Paediatric Capabilities

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Drivers for Development of Paediatric Capabilities

- Statutory duty to determine mechanisms for ensuring practitioners are competent
- Align the osteopathic scope of practice with the strategic direction
- Reduced doctor time will require maximising the services delivered in primary care by allied health professionals.
Drivers for Development of Paediatric Capabilities

- Indigenous health – closing the gap
- The changing demographic – Western societies are graying but NZ larger family sizes in Māori & Pasifika
- Staking a claim for the osteopathic skill set
- Inter-ministerial Working Party on Children
- Serious criminal case including a child victim (2012)
What’s Missing?

- A vision for osteopathic paediatric practice not reverse-engineered from curricula.
- We need to develop a knowledge, skills & attitudes framework for working with children in the NZ context.
- How can we teach / assess paediatric manual therapy skills in osteopathy?
- Vocational Scope for Paediatric Practice – models of advanced practice.
From the Ivory Towers to the Swampy Lowlands of Practice

Progress not perfection
New Zealand Healthcare Regulation

Health and Disability Commissioner
Te Toihau Hauora, Hauātanga

MINISTRY OF HEALTH
MANATŪ HAUORA

Osteopathic Council New Zealand
Kaunihera Whakanao Uaiwi

Te Kaporeihana Āwhina Hunga Whara
Overcoming barriers

Osteopathic Exceptionalism & Magical Thinking – We are just different!

(1) The principal purpose of this Act is to **protect the health and safety of members of the public** by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions.
Capabilities Framework

Interprofessional Relationships
Clinical Analysis
Professional & Business Activities
Osteopathic Care & Scope of Practice
Person Orientated Care & Communication
Primary Healthcare Responsibilities

Capabilities for Osteopathic Practice
Phase 1: Review of Osteopathic Paediatric Practice (2010/12)

- Survey Profession – conditions osteopaths are seeing in practice and how are they treating them (22% response rate)
- 81% Treated Children
- Data related to 289 children / 757 Treatments
- Review of international paediatric curricula
- Delphi Group of 10 osteopaths recognised as ‘expert’ paediatric practitioners
- Identifying how experts developed their skills
Patients less than 6 weeks old

Top 10 conditions for these patients (n=59)

- Colic 32%
- Feeding problem 31%
- Fussy baby 29%
- Sleep disturbance 27%
- Gastro-oesophageal Reflux 22%
- Abdominal pain 20%
- new baby check 15%
- Plagiocephaly 15%
- Torticollis 7%
- Constipation 5%
Patients Aged 6 weeks - 11 months at initial presentation

Top 10 conditions for these patients (n=53)

- Colic 32%
- Feeding problem 32%
- Fussy infant/baby 32%
- Sleep disturbance 30%
- Gastro-oesophageal Reflux 26%
- Plagiocephaly 21%
- Abdominal pain 19%
- Torticollis 11%
- Conjunctivitis 6%
- Constipation 6%
Patients between 1 and 4 years at initial presentation

Top 10 conditions for these patients (n=29)

- Otitis media (chronic) 28%
- Behavioural problems 14%
- Feeding problem 14%
- Upper respiratory infection 14%
- Neck pain 10%
- Sleep disturbance 10%
- Abnormality of gait 7%
- Colic 7%
- Failure to Thrive 7%
- Headache (not migraine) 7%
Patients aged between 5 and 12 years at initial presentation

Top 10 conditions for these patients (n=71)

- Neck pain: 30%
- Leg pain: 25%
- Headache (not migraine): 23%
- Lumbar back pain: 23%
- Thoracic back pain: 23%
- Sports injuries: 20%
- Muscle spasm: 11%
- Behavioural problems: 8%
- Abnormality of gait: 7%
- Head Injury: 7%
Patients between 13–18 years at initial presentation

Top 10 conditions for these patients (n=59)

- Neck pain 53%
- Sports injuries 43%
- Lumbar pain 46%
- Thoracic pain 44%
- Headache (not migraine) 31%
- Leg pain 31%
- Muscle spasm 22%
- Head Injury 8%
- Uncomfortable defecation 8%
- Abdominal pain 4%
Globally no osteopathic regulator has developed set of capabilities for paediatric practice – whatever standards apply are embedded within a general set of capabilities

Most paediatric patients are being treated non-cranially for musculoskeletal presentations

Paediatrics has become somewhat confused with cranial osteopathy as a technique.
Youngest age 8 for HVLA

Different presentations predominate at the various stages of child development

University accreditation processes silent on paediatrics

Exposure to paediatric patients in pre-registration training inadequate / happenstance

International curriculum scan useful context but dominated by procedural / technical approaches
Phase 2: Review of Osteopathic Paediatric Practice (2013/14)

- Review and update Osteopathic Capabilities to incorporate paediatric practice [http://tinyurl.com/lya94hm](http://tinyurl.com/lya94hm)
- Develop methodologies for identifying KSA for osteopathic paediatric practice
- Standard of Care / Treatment Pathways
- Develop assessment methodologies
- Restricted HVLA & Internal techniques in children
Standard of Care / Treatment Pathways

- Normal child development
- Diagnostic competencies
- Pathophysiology
- Evidence / Biological Plausibility
- Other management strategies
Under 1 Yr - Standards of Care Case Templates for common and ‘not to be forgotten’ conditions

1. Colic & constipation
2. Suck and latch
3. Birth trauma
4. Plagiocephaly and altered head shape.
6. Torticollis
7. Shoulder dystocia / brachial plexus injury.
8. Meningitis
9. Reflux
Over 1 yr / Under 5 Yr - Standards of Care Case Templates

1. Neck pain
2. Otitis Media / EENT
3. Minor mechanical trauma
4. Headaches
5. Asthma
6. Perthes
7. Dyspraxia
8. Juvenile RA
9. Sleep
10. Abnormal Gait
Over 1 yr / Under 5 Yr - Standards of Care Case Templates

1. Growing pains
2. Osgood Schlatters
3. Severs disease
4. Chondromalacia Patellae
5. Post fracture rehabilitation
6. Adolescent Scoliosis
7. Spondylolysthesis
8. Slipped Upper Femoral Epiphysis
9. Learning delay / autism spectrum
10. Headache
Now this is not the end
It is not even the beginning of the end
But it is, perhaps, the end of the beginning

Winston Churchill

celebquote.com
Phase 3: Multi-disciplinary Input

- Using network of *Primary Care* professionals receiving / making referrals to osteopaths
- Wider focus on determinants of health & embedding osteopathic practice in the healthcare system
- Flesh out standard of care pathways
- Self-study & ePortfolio Assessment *High Trust* process
- *Vocational Scope* of practice for paediatrics - Advanced practice
- Acknowledge that for some *Change is Pain*