History and Current Context of the Osteopathic Profession

Osteopathic International Alliance
Status Report on Osteopathy Stage 1
March 2012

Contents

Note: throughout this document the following definitions are used:

'Osteopath' – is a person who has achieved the nationally recognized academic and professional standards within his or her country to independently practice diagnosis and provide treatment based upon the principles of osteopathic philosophy. Individual countries establish the national academic and professional standards for Osteopaths practicing within their countries[1].

'Osteopathic Physician' – is a person with full, unlimited medical practice rights and who has achieved the nationally recognized academic and professional standards within his or her country to practice diagnosis and provide treatment based upon the principles of osteopathic philosophy. Individual countries establish the national academic and professional standards for Osteopathic Physicians practicing within their countries[2].

[1] OIA Bylaws 2007
[2] OIA Bylaws 2007

1. Introduction

"Osteopathy, through its distinct perspectives and practices, will make an important contribution to improving integrated quality health care worldwide"

OIA Strategic Plan, 2011

The Osteopathic International Alliance (OIA) advances the philosophy and practice of osteopathic medicine and osteopathy worldwide. The Guiding Principles of the OIA are that osteopathy/osteopathic medicine is a person-centred and evidence informed system of health care. The OIA explicitly encourages:

- The continued development of a shared paradigm of osteopathic health care.
- The co-existence and collaboration of osteopaths and osteopathic physicians within a nation, state or territory.
- High national standards of education and practice.

Publication of the **WHO Benchmarks for Training in Osteopathy** was an important political step towards the worldwide acceptance and integration of the osteopathic profession into national systems of health care. The WHO has the vision of an integrated health care combining conventional medical care and traditional or complementary/alternative medicine.

The OIA represents more than 85,000 osteopaths and osteopathic physicians worldwide. It is mandated by its 67 member organizations and by the whole profession to publish a Status Report on Osteopathy.

This report will present the broad range of osteopathy and osteopathic medicine, including both professional 'streams': the osteopaths and osteopathic physicians worldwide.

Osteopathy/osteopathic medicine is a person-centred system of health care. Osteopathic care includes a highly developed sense of touch as a significant component of the diagnosis and treatment of patients. An advanced understanding of the relationship between structure and function is applied to optimize the self-regulating, self-healing homeostatic capabilities of the whole person. The profession of osteopathy/osteopathic medicine is practised in many countries throughout the world.

The osteopathic profession is distinct from other health care professions that utilize manual techniques, such as physiotherapy and chiropractic. Osteopathic education, professional associations and international associations are independent of these other professions.

Further details about the Osteopathic International Alliance can be found in **Annex 1.**

2. Purpose of the OIA Status Report

This document is produced by the Board of Directors of the OIA, with input from member organizations around the world.

The Aims and Objectives of the Report are to:

- Inform about the variety of contexts and modes of osteopathic practice and their contribution to integrated healthcare systems around the world.
- Illustrate different working models of education, regulation and accreditation.
- Provide a reference for emerging osteopathic groups in countries in which there is currently a need for such approaches.
- Build on and complement the 2010 WHO Benchmarks for Training in Osteopathy.
- Begin the development of an evolving body of work that is widely disseminated and freely accessible to those who wish to make use of it.

In **Stage One** of this Status Report we will describe:

- Osteopathy/osteopathic medicine in its historical and current context.
- Osteopathic core competencies.
- Existing regulatory models.
- Educational standards worldwide.

The statutorily regulated models of **USA, Europe and Australasia** will be referenced. Details such as standard curricula, core competencies and practice standards are part of the Annexes.

Stage Two of this Status Report will include:

- A service profile or audit of current osteopathic practice, based on a global 'snapshot survey'.
- An update on the cost effectiveness of osteopathic care.
- A collection of 'practical evidence' for osteopathy/osteopathic medicine.
- A comprehensive bibliography of research publications conducted by and relevant to the osteopathic profession.

A link to the WHO Benchmarks for Training in Osteopathy can be found in **Annex 2.**

The OIA Status Report on Osteopathy will be reviewed in 2014.

3. What is Osteopathy/Osteopathic Medicine?

Osteopathy may be described in simple, lay terms as ‘holistic medicine with a strong manual component’. It is a person-centred system of health care, within which osteopathic practitioners use a highly developed sense of touch in the diagnosis and treatment of their patients. They use their understanding of the relationship between structure and function to optimize the body’s self-regulating, self-healing capabilities.

