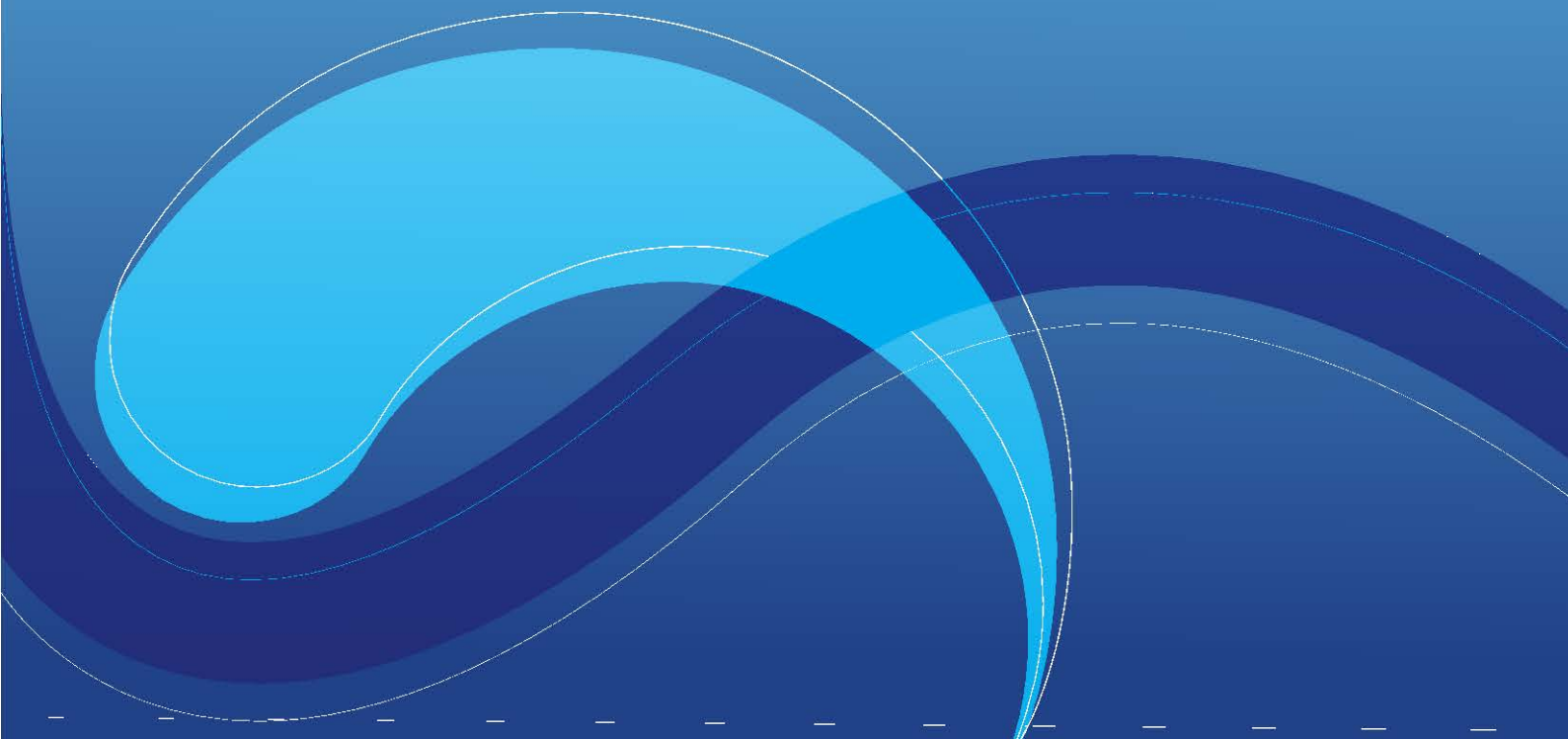


# Nationally Consistent Approval Framework for workplace rehabilitation providers

Submission by OSTEOPATHY AUSTRALIA to the  
Heads of Workers Compensation Authority



## CONTACT

Osteopathy Australia welcomes the opportunity to provide feedback to the review of the National Consistent Approval Framework for Workplace Rehabilitation Providers. Any feedback or comment about this submission can be addressed to Peter Lalli, Senior Policy Officer- Clinical Excellence, Antony Nicholas, CEO, Nicholas Bradshaw, Deputy CEO:

Osteopathy Australia

Ph: (02) 9410 0099

Email: [clinicalpolicy@osteopathy.org.au](mailto:clinicalpolicy@osteopathy.org.au)

## OSTEOPATHY AND OSTEOPATHY AUSTRALIA

Osteopaths in Australia are government regulated allied health professionals who have inbound and outbound referral relationships with other health professionals. Osteopathy is the fastest growing allied health profession in Australia<sup>i</sup>.

