

Public consultation



16 April 2018

Revised Professional capabilities for osteopathic practice

About this public consultation

The Osteopathy Board of Australia (the Board) invites you to provide feedback on this **public consultation** on draft revised Professional capabilities for osteopathic practice.

The National Law¹, empowers the National Boards to develop and approve codes and guidelines to provide guidance to health practitioners. The National Law requires National Boards to ensure there is wide-ranging consultation on the content of any proposed registration standard, code or guideline.

The Board is inviting general comments on draft revised "*Professional capabilities for osteopathic practice*" (*Professional capabilities*). There are also specific questions which you may wish to address in your response.

Making a submission

If you wish to provide comments on this proposal, please provide written submissions, marked 'Draft revised *Professional capabilities for osteopathic practice*' to:

- osteoboardconsultation@ahpra.gov.au, or
- Executive Officer, Osteopathy, AHPRA, GPO Box 9958, Melbourne 3001.

Submissions for publication on the Board's website should be sent in Word format or equivalent.²

Submissions will be accepted up to **5pm AEST on Friday 1 June 2018**.

Publication of submissions

The Board publishes submissions at its discretion. The Board generally publishes submissions on its website to encourage discussion and inform the community and stakeholders. Please let us know if you do not want us to publish your submission, or want us to treat all or part of it as confidential.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation.

Before publication, we may remove personally-identifying information from submissions, including contact details.

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in

¹ Health Practitioner Regulation National Law, as in force in each state and territory

² You are welcome to supply a PDF file of your feedback in addition to the word (or equivalent) file, however we request that you supply a text or word file. As part of an effort to meet international website accessibility guidelines, AHPRA and National Boards are striving to publish documents in accessible formats (such as word), in addition to PDFs. More information about this is available at www.ahpra.gov.au/About-AHPRA/Accessibility.aspx

accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence.

Published submissions will include the names of the individuals and/or the organisations that made the submission, unless confidentiality is requested.

Background

The current [Capabilities for Osteopathic Practice](#) (2009) (the Capabilities) were originally developed and published in January 2009, under the auspices of the then Osteopaths Registration Board of NSW. At the commencement of the National Scheme in 2010, the Osteopathy Board of Australia, which is responsible for regulating osteopaths in Australia, adopted the Capabilities.

Since the *Capabilities* were published in 2009, the role and scope of practice for osteopathy throughout Australia, the model of education and training, and the regulatory framework within which registration of osteopathy occurs, have developed substantially.

The Board undertook preliminary consultation on the revised Capabilities in 2016, following a review undertaken by the Australasian Osteopathic Accreditation Council (AOAC). Feedback from preliminary consultation indicated that the revised Capabilities required further development to ensure they were relevant as minimum threshold requirements for practice in the profession.

The Board engaged Southern Cross University (SCU) to further develop the draft revised Professional capabilities for osteopathic practice (Professional capabilities) which takes account of the feedback from preliminary consultation. Following feedback at preliminary consultation the draft revised Professional capabilities provided in this public consultation paper have informed by the CanMEDS competency framework that was developed by the Royal College of Physicians and Surgeons of Canada.¹¹

At the completion of this consultation, the National Board will consider the feedback received (in the context of its legal obligations of the National Law), and publish revised Professional capabilities for Osteopathic practice.

Role and function of the Professional capabilities for Osteopathic practice

The draft revised Professional capabilities for osteopathic practice identify the behaviours and professional attributes necessary to competently practise osteopathy in Australia. The Professional capabilities underpin and provide the foundation for registration, [approved accreditation standards](#), and codes and guidelines developed or approved by the National Board. The Professional capabilities also provide a benchmark for a variety of National Board functions under the National Law, including:

- the determination of competence of practitioners for registration, including practitioner self-assessment, and decisions regarding the nature and scope of conditions, undertakings and supervision arrangements.
- the assessment of the knowledge and clinical competence of overseas trained applicants for registration as osteopaths in Australia
- the assessment, investigation and management of notifications about registered osteopaths with respect to health, professional conduct and performance matters.

J. Louise Adam [Response to 2018 Draft Capabilities for Osteopathic Practice - Osteopathy Board of Australia](#)

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Introduction to this submission

I write to advocate for the development of Capabilities which support excellence in osteopathic health care, support uptake of innovations in best practice and have the capacity to respond to changes in the needs of Australian health consumers. This document will play a pivotal role in promoting best practice for years. There are challenges in developing Capabilities statements so as describe expectations in such a way as to allow for a future that we may not anticipate and to develop a document that enhances utility through clear description of observed behaviours, minimising duplication and jargon. Changes are needed to the current draft to achieve these objectives.

My involvement in the development of Capabilities and Competency documents for the Osteopathic profession in Australia began with the first iteration in 1990's. At that time I was the lead researcher for the osteopathic arm of a joint project which developed separate Competency statements for the Osteopathic and Chiropractic professions led by Prof A Kleynhans via a process of literature review and stakeholder consultation. In that project, when we applied the Competencies to assessment we found them overly prescriptive. I was engaged in the 2009 project as a member of focus groups and a member of the NSW Osteopaths Registration Board and have applied the 2009 Capabilities in several roles:

- mapping of curriculum and clinical assessment as part of clinical education at University Western Sydney in my role as Head of Osteopathy UWS;
- applying assessment based on the 2009 Capabilities to the evaluation of overseas trained osteopaths as an assessor and chair of the Qualifications and Skills assessment committee of the Australasian Osteopathic Accreditation Committee (AOAC); and
- reviewing mapping of curriculum against 2009 Capabilities as a member of accreditation teams.

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More recently, I was engaged in the 2014/5 project auspiced by the OsteoBA and undertaken by AOAC to develop the 2016 revised Capabilities both as a member of AOAC board and as a member of stakeholder focus groups. This project developed a statement through an iterative process of enagement with educational, professional, accreditation and regulatory stakeholders.

It is unfortunate that more than 2 years have elapsed since the revised capabilities were developed. Osteo BA are strongly encouraged to defining a timeframe for release of the revised capabilities and a timeframe for revision with assist in maintaining the contemporary nature of the document.

I applaud the OsteoBA for basing the current version on CanMEDS, the most widely used Capabilities document. CanMEDS displays the benefits of an iterative process involving wide ranging consultation and extensive use in assessment and curriculum development. There is a pressing need to develop contemporary Capabilities for the practice of Osteopathy in Australia: the 2009 Capabilities are outdated and challenging to apply in assessment and curriculum. This current draft is a good start which requires refinement through collaborative engagement with stakeholders.

Issues for consultation

Potential benefits and costs

Osteopaths already have Capabilities for osteopathic practice. The draft revised Professional capabilities for osteopathic practice does not introduce a new regulatory requirement but makes changes to the existing ~~requirements~~ requirements. There may be a cost to the practitioner to correct deficiencies where necessary to meet the minimum standards already established within the profession and expected by the community.

Response:

I welcome this revision of the 2009 Capabilities for Osteopathic Practice (UTS 2009) as this document, now almost 10 years old, has been challenging to apply in educational and accreditation functions. Challenges have included clarity of language to supports practical application, use of descriptors which are not amenable to observation or do not have a generally accepted description such as

J. Louise Adam Response to 2018 Draft Capabilities for Osteopathic Practice - Osteopathy Board of Australia

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"osteopathic philosophy", under representation of evidence-based practice such as rehabilitation and pain management and the use of emerging technologies and to embrace themes such as cultural competence.

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The OsteoBA quite rightly identifies the potential for release of revised capabilities to require practitioners to take the necessary steps to comply with requisite threshold of minimum competence. Continuing professional education has the potential to be better targeted with the release of a Capabilities document which reflects contemporary standards for safe and effective practice. Osteopathy Australia welcomes this substantial revision of the 2009 Capabilities and ??? importance/ much needed/congratulate Osteopathy Australia for undertaking revision.

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The 2009 version areis overdue for revision. This revision haveshould included clarity of language to supports practical application, shifts in contemporary osteopathic practice to encompass innovationsdevelopments in evidence-based practice such as rehabilitation and pain management, the use of emerging technologies and the to embracement of themes such as cultural competence.

The OsteoBA quite rightly identifies the potential for release of revised capabilities thatto require practitioners to take the necessary steps to comply with requisite threshold of minimum competence. Continuing professional education has the potential to be better targeted with the release of a Capabilities document which reflects contemporary standards for safe and effective practice.

Estimated impacts of the revised Professional capabilities for osteopathic practice

There is little impact anticipated on practitioners, business and other stakeholders arising from the revised Professional capabilities as they primarily reflect existing good practice within the profession and clarify some areas of uncertainty.

To ensure that stakeholders are not unnecessarily disadvantaged, the Board will provide an implementation period to allow stakeholders familiarise themselves with the revised Professional capabilities for osteopathic practice.

Estimated impacts of the revised Professional capabilities for osteopathic practiceResponse:

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Osteopathy AustraliaWith refinement, this draft anticipates that a contemporary Capabilities Statement wouldwill support the uptake of innovations in best practice and emerging technologies, such as e-health. Capabilities standards are reviewed infrequently and as a result need to be mindful of avoiding content which would unduly constrain changes in the service delivery of Osteopaths as they meet the changing demands of the community and respond to innovations in best practice and technology.

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To this end, we have made a number of recommendations are made for removal of content in relation to sections of the discussion about Osteopathy and specific content within key and enabling competency descriptors.

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We support theA period of adaption proposed by the OsteoBAwill be needed though it is worth noting that, and note that the revision of the Capabilities for Osteopathic Practice has been anticipated for some years and so stakeholders can be expected to have factored in the work required to adopt the revised capabilities such as mapping of curriculum and assessment.

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I note that some of the proposed enabling components – those related to supervision, mentoring and pharmacology– if adopted would potentially change requirements for practice that would necessitate establishing systems for quality assurance of supervision/mentoring and pre-professional and post-professional training in the safe use of medicines.

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The Board is interested in your feedback about the draft revised Professional capabilities.

Specific questions the Board would like you to address are:

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J. Louise Adam Response to 2018 Draft Capabilities for Osteopathic Practice - Osteopathy Board of Australia

1. Do the draft revised Professional capabilities adequately describe the minimum competencies for safe contemporary osteopathic practice in Australia?

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It is difficult to determine if the 2018 draft adequately describes the minimum competencies without comparison against comparable capabilities and testing through use in assessment and observation of practice. The 2018 draft Capabilities represents a major revision which appears to be based upon the Physiotherapy Standards rather than a further iteration of prior drafts of Osteopathy Capabilities. The Capability framework and descriptors (pp 13-24) in the Draft Capabilities for Osteopathic Practice closely follow the framework of the Physiotherapy practice thresholds in Australia and Aotearoa New Zealand 2015 (Physiotherapy Boards of Australia and New Zealand 2015) which were themselves modelled on the CanMEDS framework (Frank JR, Snell L, Sherbino J et al 2015). The 2018 Draft Osteopathy Capabilities and Physiotherapy standards share, with minor variations, 7 roles and approximately half of the key capabilities. Please see a comparison of roles from the three frameworks in Appendix 1.

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I encourage the OsteoBA to further develop the draft Osteopathic Capabilities via a process of broad and collaborative consultation using the CanMEDS framework and previous work done to develop Osteopathic capabilities. A review of comparable Capabilities documents within Australia (see table of comparable Competency documents) found that, like CanMEDS all were developed through extensive iterative processes with stakeholders and we encourage OsteoBA to embark on this process.

In sections below, suggestions are made to improve the overall structure and content of the document as well as the framework and language of the Capabilities.

4.—

2. Within the draft revised Professional capabilities, do the Key capabilities sufficiently describe the elements required to safely and effectively practise as an osteopath in a range of contexts and situations?

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The document would benefit from inclusions and editing detailed below. These suggestions are not intended to be exhaustive, rather to provide examples of improvements to the document.

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2.—

3. Within the draft revised Professional capabilities, do the Enabling components sufficiently describe the essential and measurable characteristics of threshold competence?

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Enabling components are the element used in assessment and as such should be written in language which describes observable behaviours and which describe discrete capabilities such that each can form the basis of measurement of performance. The enabling components would benefit from a number of editorial changes including those detailed below.

