The osteopathy profession has matured and is now ready to consider the next phase of its development. In particular, the profession has an opportunity to shape its future in terms of scope of practice and the structure and focus of pre-registration qualifications and continuing professional development, including building a culture of research.

The issue of scope of practice is central to the regulation of osteopathy / osteopathic medicine. It defines what it is that osteopaths might legitimately do, it informs what the pre-registration curriculum might look like, it determines what might constitute continuing professional development, and it identifies potential research themes.

Leading osteopathy professionals¹ came together at a one day workshop² held in Wellington, New Zealand on 20 September 2009 under the auspices of the Osteopathic Council of New Zealand. The purpose of the meeting was:

- to identify the risks and rewards of maintaining the status quo regarding the osteopathic scope of practice;
- to consider the pros and cons of moving to a restricted general scope of practice and extended scopes of practice; and
- to establish a process for the evolution of the pre-registration curriculum / post graduate pathways and to establish what future scopes of practice might look like.

Brief presentations³ on the background to scopes of practice including legislative considerations, and a historical overview and current challenges of osteopathy education and research, provided a stimulus for individual reflection, group discussion and plenary deliberation.

**Presentation key points**

There is a very serious need to consider scope of practice in the context of the future of osteopathy. Key questions to consider include:

- Where is osteopathy going as a profession?
- What needs to happen to ensure progress into the future?
- How does the profession ensure its long-term viability?

The pre-registration curriculum needs to move from an emphasis on content based on the osteopathy tradition of craft and disciplines leading to rote learning, to an emphasis on critical thinking and problem-solving.

There is a need for a multidisciplinary approach to osteopathic education and research. Graduates now have to work in clinics that involve multidisciplinary practices.

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¹ See Appendix 1 for participant list.
² See Appendix 2 for workshop agenda.
Integrated learning is useful, as its application to practice provides students with:
- a more realistic view of osteopathic knowledge
- assimilation into practice
- learning skills from other professions

Many current programs are not viable

The desire to formalise continuing professional development is coming from the profession, especially for post graduate education that public would recognise

The need for a better path for research – a big driver

It is important for those seeking services to know what osteopaths can do

Having a scope of practice using similar wording to that of other countries could align osteopathy with them and have the advantage of being part of a larger group

Pressure on ‘slackers’ to lift their performance

Having a scope of practice can define what is required for pre-registration programs

Extended / Specialist scopes of practice provide a marketing aspect and point of difference among practitioners e.g. paediatric osteopathy

Patient safety, which is important for the regulator – SOP can help with this

Patients could find it easier to find osteopaths to meet their needs

Public health purchasers may find it easier to purchase osteopathic services if there is a scope of practice that effectively communicates what osteopathy is, and extended scopes of practice that allow practitioners with advanced standing to be identified.

Change or status quo?

Following group and plenary discussion, a strong consensus emerged that change is inevitable and needed. Maintaining the status quo was not considered a realistic option.

Groups identified some of the forces for and against change as summarised below.

The forces for change include:
- Expectations from key stakeholders such as politicians, funders, regulators
- Proving efficacy through Scopes of Practice can enhance professional credibility, provide legislative protection, increase opportunities to work in different environments and increase public understanding of what osteopaths do
- Integrated learning is useful, as its application to practice provides students with:
  - a more realistic view of osteopathic knowledge
  - assimilation into practice
  - learning skills from other professions
- Many current programs are not viable
- The desire to formalise continuing professional development is coming from the profession, especially for post graduate education that public would recognise
- The need for a better path for research – a big driver
- It is important for those seeking services to know what osteopaths can do
- Having a scope of practice using similar wording to that of other countries could align osteopathy with them and have the advantage of being part of a larger group
- Pressure on ‘slackers’ to lift their performance
- Having a scope of practice can define what is required for pre-registration programs
- Extended / Specialist scopes of practice provide a marketing aspect and point of difference among practitioners e.g. paediatric osteopathy
- Patient safety, which is important for the regulator – SOP can help with this
- Patients could find it easier to find osteopaths to meet their needs
- Public health purchasers may find it easier to purchase osteopathic services if there is a scope of practice that effectively communicates what osteopathy is, and extended scopes of practice that allow practitioners with advanced standing to be identified.

