

Public consultation



16 April 2018

Revised Professional capabilities for osteopathic practice

About this public consultation

The Osteopathy Board of Australia (the Board) invites you to provide feedback on this **public consultation** on draft revised Professional capabilities for osteopathic practice.

The National Law¹, empowers the National Boards to develop and approve codes and guidelines to provide guidance to health practitioners. The National Law requires National Boards to ensure there is wide-ranging consultation on the content of any proposed registration standard, code or guideline.

The Board is inviting general comments on draft revised "*Professional capabilities for osteopathic practice*" (*Professional capabilities*). There are also specific questions which you may wish to address in your response.

Making a submission

If you wish to provide comments on this proposal, please provide written submissions, marked 'Draft revised *Professional capabilities for osteopathic practice*' to:

- osteoboardconsultation@ahpra.gov.au, or
- Executive Officer, Osteopathy, AHPRA, GPO Box 9958, Melbourne 3001.

Submissions for publication on the Board's website should be sent in Word format or equivalent.²

Submissions will be accepted up to **5pm AEST on Friday 1 June 2018**.

Publication of submissions

The Board publishes submissions at its discretion. The Board generally publishes submissions on its website to encourage discussion and inform the community and stakeholders. Please let us know if you do not want us to publish your submission, or want us to treat all or part of it as confidential.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation.

Before publication, we may remove personally-identifying information from submissions, including contact details.

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in

¹ Health Practitioner Regulation National Law, as in force in each state and territory

² You are welcome to supply a PDF file of your feedback in addition to the word (or equivalent) file, however we request that you supply a text or word file. As part of an effort to meet international website accessibility guidelines, AHPRA and National Boards are striving to publish documents in accessible formats (such as word), in addition to PDFs. More information about this is available at www.ahpra.gov.au/About-AHPRA/Accessibility.aspx

accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence.

Published submissions will include the names of the individuals and/or the organisations that made the submission, unless confidentiality is requested.

Background

The current [Capabilities for Osteopathic Practice](#) (2009) (the Capabilities) were originally developed and published in January 2009, under the auspices of the then Osteopaths Registration Board of NSW. At the commencement of the National Scheme in 2010, the Osteopathy Board of Australia, which is responsible for regulating osteopaths in Australia, adopted the Capabilities.

Since the *Capabilities* were published in 2009, the role and scope of practice for osteopathy throughout Australia, the model of education and training, and the regulatory framework within which registration of osteopathy occurs, have developed substantially.

The Board undertook preliminary consultation on the revised Capabilities in 2016, following a review undertaken by the Australasian Osteopathic Accreditation Council (AOAC). Feedback from preliminary consultation indicated that the revised Capabilities required further development to ensure they were relevant as minimum threshold requirements for practice in the profession.

The Board engaged Southern Cross University (SCU) to further develop the draft revised Professional capabilities for osteopathic practice (Professional capabilities) which takes account of the feedback from preliminary consultation. Following feedback at preliminary consultation the draft revised Professional capabilities provided in this public consultation paper have informed by the CanMEDS competency framework that was developed by the Royal College of Physicians and Surgeons of Canada.¹¹

At the completion of this consultation, the National Board will consider the feedback received (in the context of its legal obligations of the National Law), and publish revised Professional capabilities for Osteopathic practice.

Role and function of the Professional capabilities for Osteopathic practice

The draft revised Professional capabilities for osteopathic practice identify the behaviours and professional attributes necessary to competently practise osteopathy in Australia. The Professional capabilities underpin and provide the foundation for registration, [approved accreditation standards](#), and codes and guidelines developed or approved by the National Board. The Professional capabilities also provide a benchmark for a variety of National Board functions under the National Law, including:

- the determination of competence of practitioners for registration, including practitioner self-assessment, and decisions regarding the nature and scope of conditions, undertakings and supervision arrangements.
- the assessment of the knowledge and clinical competence of overseas trained applicants for registration as osteopaths in Australia
- the assessment, investigation and management of notifications about registered osteopaths with respect to health, professional conduct and performance matters.

Issues for consultation

Potential benefits and costs

Osteopaths already have *Capabilities for osteopathic practice*. The draft revised *Professional capabilities for osteopathic practice* does not introduce a new regulatory requirement but makes changes to the existing requirements. There may be a cost to the practitioner to correct deficiencies where necessary to meet the minimum standards already established within the profession and expected by the community.

Estimated impacts of the revised Professional capabilities for osteopathic practice

There is little impact anticipated on practitioners, business and other stakeholders arising from the revised Professional capabilities as they primarily reflect existing good practice within the profession and clarify some areas of uncertainty.

To ensure that stakeholders are not unnecessarily disadvantaged, the Board will provide an implementation period to allow stakeholders familiarise themselves with the revised Professional capabilities for osteopathic practice.

The Board is interested in your feedback about the draft revised Professional capabilities.

Specific questions the Board would like you to address are:

1. Do the draft revised Professional capabilities adequately describe the minimum competencies for safe contemporary osteopathic practice in Australia?
2. Within the draft revised Professional capabilities, do the Key capabilities sufficiently describe the elements required to safely and effectively practise as an osteopath in a range of contexts and situations?
3. Within the draft revised Professional capabilities, do the Enabling components sufficiently describe the essential and measurable characteristics of threshold competence?
4. Is the language and content of the draft revised Professional capabilities clear and appropriate? If not, please explain what changes need to be made?
5. Is there anything missing that needs to be added to the draft revised Professional capabilities?
6. Is there any content that needs to be changed or deleted in the draft revised Professional capabilities?
7. Are there jurisdiction-specific impacts for practitioners, or governments or other stakeholders that the National Board should be aware of, if these capabilities are adopted?
8. Are there implementation issues the National Board should be aware of?
9. Do you have any other comments on the proposed draft revised Professional capabilities?

Draft Revised Professional capabilities for osteopathic practice

Introduction

Purpose

The draft revised Professional capabilities for osteopathic practice set out the attributes, knowledge and skills required for osteopathic practice in Australia. They are intended for use by pre- and post-registration education providers, regulatory authorities and other interested parties. Potential applications include the design and modification of curricula, generation of continuing professional development modules, evaluation of overseas qualifications, and reviews of competence of practising osteopaths or those who wish to return to professional life following an extended break.

The purpose of the Professional capabilities for osteopathic practice is to describe the threshold competence required for initial and continuing registration as an osteopath in Australia.

Legislative context

Osteopaths in Australia practise in a regulatory framework established by [Health Practitioner Regulation National Law](#), as in force in each State and Territory. Only individuals who hold current registration with the Osteopathy Board of Australia can use the professional title *osteopath*. Osteopaths practise within the scope of practice that is defined by their qualification, training and competence. They work as part of the primary health team and have an important role to play in providing relevant primary health services.

The following sections provide details about osteopathy and how it is practised in Australia. They also outline the structure of the draft revised Professional capabilities for osteopathic practice and how they can be used by stakeholders.

