Osteopathy Australia Submission

Revised capabilities for osteopathic practice

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INTRODUCTION

Osteopathy Australia welcomes the opportunity to participate in this consultation.

It is of considerable concern to Osteopathy Australia that the current capabilities are almost a decade old and that the ongoing delays in modernising the capabilities has been a considerable regulatory failure. Two years has passed since a prior draft was open for consultation.

It must be noted that our requests to the Osteopathy Board of Australia (OsteoBA) for further information to guide our understanding and comments were denied leaving us with no other alternative to assume what is intended or where certain erroneous or outdated information may have been sources.

These questions included:

i. Requesting a copy of the final previously developed and widely consulted on draft Capabilities (the project undertaken by AOAC 2014-16)?
ii. A summary of the reasons or indicated preliminary consultation feedback on why the OsteoBA considered this document inadequate, despite considerable stakeholder buy-in and consultation?
iii. If any mapping/cross tabulation was taken on the 2009 capabilities, the draft 2016 document across to the current proposal such a document would be useful if provided?
iv. We assume preliminary investigations, and/or a literature review was mapped to the expectations for the osteopathic workforce of the future, can such investigations or assumptions be shared?
v. The first sentence on page 5 states “there is little high-quality evidence for the effectiveness of osteopathic healthcare”, such a statement must reflect a significant and current literature review. As such can we be supplied with the literature review and summation documents as it is vital for any consideration of capabilities and competence?
vi. The document refers to “diverse populations groups’ on several occasions. Can the tender team or OsteoBA explain where this is enacted, as we have some concerns it lacks any clarity or enforceability?

If transparency and openness is a hallmark of best-practice regulation it is unclear to Osteopathy Australia why any of the above questions would not be answered.

We also note that no preliminary consultation was completed on the 2018 version of the capabilities for osteopathic practice. The OsteoBA advised they considered a prior consultation, on a different document, in 2016 eradicated the need for such a consultation. We are concerned that (*despite considerable transparent consultation processes undertaken by Australasian Osteopathic Accreditation Council (AOAC) in 2015/16*) other than this document being released for this consultation no prior or preliminary consultation has been conducted on the capabilities by the OsteoBA with any major stakeholders; despite the significant importance and implications of the document.

Osteopathy Australia considers it is essential to avoid decade old capabilities and asks that the OsteoBA ensure the capabilities will be reviewed at least every 5 years; if not earlier if significant workforce, evidence or technology changes require earlier revision.

Osteopathy Australia is so concerns about out-of-date capabilities we are considering the need to develop alternative capabilities, using the fulsome CanMEDS model and broad stakeholder engagement due to our significant concern about ongoing and future modernisation in line with workforce practice.

BACKGROUND: OSTEOPATHY AUSTRALIA

Osteopathy Australia is the peak body representing the interests of osteopaths, osteopathy as a profession and consumer's right to access osteopathic services.

Our core work is liaising with state and federal government, all other statutory bodies regarding professional, educational, legislative and regulatory issues as well as private enterprise. As such we have close working relationships with the Osteopathy Board of Australia (the national registration board), the Australasian Osteopathic Accreditation Council (the university accreditor and assessor of overseas Osteopaths) and other professional health bodies through our collaborative work with Allied Health Professions Australia. Our role is also to increase awareness of osteopathy and what osteopaths do.

Osteopathy Australia members are committed to continuing professional education and we require all members to comply with our standards. Osteopathy Australia signifies a standard of professional and ethical behaviour over and above the requirements of registration.

BACKGROUND: OSTEOPATHY

Osteopathy is a healthcare profession that is underpinned by biopsychosocial 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.

Osteopaths are university trained, government registered allied health professionals. Osteopaths collectively treat over 70,000 people a week. Osteopathy has been practiced for over 100 years in Australia.