The forces against change include:
- Fear of change in general and of loss of identity
- Specialties seen as resulting from the need to justify individual osteopathic practice
- Potential loss of freedom to practice in line with individual beliefs and preferences
- Fear of disproving what osteopaths do
- Resistance to changing what has been done for a century
- A small pool of researchers in a small profession and a lack of realistic funding
- Universities are comfortable with the current program and curriculum model
- Logistics of placements, the willingness and skill of practitioners, legislative requirements
- Professional resistance to changes in training and continuing professional development
- Some osteopaths may find extended scopes of practice overly restrictive as they wish to practice generally

Universities are under budget pressure, which has implications for the future structure of clinically based osteopathy programs.

Any curriculum review needs to be done in partnership with educators, regulators and the profession. Student input is also important.

Teaching should be research-informed and inquiry-led, encouraging an evidence-based approach to learning and practice.

An osteopathy research culture is still developing and the pace has been very slow. Osteopathy research cannot be left to undergraduate students.

Clear Skies Thinking Workshop
Group 1 suggested that a four year undergraduate degree should be followed by different award streams of post graduate courses leading to specialisation. It would not be mandatory to go on beyond the undergraduate level unless osteopaths wanted to avail themselves of more scopes of practice. The biggest hurdle for setting up this model was seen to be devising the curriculum. Help from outside the profession would be needed for this work. It was seen as being important to identify the gaps in the current NZ provision of qualifications. There is also a need to define specialised scopes of practice. One suggestion is to make the post graduate course as accessible as possible in terms of cost and availability. A sustainable model is needed to achieve this.

Group 2

- Group 2 were not sure what prospective students think and identified the need to have student input into any proposed changes.
- They thought that the Bologna Process in Europe has implications for the shape of osteopathy programs.
- They wondered whether every college needs to do everything and thought that e learning may be a means to enrich, broaden the curriculum.
- There is conflict between open access learning and the regulator.

Group 2 are not sure what prospective students think and identified the need to have student input into any proposed changes. They thought that the Bologna Process in Europe has implications for the shape of osteopathy programs. They wondered whether every college needs to do everything and thought that e learning may be a means to enrich, broaden the curriculum. There is conflict between open access learning and the regulator.

Group 3

There needs to be a graduated and progressive training pathway from BSc to a post graduate diploma to a Master’s in Health Practice (MHPrac) or to a Master’s in Health Science (MHSc) (with a research component), as per the Auckland University of Technology (AUT) Interdisciplinary Health Sciences programmes, and then on to further study, such as a professional doctorate programme. There is a need to consider cross border solutions through the increased use of e-learning. The principle that training and skills acquisition does not cease at the point of registration needs to be established. Further study may lead to extended scopes of practice. There may need to be a period of conditional registration to allow practice and training to continue.

Group 4

- The profession needs to take control and be proactive in shaping the curriculum.
- Some fear that the osteopathic ‘soul’ will be lost if changes are made.

Summary

Change is needed to the current scope of practice, related pre-registration and postgraduate programs, the continuing professional development programme, and research to ensure osteopathy’s identity and future.

The reasons for change are compelling and stronger than the reasons not to change. However, who will lead the change, how change will be achieved and when changes will be implemented need to be determined.

Pre-registration and post-registration curriculum

There was strong agreement that the structure and focus of pre-registration and post-registration programs and curricula needed to be reviewed.

Groups outlined a number of possible changes to the pre-registration program structure and curriculum and made the following comments/suggestions.

4 The Bologna process is a European reform process aimed at creating the European Higher education area. See www.ond.vlaanderen.be
• Students with health science degrees or physiotherapy training could be offered accelerated pathways.
• Different groups of students could be allowed entry to widen the pool of osteopaths.
• A two year post graduate degree on top of another qualification or other requirement, was suggested.
• It could be possible to recognise programs offered by other institutions e.g. Otago University?

Group 5
• Whatever the change, we need to think of a Trans Tasman solution.
• Greater flexibility of the accreditation policy is required.
• Institutions are not going to make changes until the accreditation process allows diversity in training pathways.
• There is a need to work on the accreditation policy.
• A multipronged approach is needed. We have a mechanism to do that now, as there is dialogue between the educators, regulators and professional associations.

Additional comments
There is a need to consider where osteopathy pre-registration programs should reside – with public universities or private providers? It may be possible for international providers e.g. in the USA, to contribute through short-term visits and/or online input. Consideration should also be given as to how the Bologna Process might impact on osteopathy programs.