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4. Is the language and content of the draft revised Professional capabilities clear and appropriate? If not, please explain what changes need to be made?

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Please see comment in the section above.

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CanMEDS tends to break up enabling competencies in to discreet descriptions of behaviours which lend themselves to use in assessment. The Draft Capabilities would benefit from editing to enhance utility in assessment.

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More sparing use of the qualifiers "osteopathic" such as "within osteopathic concepts" (see for example 1.1.C as an example of unnecessary use of qualifiers) would strengthen the clarity of the document. The authors note that there has been considerable debate about the meaning of the

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J. Louise Adam Response to 2018 Draft Capabilities for Osteopathic Practice - Osteopathy Board of Australia

term “osteopathic”. We suggest “sound” or “best practice” as replacements or at times omitting the term because it is self evident as the activity is being performed by an osteopath.

4.

5. Is there anything missing that needs to be added to the draft revised Professional capabilities?

Osteopaths are overwhelmingly consulted about pain (Burke et al 2013, Orrock 2009; Zue et al 2008) and as such explicit mention of assessment of and management of pain would improve the relevance of the Capabilities. We also recommend inclusion of evaluation of and planning that addresses relevant physical environmental factors as important factors which are not explicitly included in the biopsychosocial model yet can be significant in conditions frequently presenting to osteopaths. The following are examples of capabilities which warrant inclusion. This list refers to key capabilities and enabling components refer to the numbering in the revised draft Capabilities in this submission):

- Inclusion of encompassing statement within the role of Osteopath to indicate an osteopath is expected to incorporate all roles in their practice (Role 1 1.2 from CanMEDS framework) (Key capability 1.1)
- Extend the requirement to use knowledge of clinical and biomedical sciences to all aspects of services – it was housed in the section about assessment (move from draft Key Capability 1.2 to 1.1)
- Recognise and respond to the complexity, uncertainty and ambiguity inherent in health care (create enabling component 1.1.F a component 1.6 of the CanMEDS framework)
- Explicit requirement to actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety (reflects CanMEDS role 1 key competency 5 and is achieved by creating key capability 1.5)
- Pain literacy, assessment and management including pain education – in role as osteopath
- Consider Ergonomics or physical environmental factors as part of case history taking and when planning care – in role as osteopath
- Explicit inclusion of efficient use of electronic record keeping and other digital technology (key capability 3.3)
- Use communication skills and strategies that help patients/clients and their families make informed decisions about their health (from CanMEDS enabling component 3.2C)
- Assist patients and their families to identify, access and make use of information and communication technologies to support their care and maintain their health (enabling component from CanMEDS 3.2D)
- Optimise the physical environment for patient comfort, dignity, privacy, engagement and safety (from CanMEDS enabling component 3.1D)
- Identify when one is impaired and unable to accurately self-assess own practice and respond appropriately (Enabling component 4.1.B)
- Ethical considerations if involved in research (from CanMEDS 4.2)
- Contribute to the creation and dissemination of knowledge and practices applicable to health (from CanMEDS key capability 4.4)

5.

6. Is there any content that needs to be changed or deleted in the draft revised Professional capabilities?

J. Louise Adam Response to 2018 Draft Capabilities for Osteopathic Practice - Osteopathy Board of Australia

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Capabilities standards are reviewed infrequently and as a result need to be mindful of avoiding content which would unduly constrain changes in the service delivery of Osteopaths to meet the changing demands of the community and respond to innovations in best practice and technology.

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In the discussion section of the documents, most capabilities documents do not contain definitions of practice (eg CanMEDS) and if there are descriptions of practice these are broad statements of the settings, intent and ethics of practice (see for example the Physiotherapy standards). We recommend that a definition of osteopathy and reference to specifics of therapeutic approaches, conditions treated, payment systems and referral networks would be better suited to other documentation. Caution should be exercised in including a definition of osteopathy unless the definition has been peer reviewed and widely accepted by the profession. We note that the definition proposed by the draft Capabilities as not been subjected to peer review or wide consultation and is not in my opinion relevant to osteopathic practice in Australia.

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The capacity of the 2018 Draft Competence to support adaption to innovations in health care delivery and technology would be strengthened by the removal of the following sections:

- Description of Osteopathy and foundations of Osteopathy
- The evidence for Osteopathy
- Diagnostic, Treatment and Management approaches
- Context of osteopathy in Australia
- Assumptions applying to the Professional capabilities for osteopathic practice

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This content does not appear in generally appear in comparable documents (see appendix 2). We believe this is intentional because omitting this content enables broader application to varied health care contexts and removes potential constraints to change within the health workforce.

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The description of osteopathy offered within the draft was developed within a thesis informed by international osteopathic perspectives and has not been subject to peer review or wide consultation within Australia and as such does not meet requirements for adoption. The description of osteopathy developed as a statement of scope of practice by Osteopathy Australia has been through wide-ranging consultation and in my view more accurately reflect osteopathic practice in Australia.

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Similarly, discussion of therapeutic approaches is usually kept at a high level: citing broad themes of professional and ethical practice, reflection, patient centeredness, collaborative practice, health promotion and evidence based practice. We therefore recommend removal of references to specific therapeutic approaches within the Capability descriptors. These include:

1.1A remove "palpation" because highlighting any of the several assessment approaches utilized by osteopaths restricts the capacity of the Capabilities to adapt over time and to enable this component to become relevant to a broader range of practice scenarios. Further the reliability and significance of palpation within the overall context of osteopathic health care has been challenged. (Seffinger et al 2004; May et al 2006).

1.5.A remove "direct and indirect" for much the same reasons as outlined in the point above. Direct and indirect are theoretical constructs which are premised upon the osteopath being able to accurately identify segmental positions or barriers to movement which as described above suffer from lack of reliability and clinical relevance.

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The Draft Capabilities for Osteopathic Practice acknowledge that the use of the term "osteopathic" is problematic in that there has been ongoing debate and lack of agreement about what the term means (pp25). We recommend that this term is used sparingly in line with other documents which avoid the use of specific profession descriptors. For example, CanMEDS uses the terms "medicine or medical" twice whereas the Draft Capabilities uses the term "osteopathic" 34 times. We suggest that this would enhance readability the ability of the document to reflect shared capabilities and embrace changes within health care provision. At times "osteopathic" could be replaced by terms such as "best practice", or "sound" or simply removed because the activity is inherently osteopathic in that it is being performed by an osteopath.

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J. Louise Adam **Response to 2018 Draft Capabilities for Osteopathic Practice - Osteopathy Board of Australia**

Caution is recommended in aligning experience with advanced competence or expertise as is suggested in the discussion about capabilities and implied in enabling component (4.2B) and suggest "experienced" is replaced with peer support. This section distracts from the intent of the Capabilities – to define threshold requirements and in my opinion would be better housed in a different document.

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The Osteopathy Capabilities uses the term "lifestyle" advice. This term is not defined. I suggest replacement with the term "health promotion" which is widely used in health care and is defined in this document.

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Caution is recommended in encouraging the use of "mentors" (4.2C) given no system currently exists for ensuring quality in supervision/mentoring within Osteopathy at present. I prefer the use of peer support used within the Physiotherapy standards.

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The enabling component 6.1D "maintain knowledge and understanding of the pharmacological and complementary medicines aspects of management" introduces a requirement that is additional to current capabilities and which if adopted will require registered osteopaths to upgrade knowledge and skills and accredited entry level course providers to alter curriculum. I suggest this should be altered to:

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"Maintain knowledge of other health services relevant to patient/client care and seek assistance when information is outside their expertise to enhance health care and collaboration".

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Removal of the key capability 7.2 "Advocate for the community of osteopaths" with the associated enabling component 7.2.B is recommended and instead replace this with "advocating for patients/clients and their right to health care". Advocating for the community of a profession might in some contexts put the practitioner at odds with principles of patient centered care.

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6. The use of "evidence based" rather than "evidence informed" is recommended because this is the term most widely used within health care. There is considerably more literature about the application of evidence based care available.

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7. Are there jurisdiction-specific impacts for practitioners, or governments or other stakeholders that the National Board should be aware of, if these capabilities are adopted?

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7. Trans Tasman Mutual Recognition adds the expectation that the development of Capability standards will be mindful that registrants in Australia are entitled to practice in Aotearoa/New Zealand and vice versa.

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8. Are there implementation issues the National Board should be aware of?

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Please see earlier comments about removal of content to enable the document to support uptake of innovations in best practice and technology to meet the evolving health needs of the Australian public. These changes would better support the objectives of the National Law, particularly in enabling "the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners".

Please also see discussion about enabling component 6.1D which if adopted would require post professional course for existing registrants and alterations to existing pre-professional curriculum to upgrade skills in relation to the pharmacological and complementary medicines and about the potential conflict between "advocating for the osteopathic community" (key capability 7.2) and the rights of patients/clients.

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8.

9. Do you have any other comments on the proposed draft revised Professional capabilities?

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9.

9.1 Consultation

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Encourage the OsteoBA to see this consultation as a preliminary phase and to continue the development of the Capabilities through an iterative and wide ranging consultation process.

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9.2. Title of the Draft Capabilities

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We suggest that within the title "Professional Capabilities for Osteopathic Practice" the term "Professional" is unnecessary and should be removed.

9.3. Overall structure of the Draft Capabilities

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This section includes commentary on the overall content of the document rather than the Capabilities descriptors.

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The 2018 Draft Capabilities document would benefit from a review that more closely aligned the content to other Capabilities and Threshold practice standard documents used in Australia. To achieve this, we suggest the document would be improved by:

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- Providing a detailed statement about the process of development, stakeholder engagement and endorsement. This has the potential to add significant support to the document and is often placed as an appendix in comparable documents.
- Making the Capabilities document an unambiguous statement of threshold competence required for practice by removing the discussion about changes in competence over a career (pp7-8). This content replicates content within CanMEDS designed for use in the different levels of certification of Medicine which does not have an equivalent in Osteopathy. Replacing this content with a definition of Capabilities and brief discussion of threshold competence would support the intent of the Draft Capabilities document. In our view, Figure 1 and the accompanying discussion which infers experience equates to advanced expertise is overly simplistic and should be removed.
- Removing the section "Assumptions applying to Professional capabilities for osteopathic practice" details curriculum content in current accreditation standards and processes for osteopathic education in Australia. There is an equivalent section in the Physiotherapy Standards whereas other professions leave this material to Accreditation documentation. To avoid redundancy in the event there are changes in accreditation standards, removal of this section is recommended.
- Incorporating the definitions under "Terminology" pp 9 in to the glossary section to improve flow and ease of access to the definitions.
- Reviewing whether this document is the appropriate forum for the "rules of evidence" and "assessment methods applied in the health sector as sources of evidence for competency decisions" (pp28 and 29). To maintain the focus of the Capabilities and adequately discuss factors relating to competency based assessment, these may be better in other documents dealing with assessment.

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9.4. Timeframe for review

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A timeframe for review is enshrined in some equivalent documents. Including a timeframe would assist with planning and suggest consideration be given to a review timeframe of 5 years.

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The following draft document has been amended to include all the recommendations detailed above.

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Draft Revised ~~Professional Capabilities~~ for osteopathic practice

Commented [Ad1]: This appears redundant - the title works without it

Introduction

Purpose

The draft revised ~~Professional Capabilities~~ for osteopathic practice set out the attributes, knowledge and skills required for osteopathic practice in Australia. They are intended for use by pre- and post-registration education providers, regulatory [and accreditation](#) authorities and other interested parties. Potential applications include the design and modification of curricula, generation of continuing professional development modules, evaluation of overseas qualifications, and reviews of competence of practising osteopaths or those who wish to return to professional life following an extended break.

The purpose of the ~~Professional Capabilities~~ for osteopathic practice is to describe the threshold competence required for initial and continuing registration as an osteopath in Australia.

Legislative context

Osteopaths in Australia practise in a regulatory framework established by [Health Practitioner Regulation National Law](#), as in force in each State and Territory. Only individuals who hold current registration with the Osteopathy Board of Australia can use the professional title *osteopath*. Osteopaths practise within

J. Louise Adam [Response to 2018 Draft Capabilities for Osteopathic Practice - Osteopathy Board of Australia](#)

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the scope of practice that is defined by their qualification, training and competence. They work as part of the primary health team and have an important role to play in providing relevant primary health services.

