

Feedback for the Public Consultation on the Revised Professional capabilities for osteopathic practice

Joyaa Antares, Osteopath, May 2018

1) Do the draft revised Professional capabilities adequately describe the minimum competencies for safe contemporary osteopathic practice in Australia?

So far as I am aware.

2) Within the draft revised Professional capabilities, do the Key capabilities sufficiently describe the elements required to safely and effectively practice as an osteopath in a range of contexts and situations?

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3) Within the draft revised Professional capabilities, do the Enabling components sufficiently describe the essential and measurable characteristics of threshold competence?

Threshold competence – perhaps, but the document speaks less to the evolving job role of osteopaths, and I believe this could and should be improved.

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?

The seven practitioner roles (source: CanMEDS) as described feels clunky. It comes across to this reader like a new pair of shoes that needs wearing in. I don't have a problem with the structure, but I think the wording needs more work before we can make it "ours".

On page 10, "Generic and osteopathy-specific skills". The content talks around the subject rather than on it. The section needs "real examples" to take it from being a little "ivory tower" or bureaucratic and bring it into the real osteopathic world.

Page 10, "Collaborative practice". This reads more a comment on – I'm not sure of the correct adjective – ?medico-sociological? change than about the section heading ("Osteopathy practice in Australia"). It reads more as if we are trying to please the reader that we have ticked the right boxes than that we are actually doing this within the profession. Similar could be said of the next paragraph, "Health promotion/illness prevention". It may serve to tick a box – but it doesn't really do that either. The problem with this is that Energetic Kinesiologists or Reiki Practitioners could have exactly this paragraph too, and it is therefore rather meaningless. How can we better make it "ours"? This needs more thought.

In my opinion, there's a confusing blend through much of this section, "Osteopathy practice in Australia", mixing what osteopaths should do and what we actually do. I see

this again in “Cultural competence”. “Osteopaths should ensure they have developed appropriate and relevant understanding of Australia’s First Nations people”. I am not aware of any courses offered to our profession that supports this perfectly politically correct statement. Page 20, section 3.1B is in a similar vein – but how is this capability delivered to Osteopaths? I am not aware that it is, and if the AHPRA/OBA require it to be so, then they need to help institute the medium to facilitate this.

5) Is there anything missing that needs to be added to the draft revised Professional capabilities?

a) Page 8, section “Maintenance of competence”: is the sentence, “The Professional capabilities for osteopathic practice are designed to enable individuals to develop ‘sustainable capabilities appropriate for a continuously evolving healthcare environment’.”. I think the document needs more work - more flesh to the bones – in order that it may bring this worthy aim into reality.

b) The section, “The evidence for osteopathy” (page 5) is acutely lacking. This is a critical omission because this section plays a pivotal role in the whole document, sitting at the nexus between two oppositional forces – on the one hand it claims, “There is little high quality evidence for the effectiveness of osteopathic healthcare” (which as a sentiment or claim needs softening) and on the other hand there are the numerous references to the significance of and need for an evidence-based approach.

I’ll discuss the “evidence” briefly here, and address the “oppositional forces” a little in section 9.

Re. the evidence: where should we start? Probably with the Osteopathic literature repositories that are available to all of us, and from there selecting the obvious studies that seem to have found no place within this critical document that sets out an authoritative position on the available literature.

<https://cranialacademy.org/research/bibliography/> takes the reader to a list of “headings”. Don’t be fooled – these are actually drop down lists that need to be clicked on. Do so, and you’ll find papers like:

- Cerritelli F, Ruffini N, Lacorte E, Vanacore N: Osteopathic manipulative treatment in neurological diseases: Systematic review of the literature. *J Neurol Sci.* 2016 Oct 15; 369:333-41. PMID: 27653920
- Racca V, Bordoni B, Castiglioni P, Modica M, Ferratini M. Osteopathic Manipulative Treatment Improves Heart Surgery Outcomes: A Randomized Controlled Trial. *Ann Thorac Surg.* 2017 Jul;104(1):145-152. PMID: 28109570
- Cerritelli F, et al: Effect of osteopathic manipulative treatment on length of stay in a population of preterm infants: a randomized controlled trial. *BMC Pediatr.* 2013 Apr 26;13:65. doi: 10.1186/1471-2431-13-65. PMID: 23622070
- Philippi H, Faldum A, Schleupen A, et al. Infantile postural asymmetry and osteopathic treatment: a randomized therapeutic trial. *Dev Med Child Neurol.* 2006;48(1):5–9, discussion 4. PMID:16359587
- Guiney PA, Chou R, Vianna A, Lovenheim J: Effects of osteopathic manipulative treatment on pediatric patients with asthma: a randomized controlled trial. *J Am Osteopath Assoc.* 2005 Jan;105(1):7-12. PMID: 15710659