Draft 3
Osteopathy provides a manual patient practitioner interaction which facilitates the optimising of patient health using historic techniques and principles.

Draft 4
Health Practitioners Competence Assurance Act 2003, section 11(2)\(^5\) using options (a) and (c)
Define the scope of practice by reference to
a) ‘a name or form of words that is commonly understood by persons who work in the health sector’
c) ‘by reference to tasks commonly performed’
but not
d) ‘illnesses and conditions’ and probably not
b) ‘areas of science or learning’
• Osteopathy is a touch based discipline
• Osteopaths facilitate recovery through osteopathic assessment, clinical differential diagnosis and treatment of dysfunctions of and within the whole person. The osteopathic therapeutic repertoire incorporates a wide range of technical approaches …. ultimate responsibility for approval of practice ….’

Developing a first draft of a Scope of Practice for Osteopathy
Workshop participants worked in groups to prepare drafts of an osteopathic scope of practice. The five drafts are presented below.

Draft 1
Registered osteopaths are primary contact healthcare professionals who deliver patient-centred care. Osteopaths integrate evidence based practice with osteopathic philosophy and principles in differential diagnosis and management, incorporating osteopathic manipulative medicine/treatment.

Draft 2
Osteopathic medicine is a patient centred diagnostic and therapeutic system which is based on the following principles:
1. The person is a unity of body/mind/spirit
2. Structure and function are reciprocally interrelated
3. The body possesses self-regulatory mechanisms
4. The body has an inherent capacity to defend itself.

Osteopaths are primary health care practitioners that facilitate healing and the promotion of health by the application of osteopathic principles.

Draft 3
Osteopathy provides a manual patient practitioner interaction which facilitates the optimising of patient health using historic techniques and principles.

Draft 4
Health Practitioners Competence Assurance Act 2003, section 11(2)\(^5\) using options (a) and (c)
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\(^5\) See Appendix 4 for HPCA Act section 11(2)
Draft 5

Osteopaths are primary healthcare practitioners for whom the patient is the focus. Osteopaths recognise that intrinsic and extrinsic factors can challenge a person’s inherent capacity for health and contribute to the onset of illness. Osteopathic assessment, diagnosis and treatments are based upon these principles. Osteopaths use various manual techniques derived from current best practice models to restore, preserve and promote health and well being.

Summary
A brief discussion of the five drafts confirmed that there was overlap in focus although there were differences in the inclusion or exclusion of ideas and the specific wording used.

Action Plan – what happens next?

1. Formation of working groups to develop further ideas on the scopes of practice presented in the workshop report/discussion paper (which will outline the process for the formation, work and reporting back of working groups).

2. It was agreed that the working groups would focus on developing scopes of practice for five areas initially:
   a. Paediatrics,
   b. Prescribing,
   c. Gerontology,
   d. Pain Management, and
   e. Rehabilitation/occupational health.

3. A follow up meeting is to take place in six months time (April, 2010?) to consider the working party reports. The aim is to have a document ready for wider consideration by September, 2010.
## Appendix 1: Workshop attendance list

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Members</th>
<th>Coordinators</th>
</tr>
</thead>
</table>
| OCNZ         | Stiofán Mac Suibhne (Chair)  
Dr Chris McGrath (Co-optee)  
Matthew Cooper  
Clive Standen | Sharon Awatere  
Dee Taylor  
Annette Instone (Registrar)  
Caryl Blomquist |
| OSNZ         | SJ Attias (President)  
Max Belcher | Richard Moon (ACC Liaison lead) |
| ISOP         | Jan Green (President)  
|               | Paul Hume |
| AOA          | Antony Nicolas  
|               | |
| BOA          | Melvin Jessup  
|               | |
| ANZOC        | Michael Mulholland (Chair)  
|               | Jenni Paul (Deputy Chair/Accreditation Lead) |
| UNITEC       | Robert Moran  
Leyla Okyay (5th Year Student Rep) | Dr Craig Hilton (Programme Director of MOst) |
| Ministry of Health | Dr David St George (Ministerial Special Adviser) |
| Facilitator and Rapporteur | Dr Alex Radloff |
Appendix 2: Workshop Agenda — Clear Skies Thinking Workshop

Opportunity for osteopathy leaders to shape the future of the profession

The issue of scope of practice is central to the regulation of osteopathy / osteopathic medicine. It defines what it is that osteopaths might legitimately do, it informs what the pre-registration curriculum might look like, it determines what might constitute continuing professional development.

