



Osteopathic Scope of Practice

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Overview

- New Zealand Healthcare Regulation
- Healthcare Megatrends
- NZ Osteopathic Scope of Practice
- Paediatrics Capabilities Methodology
- Interim Findings
- Future Developments

New Zealand Healthcare Regulation

- Legacy of the 'Unfortunate Experiment'
- Health & Disability Commission
- Strong regulatory presence – Common Law right to litigate removed
- No blame compensation / rehabilitation regime - Accident Compensation Corporation
- Health Practitioner Competence Assurance Act (2003)
- Osteopathy is one of 17 healthcare professions subject to statutory regulation

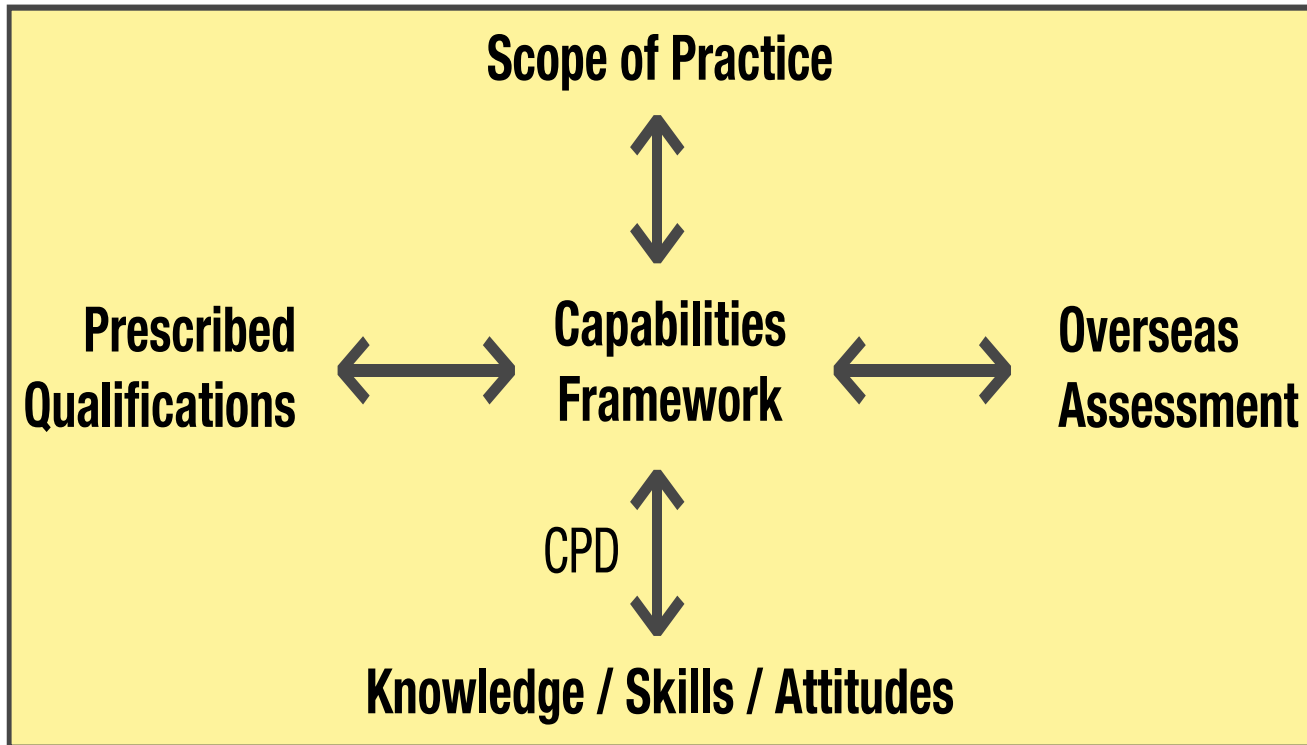
Section 3 Purpose of the Act

(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.