Osteopathic services include clinical diagnosis, therapeutic management and rehabilitation to address physical injury, trauma and/or disease, as well as preventative care to enhance health and wellbeing. Osteopaths use multiple clinical approaches including manual therapy, exercise advice and prescription, lifestyle advice and education where appropriate. The emphasis on the neuro-musculoskeletal system as integral to the body's function, a person's health and to patient care is a defining characteristic of osteopathy.

The recent publication of '*Workforce survey of Australian osteopathy: analysis of a nationally representative sample of osteopaths from the Osteopathy Research and Innovation Network (ORION) project'* by Jon Adams, David Sibbritt, Amie Steel and Wenbo Peng in the BMC Health Service Review is a useful article to modernise many of the assumptions made around current osteopathic scope and practice. I have attached a copy with this submission email.

IN SUMMARY

This is a preliminary document in need of significant further development and consultation with key stakeholders to ensure it can be used in any useful way to accredit a tertiary course or assess against the capabilities of an osteopath.

SPECIFIC QUESTIONS ON CONSULTATION PAPER

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

Osteopathy Australia finds it difficult to determine if the 2018 draft adequately describes the minimum competencies without comparison against comparable capabilities and testing through use in assessment and observation of practice. This is why the provision the mapping models to demonstrate consideration of previous capabilities to the proposed model occurred.

The 2018 draft Capabilities represents a major revision which appears to be based upon the Physiotherapy Standards rather than a further iteration of prior drafts of Osteopathy Capabilities. The Capability framework and descriptors (pp 13-24) in the Draft Capabilities for Osteopathic Practice closely follow the framework of the Physiotherapy practice thresholds in Australia and Aotearoa New Zealand 2015 (Physiotherapy Boards of Australia and New Zealand 2015) which were themselves modelled on the CanMEDS framework (Frank JR, Snell L, Sherbino J et al 2015). The 2018 Draft Osteopathy Capabilities and Physiotherapy standards share, with minor variations, 7 roles and approximately half of the key capabilities. Please see a comparison of roles from the three frameworks in Appendix 2.

We found the CanMEDS document to have clearer delineation between roles, less cross over and repetition than either the Osteopathy or Physiotherapy documents. This is likely to be due to extensive use of the CanMEDS in assessment of medical education and an extensive iterative process which we could benefit from by using the CanMEDS as a template for development of the Capabilities of Osteopathic Practice.

Osteopathy Australia suggests that the draft Osteopathic Capabilities be further developed via a process of broad and collaborative consultation using the CanMEDS framework and previous work done to develop Osteopathic capabilities and reflecting on modern workforce needs as highlighted within the publication of ‘Workforce survey of Australian osteopathy: analysis of a nationally representative sample of osteopaths from the Osteopathy Research and Innovation Network (ORION) project’.

A core concern with the proposed document is its historical focus and we question if it is current in 2018; let alone for 2022-25 when the first graduates may qualify under its direction.

In sections below, suggestions are made to improve the overall structure and content of the document as well as the framework and language of the Capabilities.

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 below. These suggestions are not intended to be exhaustive, rather to provide examples of improvements to the document.

A review of comparable Capabilities documents within Australia found that, like CanMEDS all were developed through extensive iterative processes with stakeholders and we encourage OsteoBA to embark on this process in the development of the current Capabilities document.

The document currently lacks the depth or richness of practice and capabilities of osteopathic practice due to this stages being ignored.

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 as such should be written in language which describes observable behaviours and which describe discrete capabilities such that each can form the basis of measurement of performance.

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?

Osteopathy Australia suggests that further development of the 2018 Draft Capabilities is based more closely on CanMEDS and is best achieved through collaborative engagement with a wide array of stakeholders rather than in independent written submissions. We think this would significantly improve the structure, language and modernise of the document and its usefulness in accreditation applications.

CanMEDS tends to break up enabling competencies in to discreet descriptions of behaviours which lend themselves to use in assessment. There is also more sparing use of qualifiers such as “osteopathic” or “within osteopathic concepts” (see for example 1.1.C as an example of unnecessary use of qualifiers).