Osteopathy and osteopathic medicine are practised in many countries throughout the world. As a hands-on approach to patient care it has contributed to the body of knowledge of manual therapies and of complementary and traditional medicine. It is important to note that the terms ‘osteopathy’ and ‘osteopathic medicine’ are frequently used interchangeably.

Osteopathic medicine was developed by Andrew Taylor Still, a physician and surgeon, in the United States in the mid-1800s. An essential component of osteopathic health care is osteopathic manual therapy, typically called osteopathic manipulative treatment (OMT). Although Dr Still initially intended his teachings to be an extension of allopathic medicine, he met with much resistance and established the first independent school of osteopathy in 1892.

Osteopathy is perhaps best and most widely known for treatment of musculoskeletal disorders such as back and neck pain, sciatica, sporting injuries and postural strain; it can also assist in the treatment of many functional problems such as breathing disorders, otitis media, digestive problems and menstrual problems. Put simply, addressing the balance of structure and function assists the person as a whole to optimise their potential.

3.1 The Philosophy and Principles of Osteopathy/Osteopathic Medicine

Osteopathy and osteopathic medicine incorporate current medical and scientific knowledge in applying osteopathic principles to patient care. Scientific review and evidence-informed outcomes have a high priority in patient treatment and case management. Osteopathy recognizes that each patient’s clinical signs and symptoms are the consequences of the interaction of multiple physical and non-physical factors. Osteopathic care emphasizes the importance of the patient-practitioner relationship in the therapeutic process.

Osteopathic care incorporates a broad range of approaches to the maintenance of health and the management of disease. It embraces the concept of the unity of the individual’s structure (anatomy) and function (physiology). **Osteopathy/osteopathic medicine is a person-centred approach to health care** rather than disease-centred.

Osteopathic practitioners assess and treat the whole person, not only their symptomatic region. So, for example, if a patient presents with headache they will be

given an overall structural and functional assessment, because the primary cause may be remote from the symptoms, and a symptom-oriented assessment and diagnosis may not incorporate underlying contributory factors.

Osteopathy/osteopathic medicine incorporates the following principles in the management of the patient:

- The human being is a dynamic unit of function, whose state of health is influenced by the body, mind and spirit.
- The body possesses self-regulatory mechanisms and is naturally self-healing.
- Structure and function are interrelated at all levels.

Compromise to structural and functional integrity has a reciprocal influence on physiological functioning. Osteopathic treatment of somatic dysfunction modifies thresholds and patterns in the nervous system, which in turn allows a move towards a level of function that is optimal for that person at that time in their life.

The practical application of osteopathic philosophy is described by several models of structure-function relationships (see 3.5 below) that are used by practitioners to inform the gathering of diagnostic information and the interpretation of the significance of neuromusculoskeletal findings in the overall health of the patient. As such, osteopathy/osteopathic medicine is not limited to the diagnosis and treatment of musculoskeletal problems, nor does it emphasize joint alignment and radiographic evidence of structural relationships; it is more concerned with the manner in which the biomechanics of the musculoskeletal system are integrated with and support entire body physiology.

The role of osteopaths and osteopathic physicians lies in diagnosing and treating those factors which limit and inhibit health, thus restoring balance in the body through natural, non-invasive, manual techniques, stretching and/or releasing contracted connective tissues such as muscles, tendons and fascia that inhibit mobility and motility:

- Strengthening unstable joints through functional exercise and alignment with osteopathic manipulative treatment (OMT).
- Enhancing circulation and lymphatic drainage with soft tissue and articulatory techniques.
- Normalising nerve function by reducing aberrant phenomena such as facilitation.
- Educating patients about diet, exercise and lifestyle choices.
- Optimising function of the cranium and associated dura.

3.2 Diversity in the osteopathic profession

Over its history, osteopathic practitioners seeking to address the complexity of human physiology have elaborated a variety of models of approach based on

common principles. The WHO recognizes osteopathy as distinct from other healthcare professions that utilize manual techniques, such as physiotherapy and chiropractic. Osteopathic education, professional associations and international associations are independent of these other professions.

Osteopaths and osteopathic physicians work within different scopes of practice in different countries: some have full medical licensure that gives them de facto equality with the orthodox medical profession, others enjoy protection of title but work within a scope of practice that does not authorise the prescription of pharmaceuticals or performance of surgery.

