

Capabilities for osteopathic practice (2019)



Osteopathy Board
Ahpra

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Introduction

Purpose

The *Capabilities for osteopathic practice* (2019) 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 (CPD) 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 *Capabilities for osteopathic practice* is to describe the threshold competence for initial and continuing registration as an osteopath in Australia.

Legislative context

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

Format of the Capabilities for osteopathic practice (2019)

The *Capabilities for osteopathic practice* are informed by the *CanMEDS competency framework* that was developed by the Royal College of Physicians and Surgeons of Canada.¹ The *CanMEDS competency framework* groups competencies into 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 to workplace training. It also highlights the 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 reflect the full range of knowledge, skills and attitudes required for osteopathic practice.

The *Capabilities for osteopathic practice* organise key capabilities into seven integrated roles:

- osteopath
- professional and ethical practitioner
- communicator
- critical reflective practitioner and lifelong learner
- educator and health promoter
- collaborative practitioner, and
- leader and manager.

Although seven separate roles have been identified, the role 'osteopath' is central to osteopathic practice in any context and the roles are highly interconnected. Each of the seven practice capabilities are 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 minimum 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 Capabilities for osteopathic practice

The *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 education institutions
- to assess osteopathy student and new graduate performance
- as part of the annual renewal of registration process
- to assess osteopaths educated overseas seeking 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 level of competence expected of osteopaths.

Capabilities for osteopathic practice and accreditation of osteopathic education in Australia

The Board 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 Board is responsible for the regulation of osteopaths and has assigned the exercise of accreditation functions under the National Law to the Australian Osteopathic Accreditation Council (AOAC). AOAC is responsible for accrediting education providers and programs of study for the osteopathy profession that are assessed against accreditation standards developed by AOAC and approved by the Board.

The *Capabilities for osteopathic practice* are referred to in the approved accreditation standards and establish the threshold competence for initial and continuing registration as an osteopath in Australia. They reflect the core competencies expected of all registered osteopaths including graduates of accredited and approved programs of study in Australia.

Concept of threshold competence and professional capability

Competence has been described as, 'the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served.'¹² It needs consistent application to the standard of performance required in the workplace.³ As the job role evolves, so too will the definition of competence 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).

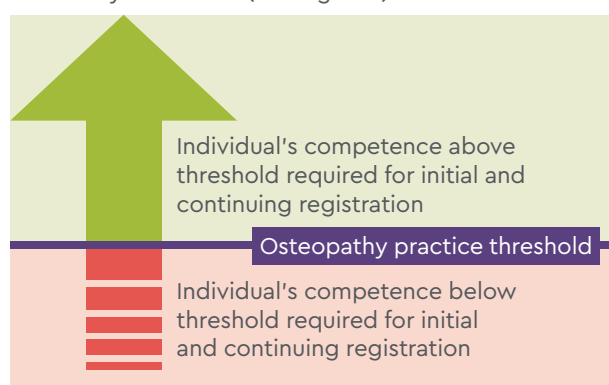


Figure 1: Continuum of threshold competence

Professional capability has been described as, 'what a person can think or do that is relevant to the work of a particular profession.'¹⁴ Capability is normally inferred from evidence of performance on the job. It represents the observable abilities necessary to perform a type or level of work activity. Professional capability specifies the expected behaviours and attributes of clinicians. It

includes those capabilities underpinning behavioural skills that characterise work being performed well. It encompasses personal and professional expertise that could include technical, business or management expertise.

