Submission No 30

THE PROMOTION OF FALSE OR MISLEADING HEALTH-RELATED INFORMATION OR PRACTICES

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Date Received: 7/02/2014

Submission to the Health Care Complaints Committee

The Promotion of False or Misleading Health-Related Information or Practices (Inquiry)

February 7 2014

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This submission

The Australian Osteopathic Association (AOA) appreciates this opportunity to make a submission to the Inquiry.

The AOA has no objection to the publication of this submission in toto. No part of it is confidential.

The Australian Osteopathic Association

The AOA is the national professional body representing over 85% of osteopaths across Australia. This gives us a unique voice for representing the profession and lobbying to ensure high industry standards are established and maintained. Our core work is liaising with state and federal governments, regulatory or other statutory bodies, and key stakeholders throughout the healthcare landscape. We always welcome opportunities for input or collaboration, such as this.

Background—the profession

Osteopaths are autonomous primary contact practitioners who treat patients from across the life span.

90% of patients access osteopathy without a referral, but osteopaths routinely provide integrated and team care in conjunction with medical practitioners and other allied health practitioners.

Osteopaths have a professional focus on conditions affecting the neuro-musculoskeletal system and the management of pain.

The Statement of Scope of Practice in Osteopathy is an appendix to this submission, as is the AOA's Vaccination Policy Statement.

Background—the regulatory framework

Osteopathy is one of 14 health professions that are regulated nationally under the Australian Health Practitioner Regulation Agency (AHPRA). In New South Wales osteopathy is governed by co-regulatory arrangements with the Osteopathy Council of NSW.

Within AHPRA, the Osteopathy Board of Australia (OBA) protects the public by ensuring that only osteopaths who are suitably trained and qualified can register, and by ensuring that they practice in a competent, safe, and ethical manner.

To these ends the OBA publishes codes and guidelines, approves standards for university courses, handles complaints, and conducts disciplinary hearings. Other requirements include criminal background checks, English language proficiency, and professional indemnity insurance.

This regulatory framework works adequately to protect the public and to maintain high standards and quality of care.

There is always room for improvement, at a regulatory level as well as at an individual level, and all osteopaths are required to complete ongoing professional development.

The Health Practitioner Regulation National Law (NSW) Act 2009, mirrored in all states and territories with corresponding acts, imposes strict boundaries on the kinds of claims practitioners can make.

Whether NSW should place strict boundaries on the kind of information that non-practitioners can disseminate is a subject for the Inquiry. The AOA's opinion is that it should, but only after careful examination of existing boundaries and only with care not to cause undesirable consequences.

Detailed submission

Existing law limits the kind of advertising and public claims osteopaths and other health practitioners can make. Practitioners have a duty to make the care of patients or clients their first concern and to practise safely, effectively, and ethically in accordance with the relevant code of conduct. Practising can include providing information or advice to an individual patient. Information or advice can also be provided generally, on a population-wide basis or in advertising.

The AOA strongly supports the promotion of trustworthy and beneficial health information and practices by all practitioners, by all organisations, and by all governments and members of the public.

A wide range of laws governs the provision and use of services, products, advice, information, and advertising pertaining to health services in Australia and NSW. The Inquiry should be mindful of the effectiveness of current regulation—from fair trading to therapeutic goods, from the National Law to the NSW Public Health Regulation's Code of Conduct—when proposing to add new layers of regulation.

The AOA has reservations about the cost of regulation in NSW, and about inequities of cost in NSW. The cost burden for all practitioners is met by practitioners of AHPRA-regulated practitioners. All health practitioners are liable to be investigated by the Health Care Complaints Commission, but only those who are registered—and therefore paying registration fees—fund components of it (along with NSW Government funding). The AOA has no objection to practitioners meeting part of the cost of the regulation of their profession, but the regulated professions should not subsidise the regulation of the unregulated or self-regulated professions.