This will be explored in detail in **Section 5.**

3.3 When should an osteopath or osteopathic physician be consulted?

Osteopathy/osteopathic medicine is an effective treatment for conditions that are of musculoskeletal origin or incorporate a significant musculoskeletal component.

For osteopaths in many countries, musculoskeletal pain is the most commonly presented symptom. With many patients seeking non-surgical and/or non-pharmaceutical treatment options, osteopathy/osteopathic medicine is seen as gentle and non-invasive, offering more than just 'manipulation'. The complex pain syndromes that may coexist with complex functional disorders in the different body systems can also be alleviated by the osteopathic approach.

Many systemic/metabolic conditions can be assisted by osteopathic treatment in conjunction with conventional medicine. See below.

Conditions for which osteopaths and osteopathic physicians are commonly consulted include:

- Back pain
- Neck pain/headache
- Upper and lower limb pain and dysfunction
- Occupational strain/postural strain
- Sports injuries
- Post-trauma/post-operative rehabilitation
- Muscular/joint aches, pains and stiffness.

Osteopathy/osteopathic medicine can also assist with the treatment of:

- Chest pain and restriction associated with breathing disorders e.g. asthma, respiratory tract infections
- Back pain and other symptoms associated with pregnancy
- Otitis media
- Menstrual problems

- Digestive disorders
- Disorders of childhood.

Osteopathic treatment is often delivered in conjunction with a medical practitioner (or by a physician, if trained in osteopathy), dentist, podiatrist, natural therapist, or other health professional with the aim of reducing the impact of functional and structural anomalies that contribute to metabolic disorders.

Note: within the United States system, patients consult an osteopathic physician for conditions appropriate to the specialty under which that practitioner is licensed.

3.4 Osteopathic Patient Management

The hallmark of osteopathic management is to follow a protocol of:

- Patient history
- Whole body screening exam
- Regional review (in regions where somatic dysfunction is elicited)
- Neurological and orthopaedic testing (refer for X-ray or other diagnostics as indicated)
- Diagnosis (refer if indicated)
- Informed consent to treatment
- Osteopathic manipulative treatment (OMT)
- Retest to assess effectiveness of the technique and /or requirement of other treatment approaches
- Prescription of exercise or lifestyle modification
- On-going management plan.

A finely tuned sense of palpation is an essential element of osteopathic practice, along with a keen eye for observation of changes from the norm. The use of palpation enables an osteopathic practitioner to gather information for diagnosis, and during the treatment continuously feeds back information in response to tissue changes. These palpatory skills are founded on a thorough training, and on knowledge of anatomy, physiology, pathology and differential diagnosis. Osteopathic manipulative treatment (OMT) employs many types of manipulative techniques including spinal thrust, and rhythmic techniques as well as very gentle techniques

The goals of OMT include the following:

- Relief of pain and other symptoms
- Resolution of mechanical dysfunction
- Improving function (musculoskeletal and visceral)
- Improving blood supply (increase nutrition/remove wastes)
- Improving lymphatic drainage
- Ensuring and restoring adequate nerve function.

3.5 Models of Osteopathic Treatment

Models of structure-function relationships guide the osteopathic practitioner's approach to diagnosis and treatment, and provide a framework for interpreting the significance of somatic dysfunction within the context of objective and subjective clinical information. A combination of models will typically be appropriate for an individual patient. The combination chosen evolves along with the patient's differential diagnosis, co-morbidities, other therapeutic regimens and response to treatment. The following list summarises the five commonly used models:

Biomechanical Model

The biomechanical model views the body as an integration of somatic components that relate as a mechanism for posture and balance mechanism. Stresses or imbalances within this mechanism may affect dynamic function, increase energy expenditure, alter proprioception, change joint structure, impede neurovascular function and alter metabolism. This model applies therapeutic approaches, including osteopathic manipulative techniques, that allow for restoration of posture and balance, and efficient use of the musculoskeletal components.

Respiratory/Circulatory Model

The respiratory/circulatory model concerns itself with the maintenance of extra and intracellular environments through the unimpeded delivery of oxygen and nutrients and the removal of cellular waste products. Tissue stress or other factors interfering with the flow or circulation of any body fluid can affect tissue health. This model applies therapeutic approaches, including osteopathic manipulative techniques, that address dysfunction in respiratory mechanics, circulation and the flow of body fluids.

