

Osteopathy Australia wants to thank the Parliament of Australia for inviting stakeholders and community members to provide views on the Aged Care Bill 2024.

## Osteopathy Australia

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 and all other statutory agencies, professional bodies, and private industry regarding professional, educational, legislative, and regulatory issues. Most registered osteopaths are members of Osteopathy Australia.

## Recommendations and feedback

In this submission, our feedback is broken down into the following five main areas of concern:

1. Osteopathy is omitted from the allied health team
2. Subordinate legislation
3. Integration with existing schemes
4. Definitions of clinical care and quality care
5. Training and education

### 1. Osteopathy is omitted from the allied health team

The Aged Care Bill 2024 shows a lack of understanding of what is considered an allied health professional and what is not. A variety of sources, such as the Department of Health and Aged Care<sup>1</sup>, the Australian Health Practitioner Regulation Agency (Ahpra)<sup>2</sup> and Allied Health Professions Australia (AHPA)<sup>3</sup>, acknowledge osteopathy's integration within the allied health workforce. In addition, osteopathy is a federally funded allied health services under the Medicare Benefits Schedule (MBS)<sup>4</sup>, MBS Chronic Disease Management items<sup>5</sup> and the Department of Veterans' Affairs (DVA)<sup>6</sup>.

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<sup>1</sup> Department of Health and Aged Care. About allied health care [Internet]. 2023. Available from: <https://www.health.gov.au/topics/allied-health/about#allied-health-workforce-statistics>

<sup>2</sup> Osteopathy Board of Australia [Internet]. 2024. Available from: [https://www.osteopathyboard.gov.au/?\\_gl=1\\*5v6p67\\*\\_ga\\*MTc2NjI2MTU0MMy4xNzAwMDI3MTM1\\*\\_ga\\_F1G6LRCHZB\\*MTcyNzY2MTI4Mi44MC4wLjE3Mjc2NjEyODQuMC4wLjA](https://www.osteopathyboard.gov.au/?_gl=1*5v6p67*_ga*MTc2NjI2MTU0MMy4xNzAwMDI3MTM1*_ga_F1G6LRCHZB*MTcyNzY2MTI4Mi44MC4wLjE3Mjc2NjEyODQuMC4wLjA).

<sup>3</sup> Allied Health Professions Australia. Allied health regulation [Internet]. 2024. Available from: <https://ahpa.com.au/allied-health-accreditation/#:~:text=The%20allied%20health%20professions%20currently%20registered%20with%20AHPRA,radiation%20practice%20Occupational%20therapy%20Optometry%20Osteopathy%20Pharmacy%20Physiotherapy>

<sup>4</sup> Department of Health and Aged Care. MBS Online [Internet]. 2024. Available from: <https://www9.health.gov.au/mbs/search.cfm?q=osteopathy&Submit=&sopt=S>

<sup>5</sup> Department of Health and Aged Care. MBS Online [Internet]. 2024. Available from: <https://www9.health.gov.au/mbs/fullDisplay.cfm?type=item&q=10966#:~:text=Medicare%20benefits%20are%20available%20for>

<sup>6</sup> Department of Veterans' Affairs. Osteopaths [Internet]. 2024. Available from: <https://www.dva.gov.au/get-support/providers/dental-psychology-allied-health-professions/osteopaths#:~:text=If%20you%20are%20unsure%20whether%20a%20DVA%20client>

Allied health professionals require a minimum AQF7 university-level education. Osteopaths are university-qualified allied health practitioners regulated by Ahpra. Osteopaths complete either a dual bachelor's or bachelor's and master's qualification covering functions of anatomy, biomechanics, human movement, the musculoskeletal and neurological systems, as well as clinical intervention approaches, which are all underpinned by a biopsychosocial management approach.

