

# CHIROPRACTORS and OSTEOPATHS REGISTRATION BOARD (Tasmania)

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The Secretary  
Senate Community Affairs Committee  
PO Box 6100  
Parliament House  
Canberra ACT 2600

## **Submission to the Inquiry into the National Registration and Accreditation Scheme for Doctors and Other Health Workers Prepared by the Chiropractors and Osteopaths Registration Board (Tasmania)**

The Chiropractors and Osteopaths Registration Board (Tasmania) believes that any change to the current structure must ensure that the quality of health services provided by the professions in Tasmania is not jeopardised and that the cost of accessing professional health care to the state and the consumer is not increased.

This Board has to date actively engaged in the current proposals for National Registration and Accreditation system. We have participated and responded to all consultation papers. We believe that there are areas where the proposed system can be enhanced and that there are deficiencies that can be changed; and that there is opportunity to simplify the whole process.

While the underlying objectives adopted by COAG in 2006 have real merit, the Board believes that the scheme which is presently being developed is not in the best interests of either the professions or the public because:

- the scope for economies of scale appear to be limited by the structures contained in the Scheme (compared to current Board administrative structure);
- It is likely that the costs and needs of the larger professions will impact negatively on the efficient operations of existing smaller state Boards;
- the complex proposals being put forward are apparently uncostered and provide no detail of the probable financial impact;
- the level of commitment of practitioners to contribute their time and expertise on a pro bono basis is likely to decrease as the bureaucracy takes over.

This Board supports the establishment of profession specific national Boards which deal with high level policy issues regarding registration and accreditation and continues to support:

- National Registration,
- National Standards of Practice,
- National Accreditation,
- Nationalised or consistent disciplinary procedures for each Professional Group and,
- Some consistency of approach in disciplinary matters between Professions in each State or Territory.

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The Board details the following specific concerns with the current proposed scheme.

1. *The budget is to be nominally set by the National Board but will be in effect be determined by the costs assigned to the particular profession by the Australian Health Professions Registration Authority (AHPRA). The number and location of committees to be established to undertake delegated functions from the national boards will depend on budget constraints.*

As the regulator of two very small professions in a small jurisdiction, this Board has grave concerns about the future representation of these professions and the potential threat to public safety as a consequence.

There is no guarantee that there will be any representation from Tasmania on the Chiropractic Board of Australia or the Osteopathic Board of Australia.

There is no guarantee that there will be committees of these professions in Tasmania, nor that there will be any representation from Tasmania on any regional committees that may be established.

The members of the Board are concerned that the Board is required to continue to operate effectively in an environment of total uncertainty regarding the future structure in Tasmania and the role of both the Board and the administrative support.

2. *An administrative office is to be established in each State and Territory which will handle local registration issues, enquiries and complaints and provide support to any local committees that are established. This office will deal with all ten professions which are part of the scheme. The proposed staffing strategy for the state administrative offices indicates that positions will effectively be filled by staff presently employed with the Nursing Board and Medical Council.*

The Board has grave concerns about the dominance of the larger professions (particularly nursing) in such a structure and the lack of profession specific knowledge to the detriment of the smaller professions (Chiropractic, Osteopathy, Psychology, Dentistry, Dental Prosthetists, Optometrists, Podiatrists, Physiotherapy).

While the scheme guarantees the ongoing services of support staff for the nursing and medical professions no such guarantee has been provided to the contractors currently providing support services to the smaller professions in Tasmania.

The Boards for the smaller professions in Tasmania have utilised the services of contractors for decades. This has ensured access to the range of skills and excellent staffing levels which enable them to meet their objectives as defined in the various Acts under which they are established.

The contracted company to this board provides the registrar and support staff to manage the affairs of the board. Six of ten boards in Tasmania use contractors (5 boards use the same company). This also occurs elsewhere in Australia. The proposed staffing strategy has clearly excluded the use of this type of arrangement.

It is quite likely that the proposed new state administrative office will have none of the profession specific expertise and knowledge which has been built up over the decades through the Boards' contractors. The Boards rely on the support staff for this knowledge and expertise and indeed any Committees appointed by the new National Boards will require similar support.

As well the Boards have a real risk of losing the services and expertise of contract staff between now and 30 June 2010 as they seek alternative employment which offers ongoing security.

3. *The current state and territory based registration authorities undertake significant regulatory functions in the interest of public safety other than the maintenance of a register of practitioners.*

The Board has grave concerns regarding the possible loss of profession specific expertise and the resultant possible compromise of protection to the public.

The planned "single state and territory administrative structures" to cover all 10 professions will require significant technology and staffing to ensure that the practitioner and public receive appropriate service in relation to the particular profession concerned.

The many and sometimes complex issues which arise within each profession require significant profession-specific knowledge at the local level.

The retention of institutional knowledge and experienced staff for the smaller professions is vital. There is a danger these professions may be pushed to the sidelines. Profession specific expertise must be available to the public in each jurisdiction through the proposed "one stop shop front".