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

Osteopaths are overwhelmingly consulted about pain (Burke et al 2013, Orrock 2009; Zue et al 2008) and as such explicit mention of assessment of and management of pain would improve the relevance of the Capabilities.

We also recommend inclusion of evaluation of and planning that addresses relevant physical environmental factors as important factors which are not explicitly included in the biopsychosocial model yet can be significant in conditions frequently presenting to osteopaths.

The following are examples of capabilities which warrant inclusion. The references to key capabilities and enabling components refer to the numbering in the revised draft attached):

- Inclusion of encompassing statement within the role of Osteopath to indicate an osteopath is expected to incorporate all roles in their practice (Role 1 1.2 from CanMEDS framework) (Key capability 1.1)

- Extend the requirement to use knowledge of clinical and biomedical sciences to all aspects of services – it was housed in the section about assessment (move from draft Key Capability 1.2 to 1.1)

- Recognise and respond to the complexity, uncertainty and ambiguity inherent in health care (create enabling component 1.1.F a component 1.6 of the CanMEDS framework)

- Explicit requirement to actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety (reflects CanMEDS role 1 key competency 5 and is achieved by creating key capability 1.5)
- Pain literacy, assessment and management including pain education – in role as osteopath
- Consider Ergonomics or physical environmental factors as part of case history taking and when planning care – in role as osteopath
- Explicit inclusion of efficient use of electronic record keeping and other digital technology (key capability 3.3)
- Use communication skills and strategies that help patients/clients and their families make informed decisions about their health (from CanMEDS enabling component 3.2C)
- Assist patients and their families to identify, access and make use of information and communication technologies to support their care and maintain their health (enabling component from CanMEDS 3.2D)
- Optimise the physical environment for patient comfort, dignity, privacy, engagement and safety (from CanMEDS enabling component 3.1D)
- Identify when one is impaired and unable to accurately self-assess own practice and respond appropriately (Enabling component 4.1.B)
- Ethical considerations if involved in research (from CanMEDS 4.2)
- Contribute to the creation and dissemination of knowledge and practices applicable to health (from CanMEDS key capability 4.4).

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 content which would unduly constrain changes in the service delivery of Osteopaths to meet the changing demands of the community and respond to innovations in best practice and technology.

In the discussion section of the documents, most capabilities documents do not contain descriptions of practice (e.g. CanMEDS) and if there are descriptions of practice these are broad statements of the settings, intent and ethics of practice (see for example the Physiotherapy standards). We recommend that reference to specifics of therapeutic approaches, conditions treated, payment systems and referral networks would be better suited to other arenas.

The capacity of the 2018 Draft Competence to support adaption to innovations in health care delivery and technology would be strengthened by the removal of the following sections:

- Description of Osteopathy and foundations of Osteopathy
- The evidence for Osteopathy
- The scope of practice of Osteopathy
- Diagnostic, Treatment and Management approaches
- Context of osteopathy in Australia
- Assumptions applying to the Professional capabilities for osteopathic practice

This content generally does not appear in comparable documents (see appendix 2). We believe this is intentional to enables broader application to the variety of practice contexts and to remove potential constraints to change in health care delivery within the health workforce. If this content is not to be removed it need to be modernised to reflect modern, not historical, practice and the language of healthcare.

Similarly, discussion of therapeutic approaches is usually kept at a high level: citing broad themes of professional and ethical practice, reflection, patient centeredness, collaborative practice, health promotion and evidence-based practice. We therefore recommend removal of references to specific therapeutic approaches within the Capability descriptors.

These include:

1.1A remove “palpation” because we do not recommend highlighting any of the several assessment approaches utilized by osteopaths and to enable this component to become relevant to a broader range of practice scenarios.

1.3B ‘Interpret diagnostic imaging’ – clarification on the expectation of capabilities and role of osteopathy compared to those of radiologist?

1.4B the frequent use of the terms “safe and effective’ further compound the ongoing confusion in expectation of capability with a ban on use in advertising? Which is it, they are or they are not?