Section 3 Purpose of the Act

- (2) This Act seeks to attain its principal purpose by providing, among other things:
- for a **consistent** accountability regime for all health professions
 - for the **determination** for each health practitioner of the **scope of practice** within which he or she is competent to practise
 - for systems to ensure that no health practitioner practises in that capacity **outside** his or her scope of practice
 - for power to **restrict** specified activities to particular classes of health practitioner to protect members of the public from the risk of serious or permanent harm
 - for certain protections for health practitioners who take part in protected quality assurance activities

Scope of Practice



Scope of the *Problem*

- Australasian Accreditation standards fail to specify minimum requirements for **paediatric practice**.
- Osteopathy is a maturing and diversified profession – needs to be reflected in vocational scopes
- No clear relationship between training pathways and competency in practice: Vocational / Extended Scopes.
- 30% of NZ Osteopaths were using needling techniques in practice without standards / minimum training requirements being determined.

The debate on Scope

- Osteopathy is a weak brand – we need a USP
- Field of manual medicine is crowded.
- Osteopathy is defined by its philosophy not technique.
- Mission creep / Healthcare Ecosystem / Professional Identity
- Stakes a claim for Osteopaths and their role in the healthcare system.
- The formless *no scope* scope of practice is not serving us well.

Multiple Scopes of Practice

- Diverse pre-professional training pathways
- Reference to other NZ healthcare professions
- Acknowledging the realities of a maturing profession:
Vocational / Extended SoPs
- Health Workforce Development
- Osteopathy at a junctional point: generational change
- Low quality CPD / lack of career pathways
- Clinical complexity

Healthcare Megatrends

- The changing demographic – Western societies are graying.
- Increased demands on resources may mean reduced public sector involvement in direct service provision.
- Reduced doctor time will require maximising the services delivered in primary care by *allied* health professionals.
- Need to align the osteopathic scope of practice with the strategic direction.
- Globalisation and workforce mobility
- Life long learning

New SOP Schema

- Patient centred
- Protection of title
- Informative to other Healthcare Professionals
- Broadly defined
- Accessible language
- Allows acquisition / incorporation of PG learning
- Reference to osteopathic principles

- Broad General Osteopathic Scope

- Vocational SOPs
- Extended SOPs

General Osteopathic Scope of Practice

- *Osteopaths are primary healthcare practitioners*
- *Osteopathy is a person-centred form of manual medicine*
- *Osteopaths conceptualise health and disease within a broad holistic bio-psycho-social and environmental context*
- *Osteopathic practice may be situated within the continuum of healthcare - wellness*
- *The competent practice of osteopathy requires broad diagnostic competencies*
- *Osteopaths work with patients from across the lifespan*

Scope References

OCNZ Scope Symposium Report 2009 <http://tinyurl.com/le75tlj>

OCNZ Scope Discussion Paper 2010 <http://tinyurl.com/l9ovo6y>

Final Scope Schema Notice 2013 <http://tinyurl.com/othn27e>

Rogers, F., D'Alonzo, J., GE., Glover, J., Korr, I., Osborn, G., Patterson, M., et al. (2002). ***Proposed tenets of osteopathic medicine and principles for patient care.*** *J Am Osteopath Assoc, 102, 63-65.*

Tenets of Osteopathic Medicine

- A person is the product of dynamic interaction between bio, psycho, social and environmental factors.
- An inherent property of this dynamic interaction is the capacity of the individual for the maintenance of health and recovery from disease.
- Many forces, both intrinsic and extrinsic to the person, can challenge this inherent capacity and contribute to the onset of illness.
- The musculoskeletal system significantly influences the individual's ability to restore this inherent capacity and therefore to resist disease processes.
- The patient is the focus for healthcare.
- The patient has the primary responsibility for his or her health.

Extended Scopes

An extended scope of practice is required when it is explicit that pre-professional training does not prepare a registrant for competent practice. These areas are **excluded** from the general scope.

- **Western Medical Acupuncture***
- **Internal techniques and the treatment of sensitive areas****
- **Osteopath Prescriber**
- **Injection therapies**
- **Advanced Diagnostic Competencies**

***Gazetted in Sept 2010**

**** Consultation document will be circulated in early 2014, The last two serious discipline cases have involved these areas of practice**