Osteopaths are eligible treatment providers in each state or territory worker's compensation scheme and within Commonwealth Comcare. The scope of practice of osteopaths in workplace injury management varies between jurisdictions and in some jurisdictions, osteopaths can provide workplace and functional assessment as part of injury management.

Osteopaths complete a dual Bachelor or Bachelor/ Masters qualification covering functional anatomy, biomechanics, human movement, the musculoskeletal and neurological systems as well as associated evidence informed intervention approaches. There are significant commonalities between the health science units undertaken by osteopaths and those undertaken by peers in other allied health professions and the medical sciences. Osteopaths are known to teach anatomy in medical schools (e.g. Melbourne and Monash Universities), and other health professionals lecture osteopathic students in health science units. Post registration, osteopaths train with physiotherapists and General Practitioners in common courses for needling related techniques (e.g. GEMt needling courses). There are common physiological competencies in each of these professions.

As a defining characteristic, the osteopathic profession emphasises the neuromusculoskeletal system as integral to a client's function and uses biopsychosocial and client-centred approaches to help clients manage functional limitations. The *Capabilities for Osteopathic Practice*<sup>ii</sup> outlines in six domains the required capabilities for professional skill, knowledge and attributes. These capabilities demonstrate that osteopaths are required to possess many professional skills common across allied health and health professions.

Osteopaths conduct comprehensive assessments. They provide orthopaedic, biomechanical, movement, functional/workplace, neurological and anatomical assessments. Evidence informed reasoning is fundamental to case management and intervention planning, advice and prescriptive reasoning in osteopathy.

Osteopaths in Australia prescribe skilled clinical exercise, including general and specific exercise programming, to enhance functional capabilities.<sup>iii</sup> The driving consideration in osteopathic clinical management is client need and anticipated client benefit. Many clients

with functional impairments consult an osteopath for advice on physical activity, positioning, posture and movement.

On consulting an osteopath, a client can expect certain clinical processes to be followed before clinical interventions or advice are given. These processes include a thorough clinical and functional assessment, discussion of proposed clinical management strategies, provision of advice and information on the risks and benefits of any proposed intervention, and confirmation of willingness to proceed – otherwise known as informed consent.

Osteopaths apply their professional clinical skills with many different client groups, including people recovering from an injury at work.

Osteopathy Australia is the peak body representing the interests of osteopaths, osteopathy as a profession, and consumer's rights to access osteopathic services. Our core work is liaising with state and federal government, all other statutory and professional bodies regarding professional, educational, legislative and regulatory issues as well as private enterprise. 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) and other professional health bodies through our collaborative work with Allied Health Professions Australia. Our role is also to increase awareness of osteopathy and of what osteopaths do. Osteopathy Australia promotes standards of professional behaviour over and above the requirements of AHPRA registration.



## **NEED FOR GREATER TRANSPARENCY IN HWCA ASSESSMENT PROCESSES- GENERAL FEEDBACK AND RECOMMENDATIONS**

When the Heads of Worker's Compensation Authority (HWCA) introduced the Nationally Consistent Approval Framework for workplace rehabilitation providers in 2010 (hereon referred to as 'the framework'), it deemed a select number of allied health professions suitable to take up roles as workplace rehabilitation consultants (i.e. psychologists, rehabilitation counsellors, occupational therapists, physiotherapists, exercise physiologists, nurses, social workers, speech pathologists, medical practitioners). Health or allied health professions historically involved in workplace rehabilitation at a state or territory level were automatically approved by the HWCA as competent for workplace rehabilitation across jurisdictions.

Osteopathy Australia has long sought a documented application process for professions not grandfathered in 2010 to seek approval to work within workplace rehabilitation provision. However, no such process has to date been outlined by the HWCA despite repeated calls.

The framework as it presently stands concerns the approval of cross-jurisdictional providers. While the framework does list practice standards a workplace rehabilitation consultant would apply in supporting workers – functional assessment, vocational counseling and rehabilitation – it provides limited information about how a profession needs to demonstrate acquisition and application of these skill areas.

