



**Consultation Document:
Child and adolescent health in osteopathy**

22 September 2015

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Introduction

1. The issues presented in this consultation paper are complex and important; they have the potential to impact on the way osteopathy is practised in New Zealand. The Osteopathic Council of New Zealand (the Council) would encourage all stakeholders to carefully consider the information and to respond to this consultation in order to help the Council make appropriate decisions on how to address the issues.
2. The submission form can be downloaded from the Council's website, www.osteopathiccouncil.org.nz. The Council strongly recommends that stakeholders carefully read this document, as well as the report [Capabilities of Paediatric Osteopaths](#), (COPO Report) July 2015.
3. The closing date for submissions is **5.00 pm on 20 November 2015**. All responses should be sent to consultation@osteopathiccouncil.org.nz.

Background

4. The Council is charged under the Health Practitioners Competence Assurance Act 2003 (the Act) with protecting public health and safety by ensuring that osteopaths are competent and fit to practise their profession. The Council has a range of obligations in this regard, as set out in section 118 of the Act, as follows:
 - (a) to prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes:
 - (b) to authorise the registration of health practitioners under the Act, and to maintain registers:
 - (c) to consider applications for annual practising certificates:
 - (d) to review and promote the competence of health practitioners:
 - (e) to recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners:
 - (f) to receive and act on information from health practitioners, employers, and the Health and Disability Commissioner about the competence of health practitioners:
 - (g) to notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public:
 - (h) to consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession:
 - (i) to set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession:
 - (j) to liaise with other authorities appointed under the Act about matters of common interest:

- (k) to promote education and training in the profession:
 - (l) to promote public awareness of the responsibilities of the authority:
 - (m) to exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under the Act or any other enactment.
5. In 2010, the Council commenced a project to explore the nature and extent of child and adolescent osteopathic practice in New Zealand, and to consider the necessary capabilities required for osteopaths wishing to treat child and adolescent patients.
6. The Council is aware that there may be an expectation amongst the profession that this work would lead to the development of a vocational scope of practice in child health. This is still a possibility; however, over the course of the project, a number of issues have been identified which, in the Council's view, warrant further consideration before a decision is made on the best way(s) to proceed. The issues that the Council has identified are:
- (a) Undergraduate training in child and adolescent health in New Zealand, the UK and Australia does not appear to provide graduates with a sufficient knowledge base, at both theoretical and clinical training level. This is acknowledged by Unitec, which provides the only qualification in New Zealand that has been prescribed by the Council for registration in the Osteopath scope of practice. Within the Unitec syllabus, there are approximately 12 hours of theoretical content focusing directly on child and adolescent health, with a further 14 hours on broader topics which include a child health component. There is also a lack of specification in the clinical component on the range of patient types that each student is required to treat; this means that students can graduate without having had any practical experience treating children.
 - (b) Current knowledge of child and adolescent care ranges significantly across the profession. The Council's mandatory CPD provisions are relatively new. Under the existing CPD model each individual osteopath chooses their CPD. This has not, to date, been monitored for relevance to practice. Those who have had limited exposure to children in the course of their career are unlikely to have focused on this aspect of care in their CPD choices, and, combined with insufficient core training are likely to have eroded skills in this area of practice. If those practitioners continue to see the occasional child or adolescent case, they may present a higher level of risk than those who either focus on child and adolescent health, or take no such cases.
 - (c) Results of a workforce survey undertaken in 2014 indicate that the majority of osteopaths consider the development of a vocational scope in child and adolescent osteopathy to be of high or medium priority (176 of 274, or 64% of all osteopaths who responded to the question). What is not known from that result is the number of respondents who would consider it helpful to have access to osteopaths with a higher skill level in this area of practice, and what number would like to undertake training to specialise in this area of practice.
 - (d) With the release of the government's Children's Action Plan and the implementation of the Vulnerable Children Act 2014 there is increasing expectation from government of accountability of health care providers in relation to protection of children. This includes the establishment of a government multi-agency taskforce that has begun work on the

development of a “core competencies framework” for the children’s workforce – including health providers.