Osteopaths are integral to the multidisciplinary allied health team and play a pivotal role in the preventative care of older Australians. Indicative service lists such as those outlined on the Department of Health and Aged Care<sup>7</sup> and the Independent Health and Aged Care Pricing Authority (IHACPA)<sup>8</sup> websites omit the inclusion of vital health professionals like osteopaths under the 'allied health' category of the Aged Care Bill 2024. Instead, osteopaths are grouped under 'therapeutic services for independent living' and will be excluded from providing older Australians with the essential care they need via existing mechanisms and newly created programs like the 12-week restorative pathway. Further, the price cap on the 'Independence' category for the Support at Home program is indicative that older Australians will pay more out of pocket for essential care like osteopathy. In a cost-of-living crisis, this is unsustainable and inequitable for older Australians.

At a time when significant aged care workforce shortages are being identified, it is deeply concerning that a highly skilled and experienced workforce of allied health professionals is omitted from providing older Australians with the care they need. By failing to include osteopathy in the allied health category, older Australians will no longer receive care that is funded by Government. Older Australians must now significantly contribute to the cost of care they receive.

Older Australians who are unable to afford the care pivotal to their quality of life will experience detrimental impacts to their health in the areas of care that osteopaths provide, such as:

- Fall prevention and management
- Mobility
- Pain prevention and management
- Manual therapy
- Exercise prescription
- Other evidence-based techniques to improve functional capacity and Activities of Daily Living (ADLs).

The Royal Commission into Aged Care Quality and Safety final report<sup>9</sup> highlighted the importance of a multidisciplinary team care approach and called for an increase in access to qualified allied health professionals to deliver specialised care. However, the Aged Care Bill 2024 prohibits allied health professionals from contributing to the care provided to older Australians. The Aged Care Bill 2024 fails to acknowledge the various sector reforms involving allied health co-contributions, such as the

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<sup>7</sup> Department of Health and Aged Care. New Aged Care Act Rules consultation – Release 1 – Service list [Internet]. 2024. Available from: <https://www.health.gov.au/resources/publications/new-aged-care-act-rules-consultation-release-1-service-list>

<sup>8</sup> Independent Hospital and Aged Care Pricing Authority. Pricing approach for the Support at Home service list 2025-26 consultation paper [Internet]. 2024. Available from: <https://www.ihacpa.gov.au/aged-care/home-aged-care/pricing-approach-support-home-service-list-2025-26-consultation-paper#:~:text=The%20Support%20at%20Home%20service%20list%20outlines%20the%20ongoing%20services>

<sup>9</sup> Royal Commissions. Aged Care Quality and Safety [Internet]. 2021. Available from: <https://www.royalcommission.gov.au/aged-care#:~:text=The%20Royal%20Commission%20into%20Aged%20Care>

development of the National Allied Health Workforce Strategy<sup>10</sup> the National Registration and Accreditation Scheme (NRAS) Review<sup>11</sup>, and Scope of Practice Review.<sup>12</sup> The Scope of Practice Review has already highlighted the lack of nationally consistent definitions and funding decision inconsistencies with federally funded schemes. The lack of consistency is one of the significant barriers to providing best-practice multidisciplinary care. This inconsistency appears to be continuing rather than a collegial effort to ensure broader harmonisation. These sector reforms are prime examples of work that is underway to assist in reducing the already thin workforce from exiting from the sector. Instead, the Aged Care Bill 2024 promotes osteopaths and other allied health professionals from exiting the aged care workforce.

Early intervention is important so that older Australians receive the care they need as soon as possible. Fall prevention is a critical aspect of aged care, and osteopaths prescribe safe exercises to keep older Australians moving to minimise the risk of falls. Allied health professionals are also crucial to the provision of prevention and early intervention for musculoskeletal conditions.<sup>13</sup> Preventative and early interventions reduce the burden on the public health system by lowering the number of avoidable hospitalisations. Avoidable hospitalisations can be managed by a multidisciplinary team, including osteopaths, who prescribe safe exercises to enhance mobility rather than waiting until the older person has a fall and is admitted to the hospital. With the new changes to fallout of the Aged Care Bill 2024, older Australians will have an increase in what could have been avoidable hospital presentations due to the reduction in the provision of essential care, such as osteopathy.