The following sections provide details about osteopathy and how it is practised in Australia. They also outline the structure of the draft revised Professional capabilities for osteopathic practice and how they can be used by stakeholders.

Description of osteopathy

The foundations of osteopathy

A recent evidence-based description of osteopathy states that:

Osteopathy is a healthcare profession that is underpinned by bio-psychosocial and holistic principles, and that focuses on the health and mobility of all tissues of the body. Osteopathic healthcare includes a thorough primary care assessment and the application of a range of manual therapies and health promotion strategies tailored to the individual that aim to optimise function and health.³

These underpinning bio-psychosocial and holistic principles have been variously described over the long history of the profession and have been more recently reviewed and described as:²

- A person is the product of dynamic interaction between body, mind, and spirit.
- 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.

Today, osteopathic practice is described as having a central focus on patients/clients. Effective treatment incorporates evidence-based guidelines, optimises the patient's/client's natural healing capacity, addresses the primary cause of disease, and emphasises health maintenance and disease prevention.²

The evidence for osteopathy

There is little high-quality evidence for the effectiveness of osteopathic healthcare. The curriculum of osteopathic programs has been founded on basic and medical sciences since the advent of formal education. However, this scientific foundation has not generated a large body of clinical research that specifically investigates osteopathic healthcare. This is especially true of research into the manual therapy techniques employed by osteopaths, known as *osteopathic manipulative treatment (OMT)*. A systematic review in 2014³ looking for evidence of the effectiveness of OMT in musculoskeletal pain found a lack of high quality trials reporting a positive effect. However, a more recent systematic review found positive effects of OMT specifically in low back pain.⁴ OMT has been utilised for a number of conditions over its history apart from musculoskeletal pain, and some promising areas have emerged. There is moderate evidence for reducing the use of medication in pneumonia and preventing relapses in otitis media,⁵ but limited evidence for other conditions.

Studies investigating the effectiveness of OMT or other manual therapies in a range of conditions have been criticised for not reflecting the full range of osteopathic healthcare, which commonly includes exercise and lifestyle interventions.⁴⁻⁶ A recent systematic review that investigated the evidence for manual therapies concluded that spinal manipulation/mobilisation is effective in adults for spinal pain and headache, but the evidence was inconclusive for other conditions. The review also found that massage is effective in adults for chronic low back pain and chronic neck pain. The evidence was inconclusive for the effectiveness of massage in other conditions.⁷ This systematic review was updated and extended in 2014⁸ and confirmed most of the earlier findings. The researchers found three exceptions where evidence moved from inconclusive to moderate: manipulation/mobilisation

J. Louise Adam Response to 2018 Draft Capabilities for Osteopathic Practice - Osteopathy Board of Australia

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Commented [Ad3]: Like other professions Osteopathy changes over time in response to innovations in best practice, technology and changing needs of health care consumers. There has been ongoing debate about the definition of Osteopathy and this definition has not been subjected to peer review and discussion. Comparable documents do not include such definitions.

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with exercise for rotator cuff disorder; spinal mobilisation for cervicogenic headache; and mobilisation for miscellaneous headache.⁸ For osteopaths, these findings help support their practice, but a clinician using OMT may be concerned that spinal manipulation/mobilisation and massage alone do not reflect the full range and scope of their practice.

The scope of practice of osteopathy

'Scope of practice' refers to the professional role and services that an individual health practitioner is educated in and competent to perform. There is no defined scope of practice for Osteopathy in Australia and the practice of Osteopathy varies between countries (ref).

Osteopathy Australia published a statement of the scope of practice of osteopathy following extensive consultation with the profession in ??.⁹ This statement is the most widely accepted description of describes osteopathy as as practiced in Australia:

Osteopathy is a system of healthcare that prioritises the interrelationship between the neuro-musculoskeletal system and other body systems in clinical diagnosis and assessment. Osteopathy is holistic in that health and disease are understood as multi-factorial, and patients/clients are viewed in their bio-psychosocial contexts. This applies equally for prevention, diagnosis or therapeutic management.

Individual osteopaths may develop their own personal/professional interests which exceed the minimum requirements however each osteopath must maintain the minimum level of competence as described by these Capabilities to ensure safe and effective care. Within a broader professional scope of practice, individual osteopaths will develop their own personal/professional scopes, taking into account education and qualification priorities, geographical location, demography, areas of clinical interest and patients'/clients' unique health needs.

Diagnostic approaches

The practice of osteopathy requires broad diagnostic competence. Osteopaths use standard clinical processes in history taking and examination, such as orthopaedic special tests, neurological examinations and systems reviews. Imaging or other tests may be requested or recommended where clinically indicated. A differential diagnosis may be required to determine if a patient's/client's presentation is appropriate for osteopathic management. Osteopaths utilise these diagnostic approaches in conjunction with palpation of the body tissues to assess function and health, particularly in relation to their mobility and blood supply. Once a patient/client has been deemed suitable for osteopathic assessment, osteopaths interpret the patient/client information by considering a range of diagnostic models, that is, by constructing a working diagnosis. A differential diagnosis may be required to determine if a patient's/client's presentation is appropriate for osteopathic management. Subjective information collected from patients/clients and objective data from tests and examinations may be considered in a context of connected functioning body systems, including biomechanical, bio-psychosocial, energy-expenditure, neurological, nutritional, and respiratory-circulatory.¹⁰

Treatment and management approaches

The main manual therapy modalities used in osteopathic practice are soft tissue techniques, muscle energy technique, high velocity-low amplitude techniques and joint articulation. Exercise and lifestyle interventions are commonly prescribed on the basis of osteopathic examinations. Osteopathy sets out to address changes to tissue state and mobility and efficiency in biomechanical components of the body. This approach aims to promote recovery from injury, reduce the impact of pathology and contribute to the restoration of health and wellbeing.

Format of the Draft Revised Professional capabilities for osteopathic practice

The draft revised *Professional capabilities for osteopathic practice* are informed by the CanMEDS competency framework that was developed by the Royal College of Physicians and Surgeons of Canada.¹¹ The CanMEDS competency framework clusters competencies in seven practitioner roles: Medical expert, Communicator, Collaborator, Manager, Health advocate, Scholar and Professional. This framework focuses on specific domains of competence that can be achieved by each student in their own time, making it particularly applicable in workplace training.¹² It also highlights the J. Louise Adam Response to 2018 Draft Capabilities for Osteopathic Practice - Osteopathy Board of Australia

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development of competence along a continuum and ongoing development of competence throughout a practice career. Emphasising the practitioner in the role title helps overcome the perception that practice is separate from the practitioner. Many of the capabilities required to practise are integral to the practitioner, not just the practice. Consequently, the use of practitioner roles as domain titles [have been chosen to more](#) accurately reflects the full range of knowledge, skills and attitudes required for osteopathic practice.

The *Professional capabilities for osteopathic practice* organise key capabilities into seven integrated roles: Osteopathic practitioner; Professional and ethical practitioner; Communicator; Critical reflective practitioner and life-long learner; Educator and health promoter; Collaborative practitioner; and Leader and manager. Although seven separate roles have been identified, the Osteopathic practitioner role is central to osteopathic practice in any context and the roles are highly interconnected. Each of the seven practice capabilities is described at three levels:

Role definition	the essential characteristics of osteopathic practice encompassed by the corresponding key capabilities. The essential characteristics of a competent registered osteopath in Australia are described by combining the seven role definitions.
Key capabilities	the practices required to safely and effectively practise as an osteopath in a range of contexts and situations of varying levels of complexity, ambiguity and uncertainty. This includes the integration of emerging evidence, the variability of patient/client presentations, age ranges and educational and cultural background.
Enabling component	the essential and measurable characteristics of threshold competence, that is the competence level required to practise as a registered osteopath in Australia. The practice of a registered osteopath comprises all enabling components for the corresponding key capability. Enabling components facilitate assessment of threshold competence in clinical practice.

Use of the Professional capabilities for osteopathic practice

The Professional capabilities for osteopathic practice provide a framework for assessing competence and are used:

- in the development of osteopathy curricula [for entry level programs of study by universities/institutions](#)
- to assess osteopathy student and new graduate performance
- as part of the annual renewal of registration process
- to assess osteopaths educated overseas seeking [employment-registration](#) in Australia
- to assess osteopaths returning to work after breaks in service
- as part of professional conduct matters, and
- to communicate to consumers, employers, insurance companies and other stakeholders the standards [that they can expect from of](#) osteopaths

Professional capabilities for osteopathic practice and accreditation of osteopathic education in Australia

The Osteopathy Board of Australia does not directly examine or assess the competence of applicants for registration who have completed their osteopathy education in Australia through an approved program of study. The Osteopathy Board of Australia is responsible for the regulation of osteopaths and has appointed the Australasian Osteopathic Accreditation Council (AOAC) to [exercise-undertake](#) accreditation functions under the Health Practitioner Regulation National Law, as [in-force-applied](#) in each State and Territory. AOAC is responsible for accrediting education providers and programs of study for the osteopathy profession assessed against accreditation standards that are developed by AOAC [that is and](#) approved by the Osteopathy Board of Australia. The draft revised [Professional e](#)Capabilities for osteopathic practice are referred to in the approved accreditation standards and establish the threshold competence that is required for initial and continuing registration as an osteopath in Australia.

[J. Louise Adam](#) [Response to 2018 Draft Capabilities for Osteopathic Practice - Osteopathy Board of Australia](#)

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Concept of professional capability and threshold competence

Professional capability has been described as 'what a person can think or do that is relevant to the work of a particular profession'.^{13 p135} Capability is normally inferred from evidence of performance on the job. It represents the observable abilities ~~that are~~ necessary to perform a particular type or level of work activity. Professional capability specifies the expected behaviours and attributes of clinicians.¹³ It includes those ~~capabilities~~ underpinning behavioural skills that characterise work being performed well.¹⁴ It encompasses personal and professional expertise that could include technical, business or management expertise.

Competence, on the other hand, refers to the knowledge and skills being applied consistently to the standard of performance required in the workplace.^{15, 16} As the job role evolves, so too will the definition of competence required for that job. Threshold competence is the point at which the minimum level of competence required to perform the job safely and effectively is reached (see Figure 1). ~~Competence develops over time. If a person is deemed only partially competent (e.g. a student learning a job), the circle representing their professional capability will lie only partially above the threshold competence line. An osteopath registered in Australia is represented by the circle that sits entirely above the threshold competence line. Many osteopaths develop competence that is well beyond the threshold line as they strive for excellence in their practices. The largest circle in Figure 1 represents those osteopaths who have continued to develop their competence throughout their practice career.~~

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Figure 1: Continuum of threshold competence