Description of osteopathy

The foundations of osteopathy

A recent evidence-based description of osteopathy states that:

Osteopathy is a healthcare profession that is underpinned by bio-psychosocial and holistic principles, and that focuses on the health and mobility of all tissues of the body. Osteopathic healthcare includes a thorough primary care assessment and the application of a range of manual therapies and health promotion strategies tailored to the individual that aim to optimise function and health.¹

These underpinning bio-psychosocial and holistic principles have been variously described over the long history of the profession and have been more recently reviewed and described as:²

- A person is the product of dynamic interaction between body, mind, and spirit.
- An inherent property of this dynamic interaction is the capacity of the individual for the maintenance of health and recovery from disease.
- Many forces, both intrinsic and extrinsic to the person, can challenge this inherent capacity and contribute to the onset of illness.
- The musculoskeletal system significantly influences the individual's ability to restore this inherent capacity and therefore to resist disease processes.

Today, osteopathic practice is described as having a central focus on patients/clients. Effective treatment incorporates evidence-based guidelines, optimises the patient's/client's natural healing capacity, addresses the primary cause of disease, and emphasises health maintenance and disease prevention.²

The evidence for osteopathy

There is little high-quality evidence for the effectiveness of osteopathic healthcare. The curriculum of osteopathic programs has been founded on basic and medical sciences since the advent of formal education. However, this scientific foundation has not generated a large body of clinical research that specifically investigates osteopathic healthcare. This is especially true of research into the manual therapy techniques employed by osteopaths, known as *osteopathic manipulative treatment* (OMT). A systematic review in 2011³ looking for evidence of the effectiveness of OMT in musculoskeletal pain found a lack of high quality trials reporting a positive effect. However, a more recent systematic review found positive effects of OMT specifically in low back pain.⁴ OMT has been utilised for a number of conditions over its history apart from musculoskeletal pain, and some promising areas have emerged. There is moderate evidence for reducing the use of medication in pneumonia and preventing relapses in otitis media,⁵ but limited evidence for other conditions.

Studies investigating the effectiveness of OMT or other manual therapies in a range of conditions have been criticised for not reflecting the full range of osteopathic healthcare, which commonly includes exercise and lifestyle interventions.^{1, 6} A recent systematic review that investigated the evidence for manual therapies concluded that spinal manipulation/mobilisation is effective in adults for spinal pain and headache, but the evidence was inconclusive for other conditions. The review also found that massage is effective in adults for chronic low back pain and chronic neck pain. The evidence was inconclusive for the effectiveness of massage in other conditions.⁷ This systematic review was updated and extended in 2014⁸ and confirmed most of the earlier findings. The researchers found three exceptions where evidence moved from inconclusive to moderate: manipulation/mobilisation with exercise for rotator cuff disorder; spinal mobilisation for cervicogenic headache; and mobilisation for miscellaneous headache.⁸ For osteopaths, these findings help support their practice, but a clinician using OMT may be concerned that spinal manipulation/mobilisation and massage alone do not reflect the full range and scope of their practice.

The scope of practice of osteopathy

'Scope of practice' refers to the professional role and services that an individual health practitioner is educated in and competent to perform. Osteopathy Australia published a statement of the scope of practice of osteopathy following consultation with the profession.⁹ This statement describes osteopathy as a system of healthcare that prioritises the interrelationship between the neuro-musculoskeletal system and other body systems in clinical diagnosis and assessment. Osteopathy is holistic in that health and disease are understood as multi-factorial, and patients/clients are viewed in their bio-psychosocial contexts. This applies equally for prevention, diagnosis or therapeutic management.

Within a broader professional scope of practice, individual osteopaths will develop their own personal/professional scopes, taking into account education and qualification priorities, geographical location, demography, areas of clinical interest and patients'/clients' unique health needs.

Diagnostic approaches

The practice of osteopathy requires broad diagnostic competence. Osteopaths use standard clinical processes in history taking and examination, such as orthopaedic special tests, neurological examinations and systems reviews. Imaging or other tests may be requested or recommended where clinically indicated. ~~A differential diagnosis may be required to determine if a patient's/client's presentation is appropriate for osteopathic management.~~ Osteopaths utilise these diagnostic approaches in conjunction with palpation of the body tissues to assess function and health, particularly in relation to their mobility and blood supply. Once a patient/client has been deemed suitable for osteopathic assessment, osteopaths interpret the patient/client information by considering a range of diagnostic models, that is, by constructing a working diagnosis. ~~A differential diagnosis may be required to determine if a patient's/client's presentation is appropriate for osteopathic management.~~ Subjective information collected from patients/clients and objective data from tests and examinations may be

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Commented [LC2]: It is not quite clear to me what is meant by this sentence, and I suspect it makes more sense moved to later in this paragraph. A differential diagnosis is used to consider alternative diagnoses to the most probable explanation for the patient's presentation. Once a diagnosis is reached, then a decision can be made as to whether osteopathic management is suitable. Further, osteopathic management may be employed during watchful waiting of a patient's presentation (ie: before a diagnosis is established, but having identified that osteopathic management is likely to do no harm).

considered in a context of connected functioning body systems, including biomechanical, biopsychosocial, energy-expenditure, neurological, nutritional, and respiratory-circulatory.¹⁰

Treatment and management approaches

The main manual therapy modalities used in osteopathic practice are soft tissue techniques, muscle energy technique, high velocity low amplitude techniques and joint articulation. Exercise and lifestyle interventions are commonly prescribed on the basis of osteopathic examinations. Osteopathy sets out to address changes to tissue state and mobility and efficiency in biomechanical components of the body. This approach aims to promote recovery from injury, reduce the impact of pathology and contribute to the restoration of health and wellbeing.

Format of the Draft Revised Professional capabilities for osteopathic practice

The draft revised *Professional capabilities for osteopathic practice* are informed by the CanMEDS competency framework that was developed by the Royal College of Physicians and Surgeons of Canada.¹¹ The CanMEDS competency framework clusters competencies in seven practitioner roles: Medical expert, Communicator, Collaborator, Manager, Health advocate, Scholar and Professional. This framework focuses on specific domains of competence that can be achieved by each student in their own time, making it particularly applicable in workplace training.¹² It also highlights the development of competence along a continuum and ongoing development of competence throughout a practice career. Emphasising the practitioner in the role title helps overcome the perception that practice is separate from the practitioner. Many of the capabilities required to practise are integral to the practitioner, not just the practice. Consequently, the use of practitioner roles as domain titles more accurately reflects the full range of knowledge, skills and attitudes required for osteopathic practice.