**Key recommendation:**

1. Include osteopathy in the 'allied health and therapy' category, to align with other federally funded care schemes.

## 2. Subordinate legislation

We are deeply concerned about the lack of certainty to introduce subordinate legislation into the sector. A lack of certainty leaves an already thin and burnt-out workforce in a vulnerable position that will lead to a mass exodus of vital health professionals working in the aged care sector, such as osteopaths.

While we acknowledge the aged care worker screening database is briefly summarised in the Bill, Osteopathy Australia assumes that subordinate legislation will outline who must register for the aged care worker screening database. The registration process is unclear for aged care workers and must be clarified in subordinate legislation. We acknowledge that the aged care worker screening database will mirror the NDIS registration process; however, we have existing concerns about the

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<sup>10</sup> Department of Health and Aged Care. National Allied Health Workforce Strategy [Internet]. 2024. Available from: <https://www.health.gov.au/our-work/national-allied-health-workforce-strategy#:~:text=understanding%20the%20overarching%20factors>

<sup>11</sup> Department of Health and Aged Care. Independent review of complexity in the National Registration and Accreditation Scheme [Internet]. 2024. Available from: <https://www.health.gov.au/our-work/independent-review-of-complexity-in-the-national-registration-and-accreditation-scheme#:~:text=An%20independent%20review%20of%20the%20National>

<sup>12</sup> Department of Health and Aged Care. Unleashing the Potential of our Health Workforce – Scope of Practice Review [Internet]. 2024. Available from: <https://www.health.gov.au/our-work/scope-of-practice-review>

<sup>13</sup> Steel, A., Vaughan, B., Orrock, P., Peng, W., Fleischmann, M., Grace, S., Engel, R. M., Sibbritt, D. and Adams, J. (2019). Prevalence and profile of Australian osteopaths treating older people. *International Journal of Osteopathic Medicine* 43, 125-130.

NDIS registration process. The Aged Care Bill 2024 fails to acknowledge existing processes such as the Ahpra registration process, which was also highlighted in the Scope of Practice Review<sup>11</sup>.

The Aged Care Bill 2024 places an additional burden on osteopaths reducing the activities in which they can engage older Australians across the aged care sector. The aged care workforce is a thin market, and placing additional responsibilities and burdens on the existing workforce will have negative repercussions on those working in aged care, leading to an even higher staff turnover.

The Aged Care Bill 2024 assumes that there is the right skill and mix of workforce available to implement changes under the Bill. We continually see workforce maldistribution and a lack of the right workforce available to sustain the required changes. While there are attempts to address workforce shortages through sector reforms like the development of the National Allied Health Workforce Strategy<sup>10</sup>, the utilisation of smaller professions, like osteopathy, can help to address the gap in the required workforce and thin markets. However, the Aged Care Bill 2024 places additional barriers on osteopaths, reducing their ability to work with older Australians across the aged care sector.

Further legislative changes require clear and accurate communication to the sector to ensure registered providers and aged care workers are not in breach of the new Bill's requirements.

**Key recommendations:**

1. Provide clarity around the aged care worker screening database registration process, particularly for existing Ahpra registered professions.
2. Ensure the right skill and mix of workforce is available by leveraging existing sector reforms before implementing changes under the Aged Care Bill 2024.
3. Provide clear and accurate communication to the sector about key changes to avoid breaches under the new legislation.

#### 4. Integration with existing schemes

The Aged Care Bill 2024 omits how it will integrate with other funding schemes an older Australian may receive. There must be more consistent communication between government services, creating a consistent system across aged care, disability, mental health, community services, primary care, workers' compensation and transport accident schemes. Better streamlined care should be afforded to older Australians receiving care in an aged care setting.