We only now realise that a written process for the approval of professions does indeed exist, owing to it being featured in the formal discussion guide for this current review of the framework (i.e. pages 13 and 14, Table 1- Assessment Tool). However, the documented process as written in the review discussion guide is nowhere outlined in the framework itself, raising transparency concerns. Professional associations can neither identify it readily on a day to day basis to make an application, nor discuss it given general lack of awareness of it among HWCA secretariats – a problem we believe is compounded by the decoupling of the professional approval process from the framework proper.

The consequence is that Osteopathy Australia has faced avoidable delays and relative disadvantage in developing and lodging an application for the osteopathic profession. Osteopathy Australia understands that following the current review, a recommendation may be made to retain the nationally consistent framework as is or with amendment or abolish the framework. Osteopathy Australia's recommendation is that:

#### **Recommendation 1**

If the framework is retained, the HWCA should document a process for the assessment of professions in workplace rehabilitation consultancy within the framework proper, separate from the process for individual providers.

#### **Recommendation 2**

If the framework is retained, the HWCA should release a communication strategy announcing inclusion of the assessment process within the framework.

#### **Recommendation 3**

If the framework is abolished, state and territory jurisdictions should take leadership in documenting a process for the approval of professions in workplace rehabilitation and in promoting the process through an appropriate communication strategy.



## **WORKPLACE REHABILITATION CONSULTANT SKILLS AND KNOWLEDGE – RESPONSES TO THE HWCA DISCUSSION GUIDE**

***HWCA discussion guide question 7: what minimum qualifications, professional registration requirements, knowledge and training should be required to operate effectively as a workplace rehabilitation consultant?***

Osteopathy Australia understands that consultants support workers to return to and recover at work, whether in a pre-injury employment role with an existing employer or new role with a new employer.

Many osteopaths provide workplace or functional assessments and rehabilitation planning advice on a fee for service basis as private consultants for workers and businesses. A small group of osteopaths participated in the 2010 HWCA grandfathering process. These osteopaths continue to be approved musculoskeletal workplace rehabilitation consultants. As the professions' peak body, Osteopathy Australia provides clinical governance to these osteopaths through the promotion of practice standards.<sup>iv</sup> The competencies we promote to our members, we would also recommend for any musculoskeletal workplace rehabilitation consultant. The HWCA will note the consistency between some of our recommendations

below and the current HWCA criteria for approval to workplace rehabilitation consultancy as per pages 13-14 of the discussion guide.

#### **Recommendation 4**

The HWCA, or if abolished jurisdictional bodies, should require the below minimum competencies for musculoskeletal workplace rehabilitation consultants consistent with Osteopathy Australia's practice standards:

- a) Skills in client centred planning, maintaining client privacy/confidentiality and in client record management.
- b) Report writing skills.
- c) Awareness of key musculoskeletal workplace injuries, including the range of recovery pathways, professional and/or clinical treatment modalities, and the capability to acquire further relevant knowledge.
- d) Awareness of the interests of stakeholders, clinical and non-clinical, in workplace rehabilitation.
- e) Skills in pre-employment screening and job capacity assessments.
- f) Familiarity with outcome measures relevant to client workplace reintegration and to predicting client reintegration risk.



## **EVIDENCE TO SATISFY APPROVAL CRITERIA**

***HWCA discussion guide question 7: what minimum qualifications, professional registration requirements, knowledge and training should be required to operate effectively as a workplace rehabilitation consultant?***

Below we make comment on the three sets of evidence we believe are suitable for a professional body to submit in an assessment for approval in musculoskeletal rehabilitation consultancy. We note the current HWCA assessment process contains broad approval criteria but lacks an evidence guide. Due to this omission, we give evidence feedback in this submission.

### **Completion of an accredited tertiary degree in a musculoskeletal health science**

The HWCA recognises only a limited number of professions to have the minimum qualification needed for workplace rehabilitation consultancy. All recognised professions were predominantly involved in state based systems before 2010. Because osteopaths did not have a significant historical role prior to 2010, osteopathy is not a recognised minimum qualification. Osteopathy Australia contends that this artificial demarcation ignores the significant overlap between health science courses at Australian universities.

Osteopathy, physiotherapy and exercise physiology degrees each have common grounding in musculoskeletal pathology, pain management, rehabilitative reasoning, functional assessment and biopsychosocial client management. Acknowledged best practice is consistent across the musculoskeletal health sciences<sup>v</sup>. Between the degrees of disparate musculoskeletal professions, common journals and research evidence are referred to in, giving all professions consistent knowledge of musculoskeletal injuries and recovery

pathways. Due to consistency between degrees, osteopathy courses at tertiary institutions in Australia include units provided by other musculoskeletal professionals, such as exercise physiologists. Further, on graduation, the scope of practice of osteopaths is broadly consistent with other musculoskeletal professions like physiotherapy. Both professions can provide the same classes of assessment, advice and management. An assessment process for workplace rehabilitation consultancy must recognise the common evidence informed basis of competencies in musculoskeletal health science degrees.