Purpose

(1) Identify the risks and rewards of maintaining the status quo.

The pros and cons of moving to a restricted general scope of practice and extended scopes of practice:

- Paediatrics
- Injection therapies
- Extended diagnostic competencies
- Prescribing
- Gerontology
- Sports medicine
- Pain medicine.

(2) Brainstorm new model general scopes of practice for Council to use as possible templates for gazetting.

(3) Produce a blueprint for action — establishing a process for the evolution of the pre-registration curriculum / post graduate pathways and what the future the scopes of practice might look like.

Outcomes

A discussion paper to inform debate within the osteopathic community on the evolution of scope of practice.

| Agenda |
|------------------------|------------------------|------------------------|
| 9.30                   | Coffee / Registration  | Welcome participants, outline purpose and intended outcomes; clarify participant roles and how the day will work |
| 10.00                  | Welcome / Outline of day | Stiofan / Alex          | Two presentations (10 min) with Q&A (5 min) and general discussion (10-15 min) focusing on ‘big picture’ and clarifying the task for the profession |
| 10.15                  | Setting the scene      | Stiofan / Clive         | Groups consider what needs to change; opportunities and obstacles; and their attitudes and feelings. Use Force Field Analysis tool to support group decision-making. |
| 11.00                  | Identifying the issues — what changes are needed | Participants in groups of 4-5 | |
| 11.30                  | Report back            | Each group              | One member from each group presents key discussion points |
| 11.50                  | Summary / discussion   | Alex                    | Identifies key points/ recurring themes from group reports and facilitates general discussion |
| 12.15                  | Lunch                  |                         | |
| 12.45                  | Legal issues           | Lucila van Dam          | Presentation and Q&A |
| 1.15                   | Moving forward – the curriculum | Participants in groups of 4-5 | Groups consider options for change to the pre-registration curriculum Use Six Hats Thinking tool to provide structure for group discussion. |
| 2.00                   | Report back            | Each group              | One member from each group presents suggested changes and rationale |
| 2.20                   | Summary / discussion   | Alex                    | Identifies main changes presented and facilitates general discussion |
| 2.30                   | Next steps – the scope of practice | Participants in groups of 4-5 | Groups develop a draft scope of practice |
| 3.15                   | Report back            | Each group              | One member from each group presents draft scope of practice |
| 3.35                   | Action Plan            | Stiofan                 | Confirms outcomes of day and outlines what happens next |
| 3.45                   | Reflection and feedback | Participants/Alex        | Participants review what has been achieved and make commitment to personal action (‘What will I do on Monday?’) |
| 4.00                   | Refreshments           |                         | |
At present the osteopathic scope of practice in New Zealand is:

Registered osteopaths are primary healthcare practitioners who facilitate healing thorough osteopathic assessment, clinical differential diagnosis, and treatment of dysfunctions of the whole person. Osteopaths use various recognised techniques to work with the body’s ability to heal itself, thereby promoting health and wellbeing. These osteopathic manipulative techniques are taught in the core curriculum of accredited courses in osteopathy. The ultimate responsibility for recognition of practice lies with the Osteopathic Council of New Zealand.

Section 11 – Authorities must specify scopes of practice

(1) Each authority appointed in respect of a profession must, by notice published in the Gazette, describe the contents of the profession in terms of 1 or more scopes of practice.

(2) A scope of practice may be described in any way the authority thinks fit, including, without limitation, in any 1 or more of the following ways:

(a) by reference to a name or form of words that is commonly understood by persons who work in the health sector;

(b) by reference to an area of science or learning;

(c) by reference to tasks commonly performed;

(d) by reference to illnesses or conditions to be diagnosed, treated, or managed.

We must have a scope and we are not constrained in how we might formulate that scope.

Osteopathy existed before the HPCA came into force, it exists within historical, international and Trans Tasman frameworks. The Accident Compensation Corporation (ACC) is a major purchaser of osteopathic services and will have its own strategic objectives in service provision and this also impacts on the profession. All of these determine what osteopathy is today in New Zealand.

Are we regulating osteopaths or osteopathy? The answer is both. However; if osteopathy is what an osteopath does; there are few limits on what one might include in the scope, if osteopathy is limited to what is taught at UNITEC (or other primary training courses extant or extinct) then there is no room for post graduate acquisition of knowledge and application of skills; leaving osteopathy in New Zealand to decay and to be incapable of evolving.