The *Professional capabilities for osteopathic practice* organise key capabilities into seven integrated roles: Osteopathic practitioner; Professional and ethical practitioner; Communicator; Critical reflective practitioner and life-long learner; Educator and health promoter; Collaborative practitioner; and Leader and manager. Although seven separate roles have been identified, the Osteopathic practitioner role is central to osteopathic practice in any context and the roles are highly interconnected. Each of the seven practice capabilities is described at three levels:

Role definition	the essential characteristics of osteopathic practice encompassed by the corresponding key capabilities. The essential characteristics of a competent registered osteopath in Australia are described by combining the seven role definitions.
Key capabilities	the practices required to safely and effectively practise as an osteopath in a range of contexts and situations of varying levels of complexity, ambiguity and uncertainty. This includes the integration of emerging evidence, the variability of patient/client presentations, age ranges and educational and cultural background.
Enabling component	the essential and measurable characteristics of threshold competence, that is the competence level required to practise as a registered osteopath in Australia. The practice of a registered osteopath comprises all enabling components for the corresponding key capability. Enabling components facilitate assessment of threshold competence in clinical practice.

Use of the Professional capabilities for osteopathic practice

The Professional capabilities for osteopathic practice provide a framework for assessing competence and are used:

- in the development of osteopathy curricula by universities
- to assess osteopathy student and new graduate performance
- as part of the annual renewal of registration process
- to assess osteopaths educated overseas seeking employment in Australia
- to assess osteopaths returning to work after breaks in service
- as part of professional conduct matters, and

- to communicate to consumers, employers, insurance companies and other stakeholders the standards that they can expect from osteopaths

Professional capabilities for osteopathic practice and accreditation of osteopathic education in Australia

The Osteopathy Board of Australia does not directly examine or assess the competence of applicants for registration who have completed their osteopathy education in Australia through an approved program of study. The Osteopathy Board of Australia is responsible for the regulation of osteopaths and has appointed the Australasian Osteopathic Accreditation Council (AOAC) to exercise accreditation functions under the Health Practitioner Regulation National Law, as in force in each State and Territory. AOAC is responsible for accrediting education providers and programs of study for the osteopathy profession assessed against accreditation standards that are developed by AOAC and approved by the Osteopathy Board of Australia. The draft revised Professional capabilities for osteopathic practice are referred to in the approved accreditation standards and establish the threshold competence that is required for initial and continuing registration as an osteopath in Australia.

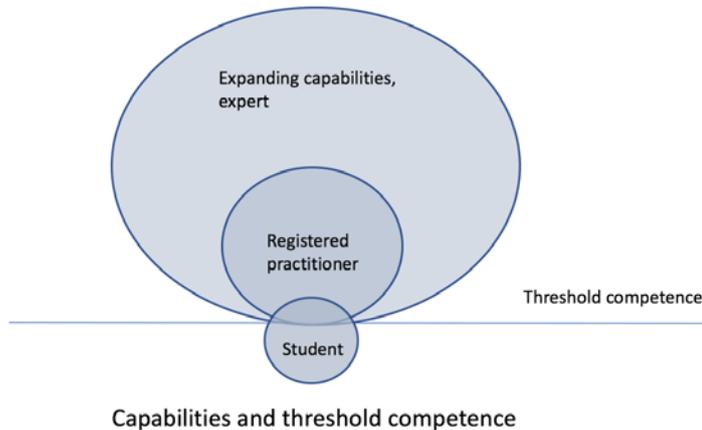
Concept of professional capability and threshold competence

Professional capability has been described as ‘what a person can think or do that is relevant to the work of a particular profession’.^{13 p135} Capability is normally inferred from evidence of performance on the job. It represents the observable abilities that are necessary to perform a particular type or level of work activity. Professional capability specifies the expected behaviours and attributes of clinicians.¹³ It includes those underpinning behavioural skills that characterise work being performed well.¹⁴ It encompasses personal and professional expertise that could include technical, business or management expertise.

Competence, on the other hand, refers to the knowledge and skills being applied consistently to the standard of performance required in the workplace.^{15, 16} As the job role evolves, so too will the definition of competence required for that job. Threshold competence is the point at which the minimum level of competence required to perform the job safely and effectively is reached (see Figure 1). Competence develops over time. If a person is deemed only partially competent (e.g. a student learning a job), the circle representing their professional capability will lie only partially above the threshold competence line. An osteopath registered in Australia is represented by the circle that sits entirely above the threshold competence line. Many osteopaths develop competence that is well beyond the threshold line as they strive for excellence in their practices. The largest circle in Figure 1 represents those osteopaths who have continued to develop their competence throughout their practice career.

Commented [LC3]: Competence does develop over time, but this model of progressively increasing competence is overly simplistic. Competence in some aspects of practice may decrease or entirely disappear post-registration if the nature of practice changes. For example, as a student I learned to perform high velocity low amplitude neck manipulations. I became competent in this skill sufficient to graduate and earn my degree. For some years I worked in clinical settings where I used this skill regularly and my competence in it was maintained, and perhaps expanded. Some years after graduation I reached a point where I considered that the evidence of harm associated with cervical manipulation was concerning, and the evidence of benefit not sufficient to outweigh the risk of harm, so I ceased to use high velocity cervical manipulation anymore. I would no longer consider myself competent in this particular skill, therefore my competence as a practitioner, although considerably expanded in some areas since graduation, is not “represented by the circle that sits entirely above the threshold competence line”.

Figure 1: Professional Capability



The State of Victoria Department of Health and Human Services¹⁵ developed an overarching framework comprising three interdependent frameworks of credentialing, competency and capability to drive a consistent statewide approach to allied health workforce practice. One of the strengths of this framework is that it attempts to overcome the disunity that can occur when these frameworks are developed in isolation. This framework was used in the development of the revised draft revised Professional capabilities for osteopathic practice to ensure that key capabilities were considered in the context of their application in clinical practice and the measurement tools that could be used to assess them.

A capability framework can also accommodate the evolution of health services and allow for individuals to develop their capabilities in complex and continually evolving work contexts. In this way, improved and more responsive health services can be developed,¹⁷ including 'shared skills, behaviours and attributes required within the allied health workforce for delivering high-quality, safe and effective care'.^{15 p23} Capabilities for ensuring the safe provision of healthcare have also been described by the Australian Commission on Safety and Quality in Health Care.¹⁸ These capabilities include collaborative care, patient-/client-centred care, effective communication, comprehensive care and risk management and are reflected in the draft revised Professional capabilities for osteopathic practice.

Maintenance of competence

Delivery of safe and effective healthcare depends in part on the competence of the health workforce. Healthcare workers are required not only to maintain the currency of their skills and knowledge through continuing professional education, but also to be able to change, respond and improve.¹⁷ Capability includes the capacity to 'do more, in unfamiliar or novel circumstances'.^{19 p7} The Professional capabilities for osteopathic practice are designed to enable individuals to develop 'sustainable capabilities appropriate for a continuously evolving healthcare environment'.¹⁵ An osteopath's level of competence and field of clinical interest may change over time. Registered osteopaths may work in research, education, government agencies or management. Direct clinical care will also change as new roles emerge in an evolving healthcare environment.