The Victorian Department of Health and Human Services developed an overarching framework comprising three interdependent frameworks of credentialing, competency and capability to drive a consistent state-wide approach to allied health workforce practice.⁵ 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 *Capabilities for osteopathic practice* to ensure that key capabilities were considered in the 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 including shared skills, behaviours and attributes required in the allied health workforce for delivering high-quality, safe and effective care. Capabilities for ensuring the safe provision of healthcare have also been described by the Australian Commission on Safety and Quality in Health Care.⁶ These capabilities include collaborative care, patient/client-centred care, effective communication, comprehensive care and risk management, and are reflected in the *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 need to not only maintain the currency of their skills and knowledge through continuing professional education, but also to be able to change, respond and improve. The *Capabilities for osteopathic practice* are designed to enable individuals to develop sustainable capabilities appropriate for a continuously evolving healthcare environment. These capabilities must ensure that graduates are able to adapt their practices as agile practitioners in an increasingly complex environment.

The *Capabilities for osteopathic practice* are applicable at all stages of an osteopath's professional life. They describe the minimum level of competence 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.

Capabilities for osteopathic practice and assessment of competence

The Board uses the *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 Board receives a complaint or notification about that registrant.

Osteopaths with conditions or undertakings on their registration may be required to work under supervised practice in order to further develop their competence (e.g. 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 affecting safe and/or appropriate practice. Supervised practice requirements may be different for each osteopath. They are tailored to the purpose of supervised practice, the practitioner's circumstances, experience and learning needs.

The use of a capability framework highlights 'context specificity' (the clinical reasoning applied to individual patients to enable the most appropriate choices) and 'situated cognition' (the complex interactions between a practitioner and patient in a unique healthcare encounter) when practitioners deliver complex healthcare.^{7,8} 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 (e.g. an assessor or peer observing performance in the workplace or reviewing a video of performance in the workplace) or indirect assessments (e.g. a portfolio of reports and evidence of training, reports provided by third parties and structured assessment activities such as clinical audits). Generally, self-assessments are supported by other forms of evidence. The evidence should be valid, current, authentic and sufficient.

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.

Terminology

A list of terms used in this document are found in the glossary.

Date of effect

1 December 2019

Development of this document

The *Capabilities for osteopathic practice* was originally developed and published in January 2009, under the auspices of the then Osteopaths Registration Board of NSW. At the start the National Registration and Accreditation Scheme (the National Scheme), the *Capabilities for osteopathic practice* became the property of the Board, as the body responsible for the regulation of osteopaths. The *Capabilities for osteopathic practice* are the core standards of competence by which an osteopath's performance is assessed to obtain and keep registration to practise in Australia.

Since the *Capabilities for osteopathic practice* were published in 2009, the role and scope of practice for osteopathy throughout Australia, the model of education and training and the regulatory framework in which registration of osteopathy occurs, have developed substantially. In response to these changes, the AOAC developed draft revised *Capabilities for osteopathic practice* which the Board took to targeted stakeholders for preliminary consultation in 2016. AOAC conducted two workshops to provide stakeholders with opportunities to discuss and give feedback on the new *Capabilities for osteopathic practice* as they evolved. This overall process focused on aspects of the educational and professional context in which the *Capabilities for osteopathic practice* would be applied.

The *Capabilities for osteopathic practice* are the responsibility of the Board under the National Law. Feedback from AOAC's preliminary consultation resulted in a further revision of the *Capabilities for osteopathic practice* to ensure their fitness for purpose and alignment with the contemporary format of similar documents of other health professions in Australia. Building on this preliminary work, the *Capabilities for osteopathic practice* were further refined in 2018 through a rigorous process including workshops and extensive public consultation (see Appendix 1), resulting in the *Capabilities for osteopathic practice* (2019). This document sets out the capabilities considered essential for safe, competent and effective practice of osteopathy in Australia. It has evolved since 2009 through wide consultation both publicly and in the profession. It has also been informed by similar documents used by regulatory authorities and national organisations in Australia and other countries.

Review of this document

The Board will regularly review the published *Capabilities for osteopathic practice* to maintain their relevance to the expectations of threshold competence required for contemporary osteopathy practice in Australia. It is recommended that a review is commenced five years after implementation.