- (e) Research undertaken and presented in the COPO report on capabilities of paediatric osteopaths identifies some issues in relation to general understanding in the profession of the wider healthcare context in which child and adolescent health care is provided.

This includes:

- (i) Critical thinking;
- (ii) Case history-taking, information retrieval, tests and screening;
- (iii) Ethics in child health care;
- (iv) Basic health programme provision in New Zealand health care;
- (v) Child health systems and support networks;
- (vi) Mental health issues for children;
- (vii) Management of the health needs of the under one-year olds across a wide spectrum of needs;
- (viii) Maori paediatric health care issues;
- (ix) Adolescent health issues;
- (x) Communication and interpersonal skills in an integrative health-care arena.

7. The Council’s view is that the areas of concern identified in the COPO report are not about clinical skills in osteopathy; they relate to the knowledge of, and ability to work within, the wider healthcare context when delivering child and adolescent health care. That is; it is not the act of providing hands-on treatment to the child that is in question – rather, the process of deciding how best to assess and plan appropriate care for the child.
8. In light of the issues identified, the Council is obliged to consider what, if any, response is required to ensure that children are receiving safe osteopathic care. Based on the information available to it, as set out above, the Council has formed the preliminary view that the situation may present a degree of risk that requires regulatory intervention.
9. The issues to consider are complex and potentially far-reaching. For this reason, the Council does not intend to make any decisions on how to proceed until it has fully canvassed the issues with the profession and other stakeholders. This document is the first step in that process. The Council expects to follow up this consultation with a survey of registrants to obtain a clearer understanding of individual osteopaths’ practice with regard to child and adolescent health.
10. This document sets out each of the issues and the possible responses the Council might make. Its decision on how to respond to the issues will depend on the level of risk it decides the issues present, after gathering further information through the consultation process.

Issue 1 – the age range captured by this discussion

Issues for consideration

11. The issues to consider in relation to this are:
 - (a) What is the age range captured by this discussion? and
 - (b) Are there sub-groups within that age range that are of higher priority in terms of possible intervention than other sub-groups? and
 - (c) If so, is there a need to address the issues relating to those sub-groups before dealing with the other groups, or will it be more effective to cover all the age groups at the same time?

12. The Council notes that over the course of the project, there has not yet been a clear identification of the age range to which the project applies. In the Council's view, this is an important step in terms of considering how the issues canvassed in this consultation might be addressed. Broadly, the discussion taking place is relevant to osteopathic care for new-borns to 18 year olds; however, there are sub-groups within that age range that may be at higher or a different type of risk than other sub-groups. For example, the COPO report identifies some high risk issues in relation to care of under-1s; the risks associated with this age groups differ significantly to the risks associated with treating adolescents, where (for example) obtaining appropriate consent to treat can present real challenges.

13. The Council is conscious that some age groups may be a higher priority than others and, depending on what interventions (if any) are implemented, it may be necessary to break this project into chunks, by age-group priority, over a longer period of time. For the purposes of this discussion, and in relation to the questions in the submission form, the Council has divided the full age range into the following five sub-groups:
 - (a) Under 1s
 - (b) 1 to 5 year olds
 - (c) 6 to 10 year olds
 - (d) 11 to 13 year olds
 - (e) 14 to 18 year olds.

14. When considering whether there is a need to prioritise any intervention it might implement, the Council will need to consider:
 - (a) Whether the identified issues are sufficiently relevant to all the age groups identified above to negate the need for splitting the project into sub-groups, and
 - (b) Whether capturing all age groups in any intervention might dilute the focus on addressing issues relating to any higher priority age group, and
 - (c) Whether deferring intervention with regard to any lower priority age group might present an unacceptable degree of risk to those patients, and if so, whether there are any interim measures the Council could put in place to minimise any perceived risk, and
 - (d) The costs that would likely be involved in addressing the issues across all age groups at once over a shorter period of time, compared with rolling out changes in a prioritised order over a longer period of time.

15. The Council recommends that, when considering each of the issues raised in this paper, stakeholders consider whether there is a need to differentiate between, and prioritise the specified age groups on any given issue.