Appointments to state office positions must be made at a sufficiently senior level to ensure staff are able to deal with complex issues other than the processing of registration applications. Position descriptions for these appointments should recognise the skills and training necessary to fulfill the role of administering the regulation of each specific profession and ensuring the protection of the public.

The current proposal in the staffing strategy ( attach A) does not select personnel/ contractors on the basis of merit but on a structure that only allows the board functions to be conducted by largely junior staff.

4. *The national scheme as proposed will be a more bureaucratic, more complex and more expensive system likely to ultimately increase the cost of registration.*

The Board is concerned that potential increases in consultation fees charged by members of the smaller professions may occur as a result of increased registration fees. This may result in more members of the public being unable to access health services when needed.

5. *Serious complaints are to be referred to a central tribunal in Tasmania. As yet the model and funding for this tribunal has not been clarified.*

The majority of complaints received regarding members of the smaller professions are managed and resolved by the Boards without proceeding to formal hearings. Additionally Registrars regularly respond to inquires from the Health Complaints Commissioner.

The Board is concerned that costs to the professions and ultimately the public will increase as the present cases which are presently well managed by the State Board escalate to a costly external tribunal.

6. *Fair representation on a new national chiropractic board would necessitate all constituencies being able to participate in the new national registration and accreditation system. This board suggests that a new national board would therefore recommend that a nominee from each state committee/board would sit on the new national registration board.*

This is the only way for states and territories to be involved in the national registration system and draws a tangible link between the respective health minister and each registration board.

The current proposal for the new national registration boards does not include any regional representation.

This board supports having a 25 to 33 percent consumer presence on the new national board.

7. *This board is concerned that it is in the public interest to ensure that spinal manipulation is a restricted practice. The way this is currently achieved varies around Australia however all chiropractic and osteopathic registration boards agreed with the following:*

The Chiropractic and Osteopathic Boards support the restriction of the practice of spinal manipulation.

The Chiropractic and Osteopathic Boards do not recommend defining the term spinal manipulation in the legislation.

The chiropractic and osteopathic professions have an enviable record of safety in the provision of spinal manipulation. The Chiropractic Boards empirically have more complaints made about injury from spinal manipulation performed by un-registered practitioners.

Current accredited chiropractic and osteopathy programs at universities in Australia provide graduates with the skills to perform spinal manipulative procedures at the conclusion of 5-6 years of training.

The Chiropractic Boards recommend that only those practitioners registered as chiropractors or osteopaths, or those who can demonstrate an equivalency of competence by post graduate training be granted the right to use the restricted practice of spinal manipulation.

Consideration should be given for practitioners, who are registered health practitioners who are not chiropractors or osteopaths, to be granted an endorsement on their registration for spinal manipulation if they can demonstrate the competencies above.

8. *This board is concerned that the proposed new national registration boards will not have financial autonomy.*

This board believes that the Agency Management Committee should serve the registration boards in meeting their statutory obligations.

9. *The new national system is supposed to be fully operational on 1<sup>st</sup> July 2010.*

This board recommends that a gradual activation of the functions of the new boards should occur. This board recommends that a gradual activation of the professions within the system should occur (e.g. nursing first followed by ...). The resources to have 400000 professionals all live in a new system on 1 July 2010 would seem difficult.

10. *This board sees that there is merit in retaining a state committee, consistent in function to the current state boards, for each profession, in each state. This would allow the National Board to delegate many of its functions to respective jurisdictions.*

11. *This board believes that the new national registration system needs to ensure that the accreditation bodies are independent from the national boards and have independence from the Agency Management Committee.*

There is evidence in the accreditation consultation paper that financial administration/control of the accreditation bodies will be undertaken by the Agency Management Committee.

In conclusion the Board remains of the opinion that the outcomes being sought by COAG could be achieved at significantly less cost, disruption and threat to public safety by the following:

- A national registration data base for each profession which could either be administered by an existing state office or by a national secretariat;
- This Board believes that the functions of the proposed agency management committee could largely be undertaken by the current staff of each registration Board with a small national secretariat.
- The practice of spinal manipulation is restricted to those professions, and registrants who can demonstrate similar competency to chiropractors and osteopaths.
- A formalised National Professional Board for each profession (as proposed), made up of a representative of each Australian jurisdiction and two or three persons who are not registered health practitioners.
- A National Accreditation Body for each profession, filled by the existing Council of Chiropractic Education Australasia Inc and the proposed Osteopathic Council of Australasia Inc;
- A State Board for each profession;
- A co-located State administration for the smaller professions; (not a single entity for all Professions in each state)
- That provision be made for the utilisation of staffing and contracted service providers based on expertise and competence.
- Mirror legislation in each State and territory. or
- A "Drivers Licence" model where registration in one jurisdiction is recognized in other jurisdictions.
- Retention of the independence of accreditation bodies from registration boards and from the Agency Management Committee

Upon the review of Bill B, this Board may offer a further submission to this inquiry.

This registration board thanks the committee of inquiry for the opportunity to provide the above submission. Please contact this board if further information or clarification is required.



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