- Schwerla F: Osteopathy for musculoskeletal pain: a systematic review. Clin Rheumatol. 2012 Jan;31(1):197-8. doi: 10.1007/s10067-011-1882-3. Epub 2011 Nov 3. PMID: 22048740
- Schwerla F, Bischoff A, Nurnberger A, Genter P, Guillaume JP, Resch KL: Osteopathic treatment of patients with chronic non-specific neck pain: a randomised controlled trial of efficacy. Forsch Komplementmed. 2008 Jun;15(3):138-45. doi: 10.1159/000132397. Epub 2008 Jun 4. PMID: 18617745
- Williams NH, Edwards RT, Linck P, Muntz R, Hibbs R, Wilkinson C, Russell I, Russell D, Hounsome B: Cost-utility analysis of osteopathy in primary care: results from a pragmatic randomized controlled trial. Fam Pract. 2004 Dec; 21(6):643-50. Epub 2004 Nov 5. PMID: 15531626

These are just a few. There are many more.

N.C.O.R. (The National Council for Osteopathic Research) is another useful repository that should be utilized - <https://www.ncor.org.uk/collections/evidence-for-osteopathy/>

- c)** Page 13, Key capabilities of the osteopathic practitioner: 1.4 omits clinical experience and expertise. The pillar is included on page 11 and should be included here, as it is not evidence-based health care to omit it.
- d)** Similarly, pages 15 & 16. Sections 1.1 and 1.4 should include a sentence about drawing upon clinical expertise and experience so that this evidence-based pillar is openly acknowledged (as it should be). And again, on page 21: the initial “definition” lacks a phrase (something like, “ ... integrated with expertise and experience, and acknowledging the modest evidence base”).
- e)** Page 21: add “4.2D: Recognise when the evidence base does not fit to the individual situation”. Paying due homage to the evidence base is fair and reasonable, and equally its current limitations across all of manual therapy need to be acknowledged, and the place of expertise and experience made explicit.

6) Is there any content that needs to be changed or deleted in the draft revised Professional capabilities?

- a)** Page 5, “Treatment and management approaches”: The statement about “main manual therapy modalities ... are soft tissue techniques, muscle energy technique, high velocity low amplitude techniques and joint articulation.” is inadequate. There is a strong base for indirect techniques within the profession. The 2018 “Workforce survey of Australian osteopathy” spells this out, with one-quarter of the profession using functional and cranial techniques, and over 15% of the national osteopathic patient base being aged 0 to 3 years old. The current statement speaks only to the adult population, is therefore misleading and requires elaboration. (<https://link.springer.com/article/10.1186/s12913-018-3158-y>).
- b)** Page 8 states: “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”. I see these sentences as contradictory. The document seems quite strong on minimal levels of competence, but weak on the capabilities applicable to all stages of an osteopath’s professional life. (E.g., the capabilities of an osteopathic researcher are not made clear. Also,

what are the capabilities that should fall under the “Expanding capabilities, expert” as mentioned in Figure 1, page 7? (This figure is very useful, but the document speaks far more to this figure’s “Registered Practitioner” than to its “Expert”. I would like the document to go further, and cover the territory of expanding capabilities more thoroughly. Not only does the profession need this, but this document would be a suitable place for this discussion.

- c) Page 11. The reference to the IAHA. Cites ‘28’ in one of the two places where it should cite ‘29’.
- d) Page 20, section 3.1: 3.1B should read 3.1B and not 3.3B.

8) Are there implementation issues the National Board should be aware of?

The points made above about cultural awareness. The issue being that currently there is no such implementation (to my knowledge).

9) Do you have any other comments on the proposed draft revised Professional capabilities?

There is a lot of good work here. As it currently stands, it needs more.