The draft revised Professional capabilities for osteopathic practice are applicable at all stages of an osteopath's professional life. They describe the minimum level of competence required to maintain registration in Australia. Many osteopaths strive to excel in their provision of services and maintain a

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level of competence beyond the threshold. If an osteopath fails to maintain the minimum level of competence for practice they could pose a risk to the public.

Professional capabilities for osteopathic practice and assessment of competence

The Osteopathy Board of Australia uses the Professional capabilities for osteopathic practice as a reference point to identify threshold competence for:

- registration of individuals who complete an approved osteopathy program in Australia
- registration of individuals who complete their initial osteopathy qualifications in other countries
- re-registration of individuals who were previously registered as an osteopath in Australia, and
- evaluation of a registrant whose level of competence to practise may pose a risk of harm to the public, for example, if the Osteopathy Board of Australia receives a complaint or notification about that registrant.

Osteopaths with conditions or undertakings related to their registration may be required to work under supervision. They may be directed by the Board to work under supervision to further develop their competence (for example completing the requirements for general registration, returning to practice or satisfying recency of practice) or to address a conduct, performance or health issue that has been assessed as impacting on safe and/or appropriate practice. Supervision requirements may be different for each osteopath. They will be tailored to the purpose of supervision, the practitioner's particular circumstances, experience and learning needs (see the Osteopathy Board of Australia's Guidelines for Supervision (<http://www.osteopathyboard.gov.au/Codes-Guidelines.aspx>)).

The use of a capability framework highlights 'context specificity' and 'situated cognition' when practitioners deliver complex healthcare.²⁰ Consequently, assessments must be sufficiently flexible to accommodate the diverse settings in which the healthcare is delivered and to enable an authentic representation of real world healthcare. Supporting evidence can take the form of direct assessment (i.e. an assessor or peer observing performance in the workplace or reviewing a video of performance in the workplace) or indirect assessment and/or questioning; a portfolio of reports and evidence of training; reports provided by third parties; and structured assessment activities such as clinical audits.²¹ Generally, self-assessments are supported by other forms of evidence. The evidence should be valid, current, authentic and sufficient (see Annex A).¹⁵

Competent professional practice requires an ability to draw on and integrate the breadth of capabilities to support overall performance. Capability is demonstrated by applying knowledge holistically in a clinical environment. More information about assessment will be provided in a separate document, as part of a suite of tools to support professional learning and development.

Terminology

- Both 'patients' and 'clients' are used to refer to consumers of osteopathic care. 'Patients/clients' is used in this document to reflect this usage.
- The term 'patients/clients and relevant others' has been used to denote all those who could be involved in patient/client care, including family, carers and other healthcare providers.
- The term 'consultation' refers to the meeting between an osteopath and a patient/client for the purpose of providing osteopathic healthcare. It normally includes osteopathic assessment and intervention.
- The term 'intervention' refers to the therapy applied for the patient's/client's condition and general healthcare, which is usually multimodal including manual therapy, exercise and lifestyle prescriptions.
- The term 'management plan' refers to the complete therapy plan for the patient/client including additional assessment outside the consultation, interventions (e.g. manual therapy, lifestyle and exercise prescription), referral and health promotion strategies.
- The term 'general health' in this document includes the use of the bio-psychosocial model of healthcare.
- 'Diverse population groups' in this document means people of all ages (from birth to end of life); education levels; ethnic, cultural and socio-economic backgrounds; and geographic regions.

- The term 'primary healthcare provider' refers to a clinician who is the initial contact for a patient/client and who screens for pathological conditions and need for referral.
- 'Lifelong learner' refers to the ongoing formal and informal education, self-directed and directed or recommended by an external party undertaken throughout an osteopath's practice career for the purpose of improving the quality of healthcare provided to patients/clients.
- 'Valid consent' – consent is valid if the treatment is agreed to by the patient/client after they have been fully informed of the nature of the treatment, the reason for its recommendation and other information they would regard as relevant to their decision, such as inherent risks of the treatment and alternate treatment options. Consent is only valid if the patient is competent to understand and authorise the intervention and makes a voluntary decision to undergo the treatment. Consent obtained by coercion or undue influence is not valid (see the Osteopathy Board of Australia's Guidelines: Informed Consent - <http://www.osteopathyboard.gov.au/Codes-Guidelines.aspx>).

Further definitions are included in the Glossary.

Osteopathy practice in Australia

Osteopaths in Australia are predominantly consulted by private fee-paying patients/clients who have somatic pain, mainly of neuro-musculoskeletal origin. Patients/clients of all ages use their services. Osteopaths practise in diverse settings in the private sector, including sole and shared practices, medical centres, aged care facilities, and in both metropolitan and rural locations. They also work in government agencies such as WorkCover, and in insurance companies and educational institutions. The referral network for osteopaths is wide and regularly includes medical practitioners, psychologists, podiatrists and massage therapists. Osteopaths are also part of the allied health workforce in the Chronic Disease Management scheme under Medicare.

Key features of osteopathy in Australia

The Professional capabilities for osteopathic practice reflect the current context and priorities for healthcare professions in Australia. Future review and revision will be required to ensure they remain relevant and consistent with existing and future practice. Key features of the Capabilities include:

Generic and osteopathy-specific skills

It is increasingly the case that the practice of a range of healthcare professions is situated in progressively more integrated and interdisciplinary contexts. Healthcare practitioners operate within a widening range of shared capabilities, and within what have been termed 'porous professional boundaries'.^{22 p551} The National Common Health Capabilities Resource²³ identified provision of care; collaborative practice; health values; professional and ethical practice; and lifelong learning as national common capabilities.^{15, 23} A significant number of the roles and key capabilities in Professional capabilities for osteopathic practice find expression in capabilities documents of other, related, professions. These common or generic capabilities receive greater or lesser emphases in each health profession and it is these varying emphases, rather than specific capabilities, that form the individual nature of each profession.²⁴ However, the contexts in which these capabilities are employed vary subtly but significantly from one profession to another. The effective and efficient application of capabilities for the benefit of each patient/client of each profession requires careful and continual reflection and refinement. The key capabilities described in the role 'Osteopathic practitioner' highlight some of the distinctive capabilities of osteopaths.

Patient/client- or person-centred care

Osteopathy practice has been described as person-centred.^{2, 25} The core elements of person-centred care include education and shared knowledge; the involvement of family and friends; collaboration and team management; sensitivity to non-medical and spiritual dimensions of care; respect for patients'/client's needs and preferences; and free flow and accessibility of information.²⁶

Collaborative practice

There is an increasing focus on capabilities associated with inter-professional or collaborative practice to ensure the rights of the patient/client to receive the best possible care. Collaborative care requires effective teamwork skills so that health providers from different professions can provide comprehensive, co-ordinated and evidence-based care to diverse patient/client populations. It encompasses clinical and non-clinical health-related care, including management and support services.

Health promotion/illness prevention

'Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions'.²⁷ Osteopaths contribute to protecting and advancing the health and wellbeing of individuals, communities and populations.