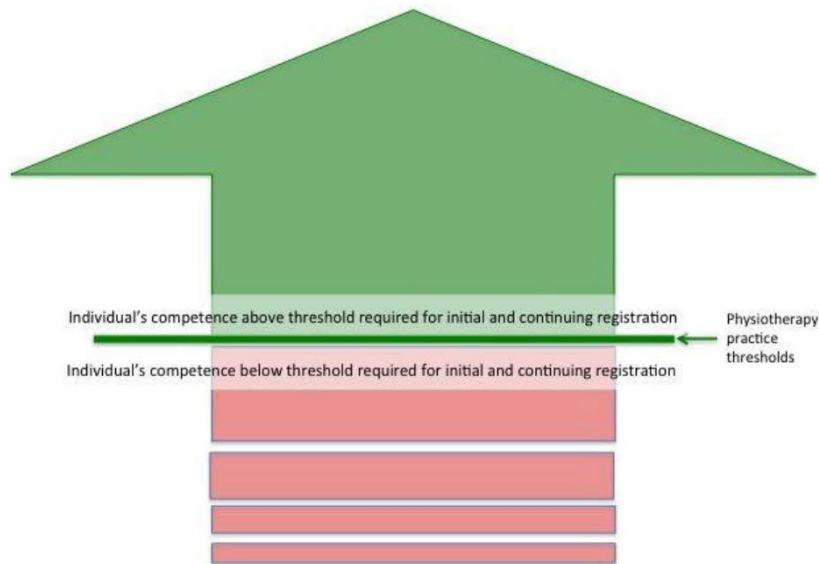
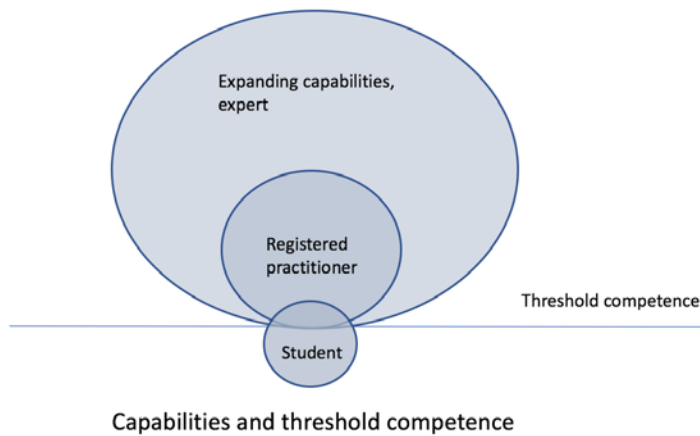


Figure 1: Professional Capability



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The State of Victoria Department of Health and Human Services¹⁵ developed an overarching framework comprising three interdependent frameworks of credentialing, competency and capability to drive a consistent statewide approach to allied health workforce practice. One of the strengths of this framework is that it attempts to overcome the disunity that can occur when these frameworks are developed in isolation. This framework was used in the development of the revised draft revised Professional capabilities for osteopathic practice to ensure that key capabilities were considered in the [J. Louise Adam Response to 2018 Draft Capabilities for Osteopathic Practice - Osteopathy Board of Australia](#)

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context of their application in clinical practice and the measurement tools that could be used to assess them.

A capability framework can also accommodate the evolution of health services and allow for individuals to develop their capabilities in complex and continually evolving work contexts. In this way, improved and more responsive health services can be developed,¹⁷ including 'shared skills, behaviours and attributes required within the allied health workforce for delivering high-quality, safe and effective care'.^{15 p23} Capabilities for ensuring the safe provision of healthcare have also been described by the Australian Commission on Safety and Quality in Health Care.¹⁸ These capabilities include collaborative care, patient-/client-centred care, effective communication, comprehensive care and risk management and are reflected in the draft revised Professional capabilities for osteopathic practice.

Maintenance of competence

Delivery of safe and effective healthcare depends in part on the competence of the health workforce. Healthcare workers are required not only to maintain the currency of their skills and knowledge through continuing professional education, but also to be able to change, respond and improve.¹⁷ Capability includes the capacity to 'do more, in unfamiliar or novel circumstances'.^{19 p7} The Professional capabilities for osteopathic practice are designed to enable individuals to develop 'sustainable capabilities appropriate for a continuously evolving healthcare environment'.¹⁵ An osteopath's level of competence and field of clinical interest may change over time. Registered osteopaths may work in research, education, government agencies or management. Direct clinical care will also change as new roles emerge in an evolving healthcare environment.

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The draft revised Professional capabilities for osteopathic practice are applicable at all stages of an osteopath's professional life. They describe the minimum level of competence required to maintain registration in Australia. Many osteopaths strive to excel in their provision of services and maintain a level of competence beyond the threshold. If an osteopath fails to maintain the minimum level of competence for practice they could pose a risk to the public.

Professional capabilities for osteopathic practice and assessment of competence

The Osteopathy Board of Australia uses the Professional capabilities for osteopathic practice as a reference point to identify threshold competence for:

- registration of individuals who complete an approved osteopathy program in Australia
- registration of individuals who complete their initial osteopathy qualifications in other countries
- re-registration of individuals who were previously registered as an osteopath in Australia, and
- evaluation of a registrant whose level of competence to practise may pose a risk of harm to the public, for example, if the Osteopathy Board of Australia receives a complaint or notification about that registrant.

Osteopaths with conditions or undertakings related to their registration may be required to work under supervision. They may be directed by the Board to work under supervision to further develop their competence (for example completing the requirements for general registration, returning to practice or satisfying recency of practice) or to address a conduct, performance or health issue that has been assessed as impacting on safe and/or appropriate practice. Supervision requirements may be different for each osteopath. They will be tailored to the purpose of supervision, the practitioner's particular circumstances, experience and learning needs (see the Osteopathy Board of Australia's Guidelines for Supervision (<http://www.osteopathyboard.gov.au/Codes-Guidelines.aspx>)).

The use of a capability framework highlights 'context specificity' and 'situated cognition' when practitioners deliver complex healthcare.²⁰ Consequently, assessments must be sufficiently flexible to accommodate the diverse settings in which the healthcare is delivered and to enable an authentic representation of real world healthcare. Supporting evidence can take the form of direct assessment (i.e. an assessor or peer observing performance in the workplace or reviewing a video of performance in the workplace) or indirect assessment and/or questioning; a portfolio of reports and evidence of

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training; reports provided by third parties; and structured assessment activities such as clinical audits.²¹ Generally, self-assessments are supported by other forms of evidence. The evidence should be valid, current, authentic and sufficient (see Annex A).¹⁵

Competent professional practice requires an ability to draw on and integrate the breadth of capabilities to support overall performance. Capability is demonstrated by applying knowledge holistically in a clinical environment. More information about assessment will be provided in a separate document, as part of a suite of tools to support professional learning and development.

Terminology

[A list of terms used in this document are found in the glossary.](#)

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Development of this document

The development of this document is described in Appendix 2.

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Review of this document

- ~~A statement about the **Both 'patients' and 'clients' are used to refer to consumers of osteopathic care. 'Patients/clients' is used in this document to reflect this usage.**~~
- ~~The term **'patients/clients and relevant others'** has been used to denote all those who could be involved in patient/client care, including family, carers and other healthcare providers.~~
- ~~The term **'consultation'** refers to the meeting between an osteopath and a patient/client for the purpose of providing osteopathic healthcare. It normally includes osteopathic assessment and intervention.~~
- ~~The term **'intervention'** refers to the therapy applied for the patient's/client's condition and general healthcare, which is usually multimodal including manual therapy, exercise and lifestyle prescriptions.~~
- ~~The term **'management plan'** refers to the complete therapy plan for the patient/client including additional assessment outside the consultation, interventions (e.g. manual therapy, lifestyle and exercise prescription), referral and health promotion strategies.~~
- ~~The term **'general health'** in this document includes the use of the bio-psycho-social model of healthcare.~~
- ~~'Diverse population groups' in this document means people of all ages (from birth to end of life); education levels; ethnic, cultural and socio-economic backgrounds; and geographic regions.~~
- ~~The term **'primary healthcare provider'** refers to a clinician who is the initial contact for a patient/client and who screens for pathological conditions and need for referral.~~
- ~~'Lifelong learner' refers to the ongoing formal and informal education, self-directed and directed or recommended by an external party undertaken throughout an osteopath's practice career for the purpose of improving the quality of healthcare provided to patients/clients.~~
- ~~'Valid consent' – consent is valid if the treatment is agreed to by the patient/client after they have been fully informed of the nature of the treatment, the reason for its recommendation and other information they would regard as relevant to their decision, such as inherent risks of the treatment and alternate treatment options. Consent is only valid if the patient is competent to understand and authorise the intervention and makes a voluntary decision to undergo the treatment. Consent obtained by coercion or undue influence is not valid (see the Osteopathy Board of Australia's Guidelines: Informed Consent – <http://www.osteopathyboard.gov.au/Codes-Guidelines.aspx>).~~

Further definitions are included in the Glossary.
timeframe for review is recommended to assist with planning for maintaining the contemporary nature of the document. We suggest 5 years.

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Osteopathy practice in Australia

Osteopaths in Australia practice within a regulatory framework which ensures only individuals who hold current registration with the OsteoBA are permitted to use the professional title "osteopath". Osteopaths generally provide clinical services as primary contact practitioners which does not require a referral from a third party professional. Access to some payment arrangements may require third party referral from another health professional.

Osteopaths in Australia are predominantly primarily consulted by private-fee-paying patients/clients who have about somatic pain, mainly of neuro-musculoskeletal origin. Patients/clients of all ages use their services. Osteopaths practise in diverse health settings in the private sector, including sole and shared practices, medical centres, aged care facilities, and in both metropolitan and rural-regional locations. They also work in government agencies such as WorkCover workers compensation systems, and in private insurance companies, and educational and research institutions. The referral network for osteopaths is wide and regularly includes medical practitioners, psychologists, podiatrists and massage therapists. Osteopaths are also part of the allied health workforce in the Chronic Disease Management scheme under Medicare.

The practice role of osteopaths in health care provision can be expected to alter over time in response to emerging evidence, advances in technology and in response to changing needs of the Australian health consumer.

As a result, this document describes Capabilities in generic terms and avoids detail which might unduly constrain adaption to such changes.

Describing the practice of osteopathy in Australia

'Scope of practice' refers to the professional role and services that an individual health practitioner is educated in and competent to perform. The practice of Osteopathy varies between countries (Osteopathic International Alliance). The OsteoBA is yet to endorse a statement of scope of practice for Osteopathy in Australia.

Osteopathy Australia published a statement of the scope of practice of osteopathy following extensive consultation with the profession in 2017.⁹ This statement is the most widely accepted description of osteopathy as practiced in Australia:

Osteopathy is a system of healthcare that prioritises the interrelationship between the neuro-musculoskeletal system and other body systems in clinical diagnosis and assessment. Osteopathy is holistic in that health and disease are understood as multi-factorial, and patients/clients are viewed in their bio-psycho-social contexts. This applies equally for prevention, diagnosis or therapeutic management.

Individual osteopaths may develop their own personal/professional interests which exceed the minimum requirements however each osteopath must maintain the minimum level of competence as described by these Capabilities to ensure safe and effective care.

Key features of osteopathy in Australia

The Professional capabilities for osteopathic practice reflect the current context and priorities for healthcare professions in Australia. Future review and revision will be required to ensure they remain relevant and consistent with existing and future practice. Key features of the Capabilities include:

Generic and osteopathy-specific skills

It is increasingly the case that the practice of a range of healthcare professions is situated in progressively more integrated and interdisciplinary contexts. Healthcare practitioners operate within a widening range of shared capabilities, and within what have been termed 'porous professional boundaries'.²² p551 The National Common Health Capabilities Resource²³ identified provision of care; collaborative practice; health values; professional and ethical practice; and lifelong learning as national common capabilities.^{15, 23} A significant number of the roles and key capabilities in Professional **J. Louise Adam Response to 2018 Draft Capabilities for Osteopathic Practice - Osteopathy Board of Australia**

Commented [Ad14]: Reference: Osteopathic International Alliance Osteopathy and Osteopathic Medicine – a Global View of Practice, Patients, Education and the Contribution to Healthcare Delivery 2013 Chicago IL, USA

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capabilities for osteopathic practice find expression in capabilities documents of other, related, professions. These common or generic capabilities receive greater or lesser emphases in each health profession and it is these varying emphases, rather than specific capabilities, that form the individual nature of each profession.²⁴ However, the contexts in which these capabilities are employed vary subtly but significantly from one profession to another. The effective and efficient application of capabilities for the benefit of each patient/client of each profession requires careful and continual reflection and refinement. The key capabilities described in the role 'Osteopathic practitioner' highlight some of the distinctive capabilities of osteopaths.

Patient/client- or person-centred care

Osteopathy practice has been described as person-centred.^{2, 25} The core elements of person-centred care include education and shared knowledge; the involvement of family and friends; collaboration and team management; sensitivity to non-medical and spiritual dimensions of care; respect for patients'/client's needs and preferences; and free flow and accessibility of information.²⁶

Collaborative practice

There is an increasing focus on capabilities associated with inter-professional or collaborative practice to ensure the rights of the patient/client to receive the best possible care. Collaborative care requires effective teamwork skills so that health providers from different professions can provide comprehensive, co-ordinated and evidence-based care to diverse patient/client populations. It encompasses clinical and non-clinical health-related care, including management and support services.