Moreover, the AOA has reservations about the effectiveness of co-regulation as it currently exists in NSW. For co-regulation to be both effective and cost-effective, notification protocols and pathways between and among the regulators need to be rationally devised,

thoroughly explained (to practitioners and the public), and consistently applied. Sadly it is not the AOA's view that this is currently the case.

The AOA is pleased to offer the following observations, comments, and suggestions.

Definitions and orthodoxy

- Within NSW, the *Health Care Complaints Act 1993* categorises "osteopathy" as a "health service" and practitioners of osteopathy as "health practitioners." This is appropriate.

- However, since the Act also categorises people who provide services in "alternative health care fields" as "health practitioners," it is potentially problematic to approach the issue of false or misleading information only through the lens of "people who are not recognised health practitioners."

- The phrase "accepted *medical* practice" in the terms of reference should be considered more broadly as "accepted *health* practice," since the word *medical* colloquially is taken to refer only to health care and information provided by medical practitioners, rather than by the nation's 80,000-strong allied health workforce.

- What is a "*recognised* health practitioner"? One registered by APHRA? One who provides Medicare-rebatable services? One who has membership of a professional association? There is no obvious definition, yet the Inquiry "will focus on individuals who are *not* recognised health practitioners," so the term must have a specific meaning.

- If the meaning of "recognised health practitioner" is the same as that of "health practitioner" in the *Health Care Complaints Act 1993*, the word "recognised" may be superfluous.

- The (Commonwealth) Department of Health, and Medicare, refer to "recognised immunisation providers." How does this category fit into the constellation of health practitioners, recognised health practitioners, and not recognised health service providers enumerated by the terms of reference?

- The Inquiry should be careful not to ignore regulation already in place that could be rendered more functional and effective with the right political will and bureaucratic priorities. For example, Schedule 3 to the *Public Health Regulation 2012*, made under the *Public Health Act 2010,* already contains a Code of Conduct for that directly addresses false and misleading information.

> ***11 Health practitioners required to have clinical basis for treatments***
>
> *A health practitioner must not diagnose or treat an illness or condition without an adequate clinical basis.*
>
> ***12 Health practitioners not to misinform their clients***

> *(1) A health practitioner must not engage in any form of misinformation or misrepresentation in relation to the products or services he or she provides or as to his or her qualifications, training or professional affiliations.*
>
> *(2) A health practitioner must provide truthful information as to his or her qualifications, training or professional affiliations if asked for information about those matters by a client*
>
> *(3) A health practitioner must not make claims, either directly or in advertising or promotional material, about the efficacy of treatment or services provided if those claims cannot be substantiated.*

- Importantly, this schedule applies to all health practitioners, "whether or not the person is registered under the Health Practitioner Regulation National Law."

- With regard to "organisations that are not recognised health service providers," the Committee should be mindful that there are many organisations that are not providers of health *services* yet nevertheless are providers of health *information*.

- Examples include the AOA, the Australian Medical Association, the Cancer Institute NSW, and the Bureau of Health Information.

- This phenomenon—organisations that do not provide services but that provide information—is widespread and nearly universally positive for public health and patient safety.

- Whatever the outcomes of the Inquiry, the ability of such organisations to provide information that is beneficial and in the public interest should not be impeded.

- The AOA would be pleased to see the Code of Conduct in the Public Health Regulation apply to information-providing organisations, in addition to service-providers.

- However, the lines between current but contentious information, proposing provocative unorthodox ideas (as indeed much currently accepted health information once was) and irresponsible dissemination of dangerous information is one the Inquiry will have to navigate carefully. Defining these boundaries will be complex, particularly given the need to avoid unintended consequences.

- Would the 2013 ABC Catalyst program on the purported dangers of statins constitute "information that encourages individuals or the public to unsafely refuse preventative health measures"? Would NSW prosecute the ABC? The AOA would not want the line between misleading information and provocative ideas to be drawn such that it has a chilling effect on the evolution of health care, or the advancement of science.