Neurological Model

The neurological model considers the influence of spinal facilitation, proprioceptive function, the autonomic nervous system, and activity of nociceptors (pain fibres) on the function of the neuroendocrine immune network. Of particular importance is the relationship between the somatic and visceral (autonomic) systems. This model applies therapeutic approaches, including osteopathic manipulative techniques, to reduce mechanical stresses, balance neural inputs and reduce or eliminate nociceptive drive.

Biopsychosocial Model

The bio-psychosocial model recognizes the various reactions and psychological stresses with which patients contend. Health may be affected by environmental, socioeconomic, cultural, physiological and psychological factors. Somatic dysfunction may be a reaction to environmental, socioeconomic, cultural or psychological events, but can, in turn, influence the physiologic outcome. This model

applies therapeutic approaches, including osteopathic manipulative techniques, to address the affects of various reactions, interactions and psychological stresses.

Bioenergetic Model

The bioenergetic model recognizes that the body seeks to maintain a balance between energy production, distribution, and expenditure. This aids the body in its ability to adapt to various stressors; immunological, nutritional, psychological, etc. This model applies therapeutic approaches, including osteopathic manipulative techniques, to address factors which have the potential to dysregulate the production, distribution or expenditure of energy

The model or combination of models used in treatment is tailored to the individual patient, and modified in response to the outcomes and relative skills of the clinician. These factors are influenced by the individual's physical, mental and emotional health.

3.6 Treatment Techniques

Below is a list of the most commonly used osteopathic manipulative techniques, several other techniques have evolved as variations of those listed but coverage of them is beyond the scope of this report:

i Soft tissue techniques
ii Myofascial release techniques
iii Functional methods
iv Visceral techniques
v Osteopathy in the cranial field
vi Counterstrain
vii Balanced ligamentous tension
viii Muscle energy techniques
ix Articulatory and thrust techniques

Details can be found in **Annex 3.**

4. Osteopathic Competencies and Capabilities

Projects to evaluate and map osteopathic competences and capabilities have been undertaken in a number of different countries, including Australia and Europe. While specific capabilities expected of an osteopath or osteopathic physician will vary between national jurisdictions, in accord with relevant scopes of practice and graduate profiles, there are some characteristics that are universal.

4.1 Common competencies shared by osteopaths and osteopathic physicians

Osteopaths and osteopathic physicians share a set of core competencies that guide diagnosis, management and treatment of their patients and form the foundation for the osteopathic approach to health care. The following are essential competencies for osteopathic practice:

- Sound knowledge of osteopathic history and philosophy and its approach to health care.
- An understanding of the basic sciences within the context of the philosophy of osteopathy and the five models of structure-function (see Section 3.5 above).
- An understanding of human biomechanics including but not limited to the articular, fascial, muscular and fluid systems.
- Palpatory and clinical skills necessary to diagnose dysfunction in the systems and tissues of the body.
- An understanding of the mechanisms of action of manual therapeutic interventions and the biochemical, cellular and gross anatomical response to therapy.
- Proficiency in physical examination and the interpretation of relevant tests and data, for example diagnostic imaging and laboratory results
- The ability to critically appraise medical and scientific literature, and incorporate valid evidence into clinical practice.
- The ability to formulate appropriate differential diagnoses and a patient-centred treatment plan.
- Expertise in the diagnosis and osteopathic manipulative treatment of neuro-musculoskeletal disorders.
- An understanding of and proficiency in a broad range of osteopathic diagnostic and manipulative treatment (OMT) skills.
- The ability to communicate effectively and with empathy.
- Knowledge of the contraindications for osteopathic treatment, of its limitations, and of when to refer to other professionals.
- Basic knowledge of commonly used traditional and complementary medicines.

4.2 Distinctions between osteopaths and osteopathic physicians

As already indicated, scopes of practice vary between countries according to the prevailing regulatory and educational framework. For example, core competencies and osteopathic practice standards play a central role in the requirements for osteopathic training and the achievement and retention of registration in the European Register for Osteopathic Physicians (EROP)

Examples from Australia, Europe, New Zealand and the United States are provided in **Annex 4.**

5 Current Statutory Systems Governing the Practice of Osteopathy

Osteopathy and osteopathic medicine are currently regulated by law in a number of different national jurisdictions; while variations exist between acts of law in different countries they all aim to protect the public by protection of the title 'osteopath' so that only individuals registered with the relevant authority may use it.