Health promotion/illness prevention

'Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions'.²⁷ Osteopaths contribute to protecting and advancing the health and wellbeing of individuals, communities and populations.

Evidence-based practice

The use of an evidence-based approach is universally agreed to be the most appropriate model for the contemporary practice of a health profession. Evidence-based practice is also known as evidence-informed practice, evidence-based treatment, evidence-based healthcare, and even evidence-influenced practice. An evidence-based approach is essential for clinical decision-making by osteopaths.²⁸

The most common definition of Evidence-Based Practice (EBP) is from Dr. David Sackett. EBP is "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research." (Sackett D. 1996)

EBP is the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care. Clinical expertise refers to the clinician's cumulated experience, education and clinical skills. The patient brings to the encounter his or her own personal preferences and unique concerns, expectations, and values. The best research evidence is usually found in clinically relevant research that has been conducted using sound methodology. (Sackett D. 2002)

Evidence-based practice integrates three elements:

1. the best available research evidence
2. the clinical experience and expertise of the practitioner, and
3. the patient's/client's values and expectations.

Evidence varies in quality. Individual studies may be misleading and provide insufficient evidence to justify clinical practice. The most reliable forms of evidence are up-to-date, of high methodological quality, and peer-reviewed in reputable journals.

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Sackett, D.L., Rosenberg, W.M.C., Muir Gray, J.A., Haynes, R.B. and Richardson, W.S. (1996) Evidence-based Medicine, what it is and what it isn't. *British Medical Journal*, 312: 71-2.
Sackett, D. (2002) *Evidence-based Medicine: How to Practise and Teach EBM*, 2nd edn. London: Churchill Livingstone.

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Cultural competence

Greater awareness of person-centred care, which acknowledges the diversity of clients and exercises the cultural sensitivity and competence required to ensure safe, ethical and effective osteopathic practice in various contexts, is incorporated into these capabilities. Patient-/client-centred care also includes advocacy and empowerment [by health practitioners](#).

Indigenous Allied Health Australia (IAHA) has developed a framework addressing cultural responsiveness when working with Indigenous Australians.²⁸ Osteopaths should ensure they have developed appropriate and relevant understanding of Australia's First Nations people, as well as other culturally diverse groups with whom they work.

Culturally responsive care can be defined as an extension of [person] centred care that includes paying particular attention to social and cultural factors in managing therapeutic encounters with patients/[clients] from different cultural and social backgrounds. ... [It is] a cyclical and ongoing process, requiring regular self-reflection and proactive responses to the person, family or community with whom the interaction is occurring. ... It is the responsibility of the health professional to deliver culturally responsive healthcare. Being culturally responsive places the onus back onto the health professional to appropriately respond to the unique attributes of the person, family or community with whom they are working. Self-reflection and reducing power differences are central to being culturally responsive; therefore making assumptions based on generalisations or stereotypes about a person's ethnic, cultural or social group is a barrier to cultural safety. Part of the challenge of becoming culturally responsive health professionals is learning to reach beyond personal comfort zones, and being able to comfortably interact and work with people, families and communities who are both similar and markedly different.^{29 p8}

Consumer empowerment

With increasing access to information regarding health, wellness and the range of interventions available, consumers are increasingly health literate and want to embrace the most reliable health information. It is likely that they will take more control of their health and make their own informed choices. This results in greater empowerment of consumers, and healthcare providers, such as osteopaths, need to ensure they 'work with' not 'do to' their patients/clients. Information transparency has become an ethical obligation. Healthcare consumers are no longer passive recipients of interventions, relying on the authority of their healthcare providers. Patients/clients are equal partners in decision-making in their own healthcare.

Contexts of osteopathy in Australia

Osteopaths in Australia work predominantly in the private sector in a range of settings, including sole and shared practices, medical centres and aged-care facilities. They also work in government agencies such as [WorkCover/Worker and Accident compensation authorities](#), insurance companies and educational institutions. The Osteopathy Board of Australia's definition of practice encompasses the diverse contexts in which osteopaths work:

[Practice is] any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge (working) in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.^{30 p3}

Osteopaths registered in Australia are required to work within the legislative and regulatory framework that is outlined in the Osteopathy Board of Australia's Codes and Guidelines (<http://www.osteopathyboard.gov.au/Codes-Guidelines.aspx>), including its Code of Conduct, Guidelines for advertising registered health services, Guidelines for mandatory notifications, Osteopathy continuing professional education guidelines, Osteopathy guidelines for clinical records, Osteopathy guidelines for informed consent, Osteopathy guidelines for sexual and professional

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boundaries and Osteopathy guidelines for infection control. AHPRA's Privacy Policy (www.ahpra.gov.au/About-AHPRA/Privacy.aspx) outlines how to collect, use, disclose and protect personal information in line with Australia's Privacy Act.

Assumptions applying to the Professional capabilities for osteopathic practice

In addition to demonstrating threshold competence for initial and continuing registration, all osteopaths in Australia are assumed to have completed a professional entry-level osteopathy program leading to a higher education qualification in osteopathy.

Successful completion of the osteopathy program should generally include learning and assessment of all the following foundational abilities:

- knowledge of relevant anatomy, physiology, pathology, other biomedical sciences relevant to human health and function, and psychosocial and other determinants of health encompassing cardio-respiratory, musculoskeletal, neurological and other body systems within the context of osteopathy and best available research evidence, and
- knowledge and understanding of theoretical concepts and principles relevant to osteopathy practice including evidence-based practice, and
- knowledge and understanding of theoretical concepts and principles relevant to osteopathy practice with patients/clients across the lifespan, from birth to end of life care, who present with one or more problems such as pain and/or impairment or dysfunction contributing to impairment, activity limitations and participation restrictions, and
- knowledge and understanding of theoretical concepts and principles relevant to osteopathy practice across acute, rehabilitation and community practice in a range of environments and settings, and
- competence to practise as an osteopath autonomously as well as a member of an inter-professional team in relevant clinical situations, and
- knowledge and understanding of theoretical concepts and principles relevant to osteopathy practice in health promotion and facilitation of patient/client self-management strategies to enhance their health and wellbeing.

Commented [Ad17]: This content reflects current curricula expected of entry level programs and is better housed in accreditation documents. Repeating this here runs the risk of lacking consistency with accreditation documentation if revised. This content is not found in comparable documents except for the Physiotherapy standards.

Agreed

J. Louise Adam **Response to 2018 Draft Capabilities for Osteopathic Practice - Osteopathy Board of Australia**

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Appendix 1:

Comparison of CanMEDS, 2018 Draft Osteopathy Capabilities and 2015 Physiotherapy standards

<u>CanMEDS Physician Competency framework 2015</u>	<u>Draft Osteopathy Capabilities 2018</u>	<u>Physiotherapy practice thresholds in Australia and Aortearoa New Zealand 2015</u>
<u>1. Medical Expert</u>	<u>1. Osteopathic practitioner</u>	<u>1. Physiotherapy Practitioner</u>
<u>2. Communicator</u>	<u>2. Professional and ethical practitioner</u>	<u>2. Professional and ethical practitioner</u>
<u>3. Collaborator</u>	<u>3. Communicator</u>	<u>3. Communicator</u>
<u>4. Leader</u>	<u>4. Critical reflective practitioner and self-directed learner</u>	<u>4. Reflective Practitioner And Self-Directed Learner</u>
<u>5. Health Advocate</u>	<u>5. Educator and health promoter</u>	<u>5. Collaborative Practitioner</u>
<u>6. Scholar</u>	<u>6. Collaborative practitioner</u>	<u>6. Educator</u>
<u>7. Professional</u>	<u>7. Leader and manager</u>	<u>7. Manager/ Leader</u>

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Appendix 2 Content of Capabilities documents

Unusual content in Draft Capabilities for Osteopathic Practice highlighted	Draft Professional Capabilities for Osteopathic Practice	CanMEDS Physician Competency Framework	Physiotherapy practice thresholds Australia Aotearoa New Zealand	Medical Board of Australia Intern Outcome Statements	National competency standards for the registered nurse	Professional competencies of the newly qualified dentist	Chiropractic Accreditation and Competency Standards	Pharmacy Professional Practice Standards (PPS), Version 5.	Podiatry Competency Standards for Australia and New Zealand
Author	Board	Profession	Board	Board + Council	Board	Council	Council	Profession	Council
Date of publication	2018	2015	2015	2014	2006	2016	2017	2017	2015
Iterative development with extensive collaboration	x	v	v	v	v	v	v	v	v
Stakeholder endorsement	x	v	v	v	v	v	v	v	v
Endorsed in NZ	x	x	v	x	x	x	v	x	v
Role and function of the standards	v	v	v	v	v	v	v	v	v
Threshold standards for practice	v	v	v	v	v	v	v	v	v
Relationship to other guidance documents	v	x	x	v	x	x	x	v	x
Principles underpinning therapeutic approach	v	x	x	x	x	x	x	x	x
Evidence for the profession	v	x	x	x	x	x	x	x	x
Statement of scope of practice	v	x	v	x	x	x	x	x	x
Diagnostic approaches	v	x	x	x	x	x	x	x	x
Treatment/management approaches	v	x	x	x	x	x	x	x	x
Structure of the standards	v	v	v	v	v	v	v	v	v
Use of the standards	v	v	v	v	v	v	v	v	v
discussion of evolving competence	v	x	x	x	x	x	x	x	x
features/themes of practice	v	x	v	x	v	x	x	x	v
Context of profession	v	x	v	x	v	x	x	x	v
Curriculum features of entry level programs	v	x	v	x	x	x	x	x	x
glossary	v	v	v	v	v	v	v	v	v
examples, templates	x	x	x	x	x	x	x	v	x
references	v	v	x	x	x	x	v	v	v
Timeframe for review	x	x	x	v 3 years	x	x	x	x	v 5 years

J. Louise Adam Response to 2018 Draft Capabilities for Osteopathic Practice - Osteopathy Board of Australia

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Osteopaths registered in Australia are able to:

Role	Key capabilities
<p>1. Osteopathic practitioner Osteopath</p>	<p>1.1 Practice osteopathy within their scope of practice and expertise Recognise and act within the scope of osteopathic practice, concepts and/or principles, and apply these to patient/client care</p> <p>1.2 Apply a patient-/client-centred approach to practice</p> <p>1.3 Plan and implement efficient, effective, culturally-responsive and patient-/client-centred osteopathy assessments</p> <p>1.4 Develop, implement and review p-osteopathic management plans based on osteopathic-sound clinical reasoning, and use the best available evidence evidence based practice and patient/client preferences to inform decision-making</p> <p>1.5 Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety 4-5 Implement and review osteopathic management plans based on osteopathic clinical using sound clinical reasoning that to facilitate the patient's/client's optimal participation in work and life activities of daily living</p> <p>1.6 Recognise and respond to the complexity, uncertainty and ambiguity inherent in health care</p>
<p>2. Professional and ethical practitioner</p>	<p>2.1 Comply with legal, professional, ethical and other relevant standards, codes and guidelines</p> <p>2.2 Make and act on informed and appropriate decisions about acceptable professional and ethical behaviours</p> <p>2.3 Recognise the need for, and implement, appropriate strategies to manage practitioner self-care</p> <p>2.4 Advocate for patients/clients</p>
<p>3. Communicator</p>	<p>3.1 Consider and demonstrate socio-cultural awareness in communication and management strategies</p> <p>3.2 Communicate effectively on all aspects and through all stages of the care process with patients/clients and relevant others</p> <p>3.3 Document and share written and electronic information about their care to optimise clinical decision making, patient safety and privacy</p>

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Commented [Ad18]: Osteopath is preferred as this is the title under law

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4. Critical reflective practitioner and lifelong learner	<p>4.1 Accurately assess individual practice against relevant professional benchmarks and take action to continually improve practice</p> <p>4.2 Engage in the continuous enhancement of their professional activities through ongoing learning 4.2 Evaluate own learning needs, engage in continuing professional development and recognise when to seek professional support</p> <p>4.3 Integrate the best available evidence in practice.</p> <p>4.4 Contribute to the creation and dissemination of knowledge and practices applicable to health.</p> <p>4.3 Accurately analyse and critique research and appropriately apply evidence in practice</p>
5. Educator and health promoter	<p>5.1 Use education to empower themselves and others in the practice context</p> <p>5.2 Demonstrate commitment to the principles of health education; disease prevention; rehabilitation; and amelioration of impairment, disability and limited participation</p>
6. Collaborative practitioner	<p>6.1 Engage in an inclusive, collaborative, consultative, culturally-responsive and patient/client-centred model of practice including Aboriginal and Torres Strait Islander peoples</p> <p>6.2 Work effectively as a member of a diverse, inter-professional healthcare community, including Aboriginal and Torres Strait Islander peoples</p>
7. Leader and manager	<p>7.1 Lead others effectively and efficiently within relevant professional, ethical and legal frameworks</p> <p>7.2 Advocate for the community of osteopaths</p> <p>7.3 Organise and prioritise the workload and resources to autonomously provide safe, effective and efficient osteopathic care and where relevant, as a team leader</p>

Osteopaths should be equipped with, and continue to develop, a defined set of capabilities, which may be grouped into seven core roles. Capabilities are grouped into these seven core roles:

1. Osteopathic practitioner
2. Professional and ethical practitioner
3. Communicator
4. Critical reflective practitioner and self-directed learner
5. Educator and health promoter
6. Collaborative practitioner
7. Leader and manager

These seven core roles are an integrated and inter-related whole. They should therefore be read and considered together.