- "Accepted medical practice" is an evolving notion. The Inquiry should not seek to enshrine current conventional wisdom for all time. The Committee should not bind the hands of progress by codifying what is currently "accepted." Many mainstream therapies and drugs (including the first vaccines) were at one time experimental.

- Cementing today's orthodoxy is not only undesirable but impossible. Differing opinions between—and within—professional fields are normal and routine. (Indeed the very commonplace notion of a second opinion relies on the normalcy of differing opinions on "accepted medical practice.")

- The foregoing notwithstanding, the AOA supports restrictions on inaccurate vaccination fear mongering while also supporting patients' and parents' right to choose vaccination, or not, in partnership with an appropriately qualified health practitioner or recognised immunisation provider.

- The AOA further supports the right to convey truthful, accurate information about the risks of immunisation.

Comments

- Accordingly, the AOA supports population-wide public health measures such as vaccinations, tobacco control, fluoridised water, sun-safety, and the promotion of healthy diets and lifestyles.

- The right of patients to choose their practitioner, and to choose the profession of their practitioners, is longstanding and foundational to health care in Australia. In general, the freedom to choose to receive health care includes the freedom to decline it. The task for legislatures and policy makers is to balance the patient's right to choose with the appropriate level of regulation aimed at maximising patient and public safety.

- The role of regulatory bodies deserves as much consideration as the role of complaint-handling bodies (especially in co-regulatory jurisdictions like NSW).

- Evidence-informed practice, research-based practice, and empirically supported treatment all rely on the experience of practice in addition to the existence of evidence or research. Some modalities are intrinsically difficult to evaluate on the basis of evidence, yet are logically accepted as important and desirable. This does not make them, in the terminology of the Terms of Reference, "unscientific." What is the evidence base for pharmacy? What is the evidence base for nursing? Nobody would deny their effectiveness or safety when performed professionally and ethically.

- Not all kinds of health care, nor all kinds of health information, are equally testable or as demonstrably effective, even when they are ubiquitous and routine. For example, the difficulty in running randomly controlled trials of osteopathic treatment for musculoskeletal pain is evident, even while the effectiveness of such

treatment is widespread and accepted. Similarly, the evidence for the superiority or otherwise of surgical interventions in spinal degeneration compared to other kinds of treatment is difficult to establish, yet the prevalence of spinal surgery across the nation is unquestioned.

- Ultimately the provision of safe treatment whose benefit outweighs the risks is, within reason, the choice of the patient after receiving professional advice. This is the foundation of informed consent. The AOA would not want this altered in an attempt to address unrelated problems such as those that prompt this Inquiry. The problem to which the Inquiry addresses itself isn't false information as much as deliberately misleading or dangerous information.

Suggestions

Legislation

- The AOA supports subsections (a), (d) and (e) of Section 133 of the National Law in its current form (subsections (b) and (c) are irrelevant to the Inquiry's terms of reference).

> *A person must not advertise a regulated health service, or a business that provides a regulated health service, in a way that-*
>
> *(a) is false, misleading or deceptive or is likely to be misleading or deceptive; or*
>
> *[…]*
>
> *(d) creates an unreasonable expectation of beneficial treatment; or*
>
> *[…]*
>
> *(e) directly or indirectly encourages the indiscriminate or unnecessary use of regulated health services.*

  Moreover, the AOA would be pleased to see this section extended to cover the promotion of information about health services, not just the advertising of them. Additionally, the converse of these subsections should also pertain.

  For example, in addition to it being prohibited to encourage unnecessary use of regulated health services, it should be prohibited to *discourage* the *necessary* use of regulated health services.

  Such amendment would need to be done in a nationally consistent manner in order to preserve consistency of the National Law. Alternatively, materially similar sections could be added to the Health Care Complaints Act 1993.

- The AOA recommends amending the *Health Care Complaints Act 1993* such that it covers organisations providing information, not just individuals and organisations providing services, so long as the ability of organisations to advise the public

generally about the appropriate use of regulated health services (such as osteopathy) not be impeded.