Evidence-based practice

The use of an evidence-based approach is universally agreed to be the most appropriate model for the contemporary practice of a health profession. Evidence-based practice is also known as evidence-informed practice, evidence-based treatment, evidence-based healthcare, and even evidence-

influenced practice. An evidence-based approach is essential for clinical decision-making by osteopaths.²⁸

Evidence-based practice integrates three elements:

1. the best available research evidence
2. the clinical experience and expertise of the practitioner, and
3. the patient's/client's values and expectations.

Evidence varies in quality. Individual studies may be misleading and provide insufficient evidence to justify clinical practice. The most reliable forms of evidence are up-to-date, of high methodological quality, and peer-reviewed in reputable journals.

Cultural competence

Greater awareness of person-centred care, which acknowledges the diversity of clients and exercises the cultural sensitivity and competence required to ensure safe, ethical and effective osteopathic practice in various contexts, is incorporated into these capabilities. Patient-/client-centred care also includes advocacy and empowerment.

Indigenous Allied Health Australia (IAHA) has developed a framework addressing cultural responsiveness when working with Indigenous Australians.²⁸ Osteopaths should ensure they have developed appropriate and relevant understanding of Australia's First Nations people, as well as other culturally diverse groups with whom they work.

Culturally responsive care can be defined as an extension of [person] centred care that includes paying particular attention to social and cultural factors in managing therapeutic encounters with patients/[clients] from different cultural and social backgrounds. ... [It is] a cyclical and ongoing process, requiring regular self-reflection and proactive responses to the person, family or community with whom the interaction is occurring. ... It is the responsibility of the health professional to deliver culturally responsive healthcare. Being culturally responsive places the onus back onto the health professional to appropriately respond to the unique attributes of the person, family or community with whom they are working. Self-reflection and reducing power differences are central to being culturally responsive; therefore making assumptions based on generalisations or stereotypes about a person's ethnic, cultural or social group is a barrier to cultural safety. Part of the challenge of becoming culturally responsive health professionals is learning to reach beyond personal comfort zones, and being able to comfortably interact and work with people, families and communities who are both similar and markedly different.^{29 p8}

Consumer empowerment

With increasing access to information regarding health, wellness and the range of interventions available, consumers are increasingly health literate and want to embrace the most reliable health information. It is likely that they will take more control of their health and make their own informed choices. This results in greater empowerment of consumers, and healthcare providers, such as osteopaths, need to ensure they 'work with' not 'do to' their patients/clients. Information transparency has become an ethical obligation. Healthcare consumers are no longer passive recipients of interventions, relying on the authority of their healthcare providers. Patients/clients are equal partners in decision-making in their own healthcare.

Contexts of osteopathy in Australia

Osteopaths in Australia work predominantly in the private sector in a range of settings, including sole and shared practices, medical centres and aged-care facilities. They also work in government agencies such as WorkCover, insurance companies and educational institutions. The Osteopathy Board of Australia's definition of practice encompasses the diverse contexts in which osteopaths work:

[Practice is] any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge (working) in a direct non-clinical relationship with clients, working in

Osteopathy Board of Australia

management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.^{30 p3}

Osteopaths registered in Australia are required to work within the legislative and regulatory framework that is outlined in the Osteopathy Board of Australia's Codes and Guidelines (<http://www.osteopathyboard.gov.au/Codes-Guidelines.aspx>), including its Code of Conduct, Guidelines for advertising registered health services, Guidelines for mandatory notifications, Osteopathy continuing professional education guidelines, Osteopathy guidelines for clinical records, Osteopathy guidelines for informed consent, Osteopathy guidelines for sexual and professional boundaries and Osteopathy guidelines for infection control. AHPRA's Privacy Policy (www.ahpra.gov.au/About-AHPRA/Privacy.aspx) outlines how to collect, use, disclose and protect personal information in line with Australia's Privacy Act.

Assumptions applying to the Professional capabilities for osteopathic practice

In addition to demonstrating threshold competence for initial and continuing registration, all osteopaths in Australia are assumed to have completed a professional entry-level osteopathy program leading to a higher education qualification in osteopathy.

Successful completion of the osteopathy program should generally include learning and assessment of all the following foundational abilities:

- knowledge of relevant anatomy, physiology, pathology, other biomedical sciences relevant to human health and function, and psychosocial and other determinants of health encompassing cardio-respiratory, musculoskeletal, neurological and other body systems within the context of osteopathy and best available research evidence, and
- knowledge and understanding of theoretical concepts and principles relevant to osteopathy practice including evidence-based practice, and
- knowledge and understanding of theoretical concepts and principles relevant to osteopathy practice with patients/clients across the lifespan, from birth to end of life care, who present with one or more problems such as pain and/or impairment or dysfunction contributing to impairment, activity limitations and participation restrictions, and
- knowledge and understanding of theoretical concepts and principles relevant to osteopathy practice across acute, rehabilitation and community practice in a range of environments and settings, and
- competence to practise as an osteopath autonomously as well as a member of an inter-professional team in relevant clinical situations, and
- knowledge and understanding of theoretical concepts and principles relevant to osteopathy practice in health promotion and facilitation of patient/client self-management strategies to enhance their health and wellbeing.

DRAFT Professional capabilities for osteopathic practice

Osteopaths registered in Australia are able to:

Role	Key capabilities
1. Osteopathic practitioner	1.1 Recognise and act within the scope of osteopathic practice, concepts and/or principles, and apply these to patient/client care 1.2 Apply a patient-/client-centred approach to practice 1.3 Plan and implement efficient, effective, culturally-responsive and patient-/client-centred osteopathy assessments 1.4 Develop osteopathic management plans based on osteopathic clinical reasoning, and use the best available evidence and patient/client preferences to inform decision-making 1.5 Implement and review osteopathic management plans based on osteopathic clinical reasoning that facilitate the patient's/client's optimal participation in work and life activities
2. Professional and ethical practitioner	2.1 Comply with legal, professional, ethical and other relevant standards, codes and guidelines 2.2 Make and act on informed and appropriate decisions about acceptable professional and ethical behaviours 2.3 Recognise the need for, and implement, appropriate strategies to manage practitioner self-care 2.4 Advocate for patients/clients
3. Communicator	3.1 Consider and demonstrate socio-cultural awareness in communication and management strategies 3.2 Communicate effectively on all aspects and through all stages of the care process with patients/clients and relevant others
4. Critical reflective practitioner and lifelong learner	4.1 Accurately assess individual practice against relevant professional benchmarks and take action to continually improve practice 4.2 Evaluate own learning needs, engage in continuing professional development and recognise when to seek professional support 4.3 Accurately analyse and critique research and appropriately apply evidence in practice
5. Educator and health promoter	5.1 Use education to empower themselves and others in the practice context 5.2 Demonstrate commitment to the principles of health education; disease prevention; rehabilitation; and amelioration of impairment, disability and limited participation
6. Collaborative practitioner	6.1 Engage in an inclusive, collaborative, consultative, culturally-responsive and patient-/client-centred model of practice