Links to the relevant national legislations and regulatory authorities are located in **Annex 5.**

5.1 Australia

The regulation of the osteopathy profession in Australia as a primary contact profession commenced in the 1970s. Since July 2010 a National Registration and Accreditation Scheme regulates 10 Health Professions (medicine, dentistry, nursing and midwifery, osteopathy, physiotherapy, chiropractic, optometry, podiatry, pharmacy and psychology) under the *Health Practitioner Regulation National Law Act 2009*[3]. The Osteopathy Board of Australia (OBA) is the statutory body charged with granting registration in order to practise as an osteopath in Australia. Maintaining registration as an osteopath requires annual compliance, including compulsory continuing professional development (CPD), recency of practice and appropriate insurances.

Osteopaths registered to practise in Australia may also practise in New Zealand under the terms of the Trans-Tasman Mutual Recognition Agreement (TTMRA).

5.2 Canada

Osteopathy operates under a range of different regulatory systems across Canada's thirteen provinces and territories. Osteopathic physician graduates of accredited American colleges of osteopathic medicine (DO) are recognized as meeting the 'National Standard' for physician registration across the country. In some provinces,

[3] www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx

osteopaths may operate under 'Common Law', and their practice more closely resembles the British and Australasian model of osteopathy.

5.3 New Zealand

The osteopathic profession in New Zealand is regulated under the terms of the *Health Practitioners Competence Assurance Act (2003)*[4]. This legislation provides a consistent regulatory framework for 16 different professions, including dentistry, medicine, midwifery, nursing, pharmacy, physiotherapy and psychology.

Osteopaths who are registered to practise in New Zealand may also practise in Australia under the terms of the Trans-Tasman Mutual Recognition Agreement (TTMRA).

5.4 United States

The practice of osteopathic medicine is regulated in the USA by statute in all fifty states and the District of Columbia. All osteopathic physicians must be licensed by the state licensing board in order to practise in that state. US-trained osteopathic physicians practise the unlimited scope of medicine, which includes prescriptive rights, managed care contracts, surgery, the ability to employ the latest medical technologies, and to obtain staff privileges at hospitals. US-trained osteopathic physicians are eligible for participation in and reimbursement from managed care companies and all state and federal government agencies, such as Medicare and Medicaid. In addition, US-trained DOs are eligible to prescribe all controlled substances (narcotic and non-narcotic) as designated by the US Drug Enforcement Administration in its Schedule I, II, III, IV, or V medicines. Osteopathic physicians in the United States also have a distinguished record of serving in the Medical Corps of the Armed Services.

5.5 Europe

Osteopathy is regulated in six countries within the European Economic Area[5] as follows:

5.5.1 Finland

The Decree on Healthcare Professionals (564/1994)[6] protects the title 'Osteopat'. Practitioners entitled to use the professional title are entered onto the central register

[4] www.legislation.govt.nz/act/public/2003/0048/latest/DLM203312.html
[5] The European Economic Area (EEA) was established on 1 January 1994 following an agreement between the member states of the European Free Trade Association (EFTA) and the European Community, later the European Union (EU). It allows Iceland, Liechtenstein and Norway to participate in the EU's Internal Market without a conventional EU membership. In exchange, they are obliged to adopt all EU legislation related to the single market, except laws on agriculture and fisheries. One EFTA member, Switzerland, has not joined the EEA.
[6] www.finlex.fi/en/laki/kaannokset/1994/en19940564

of healthcare professionals maintained by the National Supervisory Authority for Welfare and Health[7]. Minimum training is 4-4½ years.

Patients can self refer to osteopaths, but can only be reimbursed by health insurance if they have been referred by a doctor, for treatment of low back pain.

5.5.2 France

Since 2002 osteopathy has been a recognised profession, but in 2007 the title 'Ostéopathe' became protected in legislation[8].

Training standards in France require a minimum of 2,600 hours or three years including 1,435 hours theory and 1,225 hours practical. Continuing Professional Development will become mandatory, according to plans to update the current legislation.

Specific restrictions apply to osteopaths in France, including the inability to carry out internal gynaecological treatment. For manipulation of the cervical spine or manipulation of infants under six months, osteopaths would need a certificate of 'non-contraindication' from a medical practitioner before treatment.

Training standards in France for osteopathic physicians are linked with the DIU university degree

Currently there is no single, national regulatory body for osteopathy in France. Instead individual osteopaths have to register to practise with their local ARS (Agence Regionale de Sante).

5.5.3 Iceland

The Icelandic osteopathic profession is a recognised health profession set out in regulation 229/2005, regulated by the Icelandic Ministry of Health[9]. No one can work or call themselves an osteopath ('Osteópata') in Iceland without being registered as such with the Ministry of Health.