- The *Health Care Complaints Act 1993* could be amended such that, in addition to *Division 6A - Action against unregistered health practitioners*, there is a section providing action against organisations that do not provide health services, whereby an action could be taken against an organisation that knowingly provides false or misleading health information even if the organisation or its directors provide no health services.

- NSW could legislate to prohibit the publication or dissemination of any information or advice inconsistent with information or advice given by the Australian Technical Advisory Group on Immunisation and approved by the National Health and Medical Research Council. However, an effective enforcement regime is hard to conceive. And where would the cost burden of enforcement fall?

- NSW should consider the 2013 Canadian regulatory response to the risks of "homeopathic vaccines," which involved mandatory labelling ("This product is not intended to be an alternative to vaccination"). The specific risks are not that people will consume "homeopathic vaccines" but that they may be diverted from receiving traditional vaccines, thereby giving them a false sense of immunity and causing them falsely to report immunisation when asked by a recognised immunisation provider.

Regulatory reform

- In relation to the adequacy of the powers of the Health Care Complaints Commission, whatever the powers are, the protocols and decision-pathways need to be firmer, publically known, and consistent.

- Right now, whether a given notification is handled by the HCCC or a NSW Registration Council, may be defined. However, whether it is handled by the HCCC or by a National Board when the same notification is made to both, is mysterious.

- This division of responsibility—even if the responsibility is shared—cannot be opaque; otherwise there is an undesirable arbitrariness in the system. Procedural thoroughness is necessary for procedural fairness, and right now neither exists to an acceptable standard, in our view.

- This could lead to legitimate complaints slipping between the regulatory gaps. This could also lead to undesirable (and costly) duplication. Both would be problematic from the perspective of practitioners and from the perspective of public safety.

- The National Regulation and Accreditation Scheme is a positive, though imperfect, arrangement. But a special responsibility attaches itself to states insisting on a co-regulatory regime. This special responsibility is to practitioners as well as to the public. NSW may think that its citizens are doubly protected and vouchsafed, but its

practitioners are at the mercy of a patchwork, piecemeal system of complaints and investigation. This in fact degrades, not improves, patient and public safety in NSW.

Communication

- Whatever options the Inquiry proposes to deal with the problem of misleading information about immunisation, the NSW Government and its bureaucratic entities charged with promoting public health could do a much better job of providing accessible, accurate, consumer-friendly information about vaccination and related matters. Such information must be easy to understand but also nuanced and sophisticated. This is a communications challenge as much as a policy challenge.

- Much of the information that misleads the public about immunisation is founded on exaggerated truths. There are risks of immunisation, for example, but they are rare and low. No recommendation that prohibits the dissemination of truthful information will withstand judicial scrutiny or public scorn. It is a reflection on the poor job Government is doing that the clearest and most accessible information about the risks of immunisation comes from its opponents. If Government spoke honestly and accurately about these risks, people wouldn't feel the need to seek information about them from sources that are not as balanced or responsible.

- It is instructive to compare fluoridation with immunisation. Some population-wide health initiatives work at any degree of compliance, but immunisation relies on (nearly) population-wide adherence. Communicable disease is categorically special in this regard, whereas opting out of fluoridated water by installing a filter, for example, affects nobody else.

- Public health agencies should deploy the same level of resourcefulness and sophistication to the immunisation debate as they have brought to tobacco control. Anti-smoking strategies, including the steady de-normalisation of tobacco, have been successful in part because of the comprehensive understanding of tobacco users' attitudes, behaviour, and psychology. An effective to educate and inform the public would display a similar degree of empathy, understanding, and psychological insight.

- Currently, an informal review of key government immunisation websites indicates a lack of accurate and balanced information about the actual risks associated with immunisation. Certainly the most accessible information, and arguably the most emotively effective information, is provided by opponents of immunisation. The AOA's own policy statement on vaccination refers the public to government immunisation websites; our policy would be stronger if the websites were better.