Issue 2 - scopes of practice

Issues for consideration

16. The main issues that need to be considered in relation to scopes of practice are:
- (a) Whether it is appropriate to introduce a “specialist” scope of practice in child health; and if so, whether there is an appropriate qualification or qualifications that could be prescribed for registration in that scope of practice, and
 - (b) Whether the introduction of a “specialist” scope of practice in child health should impact on the range of services that osteopaths registered in the general scope of practice are permitted to provide.

Current framework for scopes of practice

17. In addition to the general scope there are two existing vocational scopes of practice - gerontology and pain management - providing a framework to recognise advanced training and knowledge in these particular areas, but not prohibiting osteopaths registered in the general scope from continuing to provide services of that kind. In both cases, the Council has prescribed qualifications at the Postgraduate Diploma level. The Council has also recognised an extended scope of practice in Western Medical Acupuncture (WMA); this differs from the vocational scopes in that generally registered osteopaths may not incorporate WMA techniques into their practice unless they are also registered in the WMA scope of practice. The current qualification prescribed for this scope of practice is at Postgraduate Certificate level.
18. The existing vocational scopes of practice are described as follows:
- “The purpose of a vocational scope is to allow members of the public / referring healthcare professionals to identify osteopaths on the register with advanced standing in a sub-domain of practice. Council recognises that there is a continuum of skill and expertise acceptable in the area of practice and it is explicit that the pre-professional training / registration in the General Osteopathic Scope of Practice gives the registrant adequate skills to be competent but that mastery of a particular area of practice may develop over time and with further study. The vocational scopes allow post-graduate study combined with clinical experience to be reflected on the register.”*
19. The framework for vocational scopes might be viewed as parallel to the medical model of patients attending a general practitioner (GP) as their first point of contact, and being referred by the GP to the relevant specialist at the point that the GP recognises that they do not have the necessary skills to manage the presenting issue. That model relies on the GP to:
- (a) have a level of skill sufficient to manage common presenting problems, and

- (b) take professional responsibility for recognising their limits and identifying the point at which it is in the patient's best interests to be treated by a practitioner with a more specialised level of skill and knowledge.
20. If the Council decides that there are likely to be significant deficiencies in knowledge across the profession in the area of child health, it may not be appropriate to fit a child health vocational scope into this framework. The alternative option might be to create an extended scope of practice, similar to the WMA, which limits practice in child health to osteopaths with an appropriate qualification in child health. Clearly, this would be a significant step, and one that the Council would not enter into without strong evidence that generally registered osteopaths were providing treatment to children that was likely to be unsafe, and that there was not a less radical solution available that would still achieve the necessary protection.
21. In the Council's view, the relevant questions to ask are:
- (a) Based on the evidence before it, would the Council be comfortable continuing to promulgate the following statement in relation to the general osteopathic scope of practice: *"..it is explicit that the pre-professional training / registration in the General Osteopathic Scope of Practice gives the registrant adequate skills to be competent..."*, and
- (b) Does the evidence indicate a degree of risk to child and adolescent patients sufficient to warrant restricting treatment of those patients to osteopaths with postgraduate qualifications in child health?
22. If, after consultation, the Council decides that the concerns are not sufficient to warrant amending the general scope of practice to exclude treatment of children, it may still decide that it is appropriate to proceed with a vocational scope in child health to fit within the existing framework. This would provide osteopaths with access to colleagues with more specialised skill in this area of practice. In doing so, the Council would need to identify an appropriate qualification or qualifications to be prescribed for registration in the Vocational Scope of Practice in Child Health.
23. As noted above, the qualification standard has been set for both pain and gerontology vocational scopes at Postgraduate Diploma level. Given one purpose of the vocational scope framework is official recognition of higher formal learning, the Council's preliminary view is that it should continue to set this standard for other vocational scopes it considers introducing. At this time, the Council has identified two qualifications that may provide the appropriate level of advanced training in child health; the [Postgraduate Diploma in Health Sciences \(with a specialisation in Child Health\)](#) at Auckland University of Technology (AUT), and the [PostGraduate Diploma in Child Health](#) at the University of Otago.
24. Further review of these qualifications is necessary before a final decision could be made on whether it should be prescribed. It may also be that there are other suitable qualifications available, or institutions willing to develop Child Health specialisation papers to fit within existing PGDipHealSci programmes. Over the coming months, the Council will more thoroughly review the content of the AUT and the University of Otago qualifications to determine whether they appear to be fit for purpose.