J. Louise Adam Response to 2018 Draft Capabilities for Osteopathic Practice - Osteopathy Board of Australia

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Role 1: Osteopathic practitioner

Definition

Osteopaths integrate all seven practice roles into this central role in their practice context by working in partnership with individuals and populations to optimise their function and quality of life, promote health, and implement strategies informed by the best available evidence to prevent and minimise impairments, activity limitations and participant restrictions including those associated with complex, acute and chronic conditions.

Osteopaths registered in Australia are able to:

Key capabilities	Enabling components
1.1 Recognise and act within the scope of osteopathic practice Practice osteopathy within their scope of practice and expertise, concepts and/or principles, and apply these to patient/client care	1.1A Draw on osteopathic approaches to diagnosis, including interpretation of palpatory findings, when undertaking an assessment of a patient's/client's health condition Integrate all the core roles of an osteopath as defined/described in this document in their practice of osteopathy
	1.1B Apply knowledge of clinical and biomedical sciences relevant to human health and function, psychosocial and physical environmental determinants of health and impairments, activity limitations and participation restrictions when providing assessment, planning and implementing patient care. Consider assessment findings in the context of osteopathic approaches to diagnosis when formulating differential diagnoses.
	1.1C Explain and negotiate an osteopathic management plan with the patient/client using sound clinical reasoning that is framed in an osteopathic context
	1.1D Implement, monitor and review evidence-informed-based interventions, including manual therapy, rehabilitation, pain education and lifestyle health promotion/education, that are within their scope of osteopathy practice and align with principles of holistic care
	1.1E Assist the patient/client and relevant others to understand the rationale for osteopathic care/proposed management, costs and risks associated with it, and that they have the right to refuse osteopathic care
	1.1F Recognise and respond to the complexity, uncertainty and ambiguity inherent in health care

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1.2 Apply a patient-/client-centred approach to practice	1.2A Facilitate patient's/client's ability to discuss their needs and preferences in regard to treatment
	1.2B Take patient/client experiences of healthcare into account during all stages of the osteopathic consultation and respond appropriately to those experiences
	1.2C Employ osteopathic healthcare in a way that e Enables and empowers patients/clients through to enhancing their participation in work and other life roles
	1.2D Ensure that patients/clients are not discriminated against on the basis of their age, culture, disability, gender, sexuality, social status, economic status, language or ethnicity, consistent with legislative requirements
1.3 Plan and implement an efficient, effective, culturally-responsive and patient-/client-centred osteopathy assessment	1.3A Ensure that Explain and negotiate planned osteopathic assessments -including risks and options plan is negotiated with patients/clients and relevant others as appropriate
	1.3B Continue to develop as needed the skills required to Elicit and record a comprehensive osteopathic assessment, including a case history, physical examination, and refer for and interpret appropriate diagnostic imaging and tests, as appropriate, from a diverse patient/client population
	1.3C Gather, explain and share information with the patient/client and relevant others in the process of osteopathic assessment
	4.3D Draw on knowledge and evidence of biomedical sciences relevant to human health and function, and psychosocial determinants of health that influence the patient's/client's impairments, activity limitations and participation restrictions when planning and implementing an osteopathic assessment
1.4 Develop, -implement and review management plans based on sound clinical reasoning, evidence based practice and patient/client preferences to optimise quality of lifeinform decision-making Develop osteopathic management plans based on osteopathic clinical	1.4A Synthesise information gathered from the patient/client and other sources, where appropriate, into rational, differential and working diagnoses tailored to the patient's/client's general health status

Commented [Ad25]: It is self evident that it is taken in to account at all stages so remove

Commented [Ad26]: Maintenance of skills sits in role 4 lifelong learning

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J. Louise Adam Response to 2018 Draft Capabilities for Osteopathic Practice - Osteopathy Board of Australia

reasoning, and use the best available evidence and patient/client preferences to inform decision-making	
	1.4B Devise goals upon which to plan management, in consultation with the patient/client and relevant others, that address the presenting complaint and reflects the patient's/client's general health status, preferences, needs and wants Negotiate a safe and effective osteopathic management plan with the patients/clients and relevant others, including discussion of options for management
	1.4C Incorporate the key bio-psychosocial <u>and environmental</u> factors that contribute to patient/client wellbeing (impairment, disability and participation) when planning and implementing <u>and reviewing</u> relevant management strategies <u>patient care</u>
	1.4D Negotiate a safe and appropriate management plan with the patients/clients and relevant others, including discussion of options for management <u>Devise goals on which a management plan is based, in consultation with the patient/client and relevant others, that address the presenting complaint and reflects the patient's/client's general health status, preferences, needs and wants</u>
1.5 Implement and review osteopathic management plans based on osteopathic sound clinical reasoning that facilitate the patient's/client's optimal participation in work and life activities of daily living	1.5A-4E Implement, monitor and review <u>a tailored</u> patient-/client- centred management plan that includes relevant <u>direct and indirect therapeutics such as</u> -manual therapies, <u>and other relevant</u> rehabilitation, <u>pain -education</u> , exercise and cognitive interventions <u>following critical integration of currently available evidence and patient/client preferences</u> <u>using evidenced based practice</u>
	1.5B Actively encourage patients/clients to provide honest and timely feedback without hesitation or embarrassment
	1.5C Assess risks, the quality of the osteopathic intervention and the patient's/client's physical, verbal and non-verbal responses to osteopathy throughout the consultation
	1.5D Measure, evaluate and review the bio-psychosocial factors that contribute to patient/client wellbeing (impairment, disability and participation) and modify the management plan if required

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Commented [Ad29]: This is better as 1.4D (after the goals have been established and key factors have been included in management plan)

Commented [Ad30]: This is better as 1.4D (after the goals have been established and key factors have been included in management plan)

Commented [Ad31]: This should appear as 1.4B

Commented [Ad32]: Patient centred plans are by their nature tailored

Commented [Ad33]: Given that the plan is patient centred their preferences must have been taken in to consideration so no need to restate.

Commented [Ad34]: This would be better in role of communicator

Commented [Ad35]: What else are they responding to if not the osteopathic consultation?

Commented [Ad36]: This deals with too many factors. would be better split in role of communicator With Risk is dealt with in 1.6

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	<u>1.5E Adapt osteopathic management plans according to the patient's/client's changing circumstances, including general health status</u>
	<u>1.45F Establish a prognosis in conjunction with the patient/client and relevant others that incorporates appropriate outcome measures and anticipated milestones of patient/client progress</u>
<u>1.6 Recognise and respond to the complexity, uncertainty and ambiguity inherent in health care</u>	
<u>1.5 Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety</u>	<u>1.5A Recognise and respond to harm from health care delivery, including patient safety incidents</u> <u>1.5B Adopt strategies to promote patient safety and address human and system factors</u> <u>1.5C Assesses risk in designing and monitoring patient care</u>

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Role 2: Professional and ethical practitioner

Definition

Osteopaths are committed to demonstrating standards of behaviour that comply with their legal, professional and ethical obligations, and managing their physical and mental health.

Osteopaths registered in Australia are able to:

Key capabilities	Enabling components
2.1 Comply with legal, professional, ethical and other relevant standards, codes and guidelines	2.1A Recognise the patient's/client's healthcare rights, including their right to shared decision-making, confidentiality and informed consent, and prioritise the patient's/client's needs, rights and interests, including their safety, privacy and dignity
	2.1B Obtain and continue to ensure valid <u>and continued</u> consent, including financial consent, having identified and discussed potential risks and benefits, and other care options, with the patient/client in a manner consistent with the current policy of the relevant regulatory authority
	2.1C Understand and comply with relevant legislative and regulatory frameworks, including the Osteopathy Board of Australia's Code of Conduct and guidelines, relevant to the workplace
	2.1D Accept and act on their duty of patient/client care, including ensuring privacy and confidentiality of patients'/clients' health and personal information and health records, as per <u>OsteoBA's</u> privacy policy
	2.1E Manage risk effectively and responsibly in such a way that minimises impact on all concerned. <u>This may involve alteration to services provided and/or referral.</u>
2.2 Make and act on informed and appropriate decisions about acceptable professional and ethical behaviours	2.2A Act on responsibilities relating to guidelines, ethical standards and other relevant policies issued by appropriate bodies and authorities, including <u>OsteoBA</u> guidelines for sexual and professional boundaries
	2.2B Consider implications of healthcare costs, and the principles of efficient and equitable allocation of resources and modify management accordingly

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	2.2C Show compassion, empathy and respect for patients/clients, relevant others and professional colleagues
	2.2C Practise in accordance with the professional capabilities and limitations of a primary healthcare provider, screening for pathological conditions and referring patients/clients for appropriate care as required
	2.2D Act within bounds of personal competence, recognising personal and professional strengths and limitations and seeking assistance where appropriate
	2.2E Maintain ethical conduct when providing care and services, including ensuring that their own health beliefs and values do not prejudice patient/client care
	2.2F Maintain honest and open communication with patients/clients, and follow organisational processes respond appropriately should an adverse event occur
	2.2G Recognise when further information/referral is required and facilitate this to occur
	2.2H Recognise and effectively manage conflicts of interest, including unnecessary prescription of products and over-servicing
2.3 Recognise the need for, and implement, appropriate strategies to manage practitioner self-care	2.3A Monitor personal physical and mental health and its relationship to the quality of service provided, and take appropriate and ongoing measures to maintain personal physical and mental health and resilience
	2.3B. Maintain currency of knowledge and skills according to changes in regulatory and other ethico-legal requirements and practice environments
2.4 Advocate for patients/clients	2.4A Advocate for patients/clients and their rights to healthcare and other services

Commented [Ad39]: This is covered in communication 3.1A and in Collaboration

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2.4B Contribute to the effectiveness and efficacy of the healthcare system, including wise use of healthcare resources, and ensure that the services provided are reasonably required, and not excessive; or unnecessary ~~or not reasonably required.~~

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Role 3. Communicator

Definition

Osteopaths use written, verbal and non-verbal methods to effectively and respectfully communicate with patients/clients, family, other professionals, communities and relevant others and facilitate gathering and sharing of information as appropriate for the situation or context.