The minimum standard is a BSc degree. Currently patients seeking care from osteopaths, and other health professionals, should do so in consultation with a doctor. This is commonly 'overlooked' and representations are being made to the Government to change this requirement.

5.5.4 Malta

Osteopathy is a profession regulated by the Council for Professions Complementary to Medicine[10]. This body was set up to safeguard the health and well-being of the

[7] www.valvira.fi/en/licensing/professional_practice_rights
[8] Décret n° 2007-435 du 25 mars 2007 relatif aux actes et aux conditions d'exercice de l'ostéopathie.
[9] www.landlaeknir.is/Pages/1275
[10] www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8930&l=1

public using the services of the professions it regulates, by setting and maintaining standards of professional training, performance and conduct.

5.5.5 Switzerland

Osteopathy has been a regulated profession in Switzerland since 2007. Although many cantons had already recognised the practice of osteopathy, on 1 January 2007 the Swiss Conference of the Cantonal Ministers of Public Health (GDK) published directives[11] to the cantons on the regulation of osteopathy and set up a list of requirements to qualify for the Inter-Cantonal Osteopathy Diploma. Since 2007 these requirements have included five years of full-time study and a two-year internship. The application of these directives is managed at cantonal level.

The Swiss Red Cross, by order of the GDK, holds a register of practising osteopaths who have passed the examination of the GDK and therefore are entitled to be called 'ostéopathe/ osteopath/osteopata'.

5.5.6 United Kingdom

Osteopathy is a primary contact profession regulated by the *Osteopaths Act 1993*[12]. UK standards of osteopathic training and practice are set, maintained and developed by the General Osteopathic Council (GOsC)[13] – the profession's statutory regulator.

The GOsC maintains the register of those qualified to practise osteopathy in the UK. As part of this process, the GOsC checks that osteopaths are suitably qualified, have current professional indemnity insurance, remain in good health and of good character, and have met mandatory continuing professional development (CPD) requirements. The title 'Osteopath' is protected by law, and only those included on the statutory register are entitled to practise as osteopaths. Unregistered practice is a criminal offence in the UK.

It is the role of the GOsC to set and regularly review the standards of practice and conduct expected of osteopaths. These standards are currently outlined in two documents: *Standard 2000 – Standard of Proficiency*[14] and the *Code of Practice*[15]. Failure to comply with these standards may result in proceedings being brought against an osteopath.

Registered medical practitioners wishing to practise osteopathy in the United Kingdom also work under the jurisdiction of the GOsC.

5.5.7 Osteopaths in other countries in Europe

[11] www.gdk-cds.ch/fileadmin/docs/public/gdk/Themen/Gesundheitsberufe/Osteopathie/Reglement-def-f-Ple23.11.2006_akt26.11.2008.pdf
[12] www.legislation.gov.uk/ukpga/1993/21
[13] www.osteopathy.org.uk
[14] *Standard 2000: Standard of Proficiency,* General Osteopathic Council, 2000
[15] *Code of Practice for Osteopaths,* General Osteopathic Council, 2005

While the above European countries regulate the use of the title of ‘osteopath’, others do not; many of the other practitioners working in Europe as osteopaths have an existing qualification in another discipline, and have undertaken postgraduate education in Osteopathy. Where regulation does not exist under national law, voluntary professional bodies seek to set standards for osteopathic education and practice.

5.5.8 Osteopathic physicians in Europe

Osteopathic physicians trained in Europe are MDs with postgraduate training and education in Osteopathic Medicine. MDs in general are fully licensed physicians, and have general practice rights in all European countries that are members of European Union (EU). Governmental regulatory systems for osteopathic physicians exist only in the UK and France; in all the other countries regulation is part of the general medical councils.

In most EU countries these medical councils accept that MDs with postgraduate qualifications in osteopathy practise osteopathic medicine as a branch of complementary medicine. Some countries, such as the UK, France and Germany officially recognise osteopathy as an evidence-informed modality used in an integrated health care system.

Osteopathic physicians in five European countries collaborate to promote and maintain standards of osteopathic practice under the umbrella of the European Register for Osteopathic Physicians (EROP). As stated in Section 4.5, maintenance of the declared core competencies and osteopathic practice standards plays a central role in the requirements for osteopathic training and the achievement and retention of registration in EROP.