1.5.A remove “direct and indirect manual” for much the same reasons as outlined above to enable this component to become relevant to a broader range of scenarios some of which may not be amenable to manual therapy.

2.1D Does the OBA have a privacy policy?

2.2G Is there any regulatory evidence to demonstrate this is an issue in osteopathy?

2.3B What does a current understanding of these have to do with self care?

How are 3.2A and 3.2C different.

4.2B Define experience?

4.3C How is this a healthcare capability?

5.1B How can this apply to every osteopath? Doe a day one graduate need this capability?

Section 7 – as above, how can this apply to every osteopath? Doe a day one graduate need this capability?

Several items appear to say very similar capabilities.

The Draft Capabilities for Osteopathic Practice acknowledge that the use of the term “osteopathic” is problematic in that there has been ongoing debate and lack of agreement about what the term means (pp25). We recommend that this term is used sparingly in line with other documents. For example, CanMEDS uses the term “medicine” twice whereas the Draft Capabilities uses the term “osteopathic” 34 times. We suggest that this would enhance readability, the ability of the document to reflect shared capabilities and embrace changes within health care provision. At times “osteopathic” could be replaced by terms such as “best practice”, or “sound”. In other instances, the term could simply be removed because the activity is inherently osteopathic in that it is being performed by an osteopath.

It tends to read as an insertion to differentiate the capabilities form the similar physiotherapy statements. If this is a concern, then further editing and improvement is probably required beyond replacement words.

We recommend caution in aligning experience with advance competence or expertise as is suggested in the discussion about capabilities and implied in enabling component (4.2B) and suggest “experienced” is replaced with peer support.

We recommend caution in the encouraging the use of “mentors” (4.2C) given there is no system for ensuring quality in supervision/mentoring within Osteopathy at present. Perhaps this again would be better expressed as peer support. Osteopathy Australia has frequently expressed our concerns on the weakness in standards and/or training associated with external student clinical placements and this applies to most clinical supervision or mentoring.

The enabling component 6.1D “maintain knowledge and understanding of the pharmacological and complementary medicines aspects of management” introduces a requirement which is additional to current capabilities which if adopted will require registered osteopaths and accredited entry level course providers to upgrade their knowledge and skills. We think this should be altered or the OsteoBA needs to be clearer on timeframes and requirements for all current registered osteopaths to ensure they understand the minimum requirements expected.

We recommend removal of the key capability 7.2 “Advocate for the community of osteopaths” with it’s associated enabling capability 7.2.B. Advocating for the community of a profession could in some contexts put the practitioner at odds with principles of patient centered 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?

Trans-Tasman Mutual Recognition adds the expectation that the development of Capability standards will be mindful that registrants in Australia are entitled to practice in Aotearoa/New Zealand and vice-versa. Consequently, development of the 2016 Draft Capabilities for Osteopathic Practice (which appeared not to be accepted by the OsteoBA) included consultation with the profession in New Zealand.

Can the OsteoBA confirm is such consultation has occurred with New Zealand?

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

Please see earlier comments about removal of content to enable the document to support uptake of innovations in best practice and technology in meeting the health needs of the Australian public. These changes would better support the objectives of the National Law, particularly in 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”.

Please also see discussion about enabling component 6.1D which if adopted would require post professional course for existing registrants and alterations to existing pre-professional curriculum to upgrade skills in relation to the pharmacological and complementary medicines.

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

1. We encourage the OsteoBA to see this consultation as a preliminary phase and to continue the development of the Capabilities through an iterative and wide-ranging consultation process.

We commend the CanMEDS framework and note that the CanMEDS stewards acknowledge the crucial role of an extensive iterative process in achieving “overall coherence of the framework and accessible language that supports practical application”.

The current draft represents a significant revision of the current Capabilities for Osteopathic Practice (UTS 2009) which appears to be based largely on the Physiotherapy Standards (2015) rather than on previous work done in earlier drafts of the Capabilities for Osteopathic Practice. The usual iterative process of development appears yet to be undertaken.