Osteopaths registered in Australia are able to:

Key capabilities	Enabling components
3.1 Consider and demonstrate socio-cultural awareness in communication and management strategies	3.1A Use effective, culturally sensitive communication to establish a therapeutic relationship based on that encourages patient trust and openness <u>autonomy and is characterised by empathy, respect and compassion.</u>
	3.1B Make appropriate adjustments to communication style to suit the particular needs of the patient/client including those from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander people
	3.1C Seek at all times to identify and understand the patient's/client's goals and concerns, and incorporate them into the management plan
	<u>3.1D Optimise the physical environment for patient comfort, dignity, privacy, engagement and safety.</u>
3.2 Communicate effectively on all aspects and through all stages of the care process with patients/clients and relevant others	3.2A Actively encourage patients/clients to provide honest and timely feedback <u>3.2A Appropriately use and integrate a range of questioning and listening strategies during patient/client consultation</u>
	<u>3.2B Respond to the patient's/client's non-verbal behaviours to enhance communication</u>
	<u>3.2C Use communication skills and strategies that help patients/clients and their families make informed decisions about their health</u>
	<u>3.2D Assist patients and their families to identify, access and make use of information and communication technologies to support their care and maintain their health</u>

Commented [Ad41]: The key capabilities and enabling components of CanMEDS Communicator role are better crafted. Less duplication and clearer descriptions.

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Commented [Ad44]: What else are they responding to if not the osteopathic consultation?

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	<u>3.2F Effectively use a range of communication skills, including, but not limited to, negotiation, conflict management and resolution, to facilitate positive working partnerships with patients/clients and relevant others</u>
<u>3.3 Document and share written and electronic information about their care to optimise clinical decision making, patient safety and privacy</u>	<u>3.3A Complete relevant documentation to organisational and legislative medico-legal standards including accurate recording of appropriate patient/client data in a timely manner using patient-/client-centred language, and in accordance with OsteoBA guidelines</u>
	<u>3.3B Utilise available technology to facilitate communication with patient/client and others and storage of clinical records</u>
	<u>3.3C Share information with patients and others in a manner that respects patient privacy and confidentiality and enhances understanding</u>

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Role 4: Critical reflective practitioner and lifelong learner

Definition

Osteopaths access the best available research evidence to inform their practice and engage in critical reflection and relevant learning to maintain and enhance their professional competence and quality of their practice throughout their career.

Osteopaths registered in Australia are able to:

Key capabilities	Enabling components
4.1 Accurately assess individual practice against relevant professional benchmarks and take action to continually improve practice	4.1A Accurately self-assess and critique own osteopathic practice and identify strategies for improvement
	4.1.B Identify when one is impaired and unable to accurately self-assess own practice and respond appropriately.
	4.1CB Maintain the knowledge and skills needed to support practising as an osteopath in accordance with the requirements of the current regulatory environment, including OsteoBA guidelines for continuing professional development
	4.1CD Identify, assess, appropriately manage and report on risks, treatment side-effects, adverse events and other complications of care
4.2 Evaluate own learning needs, engage in continuing professional development and recognise when to seek professional support Engage in the continuous enhancement of their professional activities through ongoing learning	4.2A Recognise when one's expertise, competence or culture will potentially create risk or compromise the quality of osteopathic care provided or expected outcomes, and seek opportunities to engage in relevant activities to address identified learning needs and maximise learning
	4.2B Seek and act on feedback from more experienced practitioners Develop, implement, monitor and revise a personal learning plan to enhance professional practice
	4.2C Reflect on the patient's/client's response to osteopathic care, and seek guidance from mentors and/or professional development to effectively manage the consultation if required Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance.

J. Louise Adam Response to 2018 Draft Capabilities for Osteopathic Practice - Osteopathy Board of Australia

Commented [LC48]: Do we have methods for this self-assessment and critique? Do we have any way of determining that self-assessment is accurate?

Also consider adding an item such as "Identify when one is impaired and likely to be unable to accurately self-assess or critique own osteopathic practice."

At present a single binary question regarding knowledge of impairments to practice is answered upon renewal of registration, but this query seems inadequate to drive self-reflection, and appears to be of use mostly to alert registrants to their responsibility to self-reflect (and perhaps reduce liability of the Board).

Commented [PA49R48]: Good point

Commented [LC50]: There are many influences on practitioners that lead to professional growth. Why highlight this particular one? Osteopathy does not yet have a compulsory system of professional supervision or mentorship beyond graduation, so it seems incongruous to require this item. Further, there is, at present, little training for mentorship provided to more experienced osteopaths, thus it is possible that their advice to less experienced colleagues may be prejudiced, unhelpful, or just plain wrong.

Further, if mentorship is to be required, then there may be assumed a responsibility on the OBA to provide a formal structure for mentorship and feedback, including training for mentors. I suggest that this item be rephrased to something like "Seek professional development and support as required, which may include, but is not limited to, supervision, mentorship, formal education, structured audit and feedback, or clinical care (eg: psychology)."

Commented [PA51R50]: This point should be highlighted, I agree that post grad mentorship is lacking compared to other HC professions (not sure about chiro)

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	<u>4.2D Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice.</u>
4.3 Accurately analyse and critique research and appropriately apply Integrate the best available evidence in practice	4.3A Find, appraise, interpret, and appropriately apply-integrate best available research evidence to inform clinical reasoning and into professional decision-making in their practice
	4.3B Critically appraise, interpret and apply learning from continuing professional development, clinical data and patient/client responses to osteopathic care
<u>4.4 Contribute to the creation and dissemination of knowledge and practices applicable to health</u>	<u>4.4A Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care</u>
	<u>4.4B When engaged in research, identify ethical principles for research and incorporate them into obtaining informed consent, considering harms and benefits, and considering vulnerable populations</u>
	4.4C Advocate for the osteopathic role in healthcare by increasing the knowledge and dissemination of best available research evidence Summarise and communicate to professional and lay audiences, including patients/carers and their families, the findings of relevant research and scholarly enquiry.

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Role 5: Educator and health promoter

Definition

Osteopaths apply learning principles and strategies relevant to the practice context to facilitate learning and promote health in other professionals, students, patients/clients, relevant others, funders and/or insurers, communities and governments.

Osteopaths registered in Australia are able to:

Key capabilities	Enabling components
5.1 Use education to empower themselves and others in the practice context	5.1A Educate, motivate and empower the patient/client and relevant others to implement effective and safe therapy, to achieve patient-/client-centred goals
	5.1B Make continual provision for Participate in continuing professional learning for self and others, including community groups, and colleagues and students under own management , as appropriate in the osteopathic setting
	5.1C Provide feedback to enhance learning and performance
5.2 Demonstrate commitment to the principles of health education; disease prevention; rehabilitation; and amelioration of impairment, disability and limited participation	5.2A Provide health education to patients/clients to promote health and prevent disease/illness as appropriate
	5.2B Evaluate the effectiveness of the education provided and modify the education, including content and delivery methods, to improve facilitate patient/client compliance, if necessary

J. Louise Adam Response to 2018 Draft Capabilities for Osteopathic Practice - Osteopathy Board of Australia

Role 6: Collaborative practitioner

Definition

Osteopaths work in partnership with patients/clients, relevant health professionals and relevant others to share decision-making and support achievement of agreed goals through inclusive, collaborative and consultative approaches within legal, ethical and professional frameworks.

Osteopaths registered in Australia are able to:

Key capabilities	Enabling components
6.1 Engage in an inclusive, collaborative, consultative, culturally responsive and patient/client-centred model of practice Work effectively with patient/client, colleagues and other health care providers including Aboriginal and Torres Strait Islander peoples	6.1A Work effectively, autonomously and collaboratively with the patient/client and relevant others in a way that acknowledges and respects the patient's/client's dignity, culture, rights and goals
	6.1B Work with patients/clients and relevant others when necessary, to enable patient/client access to appropriate health and community services
	6.1C Interact effectively and professionally with other health and community services and/or providers in the interests of patients/clients
	6.1D Maintain knowledge and understanding of the pharmacological and complementary medicines aspects of management of other health services relevant to patient/client care and seek assistance when information is outside their expertise to enhance health care and collaboration
	6.1E Use effective communication to build positive relationships with colleagues, other practitioners, and other relevant third parties to enhance patient/client care
6.2 Work effectively as a member of a diverse, inter-professional healthcare community, including Aboriginal and Torres Strait Islander peoples	6.2A Understand, acknowledge and respect the roles of other healthcare providers and services and work effectively and collaboratively with them
	6.2B Consult and share knowledge with professional colleagues, and -seek guidance, assistance or professional support in situations that are outside their expertise or competence or when outcomes of the patient/client care are not as expected
	6.2C Make appropriate decisions Demonstrate safe and appropriate handover of care, using both verbal and written communication to share or transfer responsibility to, and accept responsibility from others, when it is safe, effective and appropriate

Commented [Ad55]: This is too broad and could be read to expect the osteopath to have extensive knowledge of pharmaceuticals

Commented [Ad56]: Moved from Communicator to role 6 collaborator

Commented [Ad57]: Competence is inherent in expertise in this context

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J. Louise Adam Response to 2018 Draft Capabilities for Osteopathic Practice - Osteopathy Board of Australia

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Role 7: Leader and manager

Definition

Osteopaths manage their time, workload, resources and priorities and lead others effectively within relevant clinical and professional contexts.

Osteopaths registered in Australia are able to:

Key capabilities	Enabling components
7.1 Lead others effectively and efficiently within relevant professional, ethical and legal frameworks	7.1A Monitor and, where necessary, implement measures to ensure support ethical, professional and legal conduct of colleagues and/or students in providing care and services
	7.1B Positively influence workplace culture and practice through strategic thinking, advocacy, critical reflection, innovative problem solving and initiative
	7.1C Recognise their own leadership style and apply their leadership skills as relevant to their practice context
	7.1D Encourage, guide and motivate others to operate effectively and efficiently in the practice context
	7.1E Facilitate change informed by best available research evidence and patient/client needs when new ways of working are adopted in the practice context
7.2 Advocate for the community of osteopaths	7.2A Critically reflect on the role and contribution of the osteopathic profession within the healthcare system by interaction with peers, colleagues and leaders
	7.2B Demonstrate active engagement in supporting and promoting the osteopathic community (e.g. participation in professional activities, clinical supervision, professional mentorship)
7.23 Organise and prioritise the workload and resources to autonomously provide safe, effective and efficient osteopathic care and where relevant, as a team leader	7.23A Make consistent provision for continuing professional learning for self and other healthcare professionals under own management or employment
	7.23B Use appropriate strategies to manage and/or supervise workload safely, effectively and efficiently
	7.23C Adapt and, where relevant, innovate to achieve realistic goals within available resources in clinical practice and/or professional activities

Commented [Ad58]: Osteopath may not have control over others behaviour and so cannot ensure their conduct

Commented [LC59]: Note: Supervision and mentorship are not the same thing. Supervision includes judgement and correction, whereas mentorship is fiercely prejudicial (ie: a supervisor oversees and guides, a mentor is in your corner). Further, supervision is not limited to students. It may be appropriate for registered practitioners to submit to supervision in order to redress weaknesses or expand competence.

Commented [Ad60]: This key capability does not have an equivalent in other Capabilities document and may be at odds with ethical requirement that patient needs are paramount. The enabling components are included in role 4: reflective practitioner and lifelong learner as contributing to and critically appraising evidence relevant to osteopathic practice, advocate for best practice and dissemination of health care information and in role 5: educator engaging with students and colleagues 5.1B

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Glossary

Commented [Ad61]: This now incorporates the terms in the terminology section

Capabilities

Capabilities are underpinning behavioural skills that characterise work being performed well. Capabilities specify the expected behaviours and attributes of clinicians. They reflect the expanding sphere of influence and control expected of individuals of a higher grading.¹⁵

Competence

Competence is the consistent application of knowledge and skill to the standard of performance required in the workplace. It embodies the ability to transfer and apply skills and knowledge to new situations and environments.¹⁵

Consent/Valid Consent

'Valid consent' – consent is valid if the treatment is agreed to by the patient/client after they have been fully informed of the nature of the treatment, the reason for its recommendation and other information they would regard as relevant to their decision, such as inherent risks of the treatment and alternate treatment options. Consent is only valid if the patient is competent to understand and authorise the intervention and makes a voluntary decision to undergo the treatment. Consent obtained by coercion or undue influence is not valid (see the Osteopathy Board of Australia's Guidelines: Informed Consent - <http://www.osteopathyboard.gov.au/Codes-Guidelines.aspx>).

Consultation

The term 'consultation' refers to the meeting between an osteopath and a patient/client for the purpose of providing osteopathic healthcare. It normally includes assessment and intervention.