It remains a challenge in many areas of life to resist judging the past by the standards of today; this certainly applies to osteopathy, what was once taught may no longer hold true, bodies of knowledge evolve. It is important with reference to osteopathy that we distinguish between philosophy and practice, between underlying principles and that which is subject to evaluation within the framework of Evidence Based Medicine (EBM). EBM itself, although the dominant paradigm in healthcare at present, is not the only reference point by which an activity’s worth is determined. It is a characteristic of osteopathy that it straddles the orthodox and alternative / complementary medical paradigms. Whether this is considered a strength or weakness will depend on one’s view point, it does however leave a potentially contentious (fault) line running through the profession, with some practitioners on either side or perhaps most in the middle or moving between orthodoxy and alternative medical beliefs and practices; this may be seen as a dynamic tension or a source of conflict.

As a Council the fundamental principles guiding our work are enshrined in the Health Practitioners Competence Assurance Act 2003 (HPCA), the underlying concern is the protection of the public. The ends of protecting and serving the public may be achieved by promoting higher standards in osteopathic practice. It goes to the core of any regulatory framework – what are we regulating? What is a scope of practice for? Part manifesto, part prohibition, part unique selling point?

What does the HPCA say about scopes of practice?
The aim of this paper is to identify some of the issues that need to be addressed in developing an osteopathic scope of practice that is realistic, broad based and allows for post-graduate training to be incorporated and (perhaps in the future) allows room for specialisation / additional extended scopes of practice. An extended scope of practice for Western medical acupuncture has already been developed. What others might we seek to develop? Paediatrics, limited prescribing, advanced diagnostic competencies? By specialisation one could mean the creation of sub-specialisms requiring a post primary qualification and training. There would also be issues of title, if there were a sub-specialism of ‘paediatric osteopath’ then to use that as a generalist would be misleading but to not have undertaken further study in paediatrics, would that mean not being able to treat children?

What means other than scope of practice might we use to develop standards in defined areas of practice? The scope of practice needs to accommodate the fact that training in osteopathy, as a graduate entry profession, now means a degree or taught master’s degree, is the basic entry level qualification and further study / continuing professional development (CPD) allows for personal development. The Council can use CPD as a means of ensuring that key skills are updated, and the accreditation process to control the standards for entry in to the profession for future New Zealand graduates.

Osteopathy as a profession in New Zealand has some unusual characteristics, the majority of practitioners are trained overseas and the profession has moved towards graduate only entry. The scope of practice is thus a statement of the boundaries of practice for the profession. This needs to be broad to accommodate the range of skills and interests in the profession. Scope of practice for the profession may be different to individual osteopaths’ competencies.

There is a tension here. An overly restrictive scope will reduce the extension of clinical skills and hamstring the profession, yet one where the scope is broad without need for individuals to evidence specialist skills will not ensure protection of the public. An extended scope of practice might mean that an osteopath needs a particular qualification to allow them to use a particular technique, such as electrotherapy (ultrasound or interferential) or acupuncture, without which they may not incorporate that technique into their practice. Or it could be used to show that there is a level of mastery / advanced standing in an area of practice that is also in the general scope.

There are a number of contentious and complex issues to be considered in developing a scope of practice, osteopaths in New Zealand cannot at present incorporate skills acquired from post graduate study (or post primary qualification level) into their scope of practice, if those skills are not taught at UNITEC and / or presumably yet to be accredited overseas courses. This is not in the public interest as it effectively prevents development of extended clinical skills. It is highly unlikely that this is an acceptable position from the perspective of practitioners. It is also probably not the intention of Parliament that the legislation has this effect on the profession and not the intended consequence when Council formulated the current scope of practice.

The problem of incorporating post-graduate skills aside, the wording of the current scope of practice is problematic due to ambiguities:

(1) ‘Osteopaths use various recognised techniques to work with the body’s ability to heal itself, thereby promoting health and wellbeing’. Techniques recognised by whom? Professional bodies? Universities? ACC? Or Council?

The presumption of osteopathic technique being limited to manipulative technique. Do osteopaths have to do something to a patient? Is health advice alone therefore not osteopathic medicine?

