



Paediatric Capabilities

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Drivers for Development of Paediatric Capabilities

- Serious Complaint relating to a Child (2009)
<http://tinyurl.com/Rodriguez-Case>
- 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.

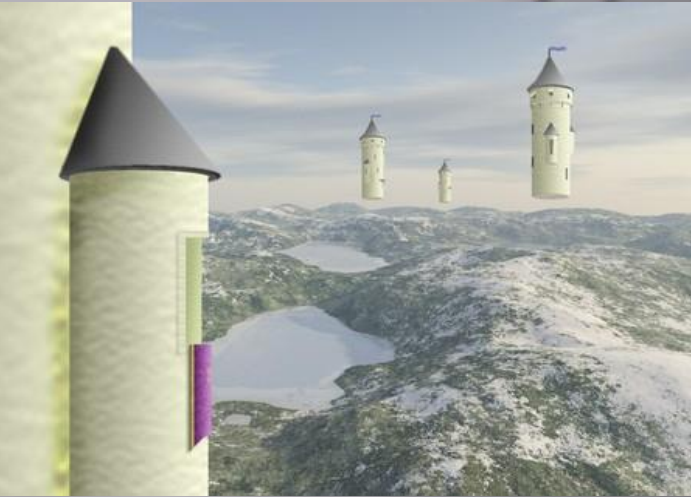
Drivers for Development of Paediatric Capabilities

- 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



MANATŪ HAUORA



Te Kaporeihana Āwhina Hunga Whara

Overcoming barriers



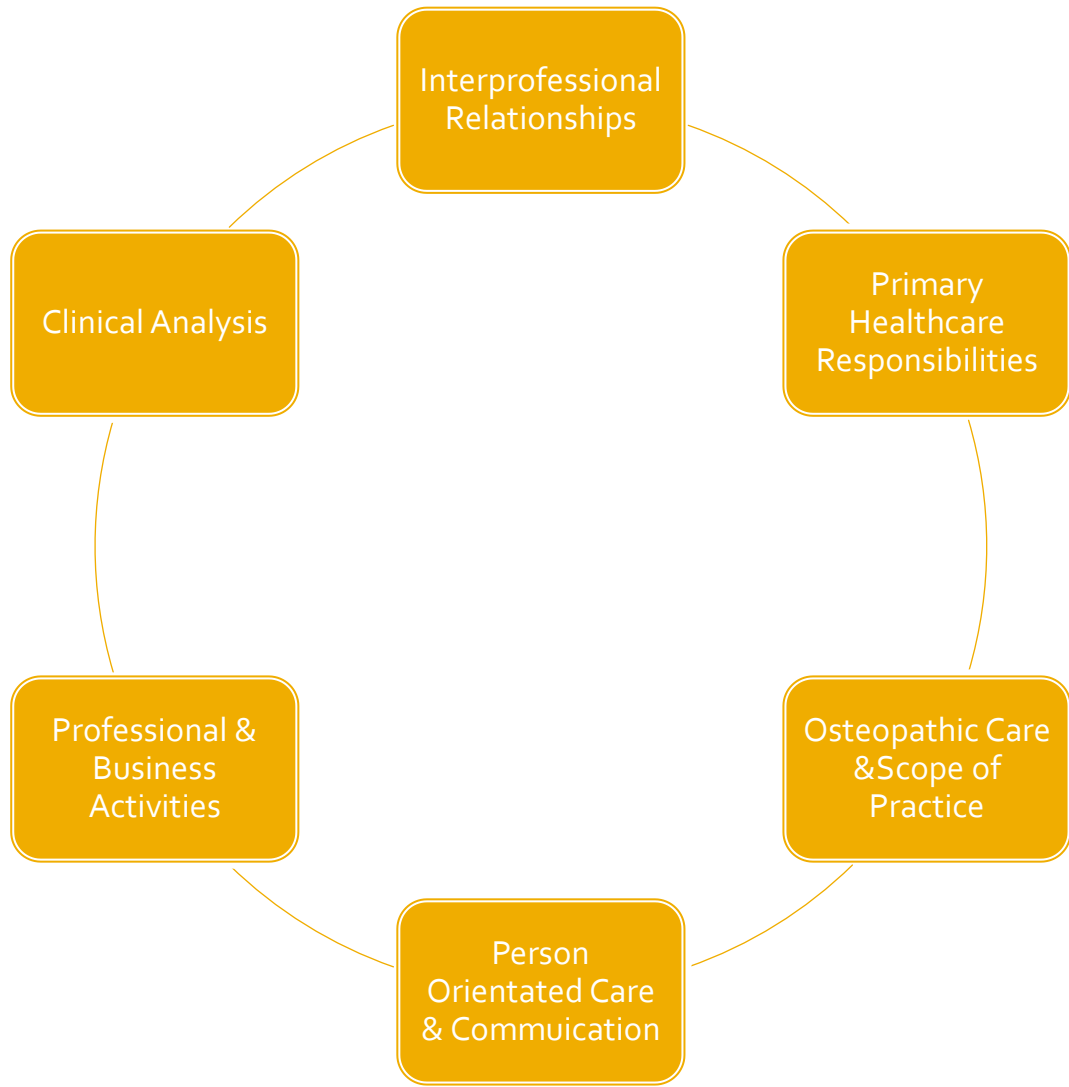
Osteopathic Exceptionalism & Magical Thinking – We are just different!

Health Practitioner Competence Assurance Act (2003)

(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.



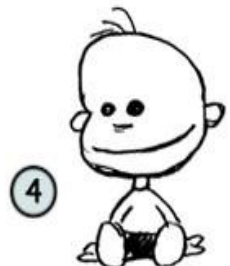
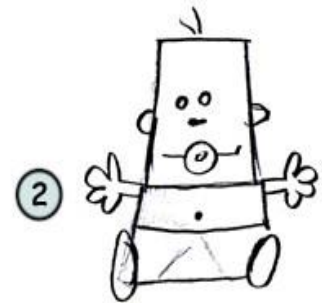
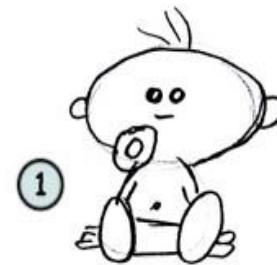
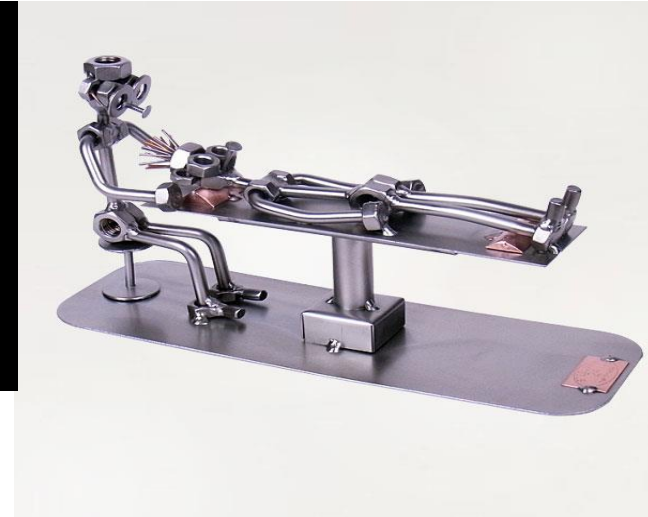
Capabilities Framework



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New Zealand Osteopathic Profession



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%

Summary Findings 2011

- 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.

Summary Findings 2011

- 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/lyag4hm>
- 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.
5. Congenital hip dysplasia.
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*



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