Osteopathy practice in Australia

Osteopaths in Australia practise in a regulatory framework which ensures only individuals who hold current registration with the Board are permitted to use the professional title 'osteopath'. Osteopaths generally provide clinical services as primary contact practitioners, which does not need a referral from another health professional. However, access to some payment arrangements may need a referral from another health professional.

Osteopaths in Australia are primarily consulted by patients/clients 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 solo and shared practices, medical centres, aged care facilities and in both metropolitan and regional locations. They also work in government agencies such as workers compensation systems; and private insurance companies, and educational and research institutions.

The role of osteopaths in healthcare provision can be expected to evolve over time in response to emerging evidence, advances in technology and in response to changing needs of Australian health consumers. As a result, this document describes capabilities in generic terms and avoids detail which might unduly constrain adaption to such changes.

'Scope of practice' refers to the professional role and services that an individual health practitioner is educated in and competent to perform in the prevailing legislative framework. The practice of osteopathy varies between countries.⁹ Osteopathy Australia published a statement of the scope of practice of osteopathy following extensive consultation with the profession in 2018.¹⁰ This statement is the most widely accepted description of osteopathy as practised in Australia:

Osteopathy is a system of healthcare. It integrates an understanding of clinical diagnosis and assessment with the knowledge of the interrelationship between the neuro-musculoskeletal system and other body systems. Osteopathy is holistic in that health and disease are understood as multi-factorial, and an osteopath considers a patient in their biopsychosocial context. This applies equally for prevention, diagnosis or therapeutic management.

Individual osteopaths may develop their own professional interests which exceed the minimum level of competence needed for practice. However, each osteopath must maintain the minimum level of competence as described by these *Capabilities for osteopathic practice* to ensure safe and effective care.

Key features of osteopathy in Australia

The *Capabilities for osteopathic practice* reflect the current context and priorities for healthcare professions in Australia. Characteristics of contemporary osteopathic practice are outlined in Appendix 2. Future review and revision is required to ensure they remain relevant and consistent with existing and future practice.

Key features of the capabilities include:

Generic and osteopathy-specific skills

The practice of a range of healthcare professions is situated in progressively more integrated and interdisciplinary contexts. Healthcare practitioners operate in a widening range of shared capabilities and within what have been termed 'porous professional boundaries'.¹¹ The National Common Health Capabilities Resource identified provision of care; collaborative practice; health values; professional and ethical practice; and lifelong learning as national common capabilities.¹² A significant number of the roles and key capabilities in the *Capabilities for osteopathic practice* find expression in capabilities documents of other related professions. These common or generic capabilities receive greater or lesser emphasis in each health profession and it is these varying emphases, rather than specific capabilities, that appear to form the individual nature of each profession.¹³ 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 needs careful and continual reflection and refinement. The key capabilities described in the role 'osteopath' highlight some of the distinctive capabilities of osteopaths. These capabilities are informed by knowledge of current scope of practice as developed by the profession. They focus on assessment, diagnosis and treatment that commonly uses a manual approach and management of professional practice. They are influenced by contemporary evidence and the use of osteopathic principles in clinical reasoning that are tailored to individual patient/client needs, values and responses to the chosen interventions.

Patient/client or person-centred care

Osteopathy practice has been described as person-centred.^{14,15} 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 patient/client needs and preferences and the free flow and accessibility of information.¹⁶

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, coordinated and evidence-based care to diverse patient/client populations. It encompasses clinical and non-clinical health-related care, including management and support services. Osteopaths in Australia have been found to have extensive interaction with other professions through referral networks and in ongoing professional activities and education.^{17,18,19,20}

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.²¹ Osteopaths contribute to advancing the health and wellbeing of individuals, communities and populations; with a focus on neuro-musculoskeletal function and mobility, exercise and nutrition, psychosocial stress management and advice about everyday posture and workplace ergonomics with the aim of empowering individual control of health and wellbeing.