Vocational Scopes

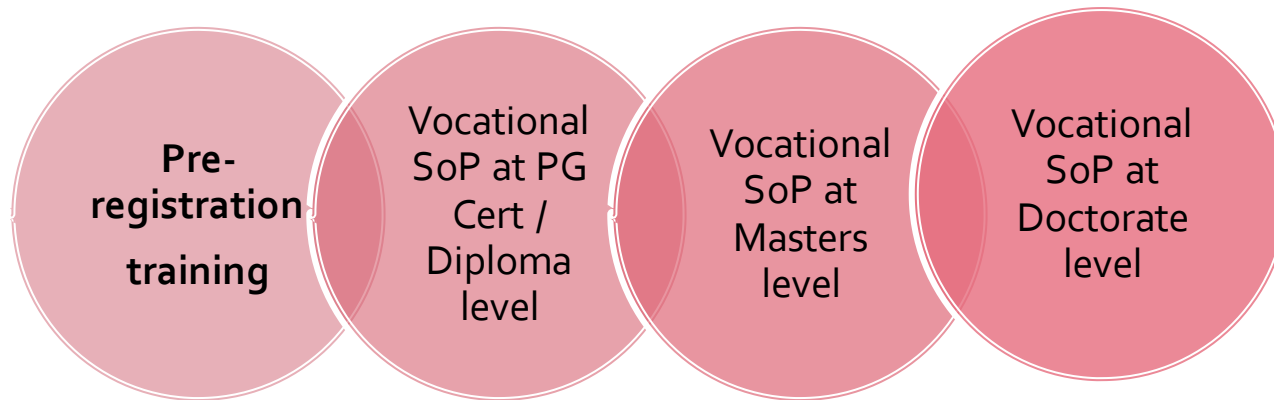
Advanced standing and post graduate study / specialisation in areas of practice that **remain** within the general scope of practice.

There is a continuum of skills / knowledge from novice to expert. Pre-professional training prepares osteopaths to commence practice in a safe and competent manner.

- Child health / Paediatrics
- **Gerontology***
- Occupational Health
- **Pain management***
- Rehabilitation / Sports injuries

***Gazetted in Sept 2012**

Vocational SoP and a postgraduate qualification pathway



- Vocational SoP builds and expands on previous knowledge.
- The HPCA Act is not prescriptive on the qualifications for scopes of practice. Creative solutions may be developed outside of the tertiary sector.

Prescribed Qualifications

Vocational scopes

- Interdisciplinary – using existing resources
- Formal Learning & Learning in Clinical Settings
- Accessibility – mixed mode delivery
- Creative learning pathways
- Defining / Refining Capabilities
- Allows for patient choice of practitioner
- Patient safety
- Career Development
- Responding to changing healthcare environment
- Liberal CPD Regime for Vocational SOP Holder

The debate on paediatric care

- When the OCNZ started looking into the issues around paediatric capabilities for practice and number of points arose;
 1. Unclear pre professional training
 2. Unclear ongoing CPD requirements
 3. Debate was focused around specifics of osteopathic techniques used rather than clinical capabilities :

Developing baseline paediatric capabilities (1)

- In 2012 the OCNZ started a project to determine the baseline for paediatric capabilities, the knowledge skills and attitudes (KSAs) that would be required for safe practise.
- This project will be completed by the end of 2014, the training institute in NZ is involved as is the NZ profession.

Developing baseline paediatric capabilities (2)

- Once the baseline for capabilities has been decided the training institute and the profession will be informed.
- Both the up-coming graduates and the profession will have the opportunity to meet these standards
- As a health care regulator, tasked with patient safety, this process is seen to be of great importance to our younger patients.

Paediatric Capabilities

- Survey Profession – Which conditions are osteopaths seeing in practice and how are they treating them (22% response rate)
- 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%

Revision of Capabilities

- OCNZ has updated its capabilities framework to cover paediatric practice

Download from OCNZ website or follow link

<http://tinyurl.com/lyag4hm>

Summary Findings

- Paediatrics has become confused with cranial osteopathy as a technique.
- Most paediatric patients are being treated non-cranially for musculoskeletal presentations
- Youngest age 8 for HVLA
- Safety – system of red flags for paedics – different considerations for new borns / infants / early childhood / teens
- University accreditation processes silent on paediatrics
- International curriculum useful context but dominated by procedural / technical approaches

Teaching / Assessment Methodologies

- We need a vision for osteopathic paediatric practice not reverse engineered from a curriculum
- We need to develop a knowledge, skills & attitudes framework
- How to teach / assess paediatric manual therapy?
- In practice upskilling
- Pre-registration curriculum
- Vocational Scope for Paediatric Practice – model of advanced practice



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