- Parents' fears for their children are rational and natural, and blithe assurances about the tininess and rarity of risks are evidently not in themselves persuasive. A comprehensive policy and communications strategy is in order. NSW can play a leading role in devising this, but it must be undertaken nationally and in concert with regulatory reform.

Conclusion

Whatever recommendations that affect other states should be taken to COAG to become nationally consistent. Public health is a national issue, and individual jurisdictions acting in isolation will meet with unfortunately limited success.

Thank you for the opportunity to make this submission to the Inquiry. The AOA would be pleased to assist the Committee in any other way.

For further information or clarification, please contact Samuel Dettmann, Policy Advisor, on 02 9410 0099.

Appendices

- AOA Vaccination Policy Statement (2011, revised 2013).
- AOA Statement of Scope of Practice in Osteopathy (2013).

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Statement of Scope of Practice in Osteopathy

> Osteopaths are committed to effective, patient-centred healthcare. As the scientific understanding of health and disease evolves, this Scope of Practice Statement will require on-going revision.

This statement is for health professionals, third party funders and policy makers. It gives an overview of osteopathic practice and its place within the Australian healthcare system.

This statement has been developed by the Australian Osteopathic Association (AOA) in alignment with The Osteopathic Service Descriptors [1], The Capabilities for Osteopathic Practice [2], the Code of Conduct for Registered Health Practitioners [3] and the World Health Organisation Benchmark Statement on Osteopathic Education [4]. The statement is further influenced by broader health policies, legislation, regulation and health workforce debate.

Osteopaths are committed to effective, patient-centred healthcare. As the scientific understanding of health and disease evolves, this Scope of Practice Statement will require on-going revision.

An Overview of Osteopathy

Osteopaths are autonomous primary contact practitioners who treat patients from across the life span. 90% of patients access osteopathic care without a referral. Osteopaths have a professional focus on conditions affecting the neuro-musculoskeletal system and the management of pain.

Osteopathy is a system of diagnosis and treatment that recognises the following principles:

- the body is one unit of function
- the body has self-regulating mechanisms
- structure and function are reciprocally inter-related
- therapeutic management is applied with an understanding of these principles and a thorough knowledge of clinical sciences.

These osteopathic principles, in conjunction with current medical knowledge, inform the care given to patients. Scientific plausibility and evidence-informed reasoning are fundamental to diagnosis, treatment and case management.

Osteopaths follow these principles of patient care:

1. The patient is the focus for healthcare
2. The patient has the primary responsibility for their own health
3. Effective treatment is founded on these principles and:
   - incorporates evidence informed guidelines
   - optimises the patients natural healing capacity
   - seeks to address the primary cause of disease, and
   - emphasizes health maintenance and disease prevention.

> The emphasis on the neuro-musculoskeletal system as integral to the body's function, a person's health and to patient care is a defining characteristic of osteopathy.

The osteopathic approach to healthcare provides therapeutic management and rehabilitation to address specific injury, trauma and/or disease, as well as preventative care to enhance health and wellbeing. Osteopaths support the use of pharmaceutical interventions where clinically indicated [5].

The emphasis on the neuro-musculoskeletal system as integral to the body's function, a person's health and to patient care is a defining characteristic of osteopathy.

Osteopaths acknowledge the uniqueness of each patient and seek to optimise their health and wellbeing.

Modern osteopathic practice is informed and improved by the integration of relevant practice guidelines [6-8]. The AOA is committed to educating members on current best practice.

Regulation, Education and Continuing Professional Development

Osteopathy is one of 14 government regulated professions under the Australian Health Practitioner Regulation Agency (AHPRA). Within AHPRA, the Osteopathy Board of Australia (OBA) protects the public by ensuring that only osteopaths who are suitably trained and qualified can register, and by ensuring that they practise in a competent, safe and ethical manner.