(2) ‘These osteopathic manipulative techniques are taught in the core curriculum of accredited courses in osteopathy.’ …

At present in New Zealand the only extant osteopathy training course is at UNITEC. Is this referring to the UNITEC course, or reference to overseas courses unaccredited by this jurisdiction? So accredited by whom? The Osteopathic Council of New Zealand or another
regulatory body such as the GOsC, or an Australian State board? Core curriculum is an unhelpful term, the core of which courses? How could the core be determined? Those elements that were not elective?

(3) Are these accredited courses under graduate and / or post graduate academic courses or short technical / CPD courses? Or both?

It is also the case that the Osteopathic Council does not contain the expertise to determine the scope of practice without extensive collaboration. As a relatively new profession the opportunity exists to develop creative solutions to develop the scope of practice and put in place mechanisms for its further development and review.

**Boundaries / Exclusions**

Without seeking to be overly restrictive of this review of the scope practice some boundaries are required:

(1) To agree that although cranial / visceral approaches within osteopathy might be controversial both inside / outside the profession, we do not seek to exclude them from the scope of practice.

(2) The osteopathic profession currently does not have prescribing rights in New Zealand. There is a trend to increase the skill set of primary care practitioners in order to reduce the number of health practitioners that a patient needs to see to complete a treatment episode.

This is in part motivated by a shortage of medical doctors’ time. Other allied healthcare professions in New Zealand have prescribing rights or are about to acquire them. Some osteopaths would like prescribing rights.

(3) There may be mechanisms other than defining additional scopes of practice, to allow individual practitioners to develop their skills in particular areas and for that to be evidenced so that patients can find osteopaths with the appropriate skills set.

**Guiding Principles**

Patient safety is paramount. That the scope of practice and its development be guided by the HPCA, other applicable legislation and within the spirit of the Treaty of Waitangi / Trans Tasman considerations where applicable. What other legislation do we need to consider?

What is osteopathy / osteopathic medicine? Osteopathy from its inception has had a philosophical basis. We need to establish some consensus on what these philosophical bases are. It ought to be possible to accommodate different / opposing positions within an agreed philosophical framework, and it may be necessary to accept that not all positions can be accommodated. There are extremely complex issues here as Dr Still had much to say on metaphysics.

The Kirksville first 4 Principles (1953) and now 8 principles (1981) (taken from the Di Giovanna standard text: An Osteopathic Approach to Diagnosis & Treatment), are probably accepted by most osteopaths as fundamental philosophical principles:

1. The body is a unit; the person is a unit of body, mind and spirit.
2. Structure and function are interdependent / reciprocally inter-related.
3. The body possesses self-regulatory mechanisms.
4. The body has the inherent capacity to defend itself and repair itself.

These were then added to in 1981:

5. When normal adaptability is disrupted, or when environmental changes overcome the body’s capacity for self-maintenance, disease may ensue.
6. Movements of body fluids is essential to the maintenance of health.
7. The nerves play a crucial part in controlling the fluids of the body.
8. There are somatic components to disease that are not only manifestations of disease but also are factors that contribute to maintenance of the diseased state.

There are considerations regarding the osteopathic scope of practice in terms of patient centred practice that are not considered in the above. (Proposed tenants of osteopathic medicine and principles for patient care, JAOA, vol 102, Feb 2002).
Inclusiveness – the expertise to develop the skills of the profession lies in many places. That osteopaths are open minded and do not limit the vision for the profession as whole to their own interests. That the osteopathic scope of practice in New Zealand remains broadly compatible with Australia due to Trans Tasman considerations, and the UK from where many / most registrants will probably continue to be sourced in the medium term.

That osteopathy is a primary health care profession and that the scope of practice allows clinicians to offer care within the primary care paradigm.

Whatever else osteopathy might be we must at least remain open to the possibility that it is something more than one’s own form of practice. Thank you for participating in this process.

Stiofán Mac Suibhne
Chairman
Osteopathic Council of New Zealand
September, 2009
Each of these registered health professions can be broken down further, into more specialised fields/more focused fields, and these are what the Act calls “scopes of practice”. Every health practitioner must be registered for a scope of practice.

It is up to each health authority to specify its scopes of practice – there are two components to the designation of a scope: 1) the description of the scope of practice; and 2) the qualifications that are needed in order to register in respect of that scope of practice. In setting the qualifications, the authority must ensure that it prescribes only those qualifications that are necessary to protect members of the public and must take care not to be unduly restrictive or to impose undue costs on members of the profession, s13.