#### **Recommendation 5**

Streamlined approval should be given to musculoskeletal professions with health science tertiary qualifications completed at Australian universities and accredited by industry bodies.

#### **Professional regulation**

Osteopathy is AHPRA regulated, like most health professions the HWCA pre-approved for workplace rehabilitation in 2010. All professions that are AHPRA regulated comply with a range of common professional standards and are monitored and audited for compliance<sup>vi</sup>. AHPRA regulated practitioners remain bound to applicable codes and guidelines when providing clinical services as workplace rehabilitation consultants. However, little weight appears to be given to a professions' AHPRA regulated status in the current HWCA assessment process (outlined as per the HWCA review discussion guide). This is despite that a profession must demonstrate competencies in privacy, confidentiality and record keeping for consultancy approval under the HWCA. High weighting should be granted where a profession demonstrates adherence to clinical standards with a relationship to the core competencies of musculoskeletal rehabilitation consultants as proposed in this submission.

#### **Recommendation 6**

The HWCA or if abolished jurisdictional bodies, should assume minimum competencies in practitioners of regulated professions. Streamlined approval should be given to musculoskeletal health professions bound to regulatory standards in client privacy, confidentiality, record keeping, and duty of care,

#### **Workplace injury management experience**

Osteopaths are approved treatment providers in each state and territory workplace injury scheme. Osteopaths are precluded from workplace rehabilitation consultancy, however, although they provide treatment services deemed equivalent to those of physiotherapists in several jurisdictions<sup>vii,viii</sup>. Osteopathy Australia believes that professions providing workplace injury management satisfy several rehabilitation consultancy competencies as outlined in this submission.

According to the Clinical Framework for the Delivery of Health Services<sup>ix</sup>, treatment providers focus on improving a client's function for a preinjury work role at an early point in the management continuum. Treatment providers perform functional assessments for preinjury work skills and assess biopsychosocial risk of prolonged work absence. Treatment providers attend case conferences, cross-refer and have awareness of multidisciplinary interventions that can improve pre-injury function for specific work environments and injuries.

Treatment providers liaise with all stakeholders of an injured client, including case managers and insurers. They also draft client reports and notes. In some jurisdictions (e.g. NSW) osteopaths can give worksite assessments to help a person return to a pre-injury role with necessary adjustments<sup>x</sup>. Workplace rehabilitation occurs at a later stage in the management continuum when initial injury management has failed and often involves a new work role. However, we believe that a professions' skills in preinjury management are directly transferrable to workplace rehabilitation. For instance, skills in negotiation, client reporting, liaison, functional capacity/workplace assessment, and planning for functional improvement in an operational environment, are directly transferable.

### **Recommendation 7**

That the HWCA, or if abolished jurisdictions, give greater weight in consultancy assessment to a professions' participation in workplace injury management schemes.

## **REFERENCES**

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- <sup>ii</sup> University of Technology Sydney (UTS). 2009. Capabilities for osteopathic practice. Osteopathy Board of Australia.
- <sup>iii</sup> 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
- <sup>iv</sup> Osteopathy Australia. 2018. Occupational Health Quality Practice Framework.
- <sup>v</sup> UTS 2009 op. cit.
- <sup>vi</sup> Osteopathy Board of Australia codes and guidelines: <http://www.osteopathyboard.gov.au/Codes-Guidelines.aspx>
- <sup>vii</sup> WorkSafe Victoria: [http://www1.worksafe.vic.gov.au/vwa/claimsmanual/Content/10Entitlements\\_MedicalAndLikeServices/1%205%2030%20Osteopathy.htm](http://www1.worksafe.vic.gov.au/vwa/claimsmanual/Content/10Entitlements_MedicalAndLikeServices/1%205%2030%20Osteopathy.htm)
- <sup>viii</sup> NSW State Insurance Regulatory Authority: [https://www.sira.nsw.gov.au/\\_data/assets/pdf\\_file/0008/326699/Workers-Compensation-Physiotherapy,-Chiropractic-and-Osteopathy-Fees-Order-2018.pdf](https://www.sira.nsw.gov.au/_data/assets/pdf_file/0008/326699/Workers-Compensation-Physiotherapy,-Chiropractic-and-Osteopathy-Fees-Order-2018.pdf)
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