Evidence-based practice

Evidence-based practice is the integration of clinical expertise, patient/client values and the best research evidence into the decision-making process for patient/client care. Clinical expertise refers to the clinician's cumulated experience, education and clinical skills. Patients/clients bring their own personal preferences and unique concerns, expectations and values to the therapeutic encounter. The best research evidence is usually found in clinically relevant research that has been conducted using sound methodologies.²²

Cultural competence

Cultural competence has been included in the professional capabilities because osteopaths in Australia must be able to work effectively with people from various cultures that may differ from their own. Culture may include, but is not limited to, age, gender, sexual orientation, race, socio-economic status (including occupation), religion, physical, mental or other impairments, ethnicity and organisational culture. A holistic, patient/client-centred approach to practice requires cultural competence.

Cultural competence is defined as a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations. The word 'culture' is used because it implies the integrated pattern of human behaviour that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. The word 'competence' is used because it implies having the capacity to function effectively. A culturally competent system of care acknowledges

and incorporates – at all levels – the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge and the adaptation of services to meet culturally-unique needs.²³

Cultural safety

The Board is supportive of the National Scheme's Aboriginal and Torres Strait Islander Health Strategy Group (the health strategy group) which published a Statement of intent in July 2018 and the *National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025* in February 2020. The statement and strategy vision highlights the health strategy group's and National Scheme's intent to achieve equity in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians to close the gap by 2031. Its vision is that patient safety for Aboriginal and Torres Strait Islander Peoples is the norm.

Osteopaths in Australia require a working knowledge of factors that contribute to and influence the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. These factors include history, spirituality and relationship to land and other determinants of health in Aboriginal and Torres Strait Islander communities.

The definition of cultural safety has been developed in partnership with the Aboriginal and Torres Strait Islander Health Strategy Group, the National Health Leadership Forum and a public consultation process.

Definition

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

To ensure culturally safe and respectful practice, osteopaths must:

- a. Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;
- b. Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;
- c. Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;
- d. Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

Consumer empowerment

With increasing access to information about health, wellness and the range of interventions available, consumers are increasingly health literate. It is likely that they will take more control of their health and increasingly make their own informed choices. This results in greater empowerment of consumers and healthcare providers, such as osteopaths, need to ensure they 'work with' and 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 worker and accident compensation authorities, insurance companies and educational institutions. The Board's definition of practice in the [Recency of practice registration standard](#) 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.

Osteopaths registered in Australia are required to work in the legislative and regulatory framework that is outlined in the Board's [Codes and Guidelines](#).

Capabilities for osteopathic practice

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

- osteopath
- professional and ethical practitioner
- communicator
- critical reflective practitioner and lifelong learner
- educator and health promoter
- collaborative practitioner, and
- leader and manager.

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

Osteopaths registered in Australia can:

Role	Key capabilities
1. Osteopath	<p>1.1 Practise osteopathy within the accepted scope of practice with diverse population groups across the lifespan.</p> <p>1.2 Apply a patient/client-centred approach to practice.</p> <p>1.3 Plan and implement efficient, effective, culturally safe and patient/client-centred assessments.</p> <p>1.4 Develop management plans based on sound clinical reasoning, scientific evidence and patient/client preferences to inform decision-making.</p> <p>1.5 Implement and review management plans using sound clinical reasoning to facilitate optimal patient/client participation in work and activities of daily living.</p> <p>1.6 Apply knowledge of safe and quality use of medicines to practice.</p>
2. Professional and ethical practitioner	<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 Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of healthcare quality and patient/client safety.</p> <p>2.4 Recognise the need for, and implement, appropriate strategies to manage practitioner self-care.</p> <p>2.5 Advocate for patients/clients.</p>
3. Communicator	<p>3.1 Consider and demonstrate socio-cultural awareness in communication and management.</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 appropriately share written and electronic information about patient/clients' care to optimise clinical decision-making, patient/client safety, confidentiality and privacy.</p>
4. Critical reflective practitioner and lifelong learner	<p>4.1 Evaluate their own practice against relevant professional benchmarks and act to continually improve practice.</p> <p>4.2 Engage in the continuous enhancement of professional activities through ongoing learning.</p> <p>4.3 Integrate the best available evidence into practice.</p> <p>4.4 Contribute to the refinement and dissemination of knowledge and practices applicable to health.</p>
5. Educator and health promoter	<p>5.1 Use education for self-empowerment and to empower 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 safe 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 in relevant professional, ethical and legal frameworks.</p> <p>7.2 Organise and prioritise workload and resources to autonomously provide safe, effective and efficient osteopathic care and where relevant, as a team leader.</p>