Core competencies for osteopathic physicians:

i Medical professionalism and complementary medicine
ii Principles and scientific basis of osteopathic medicine
iii Personal qualities and skills
iv Clinical practice
v Patient partnership
vi Practice-based learning
vii Systems-based practice.

Further details of this declaration are in **Annex 5.**

6 Educational Models Currently in Use in Osteopathic Education

In all of the countries in which it is regulated by law Osteopathy is a graduate profession, although with a number of variations that reflect the national educational systems. Some programmes of study are delivered by departments in state-funded universities or institutes of technology, others in smaller specialist autonomous colleges, many of which date back to the early part of the last century, existing for many years on a private, charitably funded basis, before entering formal academic relationships with national organizations or local universities. Educational programmes equally follow a variety of configurations, and each national system has its own recognised qualification with 'RQ' status.

Details and sample curricula are available in **Annex 6.**

6.1 Australia

In New Zealand and Australia entry level to practice is a Bachelor of Applied Science plus a Master's degree, typically requiring a total of five years of study. University programmes must meet and maintain accreditation standards set by Australian and New Zealand Osteopathic Council (ANZOC), the accreditation authority.

6.2 New Zealand

There is currently one programme of study with RQ status, leading to the award of a Master of Osteopathy degree; it is situated in a state funded tertiary institution.

6.3 United Kingdom

In the United Kingdom programmes of study may be full-time, part-time, or mixed mode; they have traditionally led to the award of a Bachelor's degree, but more recently have been upgraded to the award of a Master's degree to successful students. Osteopathic students typically follow a four or five-year degree course combining academic and clinical work.

In order to register to practise osteopathy in the UK, students must graduate with a qualification that is recognised by the GOsC (RQ status). There are currently 10 higher education providers delivering programmes of study with RQ status. The GOsC scrutinises the quality of all UK osteopathy courses leading to registration to ensure that education providers are equipping students to practise safely and competently as osteopaths.

Registered medical practitioners wishing to practice osteopathy in the United Kingdom are able to follow a specially formulated programme of study that has RQ status.

The GOsC also reviews all courses periodically to ensure that standards of education and training remain high. To achieve this, the Council works closely with the independent Quality Assurance Agency for Higher Education (QAA)[16].

6.4 United States

The educational model in the United States is that of a postgraduate doctoral degree leading to licensure as a physician (Doctor of Osteopathic Medicine – DO).

There are currently 26 Colleges of Osteopathic Medicine, offering educational programmes at 34 locations in 25 states, leading to the Doctor of Osteopathic Medicine (DO) degree.

Following successful completion of the doctor of osteopathic medicine degree, graduates follow a structured programme of post-graduate training, which maybe followed with licensure by one of the 70 regulatory bodies in the US.

6.5 European osteopathic standards

Current voluntary European standards set out in the European Framework for Standards of Osteopathic Education and Training (EFSOET)[17] comply with the Bologna and the EQF in terms of focusing on outcomes. However, it was also considered useful to indicate within EFSOET what might be a suitable duration of osteopaths' training education and training programmes. These standards are being used to help develop a European Standard on Services of Osteopaths with the European Committee of Standardisation[18].

In Europe, physicians (MD) follow a postgraduate training in osteopathy as a specialisation.

Details are available by following the links in **Annex 6.**

7 Current Accreditation Models

A national system of accreditation of educational programmes exists in the majority of countries in which the practice of osteopathy is regulated by statute. The models in those countries reflect the prevailing legislative and educational environments.

In general, accreditation of professional education programmes works alongside existing institutional and national quality assurance mechanisms; these systems provide for periodic inspection and accreditation of programmes against a published set of educational standards and graduate profiles that must be demonstrably

[16] www.qaa.ac.uk
[17] European Framework for Standards of Osteopathic Education and Training, FORE 2008
[18] www.cen.eu

attained and maintained. A system of annual reporting by accredited institutions is common.

7.1 Australasia

The Australian and New Zealand Osteopathic Council (ANZOC) is the delegated authority that monitors accreditation of osteopathic education programmes leading to registration in Australia. It also provides assessment of overseas-qualified osteopaths seeking to practise in or migrate to Australia or New Zealand.

7.2 United Kingdom

The GOsC scrutinises the quality of all UK osteopathy courses leading to registration to ensure that education providers are equipping students to practise safely and competently as osteopaths.

Registered medical practitioners wishing to practise osteopathy in the United Kingdom are able to follow a specially formulated programme of study that has RQ status.