Diverse population groups

'Diverse population groups' in this document means people of all ages (from birth to end of life); education levels; ethnic, cultural and socio-economic backgrounds; and geographic regions.

Expertise

Clinical expertise refers to the clinician's cumulated experience, education and clinical skills.

General Health

The term 'general health' in this document includes the use of the bio-psychosocial model of healthcare.

Intervention

The term 'intervention' refers to the therapy applied for the patient's/client's condition and general healthcare, which is usually multimodal including manual therapy, rehabilitation, education, exercise prescription, and health promotion strategies

Lifelong learner

'Lifelong learner' refers to the ongoing formal and informal education, self-directed and directed or recommended by an external party undertaken throughout an osteopath's practice career for the purpose of improving the quality of healthcare provided to patients/clients.

Osteopath

Osteopath is defined as a practitioner registered with the Osteopathy Board of Australia to use the title 'osteopath' under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

Osteopathic

[Response to 2018 Draft Capabilities for Osteopathic Practice - Osteopathy Board of Australia J. Louise Adam](#)

[Osteopathy Board of Australia](#)

Osteopathic, in the context of these capabilities, is applied to theoretical, practical and abstract material that is pertinent to the daily practice of osteopaths. The term 'osteopathic', and what it implies, has been a source of some discussion for a considerable time. The term and its use should not be taken to denote something unique.

Patient/client

Both 'patients' and 'clients' are used to refer to consumers of osteopathic care. 'Patients/clients' is used in this document to reflect this usage. The term 'patients/clients and relevant others' has been used to denote all those who could be involved in patient/client care, including family, carers and other healthcare providers.

Primary healthcare provider

The term 'primary healthcare provider' refers to a clinician who is the initial contact for a patient/client and who screens for pathological conditions and need for referral.

Scope of practice

'Scope of practice' refers to the professional role and services that an individual health practitioner is educated in and competent to perform.

Threshold Competence

Threshold competence describes the minimum requirements for initial and continuing registration as an osteopath.

Management Plan

The term 'management plan' refers to the complete therapy plan for the patient/client including additional assessment outside the consultation, interventions (e.g. manual therapy, rehabilitation, education and exercise prescription), referral and health promotion strategies.

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J. Louise Adam

Osteopathy Board of Australia

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Appendix 1

Development of the Capabilities

Description of the process of development including literature review, stakeholder engagement, timeline.

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References

1. Orrock P. Developing an evidence base for osteopathic healthcare. Lismore, NSW: Southern Cross University; 2017.
2. Rogers F, D'Alonzo G, Gover J, et al. Proposed tenets of osteopathic medicine and principles for patient care. *Journal of the American Osteopathic Association*. 2002;102:63-5.
3. Posadzki P, Ernst E. Osteopathy for musculoskeletal pain patients: a systematic review of randomized controlled trials. *Clinical Rheumatology*. 2011;30(2):285-91.
4. Franke H, Franke J, Fryer G. Osteopathic manipulative treatment for nonspecific low back pain: a systematic review and meta-analysis. *BMC Musculoskeletal Disorders*. 2014;15:286-304.
5. Perez L, Sneed J, Eland D. Evidence-based osteopathic manipulative treatment for common conditions. *Osteopathic Family Physician*. 2012;4:8-12.
6. Orrock P, Myers S. Osteopathic intervention in chronic non-specific low back pain: a systematic review. *BMC Musculoskeletal Disorders [Internet]*. 2013; 14:[129 p.]. Available from: <http://www.biomedcentral.com/1471-2474/14/129>.
7. Bronfort G, Haas M, Evans R, et al. Effectiveness of manual therapies: the UK evidence report. *Chiropractic & Manual Therapies*. 2010;18(3).
8. Clar C, Tsertsvadze A, Court R, et al. Clinical effectiveness of manual therapy for the management of musculoskeletal and non-musculoskeletal conditions: systematic review and update of UK evidence report *Chiropractic & Manual Therapies*. 2014;22(1):12.
9. Osteopathy Australia. Scope of Practice. Sydney: Osteopathy Australia,; 2017 [Available from: <http://www.osteopathy.org.au/pages/policy-statement-scope-of-practice-243.html>].
10. Kuchera W, Kuchera M. Osteopathic principles in practice. Columbus: Greyden Press; 1994.
11. Frank JR, Snell L, Sherbino J, editors. *CanMEDS 2015 Physician Competency Framework*. Ottawa, ON: Royal College of Physicians and Surgeons of Canada; 2015.
12. Ten Cate O. Competency-Based Postgraduate Medical Education: Past, Present and Future. *GMS journal for medical education*. 2017;34(5):Doc69.
13. Eraut M. Concepts of competence. *Journal of Interprofessional Care*. 2010;12(2):127-39.
14. Health Workforce Australia. Health workforce by numbers. Issue 2 - November 2013. Adelaide; 2013.
15. Department of Health and Human Services State of Victoria. Allied health: credentialing, competency and capability framework (revised edition). Melbourne: State of Victoria Department of Health and Human Services; 2016.
16. Australian Skills Quality Authority. Users' Guide to the Standards for RTOs 2015, Canberra: Australian Government 2017 [Available from: <https://www.asqa.gov.au/standards>].
17. Fraser S, Greenhalgh T. Coping with complexity: Educating for capability. *British Medical Journal*. 2001;323(799-803).
18. Australian Commission on Safety and Quality in Health Care. NSQHS Standards. Sydney; 2017.
19. Cairns L. Quality and diversity in VET research: the capability perspective. AVETRA; Melbourne 1999.
20. O'Connell J, Gardner G, Coyer F. Beyond competencies: Using a capability framework in developing practice standards for advanced practice nursing. *Journal of Advanced Nursing*. 2014;70(12):22=728-2735.
21. Bandiera G, Sherbino J, Frank J, editors. *The CanMEDS assessment tools handbook: an introductory guide to assessment methods for the CanMEDS competencies*. 1st ed. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2006.
22. Jones R. The future NHS: time for another change? *British Journal of General Practice*. 2014;64(628):550-1.
23. Australian Government Department of Health. Boosting Productivity Canberra: Australian Government Department of Health,; 2015 [Available from: <http://www.health.gov.au/internet/publications/publishing.nsf/Content/hwa-annual-report-4-boosting-prod>].
24. Grace S, Innes E, Joffe B, et al. Identifying common values among seven health professions: An interprofessional analysis. *Journal of Interprofessional Care [Internet]*. 2017.
25. Orrock P. The patient experience of osteopathic healthcare. *Manual Therapy*. 2016;22:131-7.
26. Schaller S. Patient-centred care: What Does It Take? . Stillwater, MN: Picker Institute and The Commonwealth Fund; 2007.
27. World Health Organization. Health promotion: World Health Organization; 2018 [Available from: http://www.who.int/topics/health_promotion/en/].
28. Osteopathy Board of Australia. Evidence-based practice. Osteopathy Board of Australia; 2014 May 2014.

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Response to 2018 Draft Capabilities for Osteopathic Practice - Osteopathy Board of Australia
J. Louise Adam

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29. Cranney M. Cultural responsiveness in action: An IAHA framework. ACT: Deakin; 2015 [Available from: <http://iaha.com.au/wp-content/uploads/2015/08/2015-IAHA-Cultural-Responsiveness-Framework-WEB.pdf>]
30. Osteopathy Board of Australia. Registration Standard: Recency of Practice. Definitions. Melbourne: Osteopathy Board of Australia; 2015.

Additional References:

- [Burke SR, Myers R, Zhang AL. A profile of osteopathic practice in Australia 2010-2011: a cross sectional survey. BMC Musculoskelet Disord. 2013 1;14:227. doi: 10.1186/1471-2474-14-227.](#)
- [Frank JR, Snell L, Sherbino J, editors. CanMEDS 2015 Physician Competency Framework. 2015 Royal College of Physicians and Surgeons of Canada.](#)
- [May S, Littlewood C and Bishop A. Reliability of procedures used in the physical examination of non-specific low back pain: A systematic review. 2006 Australian Journal of Physiotherapy 52: 91–102](#)
- [Orrock P. Profile of members of the Australian Osteopathic Association: part 2 – the patients. Int J Osteopath Med. 2009;12\(4\):128-139. doi: 10.1016/j.ijosm.2009.06.001](#)
- [Queensland Government Health Practitioner Regulation National Law Act 2009 Office of the Queensland Parliamentary Counsel 2009](#)
- [Sackett, D.L., Rosenburg, W.M.C., Muir Gray, J.A., Haynes, R.B. and Richardson, W.S. \(1996\) Evidence-based Medicine, what it is and what it isn't, British Medical Journal, 312: 71–2.](#)
- [Sackett, D. \(2002\) Evidence-based Medicine: How to Practise and Teach EBM, 2nd edn. London: Churchill Livingstone. Seffinger MA, Naim WI, Mishra SI, Adams A, Dickerson VM, Murphy LS, Reinsch S. Reliability of spinal palpation for diagnosis of back and neck pain: a systematic review of the literature. 2004 Spine 29\(19\):E413-25.](#)
- [UTS Project Team Capabilities for Osteopathic Practice 2009 University of Technology Sydney Australia.](#)
- [Xue CC, Zhang AL, Lin V, Myers R, Polus B, Story DF. Acupuncture, chiropractic and osteopathy use in Australia: a national population survey. BMC Public Health. 2008;8:105. doi: 10.1186/1471-2458-8-105.](#)
- [Osteopathic International Alliance Osteopathy and Osteopathic Medicine – a Global View of Practice. Patients, Education and the Contribution to Healthcare Delivery 2013 Chicago IL USA](#)

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J. Louise Adam

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Annex A Rules of evidence⁴⁵

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Rule	Explanation
Valid	The evidence gathered needs to meet the requirements of the specified standard. This evidence should reflect the type of performance described in the standard, whether this is knowledge, skills or behaviours. All critical evidence is stated in the evidence guide. For our purposes, this process is guided by any recommendations made by professional bodies, reference groups or subject matter experts.
Current	This relates to the recency of the evidence and whether it demonstrates the candidate's current abilities. The currency of evidence needs to be considered closely. For example, if a candidate is returning from extended leave, they may not have performed a particular clinical practice for years and there may be new technologies to be applied in the workplace. Stipulations regarding what constitutes currency may need to be advised by reference groups or subject matter experts.
Authentic	The evidence gathered needs to be the work of the candidate. If unsure, then evidence may need to be corroborated or verified. Follow-up questioning may be useful here.
Sufficient	The initial three rules relate to each piece of evidence, while this relates to the overall collection of evidence. The key here is that there needs to be enough evidence gathered to satisfy that the candidate is competent across all aspects of the stated standard and that they can demonstrate the ability to apply this in the range of contexts required in the workplace. Inferences are drawn about competence by an assessor putting together the range of evidence sources.

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J. Louise Adam

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Assessment methods applied in the health sector as sources of evidence for competency decisions

Source	Example
Direct workplace observation	<ul style="list-style-type: none"> Observing the candidate performing real work/real-time activities at the workplace Work activities in a simulated workplace setting such as simulation centre or simulated setup Recording performance using checklists Clinical supervision
Structured assessment activities	<ul style="list-style-type: none"> Case-based presentations observed by an assessor Clinical audit such as a review of the content of medical record entries against evidence-based practice and best practice is undertaken by a peer group Review of a clinical log such as occasions of applied clinical practice in the workplace, which are recorded in a log A review of completed documentation A review of scanned medical record entries
Questioning	<ul style="list-style-type: none"> Written questions such as short answer questions An online quiz such as on-hand hygiene Interviews such as those conducted at recruitment Self-assessment such as ranking your own performance against standards or a position description Oral appraisal such as using a bank of questions
Contents of a portfolio/resume	<ul style="list-style-type: none"> Continuing professional development record Training record Qualifications Professional registration endorsements Clinical appointments Reflective journal Report of quality activities
Review of products	<ul style="list-style-type: none"> Review of products as a result of a project Equipment set up correctly A fault is found and rectified
Reports from third parties	<ul style="list-style-type: none"> Testimonial from a referee Evidence of training delivered or attended Patient satisfaction survey

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