	6.2 Work effectively as a member of a diverse, inter-professional healthcare community, including Aboriginal and Torres Strait Islander peoples
7. Leader and manager	7.1 Lead others effectively and efficiently within relevant professional, ethical and legal frameworks 7.2 Advocate for the community of osteopaths 7.3 Organise and prioritise the workload and resources to autonomously provide safe, effective and efficient osteopathic care and where relevant, as a team leader

Commented [LC5]: I suggest that this phrase become a separate item. The inclusion of Aboriginal and Torres Strait Islander peoples is not only in the context of inter-professional healthcare. Aboriginal and Torres Strait Islander people are patients/clients too, and we need to practice in ways that ensure our services are open to them, welcoming, and respectful. I consider that this inclusion is implied in items 6.1 and 6.2, but if a specific item is sought, then suggested rephrasing could be "6.3: Work towards reconciliation with, and inclusion of, Aboriginal and Torres Strait Islander people as patients/clients and health professionals."

Osteopaths should be equipped with, and continue to develop, a defined set of capabilities, which may be grouped into seven core roles. Capabilities are grouped into these seven core roles:

1. Osteopathic practitioner
2. Professional and ethical practitioner
3. Communicator
4. Critical reflective practitioner and self-directed learner
5. Educator and health promoter
6. Collaborative practitioner
7. Leader and manager

These seven core roles are an integrated and inter-related whole. They should therefore be read and considered together.

Role 1: Osteopathic practitioner

Definition

Osteopaths integrate all seven practice roles into this central role in their practice context by working in partnership with individuals and populations to optimise their function and quality of life, promote health, and implement strategies informed by the best available evidence to prevent and minimise impairments, activity limitations and participant restrictions including those associated with complex, acute and chronic conditions.

Osteopaths registered in Australia are able to:

Key capabilities	Enabling components
1.1 Recognise and act within the scope of osteopathic practice, concepts and/or principles, and apply these to patient/client care	1.1A Draw on osteopathic approaches to diagnosis, including interpretation of palpatory findings, when undertaking an assessment of a patient's/client's health condition
	1.1B Consider assessment findings in the context of osteopathic approaches to diagnosis when formulating differential diagnoses
	1.1C Explain and negotiate an osteopathic management plan with the patient/client using clinical reasoning that is framed in an osteopathic context
	1.1D Implement, monitor and review evidence-informed interventions, including manual therapy, rehabilitation and lifestyle education, that are within the scope of osteopathy and align with principles of holistic care
	1.1E Assist the patient/client and relevant others to understand the rationale for osteopathic care, costs and risks associated with it, and that they have the right to refuse osteopathic care
1.2 Apply a patient-/client-centred approach to practice	1.2A Facilitate patient's/client's ability to discuss their needs and preferences in regard to treatment
	1.2B Take patient/client experiences of healthcare into account during all stages of the osteopathic consultation and respond appropriately to those experiences
	1.2C Employ osteopathic healthcare in a way that enables and empowers patients/clients through enhancing their participation in work and life roles

	1.2D Ensure that patients/clients are not discriminated against on the basis of their age, culture, disability, gender, sexuality, social status, economic status, language or ethnicity, consistent with legislative requirements
1.3 Plan and implement an efficient, effective, culturally-responsive and patient/client-centred osteopathy assessment	1.3A Ensure that osteopathic assessment plan is negotiated with patients/clients and relevant others as appropriate
	1.3B Continue to develop as needed the skills required to elicit and record a comprehensive osteopathic assessment, including a case history, physical examination, and refer for and interpret diagnostic imaging and tests, as appropriate, from a diverse patient/client population
	1.3C Gather, explain and share information with the patient/client and relevant others in the process of osteopathic assessment
	1.3D Draw on knowledge and evidence of biomedical sciences relevant to human health and function, and psychosocial determinants of health that influence the patient's/client's impairments, activity limitations and participation restrictions when planning and implementing an osteopathic assessment
1.4 Develop osteopathic management plans based on osteopathic clinical reasoning, and use the best available evidence and patient/client preferences to inform decision-making	1.4A Synthesise information gathered from the patient/client and other sources, where appropriate, into rational, differential and working diagnoses tailored to the patient's/client's general health status
	1.4B Negotiate a safe and effective osteopathic management plan with the patients/clients and relevant others, including discussion of options for management
	1.4C Incorporate the key bio-psychosocial factors that contribute to patient/client wellbeing (impairment, disability and participation) when planning and implementing relevant management strategies
	1.4D Devise goals on which a management plan is based, in consultation with the patient/client and relevant others, that address the presenting complaint and reflects the patient's/client's general health status, preferences, needs and wants

1.5 Implement and review osteopathic management plans based on osteopathic clinical reasoning that facilitate the patient's/client's optimal participation in work and life activities	1.5A Implement, monitor and review a tailored patient-/client- centred management plan that includes relevant direct and indirect manual therapies and other relevant rehabilitation, exercise and cognitive interventions following critical integration of currently available evidence and patient/client preferences
	1.5B Actively encourage patients/clients to provide honest and timely feedback without hesitation or embarrassment
	1.5C Assess risks, the quality of the osteopathic intervention and the patient's/client's physical, verbal and non-verbal responses to osteopathy throughout the consultation
	1.5D Measure, evaluate and review the bio-psychosocial factors that contribute to patient/client wellbeing (impairment, disability and participation) and modify the management plan if required
	1.5E Adapt osteopathic management plans according to the patient's/client's changing circumstances, including general health status
	1.5F Establish a prognosis in conjunction with the patient/client and relevant others that incorporates appropriate outcome measures and anticipated milestones of patient/client progress

Role 2: Professional and ethical practitioner

Definition

Osteopaths are committed to demonstrating standards of behaviour that comply with their legal, professional and ethical obligations, and managing their physical and mental health.