Options

25. The Council has identified four options available to it in relation to scopes of practice, as follows:
- (a) Option 1 – vocational scope of practice in child health. As a stand-alone measure, this would not directly address the issues identified in the COPO report in relation to knowledge, skills and attitudes to child health amongst the general osteopathic profession; however, in time, and assuming there were sufficient numbers of registrants in the vocational scope distributed across the country, it would provide a pathway for general osteopaths to refer child and adolescent patients to colleagues with a higher skill level in this area of practice.
 - (b) Option 2 – extended scope of practice in child health. This option would follow a similar form to that used for WMA, and would require a rewrite of the general scope of practice in osteopathy to stop all generally registered osteopaths from treating children. While this option would reduce the risk of harm through treatment, if it was introduced without first ensuring sufficient osteopaths were suitably qualified, it would severely restrict access to osteopathic care for children. Clearly this would not be ideal.
 - (c) Option 3 – maintain the status quo. The Council could choose to retain the general osteopath scope of practice as it currently stands, and may not introduce any kind of specialist scope of practice, instead looking for alternative options to address the concerns (these options are set out later in the paper).
 - (d) Option 4 – a combination. The Council could introduce a vocational scope of practice as outlined in Option 1, and also look at other options to address the issues identified in the COPO report with regard to the general profession.

Issue 3 – Pre-professional training in New Zealand

Issues for consideration

26. As noted in the background section of this paper, there are some identified gaps in training in child health under the Unitec qualification. The key issue to be considered in relation to pre-professional training provided in New Zealand is perhaps not so much about whether the training should be upgraded, but considering the long term impact that such an upgrade might have on overseas based qualifications, and on the current standard of practice in the profession.

Updating the Unitec syllabus

27. At first glance, changing the Unitec syllabus appears to be a simple process; Unitec is aware of the gaps in training, is willing to address the issue and has identified space in the syllabus to ensure material on child health can be added. Upgrading the Unitec syllabus would improve pre-professional training in child health within the only New Zealand based qualification that is

prescribed for registration in the general osteopathy scope of practice; however, it is likely to take 3-4 years to come to fruition.

28. Let us assume that Unitec's process of amending the syllabus takes one year and the Council's process of reviewing and accrediting the changes takes six months; the first year that the new syllabus is likely to be taught is probably 2018. If all the new teaching was added into the final year of training, then the first students with the new training would graduate in November 2018. If any of the teaching was put into the penultimate year of training, then it would take two years for the first graduates of the new programme to emerge, in November 2019.
29. While updating the Unitec syllabus would address any gaps in training for New Zealand graduates from that date, it would not address the problem of deficient training in any of the overseas based qualifications currently prescribed for registration in the general scope.
30. The Council's preliminary view is that if there is a need for the Unitec syllabus to be upgraded, then there is also a need for any other qualifications that are prescribed for registration in the general scope of practice to be upgraded. At this time there are several Australian and UK qualifications that are prescribed for registration in the general scope of practice. Having made initial enquiries, the Council understands that those qualifications deliver approximately the same level of training in child health as is delivered by Unitec.
31. The Council understands that there are no plans to amend syllabi in the UK or Australia to improve training in child health. With this in mind, the Council will need to consider what impact amendments to the Unitec syllabus might have on overseas based qualifications. This will be discussed later in this paper.

Issue 4: skill level in the general profession

Issues for consideration

32. The issues for consideration are:
 - (a) Whether the identified gaps in training, and the evidence provided in the COPO report indicate that there are likely to be some deficiencies in knowledge, skills and attitudes amongst the general profession, and if so,
 - (b) What options are available to the Council to ensure that the necessary learning takes place.

Overview

33. Given the identified gaps in training in the qualifications that are prescribed for registration in the general scope, the Council must consider the possible impact of this training gap on the skills and knowledge of osteopaths who undertook that training. The Council acknowledges that experience in child and adolescent health since initial training will vary substantially from practitioner to practitioner; however it must also consider whether experience without adequate formal training can or should be deemed a sufficient basis upon which to practise.