Role 1: Osteopath

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 can:

Key capabilities	Enabling components
1.1 Practise osteopathy within the accepted scope of practice with diverse population groups across the lifespan	<p>1.1A Draw on a bio-psychosocial approach to diagnosis including interpretation of manual findings when carrying out an assessment of patients'/clients' health condition.</p> <p>1.1B Apply knowledge of clinical and biomedical sciences relevant to human health and function, psychosocial and physical environmental determinants of health, activity limitations and participation restrictions when planning and implementing patient/client care.</p> <p>1.1C Explain and negotiate a management plan with patients/clients using sound clinical reasoning.</p> <p>1.1D Implement, monitor and review evidence-based interventions including manual therapy, rehabilitation, pain education and health promotion, that are within their scope of practice and align with principles of holistic care.</p> <p>1.1E Assist patients/clients and relevant others to understand the rationale for proposed management, costs and risks associated with it, and that they have the right to refuse the proposed approach to care.</p> <p>1.1F Recognise and respond to the complexity, uncertainty and ambiguity inherent in healthcare.</p>
1.2 Apply a patient/client-centred approach to practice	<p>1.2A Facilitate patients'/clients' ability to discuss their needs and preferences about treatment.</p> <p>1.2B Take patients'/clients' experiences of healthcare into account and respond appropriately to those experiences.</p> <p>1.2C Enable and empower patients/clients to enhance their participation in work and other life roles.</p> <p>1.2D Ensure that patients/clients are not discriminated against based on their age, culture, disability, gender, sexuality, social status, economic status, language or ethnicity, consistent with legislative requirements.</p>
1.3 Plan and implement efficient, effective, culturally safe and patient/client-centred assessments	<p>1.3A Explain and negotiate planned assessments including risks and options with patients/clients and relevant others.</p> <p>1.3B Elicit and record a comprehensive osteopathic assessment, including a case history and physical examination, and refer for and review appropriate diagnostic imaging and tests.</p> <p>1.3C Gather, explain and share information with patients/clients and relevant others in the process of assessment.</p>
1.4 Develop management plans based on sound clinical reasoning, scientific evidence and patient/client preferences to inform decision-making	<p>1.4A Synthesise information gathered from patients/clients and other sources, where appropriate, into rational, differential and working diagnoses tailored to patients'/clients' general health status.</p> <p>1.4B Devise goals on which to plan management, in consultation with patients/clients and relevant others, which address the presenting complaint and reflect patients'/clients' general health status, preferences, needs and wants.</p> <p>1.4C Incorporate the key bio-psychosocial and environmental factors that contribute to patients'/clients' wellbeing (impairment, disability and participation) when planning implementing and reviewing patient/client care.</p> <p>1.4D Negotiate a safe and appropriate management plan with the patients/clients and relevant others, including discussion of options for management.</p>