To these ends the OBA publishes codes and guidelines [9-12], approves standards for university courses, handles complaints, and conducts disciplinary hearings. Other requirements include criminal background checks, English language proficiency, and professional indemnity insurance.

All osteopaths in Australia complete a minimum of five years training at an accredited university. These university graduates hold either a double Bachelors or Master qualification. Upon graduation, osteopaths are required by law to be registered.

Registration requires continuing professional development. This must meet a minimum standard set by the OBA and have a clinical focus relevant to a practitioner's area of practice [3]. Many osteopaths continue their education in practice by undertaking higher degrees through research or clinically related courses.

Scope of Practice

The AOA endorses a broad scope of practice for the profession. Narrowly defined scope restricts opportunities and innovation for individuals, the profession and the health system. Osteopathic scope is not defined by legislation in Australia. It is therefore the responsibility of the profession to define and develop its scope of practice.

Many professions have skills, qualities and attributes in common. This scope of practice in osteopathy necessarily overlaps with other professions' scopes [13].

Within the broader professional scope of practice, individual osteopaths will develop their own personal/professional scope. The personal scope is for the individual to establish, having in mind the particular priorities that attach to:

- Education and qualifications
- Geography and demography
- Areas of clinical interest
- Patients' unique health needs
- Service requirements of Medicare and third party funders.

> Osteopaths understand the wider healthcare environment and the role of the primary care practitioner within the healthcare system.

Osteopathy is a system of health care. It integrates an understanding of clinical diagnosis and assessment with the knowledge of the inter-relationship of the neuro-musculoskeletal system with other body systems.

Osteopathy is holistic in the sense that health and disease are multi-factorial and an osteopath considers a patient in the relevant enviro-biopsychosocial context. This applies equally for prevention, diagnosis or therapeutic management. Osteopaths recognise the importance of providing lifestyle and general health advice including dietary and exercise prescription.

The practice of osteopathy requires broad diagnostic competencies. Osteopaths use standard clinical processes in history taking and examination, such as orthopaedic special tests, neurological examinations and systems reviews. Laboratory tests or imaging may be requested where clinically indicated. A differential diagnosis is required to determine if the patient's presentation is appropriate for osteopathic management. Osteopaths recognise that whilst there may well be a musculoskeletal component in many patient presentations, osteopathic care may not be indicated or the principal modality in all cases. If patients' needs are best met by other healthcare service providers, a referral will be made.

Osteopaths combine a highly developed sense of palpatory awareness with an understanding of functional anatomy and biomechanics, where the osteopath identifies and seeks to normalise strain patterns in the tissues. This gives an emergent quality to practice as often there is a diagnostic / therapeutic continuum where assessment and treatment coincide.

This emergent aspect of practice gives a distinctive characteristic to osteopathy which may contrast with modalities where a formulaic approach is common. This is an important aspect of the patient-centred system of osteopathic healthcare.

Advanced Standing and Credentialling

Individual osteopaths pursue a diversity of clinical interests and may develop advanced standing in particular areas of practice. Advanced practice requires that osteopaths obtain further education or training in order to expand their areas of practice.

The AOA recognises that the osteopathic profession is diversifying and that a growing number of clinical interest areas are vital for development and expanded scope of practice.

The AOA supports this clinical diversification of osteopathy by developing credentialling processes that allow recognition of advanced standing in particular areas of practice. The AOA supports a system of credentialling that is transparent, accountable and effective in recognising experience and training. The AOA acknowledges the principles for credentialling outlined by the Australian Commission on Safety and Quality [14].

In order for osteopaths to undertake advanced or broader extended roles within healthcare; legislative, regulatory, funding and systemic barriers will need to be addressed. Scope of practice is dynamic. Some areas of clinical interest that may be seen as advanced now, in the future will be standard practice.

Osteopathy Within the Healthcare System

Osteopaths mainly work in primary health care settings, including osteopathic or multi-disciplinary clinics or in association with general practitioners. Some osteopaths work within specialist pain management services, elderly care facilities or occupational health settings.