Osteopaths registered in Australia are able to:

Key capabilities	Enabling components
2.1 Comply with legal, professional, ethical and other relevant standards, codes and guidelines	2.1A Recognise the patient's/client's healthcare rights, including their right to shared decision-making, confidentiality and informed consent, and prioritise the patient's/client's needs, rights and interests, including their safety, privacy and dignity
	2.1B Obtain and continue to ensure valid consent, including financial consent, having identified and discussed potential risks and benefits, and other care options, with the patient/client in a manner consistent with the current policy of the relevant regulatory authority
	2.1C Understand and comply with relevant legislative and regulatory frameworks, including the Osteopathy Board of Australia's Code of Conduct and guidelines, relevant to the workplace
	2.1D Accept and act on their duty of patient/client care, including ensuring privacy and confidentiality of patients'/clients' health and personal information and health records, as per OBA's privacy policy
	2.1E Manage risk effectively and responsibly in such a way that minimises impact on all concerned
2.2 Make and act on informed and appropriate decisions about acceptable professional and ethical behaviours	2.2A Act on responsibilities relating to guidelines, ethical standards and other relevant policies issued by appropriate bodies and authorities, including OBA guidelines for sexual and professional boundaries
	2.2B Consider implications of healthcare costs, and the principles of efficient and equitable allocation of resources and modify management accordingly
	2.2C Show compassion, empathy and respect for patients/clients, relevant others and professional colleagues

	2.2D Practise in accordance with the professional capabilities and limitations of a primary healthcare provider, screening for pathological conditions and referring patients/clients for appropriate care as required
	2.2D Act within bounds of personal competence, recognising personal and professional strengths and limitations and seeking assistance where appropriate
	2.2E Maintain ethical conduct when providing care and services, including ensuring that their own health beliefs and values do not prejudice patient/client care
	2.2F Maintain honest and open communication with patients/clients, and follow organisational processes should an adverse event occur
	2.2F Recognise when further information/referral is required and facilitate this to occur
	2.2G Recognise and effectively manage conflicts of interest, including unnecessary prescription of products and over-servicing
2.3 Recognise the need for, and implement, appropriate strategies to manage practitioner self-care	2.3A Monitor personal physical and mental health and its relationship to the quality of service provided, and take appropriate and ongoing measures to maintain personal physical and mental health and resilience
	2.3B. Maintain currency of knowledge and skills according to changes in regulatory and other ethico-legal requirements and practice environments
2.4 Advocate for patients/clients	2.4A Advocate for patients/clients and their rights to healthcare and other services
	2.4B Contribute to the effectiveness and efficacy of the healthcare system, including wise use of healthcare resources, and ensure that the services provided are <u>reasonably required, and</u> not excessive, <u>or unnecessary-or not reasonably required,</u>

Commented [LC6]: No concerns at all with this item, which reflects that competence may change across practicing life.

Role 3. Communicator

Definition

Osteopaths use written, verbal and non-verbal methods to effectively and respectfully communicate with patients/clients, family, other professionals, communities and relevant others and facilitate gathering and sharing of information as appropriate for the situation or context.

Osteopaths registered in Australia are able to:

Key capabilities	Enabling components
3.1 Consider and demonstrate socio-cultural awareness in communication and management strategies	3.1A Use effective, culturally sensitive communication to establish a therapeutic relationship based on trust and openness
	3.3B Make appropriate adjustments to communication style to suit the particular needs of the patient/client including those from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander people
	3.1C Seek at all times to identify and understand the patient's/client's goals and concerns, and incorporate them into the management plan
3.2 Communicate effectively on all aspects and through all stages of the care process with patients/clients and relevant others	3.2A Appropriately use and integrate a range of questioning and listening strategies during patient/client consultation
	3.2B Complete relevant documentation to organisational and legislative medico-legal standards including accurate recording of appropriate patient/client data in a timely manner using patient-/client-centred language, and in accordance with OBA guidelines for clinical records
	3.2C Use effective communication to build positive relationships with colleagues, other practitioners, and other relevant third parties to enhance patient/client care
	3.2C Effectively use a range of communication skills, including, but not limited to, negotiation, conflict management and resolution, to facilitate a positive working partnerships with patients/clients and relevant others

Role 4: Critical reflective practitioner and lifelong learner

Definition

Osteopaths access the best available research evidence to inform their practice and engage in critical reflection and relevant learning to maintain and enhance their professional competence and quality of their practice throughout their career.

Osteopaths registered in Australia are able to:

Key capabilities	Enabling components
4.1 Accurately assess individual practice against relevant professional benchmarks and take action to continually improve practice	4.1A Accurately self-assess and critique own osteopathic practice and identify strategies for improvement
	4.1B Maintain the knowledge and skills needed to support practising as an osteopath in accordance with the requirements of the current regulatory environment, including OBA guidelines for continuing professional development
	4.1C Identify, assess, appropriately manage and report on risks, treatment side-effects, adverse events and other complications of care
4.2 Evaluate own learning needs, engage in continuing professional development and recognise when to seek professional support	4.2A Recognise when one's expertise, competence or culture will potentially create risk or compromise the quality of osteopathic care or expected outcomes, and seek opportunities to engage in relevant activities to address identified learning needs and maximise learning
	4.2B Seek and act on feedback from more experienced practitioners
	4.2C Reflect on the patient's/client's response to osteopathic care, and seek guidance from mentors and/or professional development to effectively manage the consultation if required
4.3 Accurately analyse and critique research and appropriately apply evidence in practice	4.3A Find, appraise, interpret, and appropriately apply best available research evidence to inform clinical reasoning and professional decision-making

Commented [LC7]: Do we have methods for this self-assessment and critique? Do we have any way of determining that self-assessment is accurate?

Also consider adding an item such as "Identify when one is impaired and likely to be unable to accurately self-assess or critique own osteopathic practice."

At present a single binary question regarding knowledge of impairments to practice is answered upon renewal of registration, but this query seems inadequate to drive self-reflection, and appears to be of use mostly to alert registrants to their responsibility to self-reflect (and perhaps reduce liability of the Board).

Commented [LC8]: There are many influences on practitioners that lead to professional growth. Why highlight this particular one? Osteopathy does not yet have a compulsory system of professional supervision or mentorship beyond graduation, so it seems incongruous to require this item. Further, there is, at present, little training for mentorship provided to more experienced osteopaths, thus it is possible that their advice to less experienced colleagues may be prejudiced, unhelpful, or just plain wrong.

Further, if mentorship is to be required, then there may be assumed a responsibility on the OBA to provide a formal structure for mentorship and feedback, including training for mentors. I suggest that this item be rephrased to something like "Seek professional development and support as required, which may include, but is not limited to, supervision, mentorship, formal education, structured audit and feedback, or clinical care (eg: psychology)."

Commented [LC9]: As above.

	4.3B Critically appraise, interpret and apply learning from continuing professional development, clinical data and patient/client responses to osteopathic care
	4.3C Advocate for the osteopathic role in healthcare by increasing the knowledge and dissemination of best available research evidence

Role 5: Educator and health promoter

Definition

Osteopaths apply learning principles and strategies relevant to the practice context to facilitate learning and promote health in other professionals, students, patients/clients, relevant others, funders and/or insurers, communities and governments.

Osteopaths registered in Australia are able to:

Key capabilities	Enabling components
5.1 Use education to empower themselves and others in the practice context	5.1A Educate, motivate and empower the patient/client and relevant others to implement effective and safe therapy, to achieve patient-/client-centred goals
	5.1B Make continual provision for continuing professional learning for self and others, including community groups and colleagues and students under own management, as appropriate in the osteopathic setting
5.2 Demonstrate commitment to the principles of health education; disease prevention; rehabilitation; and amelioration of impairment, disability and limited participation	5.2A Provide health education to patients/clients to promote health and prevent disease/illness as appropriate
	5.2B Evaluate the effectiveness of the education provided and modify the education, including content and delivery methods, to improve patient/client compliance, if necessary

Role 6: Collaborative practitioner

Definition

Osteopaths work in partnership with patients/clients, relevant health professionals and relevant others to share decision-making and support achievement of agreed goals through inclusive, collaborative and consultative approaches within legal, ethical and professional frameworks.