2. Title of the Draft Capabilities

We suggest that within the title “Professional Capabilities for Osteopathic Practice” the term “Professional” is unnecessary and should be removed.

3. Overall structure of the Draft Capabilities

In this section we comment on the overall content of the document rather than the Capabilities.

We recommend that the 2018 Draft Capabilities document be reviewed so that the structure of the document is broadly similar to other Capabilities and Threshold practice standard documents used in Australia. These documents generally include information about:

- Ownership of the standards, date of publication and stakeholder support
- Detail of the process of development of the standards (often as an appendix)
- Purpose of the standards
- Relationship of the standards to other guidance documents (accreditation and in some registration/regulation)
- Structure of the standards
- Use of the standards
- Glossary and Abbreviations
- References

Of these elements, we suggest the document would be improved by:

- Providing a detailed statement about the process of development, stakeholder engagement and endorsement. This has the potential to add significant support to the document and is often placed as an appendix in comparable documents.
- Making the Capabilities an unambiguous statement of threshold competence required for practice by removing the discussion about changes in competence over a career (pp7-8). This content replicates content within CanMEDS designed for use in the different levels of certification of Medicine which does not have an equivalent in Osteopathy. Replacing this content with a definition of Capabilities and brief discussion of threshold competence would support the intent of the Draft Capabilities document. In our view, Figure 1 and the

accompanying discussion which infers experience equates to advanced expertise is overly simplistic, in some cases incorrect and should be removed.

- Removing the section "*Assumptions applying to Professional capabilities for osteopathic practice"* which details curriculum content in current accreditation standards and processes for osteopathic education in Australia. There is an equivalent section in the Physiotherapy Standards but other professions leave this material to Accreditation documentation. To avoid redundancy and streamline in the event there are changes in accreditation standards, removal of this section is recommended.
- Incorporating a larger range of definitions under "Terminology" pp 9 in to the glossary section to improve flow and ease of access.
- Reviewing whether this document is the appropriate forum for the "*rules of evidence*" and "*assessment methods applied in the health sector as sources of evidence for competency decisions*" (pp28 and 29). To maintain the focus of the Capabiliities and adequately discuss factors relating to competency-based assessment, these might be better in a separate document.

4. As highlighted in our introduction a timeframe for review

A timeframe for review is enshrined in some equivalent documents. Including a timeframe would assist with planning and suggest consideration be given to a review timeframe of 5 years.

5. Terminology 'Diverse Populations' – it is difficult to see if this is demonstrated in current courses and/or through the capabilities as identified. Further, if certain populations, are not covered theses should equally be clear to define limitations of scope and safe practice.

References:

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Orrock P. Profile of members of the Australian Osteopathic Association: part 2 – the patients. Int J Osteopath Med. 2009;12(4):128-139. doi: 10.1016/j.ijosm.2009.06.001

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Xue CC, Zhang AL, Lin V, Myers R, Polus B, Story DF. Acupuncture, chiropractic and osteopathy use in Australia: a national population survey. BMC Public Health. 2008;8:105. doi: 10.1186/1471-2458-8-105.

Appendix 1:

Comparison of CanMEDS, 2018 Draft Osteopathy Capabilities and 2015 Physiotherapy standards

CanMEDS Physician Competency framework 2015	**Draft Osteopathy Capabilities 2018**	**Physiotherapy practice thresholds in Australia and Aortearoa New Zealand 2015**
1. Medical Expert	1. Osteopathic practitioner	1. Physiotherapy Practitioner
2. Communicator	2. Professional and ethical practitioner	2. Professional and ethical practitioner
3. Collaborator	3. Communicator	3. Communicator
4. Leader	4. Critical reflective practitioner and self-directed learner	4. Reflective Practitioner And Self-Directed Learner
5. Health Advocate	5. Educator and health promoter	5. Collaborative Practitioner
6. Scholar	6. Collaborative practitioner	6. Educator
7. Professional	7. Leader and manager	7. Manager/ Leader