Osteopaths may apply their professional knowledge in a wide range of non-clinical settings such as universities, research, healthcare management and health education.

Osteopaths understand the wider healthcare environment and the role of the primary care practitioner within the healthcare system. Likewise, better patient outcomes and more cohesive multidisciplinary care rely on other health professionals understanding the role and competencies of osteopaths.

Osteopathy is a global profession. However, regulation, education and the role of osteopaths vary greatly from country to country [15]. These range from osteopathic physicians or surgeons working in hospitals or general practice in the USA; to allied health practitioners in countries like Australia, New Zealand or the United Kingdom; to complimentary therapists working in countries lacking regulation and/or accredited education standards. The Osteopathic International Alliance gives an indication of this diversity.

The AOA is committed to ensuring that the Scope of Practice in Osteopathy remains congruent with the national health priorities and the strategic direction of Australian healthcare policy [16].

For more information

1800 467 839

www.osteopathy.org.au

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Vaccination Policy Statement

The Board of Directors of the Australian Osteopathic Association has approved* the following policy statement regarding vaccination:

> *The Australian Osteopathic Association supports public vaccination programs as important public health initiatives. Parents with questions or concerns should consult a medical practitioner, maternal health nurse, or state health department.*

For further information please review the following websites or seek the advice of a suitably qualified health professional.

Vaccination Information:

Immunise Australia Program

The Immunise Australia Program aims to increase national immunisation rates by funding free vaccination programs, administering the Australian Childhood Immunisation register and communicating information about immunisation to the general public and health professionals. http://www.immunise.health.gov.au

Frequently Asked Questions on Immunisation:

http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/faq

National Centre for Immunisation Research & Surveillance (NCIRS)

NCIRS aims to inform policy and planning for immunisation services in Australia and to support initiatives in the surveillance of vaccine preventable diseases, including disease surveillance, vaccine coverage and immunisation adverse events. http://www.ncirs.edu.au

Immunisation Calculator

This calculator is for Australian children up to their 7th birthday on the National Immunisation Schedule. It will help to determine what vaccinations are due. You will need your child's immunisation records ready to enter the dates that doses of vaccine were given. http://www.health.sa.gov.au/immunisationcalculator

World Health Organisation (WHO)

A vaccine is any preparation intended to produce immunity to a disease by stimulating the production of antibodies. Vaccines include, for example, suspensions of killed or attenuated microorganisms, or products or derivatives of microorganisms. The most common method of administering vaccines is by injection, but some are given by mouth or nasal spray. http://www.who.int/immunization/en

State Government sites:

ACT Government
http://www.health.act.gov.au/health-services/find-a-health-service/immunisation-and-vaccination

NSW Government
http://www.health.nsw.gov.au/publichealth/immunisation

NT Government
http://www.health.nt.gov.au/Centre_for_Disease_Control/Immunisation/index.aspx

QLD Government
http://www.health.qld.gov.au/immunisation/health_professionals/qhip.asp

SA Government
http://www.health.sa.gov.au/pehs/immunisation-index.htm

TAS Government
http://www.dhhs.tas.gov.au/peh/immunisation

VIC Government
http://www.health.vic.gov.au/immunisation

WA Government
http://www.health.wa.gov.au/vaccination

Vaccination and Health Workers

Health care workers may be exposed to, and transmit, vaccine-preventable diseases. Maintaining immunity in the health care worker population helps prevent transmission of vaccine-preventable diseases to and from health care workers and patients. Health practitioners should check what obligations you have in your state.

Osteopathy Board of Australia (OBA)

Under the Osteopathy Board of Australia codes and guidelines, to comply with s. 133 of the Health Practitioner Regulation National Law and these guidelines, advertising of services must not contain any claim, statement or implication that the services can be a substitute for public health vaccination or immunisation. See more at: http://www.osteopathyboard.gov.au/Codes-Guidelines.aspx

* Approved 2011. Revised 2013.