Osteopaths registered in Australia are able to:

Key capabilities	Enabling components
6.1 Engage in an inclusive, collaborative, consultative, culturally-responsive and patient-/client-centred model of practice	6.1A Work effectively, autonomously and collaboratively with the patient/client and relevant others in a way that acknowledges and respects the patient's/client's dignity, culture, rights and goals
	6.1B Work with patients/clients and relevant others when necessary, to enable patient/client access to appropriate health and community services
	6.1C Interact effectively and professionally with other health and community services and/or providers in the interests of patients/clients
	6.1D Maintain knowledge and understanding of the pharmacological and complementary medicines aspects of management
6.2 Work effectively as a member of a diverse, inter-professional healthcare community, including Aboriginal and Torres Strait Islander peoples	6.2A Understand, acknowledge and respect the roles of other healthcare providers and services and work effectively and collaboratively with them
	6.2B Consult and share knowledge with professional colleagues, and -seek guidance, assistance or professional support in situations that are outside their expertise or competence or when outcomes of the patient/client care are not as expected
	6.2C Make appropriate decisions to share or transfer responsibility to, and accept responsibility from others, when it is safe, effective and appropriate

Commented [LC10]: See earlier note on this item. By mentioning Aboriginal and Torres Strait Islander people here, as practitioners, do we inadvertently omit them from item 6.1, as patients/clients?

Role 7: Leader and manager

Definition

Osteopaths manage their time, workload, resources and priorities and lead others effectively within relevant clinical and professional contexts.

Osteopaths registered in Australia are able to:

Key capabilities	Enabling components
7.1 Lead others effectively and efficiently within relevant professional, ethical and legal frameworks	7.1A Monitor and, where necessary, implement measures to ensure ethical, professional and legal conduct of colleagues and/or students in providing care and services
	7.1B Positively influence workplace culture and practice through strategic thinking, advocacy, critical reflection, innovative problem solving and initiative
	7.1C Recognise their own leadership style and apply their leadership skills as relevant to their practice context
	7.1D Encourage, guide and motivate others to operate effectively and efficiently in the practice context
	7.1E Facilitate change informed by best available research evidence and patient/client needs when new ways of working are adopted in the practice context
7.2 Advocate for the community of osteopaths	7.2A Critically reflect on the role and contribution of the osteopathic profession within the healthcare system by interaction with peers, colleagues and leaders
	7.2B Demonstrate active engagement in supporting and promoting the osteopathic community (e.g. participation in professional activities, clinical supervision, professional mentorship)
7.3 Organise and prioritise the workload and resources to autonomously provide safe, effective and efficient osteopathic care and where relevant, as a team leader	7.3A Make consistent provision for continuing professional learning for self and other healthcare professionals under own management or employment
	7.3B Use appropriate strategies to manage and/or supervise workload safely, effectively and efficiently
	7.3C Adapt and, where relevant, innovate to achieve realistic goals within available resources in clinical practice and/or professional activities

Commented [LC11]: Note: Supervision and mentorship are not the same thing. Supervision includes judgement and correction, whereas mentorship is fiercely prejudicial (ie: a supervisor oversees and guides, a mentor is in your corner). Further, supervision is not limited to students. It may be appropriate for registered practitioners to submit to supervision in order to redress weaknesses or expand competence.

Glossary

Capabilities

Capabilities are underpinning behavioural skills that characterise work being performed well. Capabilities specify the expected behaviours and attributes of clinicians. They reflect the expanding sphere of influence and control expected of individuals of a higher grading.¹⁵

Competence

Competence is the consistent application of knowledge and skill to the standard of performance required in the workplace. It embodies the ability to transfer and apply skills and knowledge to new situations and environments.¹⁵

Osteopath

Osteopath is defined as a practitioner registered with the Osteopathy Board of Australia to use the title 'osteopath' under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

Osteopathic

Osteopathic, in the context of these capabilities, is applied to theoretical, practical and abstract material that is pertinent to the daily practice of osteopaths. The term 'osteopathic', and what it implies, has been a source of some discussion for a considerable time. The term and its use should not be taken to denote something unique.

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Annex A Rules of evidence ¹⁵

Rule	Explanation
Valid	The evidence gathered needs to meet the requirements of the specified standard. This evidence should reflect the type of performance described in the standard, whether this is knowledge, skills or behaviours. All critical evidence is stated in the evidence guide. For our purposes, this process is guided by any recommendations made by professional bodies, reference groups or subject matter experts.
Current	This relates to the recency of the evidence and whether it demonstrates the candidate's current abilities. The currency of evidence needs to be considered closely. For example, if a candidate is returning from extended leave, they may not have performed a particular clinical practice for years and there may be new technologies to be applied in the workplace. Stipulations regarding what constitutes currency may need to be advised by reference groups or subject matter experts.
Authentic	The evidence gathered needs to be the work of the candidate. If unsure, then evidence may need to be corroborated or verified. Follow-up questioning may be useful here.
Sufficient	The initial three rules relate to each piece of evidence, while this relates to the overall collection of evidence. The key here is that there needs to be enough evidence gathered to satisfy that the candidate is competent across all aspects of the stated standard and that they can demonstrate the ability to apply this in the range of contexts required in the workplace. Inferences are drawn about competence by an assessor putting together the range of evidence sources.

Assessment methods applied in the health sector as sources of evidence for competency decisions

Source	Example
Direct workplace observation	<ul style="list-style-type: none"> • Observing the candidate performing real work/real-time activities at the workplace • Work activities in a simulated workplace setting such as simulation centre or simulated setup • Recording performance using checklists • Clinical supervision
Structured assessment activities	<ul style="list-style-type: none"> • Case-based presentations observed by an assessor • Clinical audit such as a review of the content of medical record entries against evidence-based practice and best practice is undertaken by a peer group • Review of a clinical log such as occasions of applied clinical practice in the workplace, which are recorded in a log • A review of completed documentation • A review of scanned medical record entries
Questioning	<ul style="list-style-type: none"> • Written questions such as short answer questions • An online quiz such as on hand hygiene • Interviews such as those conducted at recruitment • Self-assessment such as ranking your own performance against standards or a position description • Oral appraisal such as using a bank of questions
Contents of a portfolio/resume	<ul style="list-style-type: none"> • Continuing professional development record • Training record • Qualifications • Professional registration endorsements • Clinical appointments • Reflective journal • Report of quality activities
Review of products	<ul style="list-style-type: none"> • Review of products as a result of a project • Equipment set up correctly • A fault is found and rectified
Reports from third parties	<ul style="list-style-type: none"> • Testimonial from a referee • Evidence of training delivered or attended • Patient satisfaction survey