



## **Australasian Osteopathic Accreditation Council response to the Public consultation on draft revised Professional capabilities for osteopathic practice.**

The Australasian Osteopathic Accreditation Council (the Council) thanks the Osteopathy Board of Australia for the opportunity to comment on the draft revised Professional capabilities for osteopathic practice. The Council views the Capabilities Statements as critical to accreditation functions because they form reference points for:

- Blueprinting of curriculum and benchmarking of graduate outcomes as part of the accreditation of pre-professional courses
- Assessment of the skills and knowledge of overseas trained osteopaths
- Assessment of overseas accreditation authorities to determine equivalence.

The Council has considered the draft Professional capabilities and would like to provide several overarching comments for consideration by the Board.

The Council supports utilising the CanMEDS Framework as the overarching framework for the development of the revised Professional capabilities. CanMEDS is widely utilised in several health professions around the world, and provides a sound framework and descriptors that are relevant to contemporary osteopathic practice. The Council also supports using the CanMEDS framework role descriptors to frame each part of the Professional capabilities. The use of a framework such as the CanMEDS will enable providers to clearly teach and assess each capability and the underlying enablers.

To enhance the practical application of standards for practice, the descriptors should endeavour to describe observable behaviours in a framework which minimises overlap, repetition and duplication. They should endeavour to use terms which have widely accepted definitions and language which is unambiguous and concise. The Council suggests the revised Capabilities are reviewed for clarity and to ensure that there is no overlap between any of the Key Capabilities and Enabling Components across each Role.

The Council suggest that the introduction is an unnecessary descriptive discourse of Osteopathy that would be more suited to providing the public with an overview of Osteopathy practice rather than a practice standard for Osteopaths. The intention of the capabilities document is not to define osteopathy and justify the profession within the broad healthcare landscape, rather the document facilitates clarity in entry level requirements for the profession. Consequently, the Council suggests a revision of the proposed introduction of the revised Capabilities is undertaken to ensure the wording and structure is consistent with standards for practice in other Australian professions under the National Registration and Accreditation Scheme.

Please find below the responses to each question from the consultation document.

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

Yes, they do. However, the Council sees the interchangeable use of competency and capability as potentially problematic. A *competency* is considered appropriate for stable practice-based environments and familiar problems and would be appropriate to describe safe contemporary

osteopathic practice in Australia. Conversely, *capabilities* typically reflect an individual's ability to be flexible, and manage changes and challenges within their practice above and beyond an individual competency. The Council suggests the choice of terminology is consistent and reflected in statements made within the document.

**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?**

The document would benefit from inclusions and editing detailed in responses to questions 3-7. These suggestions are not intended to be exhaustive but provide examples of improvements that could be considered for the document.

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

Enabling components are the element used in assessment and therefore, should be written in language which describes observable behaviours. The enabling components would benefit from several editorial changes to ensure they are measurable in both pre- and post-registration contexts.

**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 Council suggests sparing use of the qualifier "osteopathic" (such as "within osteopathic concepts" see 1.1.C as an example of unnecessary use of qualifiers) would strengthen the clarity of the document. The authors note there has been considerable debate about the meaning of the term "osteopathic." The Council suggests "current practice" or similar as a replacement. At times it may be appropriate to omit the term because it is self-evident the activity is being performed by an osteopath.

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

The Council suggests explicit mention of assessment and management of pain (particularly persistent pain) would ensure the Capabilities are contemporary. We also recommend inclusion of elements addressing relevant physical environmental or ergonomic factors as these are not explicitly included in the biopsychosocial model, yet can be significant in conditions presenting to osteopaths.

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

Capabilities standards are reviewed infrequently and as a result need to be mindful of avoiding inclusion of content that would unduly constrain the ability of an osteopath to change their practice with respect to evidence, public health and technology. Caution should be exercised in including a definition of osteopathy unless the definition has been peer reviewed and widely accepted by the Australasian profession. The Council suggests that a definition of osteopathy and reference to specifics of therapeutic approaches, conditions treated, payment systems and referral networks would be better placed in separate documentation to the capabilities

document. If descriptions of practice are desired, these should be broad statements of the settings, intent and ethics of practice (see Physiotherapy standards).

The Council would recommend removal of the key capability 7.2 “Advocate for the community of osteopaths” with the associated enabling component 7.2.B and instead replace this with “*advocating for patients/clients and their right to health care*”. Advocating for the community of a profession might in some contexts put the practitioner at odds with principles of patient centered care.

The Council prefers the use of “evidence based” rather than “evidence informed” because, while the terms are largely interchangeable evidence based is the term most widely used within health care.

**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?**

Yes. The Council draws attention to the Trans-Tasman Mutual Recognition Act. This Act adds the expectation the development of the capabilities will be mindful registrants in Australia and New Zealand are entitled to apply for registration to practice in either jurisdiction.

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

Please see above comments in response to question 6 about removal of content to enable the document to support uptake of innovations in best practice and technology to meet the evolving health needs of the Australian public. These changes better support the objectives of the National Law, particularly enabling “*the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.*”