The Aged Care Bill 2024 needs to consider the governing acts and legislation that may interrelate with the older person. This unified system could offer cross-sector training for care providers to enhance their understanding of various schemes and improve their ability to guide older persons through the complexities of accessing services under different programs. It would have the potential to introduce specialised navigation services that could assist consumers in navigating the intricacies of various schemes, guiding available options, eligibility criteria, and funding tailored to a person-centred approach. By adopting these measures, the Australian Government could create a more integrated, user-friendly system that addresses Australian consumers' diverse needs and could save and preserve rather than exhaust already burdened resources.

The Aged Care Bill 2024 does not outline that older persons receiving aged care funding have the right to receive funding under the NDIS. It simply assumes that the older person only receives aged care funding and care. Integration and a streamlined process, as well as effective planning,

coordination, and accountability across governments and systems to ensure the person gets care from existing avenues, are required to safeguard a whole-person approach.

While we acknowledge that a streamlined process for NDIS registration is proposed in the Bill, there are existing uncertainties about who is required to register under the new arrangements for the NDIS. Without any certainty around the registration process, we have deep concerns about the aged care worker screening process mirroring the NDIS changes.

Simply developing a services list that details available providers is insufficient for older Australians. They require integration and interaction with other existing schemes.

**Key recommendations:**

1. Mirror or align multiple regulations across the care sectors to avoid duplication, cost or administrative/regulatory burdens.
2. Any additional regulation must be affordable and geared towards improving quality and safety.
3. Ahpra registration and the quality, safety mechanisms and complaint investigations it provides should be recognised to avoid duplication of checks and processes.
4. Registration is sustainable and affordable, with a preference for registration to have zero cost for health professionals.

## 5. Definitions of clinical and quality care

We are concerned about a lack of a definition of clinical care and the scope of practice that falls within these services. Without a defined outline of what constitutes clinical care, it is difficult for those working within the aged care sector to adhere to price caps that Government has introduced. In addition, quality care is not defined. Quality care should be a pivotal component of the care provided to older Australians and this must be defined.

Without these definitions, older Australians are missing out on the provision of critical care. It has been made evident through the Aged Care Bill 2024 that osteopathy is not considered to be of high-value care to older Australians and has, therefore, been removed from the allied health category. Removing osteopathy from this category has repercussions for essential components of the aged care sector and will see older Australians presenting more often for hospitalisation, an increased number of falls and an overall reduction in quality of life.

**Key recommendations:**

1. Define clinical care.
2. Define quality care.

## 6. Training and education

There is a need for the provision of appropriate training and education for registered providers and aged care workers to ensure older people receive equitable care. We are concerned about the practicality of the rapid change that will be required to be implemented across the sector.

Osteopathy Australia understands that the new risk-based regulatory model will increase provider and individual accountability. We recommend that providers and aged care workers receive ample guidance and training on the revised requirements. This guidance requires clear instructions on the new changes that will occur to provider registration categories.

We acknowledge that content will be packaged and sent to aged care providers to assist them with the new changes. However, changes to the scope of practice of an osteopath operating in the aged care sector are extensive, and a transition period and educational resources must underpin the crucial impacts on the sector. We recommend that creating education and training materials for registered providers and responsible persons to train them on their new obligations under Commonwealth and State and Territory laws. Key changes should be thoughtfully communicated with older Australians, providers, and aged care workers. This will enable harmonisation in the implementation of these changes.

Clear and concise communication must be delivered to providers, aged care workers, and older Australians accessing this care. Providers must be clear about the new expectations required and how they must comply with relevant provider registration categories. Aged care workers should have transparency and a sound understanding of the statement of rights and principles, including receiving adequate communication about the conditions for worker screening requirements.

Osteopathy Australia would again like to thank the Parliament of Australia for the opportunity for consultation. For any additional information or comments, please get in touch with us by phone at 02 9410 0099 or by email at [clinicalpolicy@osteopathy.org.au](mailto:clinicalpolicy@osteopathy.org.au).