34. The Council does not consider that it has sufficient information at this time to make a decision on whether any steps are required to upskill the profession, generally, in this area; instead it proposes to:
- (a) Seek feedback through this consultation on the issues raised in this document, and
 - (b) After reviewing feedback, prepare a survey for practitioners to obtain more information on their habits in relation to child and adolescent health care.
35. While wishing to be clear that no decisions have yet been made about what, if any, steps should be taken in this regard, the Council has considered what remedies would be available to it if the evidence indicates there is a need to upskill some or all of the profession. To ensure the profession has visibility about, and an opportunity to provide comments on the possible responses open to the Council, to follow is a summary of those options.

Recertification programme options

36. A recertification programme can be set for the purpose of ensuring that health practitioners are competent to practise within the scope of practice in which they are registered (HPCA section 41(1)). It may be made to apply to all health practitioners, to a specified health practitioner, or to a specified class or classes of health practitioner. Under section 43 of the Act, failure to satisfactorily complete a recertification programme can result in limitations on practice, or suspension from practice.
37. If the Council is concerned about the level of skill and knowledge amongst the general profession, it could consider introducing a recertification programme that applies to some or all registrants in the general scope. These registrants would be required to complete a recertification programme in child health within a specified period of time. The time period would need to be reasonable, taking into account the tasks to be completed, and the ease with which practitioners could access those tasks, balanced against the need to minimise the identified risk by ensuring the upskilling occurs as quickly as possible. With this in mind, the Council would perhaps consider an ideal completion date to be one that coincides with, or comes soon after the likely date of graduation for graduates with the upgraded Unitec qualification (estimated, at this time, to be November 2018 or 2019).
38. For ease of accessibility to appropriate training, the Council could look at approving more than one recertification pathway from which osteopaths could choose, such as:
- (a) Completion of approved child health papers already offered at tertiary training institutions; or
 - (b) Completion of a bespoke short course training programme based on the updated content in the Unitec syllabus, to be completed within (say) three years of its introduction; or
 - (c) Completion of a prescribed qualification for registration in any specialist or vocational scope of practice in child health (which would also eventually lead to eligibility for registration in that scope of practice).
39. The cost of any required training under a recertification programme would need to be reasonable; but the Council might also consider making provisions to allow the training to

contribute to some or all CPD requirements in the year in which the practitioner completes the recertification programme.

40. If the Council were to introduce a recertification programme, it would need to consider which registrants the programme might apply to. Options include:
- (a) All general registrants, or
 - (b) All general registrants who cannot demonstrate that they have already completed Council approved training in child and adolescent osteopathy (not currently specified), or
 - (c) Only general registrants who wish to treat children (registrants who do not wish to treat children could have a condition included in their scope of practice which indicates that they have chosen to restrict their practice to adult patients).

Continuing Professional Development

41. An alternative option might be to take a less prescriptive approach than the recertification programme options set out above, instead utilising the CPD framework to strongly encourage osteopaths engaging with children to focus their CPD on child health issues. Appropriate CPD activities would need to be available.
42. The Council notes that this approach would not have any regulatory force. However, it may be an appropriate solution if the Council is satisfied that the level of risk to the public does not require a higher level of intervention, but that it is still desirable for osteopaths treating children to formally refresh their skills and knowledge in child health.

Issue 5 – the future of overseas prescribed qualifications

Issues for consideration

43. The issues to be considered in relation to overseas prescribed qualifications relate to ensuring that any new standards introduced in New Zealand would not be undermined by the retention of registration pathways that did not meet that standard. The risks associated with maintaining such pathways must be balanced against workforce considerations.

Minimum standards of practice

44. In the event that the Unitec syllabus is upgraded and/or the general profession is required to upskill in child health, the net effect will be that the minimum standard of practice will be raised, over time, in this area of osteopathy. Making a change of this nature would likely lead to consideration by the Council as to how the Council would treat applications from overseas based practitioners who have obtained qualifications without the same level of training.
45. The Council is legally obliged to comply with the Trans-Tasman Mutual Recognition Act 1997 (TTMRA), which requires that an individual who is registered in an Australian jurisdiction for an occupation is entitled to be registered in New Zealand for the equivalent occupation. An

occupation is deemed to be equivalent if the activities authorised to be carried out under each registration are substantially the same (TTMRA section 14(1)).