Once the authority has designated and defined a scope, it has to gazette it, s11. The gazetting is preceded by a consultation process, s14.

Currently the Osteopathic Council of New Zealand has only one scope of practise, namely, Osteopath. Once gazetted, there will be a second such scope, osteopaths using Western Medical Acupuncture and Related Needling Techniques.

Compare: Psychologists – four scopes:
1. Psychologist
2. Trainee / Intern Psychologist
3. Clinical Psychologist
4. Educational Psychologist.

In the same way that it is a criminal offence for a person to hold themselves out as being an osteopath if they have not been registered as an osteopath by the Osteopathic Council (s7), it is also an offence for a person to hold themselves out, or perform a health service that forms part of a scope of practice, if he does not in fact have that scope (s7).

A health practitioner can apply for a change in the authorisation of his existing scope of practice, s17/21.

It is also a disciplinary offence to perform a health service that forms a part of a scope of practice in respect of which you are not registered, s100(1)(e), s8.

Once registered in respect of a particular scope of practice a health practitioner must ensure that he practices at the requisite standard of competence for that scope. This is where a code of practice/competence guidelines or framework assist, in setting appropriate boundaries and guidelines.

Concern arising out of using a “defined field of practice” rather than a scope of practice is that it risks injuring the public (which defeats the overarching principle of the Act) and, in turn, the profession. Furthermore, there appears to be no tangible/measurable benefit associated with the informal approach used by the Physiotherapy Board, so why do it?

Lucila van Dam
Solicitor
Minter Ellison Rudd Watts
Appendix 5: Osteopathic Scopes of Practice – Education Perspective

Osteopathic Scopes of Practice

*Education perspective*

How did we get here

- The “3+2” model.
- The curriculum.
- Institutional locus.
- What osteopaths do.

Disclaimer

- This does not represent the outcome of any kind of collective effort, awayday, consensus exercise, Delphi model, whatever...
- It’s Clive’s analysis, opinion, from the perspective of the Acting HoD, Health Sciences at Unitec, and Chair of the Osteopathic International Alliance.
- It’s a “write only document”.

The “3+2” model.

- 3-year programmes
- 4-year programmes
- Undergrad degrees
- Masters degree
- Fees
The curriculum.
- Idealism vs pragmatism
- The dark ages
- The enlightenment
- Stuff vs thinking
- Values and philosophy
- Renaissance?

What osteopaths do
- Not “just what we’ve been taught”
- One of the four elements of Unitec’s institutional strategy is “innovation in teaching & learning” – which involves the development of what have been termed “Living curricula”...

Institutional locus
- Private vs state sector
- Small vs large
- Actual location
- Research – especially student research

Our curricula will
- Demonstrate a commitment to open inquiry
- Adopt a multiplicity of approaches and ways of being
- Be based on ‘practice-focused’ educational experiences that are – contextualised and situated in practice,
  - interdisciplinary,
  - founded on and advancing current practice,
  - theoretically grounded as well as guided, and
  - both creative and critical
- Promote collaborative learning
- Value equitable, socially just and ethical practice
- Have integrated approaches to – academic literacies as a foundation for learning,
  - innovative assessment,
  - e-learning content and support.

Our teaching will
- Be research-informed and inquiry-led
- Acknowledge the reciprocity of teaching and research.
Living curricula involve conversations

Conversations
- with (and among) teachers
- among students – face-to-face and on-line – with class peers and with others
- with practitioners
- with partners – Te Noho Kotahi, employers
- with texts – what is the text saying? what do we have to say about the text?
- with self/critical self-reflection.

Research plays an important role in these conversations because findings add new voices, and the teacher’s engagement in the research process brings energy to classroom curiosity and inquiry.

So...

- Progress has to be a partnership between:

  EDUCATORS

  REGULATORS

  PROFESSION

But...

- Progress never happens as quickly as we anticipate
Contacting the Council

POSTAL ADDRESS: PO Box 10-140, Wellington 6143, New Zealand
STREET ADDRESS: Level 3, Freemason House, 195-201 Willis Street, Wellington 6011, New Zealand
TEL: (64 4) 474 0747 EMAIL: registrar@osteopathiccouncil.org.nz
FAX: (64 4) 474 0709 WEBSITE: www.osteopathiccouncil.org.nz