The GOsC also reviews all courses periodically to ensure that standards of education and training remain high. To achieve this, the Council works closely with the independent Quality Assurance Agency for Higher Education (QAA)[19], to which it also delegates the operational aspects of the accreditation process.

7.3 United States

In the United States the Commission on Osteopathic College Accreditation is the professional education accreditation authority.

For details of the various national accreditation systems see **Annex 7.**

7.4 The European Higher Education Area

The Bologna process[20] is an intergovernmental and voluntary initiative to establish a common European Higher Education Area (EHEA) where academic degree and quality assurance standards are more comparable and compatible throughout Europe.

One of the main features of the Bologna process is that qualifications structures, modules and programmes in higher education throughout the EHEA should be written in terms of learning outcomes – to express what learners are expected to achieve and how they are expected to demonstrate that achievement. The learning

[19] www.qaa.ac.uk
[20] www.ehea.info

outcomes express the three cycles of the EHEA, defined in terms of qualifications and European Credit Transfer and Accumulation System (ECTS) credits, as follows:

1st cycle: typically 180–240 ECTS credits, usually awarding a Bachelor's degree.
2nd cycle: typically 90–120 ECTS credits (a minimum of 60 on 2nd-cycle level), usually awarding a Master's degree.
3rd cycle: Doctoral degree. No ECTS range given.

In most cases, these will take three to four years per cycle; three years and three years respectively to complete. For successfully completed studies, ECTS credits are awarded. One academic year corresponds to 60 ECTS-credits that are equivalent to 1500–1800 hours of study in all countries, irrespective of the standard or qualification type, and is used to facilitate transfer and progression throughout Europe.

While a deadline of 2010 was originally set to implement a European Higher Education Area, not all European countries have the same higher education system. The Bologna process tries to establish bridges that make it easier for individuals to move from one country to another for further study or employment. Therefore, even if degree systems may become more similar, the specific nature of every higher education systems is preserved.

It is important to note that Bologna is not an EU-led process, but is driven by 46 countries, in cooperation with a number of international organisations. Every two years there are Ministerial Conferences organised in order to assess the progress made within the EHEA and to decide on any new steps to be taken, for example, in terms of lifelong learning, research and innovation, funding and mobility.

7.5 The European Qualifications Framework for Lifelong Learning

While the European Commission recognises the importance of the Bologna process as a means to make Europe attractive and competitive for students and educational providers, it has developed a parallel initiative: the European Qualifications Framework on Lifelong Learning (EQF)[21]. This EU initiative provides a framework to cross-reference national qualifications against eight levels of training based on learning outcomes.

From 2012 all new qualifications issued in Europe will carry a reference to the appropriate EQF level. It is also proposed that the EU Directive governing the recognition of European professional qualifications be amended to reflect the EQF[22].

[21] www.ec.europa.eu/education/lifelong-learning-policy/eqf_en.htm
[22] Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications.

8 Patient Safety

The indication for osteopathic treatment is the presence of somatic dysfunction that is clinically significant. Clinical significance is determined using the structure-function models of osteopathic practice described in Section 3.

Osteopathic practitioners have responsibility to diagnose and refer patients as appropriate when the patient's condition requires therapeutic intervention, which falls outside the practitioner's competence. Both osteopaths and osteopathic physicians need to recognize when specific approaches and techniques may be contraindicated in specific conditions. Patient refusal or absence of informed consent is an absolute contraindication to the application of any technique or treatment. Significant adverse response to prior treatment or to the initiation of any technique is a contraindication to the completion of that specific technique.

Although reviews have been published suggesting that the incidence of complications with spinal manipulation in adults is under-reported, most authors conclude that severe complications are extremely rare. With regard to the safety of cervical spine manipulation, position papers which include thorough reviews of scientific literature have been adopted by national osteopathic organizations. These papers conclude that osteopathic manipulation including high velocity/low amplitude manipulative treatment is a safe and effective treatment for uncomplicated neck pain when used appropriately, especially in comparison to other common treatments such as non-steroidal anti-inflammatory pharmaceuticals.

There is substantial evidence that osteopathic manipulation is a safe, effective and conservative means of treatment. Osteopathic manipulative treatment appears to be safe both in children and adults when implemented by competent, well-trained practitioners.

Links to relevant material are located in **Annex 8.**

9 Annexes

To ensure that they remain up to date, the Annexes to the OIA Status report on Osteopathy Stage 1 are available online at www.oialliance.org

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