46. If the Council upgrades the Unitec syllabus and this upgrade is not mirrored in Australian training institutions, at some point in the future the skill level of the general profession in New Zealand will be higher than that in Australia. This date may come sooner if the general profession in New Zealand is also required to upskill. At the point that the majority of the profession (say, 75%) was practising at the new standard, it may be open to the Council to impose conditions on TTMRA registrants under section 14(2) of the TTMRA. That section provides that equivalence may be achieved by the imposition of conditions on registration, and would allow (for example) the Council to restrict TTMRA registrants from treating children.
47. The Council could not restrict the registration of Australian registered osteopaths while a significant proportion of existing registrants continued to practise at the current standard. However, if New Zealand registrants were required to formally upskill through a recertification programme within a certain period of time, it would also be appropriate to require new registrants from overseas to do the same.
48. If we assume that the first graduates of the new syllabus would emerge from Unitec in November 2019, it is worth considering how the Council would treat existing overseas prescribed qualifications from that date, given those qualifications are unlikely to be in line with New Zealand training from the beginning of that year (or the beginning of 2018, if the revised syllabus is delivered across the final two years of training).
49. With this in mind, it may be appropriate at some point for the Council to review its criteria for prescribing of qualifications for registration in the general scope and to consider whether it should still prescribe existing qualifications from the UK and Australia that no longer matched the New Zealand minimum standard of training.

Option 1 – review of prescribed qualifications

50. If the Unitec syllabus is upgraded, the Council might aim to complete a review of other prescribed qualifications to coincide with the time that the first new Unitec graduates are expected to emerge. This would mean that, in the event that the Council decided to revoke its prescription of a qualification on the basis that it did not provide sufficient training in child health, holders of that qualification would no longer be able to register in New Zealand from the date that the new New Zealand standard was in force.
51. The benefit of taking this step would be that it draws a line in the sand for overseas registrants coming in to New Zealand with skills that no longer matched New Zealand graduates. This would ensure that the new standard was not undermined by continuing to admit those registrants. However, the Council would also need to consider the potential side effects of revoking UK qualifications on the osteopathy workforce in New Zealand.
52. In considering this option, the Council notes that UK and Australian trained osteopaths currently make up approximately 57 percent of the practising register, while New Zealand trained osteopaths account for 40 percent (with the remainder comprised of practitioners from other

countries). Clearly, any entry restrictions imposed on UK and Australian trained osteopaths would present a real risk of significant reduction in the number of osteopaths practising in New Zealand, unless alternative ways of servicing the public can be identified.

Option 2 - Recertification programme

53. Instead of revoking its prescription of overseas qualifications, the Council could introduce a recertification programme in child health for new overseas trained registrants. This would likely have similar content to the programme for general registrants set out earlier in this document, but may need to be available over a longer period. It is unlikely that all of the possible recertification pathways set out earlier in this paper would be viable over an extended period of time; however, at the very least, papers in child health provided by tertiary institutions are likely to continue to be available.
54. Overseas trained applicants who registered up to (for example) a year before the end of the recertification programme for existing registrants could be required to complete that programme, while those who registered after that recertification programme had finished, or too late in the process to have sufficient time to complete it before it ceased, could be required to complete a recertification programme for new overseas trained registrants.
55. Once the minimum standard of practice was raised across the profession, it would also be open to the Council to consider including conditions in new registrants' scope of practice restricting them from treating children until they had completed the recertification programme.

Summary

56. The Council recognises that the issues set out in this paper have the potential to impact on how individual osteopaths practise the profession, and on the osteopathic workforce in general. The Council is genuinely interested in finding the most effective yet least intrusive way through these issues.
57. When considering its options, the Council will carefully assess the feedback from the consultation, the financial implications of any options, appropriate timeframes to address the issues, and the possible impact on the osteopathic workforce and the way in which it provides services. When doing so, the Council must also bear in mind that its primary obligation is to protect public health and safety by ensuring that osteopaths are competent to practise their profession.