Key capabilities	Enabling components
1.5 Implement and review management plans using sound clinical reasoning to facilitate optimal patient/client participation in work and activities of daily living	<p>1.5A Implement, monitor and review patient/client-centred osteopathic management plans that include relevant therapeutics such as manual therapies, rehabilitation, pain education, exercise and cognitive interventions and using the best available evidence and technologies to inform practice.</p> <p>1.5B Establish a prognosis in conjunction with patients/clients and relevant others that incorporates appropriate outcome measures and anticipated milestones of patients'/clients' progress.</p>
1.6 Apply knowledge of safe and quality use of medicines to practice	<p>1.6A Apply the principles of safe and quality use of medicines to practice.</p> <p>1.6B Demonstrate an understanding of the medicines commonly used by osteopathy patients and the need for coordination of care.</p> <p>1.6C Explain the role of medicines commonly used by osteopathy patients to patients, families and other professionals.</p>

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 can:

Key capabilities	Enabling components
2.1 Comply with legal, professional, ethical and other relevant standards, codes and guidelines	<p>2.1A Recognise patients' /clients' healthcare rights, including their right to shared decision-making, confidentiality and informed consent, and prioritise patients' /clients' needs, rights and interests, including their safety, privacy and dignity.</p> <p>2.1B Obtain valid and continued consent, including financial consent, having identified and discussed potential risks and benefits and other care options with patients/clients in a manner consistent with the current policy of the relevant regulatory authority.</p> <p>2.1C Understand and comply with relevant legislative and regulatory frameworks, including the Board's Code of Conduct and guidelines relevant to the workplace.</p> <p>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 outlined in the Board's Code of Conduct.</p> <p>2.1E Manage risk effectively and responsibly in such a way that minimises impact on all concerned.</p> <p>2.1F Optimise the physical environment for patient/client comfort, dignity, privacy, engagement and safety.</p>
2.2 Make and act on informed and appropriate decisions about acceptable professional and ethical behaviours	<p>2.2A Act on responsibilities relating to guidelines, ethical standards and other relevant policies issued by appropriate bodies and authorities, including the Board's guidelines for sexual and professional boundaries and the Code of Conduct.</p> <p>2.2B Consider implications of healthcare costs, and the principles of efficient and equitable allocation of resources and modify management accordingly.</p> <p>2.2C Practise in accordance with the capabilities and limitations of a primary healthcare provider, screening for pathological conditions and referring patients/clients for appropriate care as required.</p> <p>2.2D Act within bounds of personal competence, recognising personal and professional strengths and limitations and seeking assistance where appropriate.</p> <p>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.</p> <p>2.2F Maintain honest and open communication with patients/clients and respond appropriately should an adverse event occur.</p> <p>2.2G Recognise when further information/referral is required and facilitate this to occur.</p> <p>2.2H Recognise and effectively manage conflicts of interest, including unnecessary prescription of products and over-servicing.</p>
2.3 Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of healthcare quality and patient safety.	<p>2.3A Recognise and respond to harm from healthcare delivery, including patient/client safety incidents.</p> <p>2.3B Adopt strategies to promote patient/client safety, including human and system factors.</p> <p>2.3C Assess risk in designing and monitoring patient/client care.</p>
2.4 Recognise the need for, and implement, appropriate strategies to manage practitioner self-care	<p>2.4A 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.</p> <p>2.4B. Maintain up-to-date knowledge of changes in regulatory and other ethico-legal requirements about practitioner health and capacity to practice.</p>
2.5 Advocate for patients/clients	<p>2.5A Advocate for patients/clients and their rights to healthcare and other services.</p> <p>2.5B 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.</p>

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 can:

Key capabilities	Enabling components
3.1 Consider and demonstrate socio-cultural awareness in communication and management	<p>3.1A Use effective, culturally safe communication to establish a therapeutic relationship that encourages patient/client trust and autonomy and is characterised by empathy, respect and compassion.</p> <p>3.1B Make appropriate adjustments to communication to suit the particular needs of patients/clients, including those from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander peoples.</p> <p>3.1C Seek at all times to identify and understand patients'/clients' goals and concerns and incorporate them into the management plan.</p>
3.2 Communicate effectively on all aspects and through all stages of the care process with patients/clients and relevant others	<p>3.2A Actively encourage patients/clients to provide honest and timely feedback.</p> <p>3.2B Respond to patients'/clients' non-verbal behaviours to enhance communication.</p> <p>3.2C Use communication skills and strategies that help patients/clients and their families make informed decisions about their health.</p> <p>3.2D Assist patients/clients and their families to identify, access and make use of information and communication technologies to support their care and maintain their health.</p> <p>3.2E 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.</p>
3.3 Document and appropriately share written and electronic information about patient/client care to optimise clinical decision-making, patient/client safety, confidentiality and privacy	<p>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 in accordance with the Board's Code of Conduct and guidelines.</p> <p>3.3B Utilise available technology to facilitate communication with patients/clients and others and for storage of clinical records.</p> <p>3.3C Share information with patients/clients and others in a manner that respects patient/client privacy and confidentiality and enhances understanding.</p>

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 can:

Key capabilities	Enabling components
4.1 Evaluate their own practice against relevant professional benchmarks and act to continually improve practice	<p>4.1A Critique their own practice and identify strategies for improvement.</p> <p>4.1B Recognise when they are impaired and unable to critique their own practice and respond appropriately.</p> <p>4.1C Maintain the knowledge and skills needed to support practising as an osteopath in accordance with the requirements of the current regulatory environment, including the Board's <i>CPD registration standard</i> and Guidelines for CPD.</p> <p>4.1D Identify, assess, appropriately manage and report on risks, treatment side-effects, adverse events and other complications of care.</p>
4.2 Engage in the continuous enhancement of professional activities through ongoing learning	<p>4.2A Recognise when their expertise, competence or culture may create unnecessary or excessive risk or compromise the quality of care provided.</p> <p>4.2B Develop, implement, monitor and revise a personal learning plan to enhance their professional practice.</p> <p>4.2C Identify opportunities to learn and improve by regularly reflecting on and critiquing their own performance.</p> <p>4.2D Engage in collaborative learning to continually improve personal practice and contribute to collective improvements in practice.</p>
4.3 Integrate the best available evidence into practice	<p>4.3A Find, appraise, interpret and integrate the best available evidence to inform clinical reasoning and decision-making in clinical practice.</p> <p>4.3B Critically appraise, interpret and apply learning from CPD, clinical data and patient/client responses.</p>
4.4 Contribute to the refinement and dissemination of knowledge and practices applicable to health	<p>4.4A Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in healthcare.</p> <p>4.4B Summarise and communicate to professional and lay audiences, including patients/clients and their families and carers, the findings of relevant research and scholarly enquiry.</p>

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 can:

Key capabilities	Enabling components
5.1 Use education for self-empowerment and to empower others in the practice context	5.1A Educate, motivate and empower patients/clients and relevant others to implement effective and safe therapy to achieve patient/client-centred goals. 5.1B Participate in continuing professional learning for self and others, including community groups, colleagues and students where appropriate. 5.1C Provide feedback to relevant others 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. 5.2B Demonstrate a commitment to principles and approaches which address the wider health determinants of patients/clients in the community. 5.2C Evaluate the effectiveness of the education provided to patients/clients and modify the content and delivery methods where appropriate to facilitate patient/client compliance.

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 in legal, ethical and professional frameworks.

Osteopaths registered in Australia can:

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

Role 7: Leader and manager

Definition

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

Osteopaths registered in Australia can:

Key capabilities	Enabling components
7.1 Lead others effectively and efficiently within relevant professional, ethical and legal frameworks	<p>7.1A Monitor and, where necessary, implement measures to ensure ethical, professional and legal conduct of colleagues and/or students in providing care and services.</p> <p>7.1B Positively influence workplace culture and practice through strategic thinking, advocacy, critical reflection, innovative problem solving and initiative.</p> <p>7.1C Recognise their own leadership style and apply leadership skills as relevant to the practice context.</p> <p>7.1D Encourage, guide and motivate others to operate effectively and efficiently in the practice context.</p> <p>7.1E Facilitate change informed by the best available research evidence and a patients'/clients' needs when new ways of working are adopted in the practice context.</p>
7.2 Organise and prioritise the workload and resources to autonomously provide safe, effective and efficient osteopathic care and where relevant, as a team leader	<p>7.2A Make consistent provision for continuing professional learning for self and other healthcare professionals under their management or employment.</p> <p>7.2B Use appropriate strategies to manage and/or supervise workload safely, effectively and efficiently.</p> <p>7.2C Adapt and, where relevant, innovate to achieve realistic goals within available resources in clinical practice and/or professional activities.</p>

Glossary

Across the lifespan

Osteopaths are expected to assess and treat people of all ages including children, babies, adolescents and the elderly.

Capabilities

Capabilities describe the personal and professional expertise and underpinning behavioural skills that characterise work being performed well. Capability is normally inferred from evidence of performance on the job. It represents the demonstrable abilities necessary to perform a type or level of work activity. Professional capability specifies the expected behaviours and attributes of clinicians. Capabilities reflect the expanding sphere of influence and control expected of individuals of a higher grading.⁹

Competence

Competence is the consistent and judicious application of knowledge, skills, clinical reasoning, attitudes and reflection to the standard of performance required in the workplace. It embodies the ability to transfer and apply knowledge, skills and behaviours to new situations and environments.

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, how it relates to presenting problems and other information they would consider as relevant to their decision such as inherent risks of the treatment and alternative treatment options. Consent is only valid if the patient/client 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 Board's [Code of conduct](#) and [guidelines](#)).

Consultation

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. It is also referred to as the 'therapeutic encounter'.

Disability

Disability is an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with the health condition) and that individual's contextual factors (environmental and personal factors).²⁴

Diverse population groups

Diverse population groups in this document is used to refer to people of all education levels; ethnic, cultural and socio-economic backgrounds; geographic regions; and living with impairment, activity limitations and participation restrictions.

Expertise

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

General health

General health in this document includes the use of the bio-psychosocial model of healthcare.

Intervention

Intervention refers to the therapeutic content applied for the patient's/client's condition and general healthcare which is usually multimodal, including manual therapy, exercise and lifestyle prescriptions that promote health. Lifestyle prescriptions include recommendations for healthy day-to-day behaviours and functions at work and leisure and include diet.

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 improving the quality of healthcare provided to patients/clients.

Management plan

Management plan refers to the complete therapy plan for the patient/client including additional assessment outside the consultation, referral and health promotion strategies.

Osteopath

Osteopath is defined as a practitioner registered with the Osteopathy Board of Australia to use the title 'osteopath' under the National Law.

Osteopathic

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. This term is dynamic and responds to professional osteopathic practices and identity as it evolves over time.

Osteopathic manual therapy

According to the Osteopathic International Alliance, 'Osteopathic practitioners use a wide variety of therapeutic manual techniques in the diagnosis and management of disease and the maintenance of health. These are based upon a highly developed sense of touch (palpation), physical manipulation, soft tissue treatment and stretching. Such techniques are used to: assess, evaluate and diagnose; increase the mobility of joints; relieve muscle tension; enhance blood and optimise nerve supply to tissues; and to help the body's own self-regulating and self-healing mechanisms. The different elements of osteopathic manipulative treatment (OMT) include short precise impulses, rhythmic mobilising and stretching techniques, joint positioning techniques and very gentle specifically applied pressures. The treatments are designed to strengthen unstable joints and address areas of tissue strain, stress or dysfunction that may impede normal nerve function, circulation and biochemical mechanisms.'⁹

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

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 under the terms of the prevailing legislation.

Threshold competence

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

References

- 1 Frank JR, Snell L, Sherbino J, editors. *CanMEDS 2015 Physician Competency Framework*. Ottawa, ON: Royal College of Physicians and Surgeons of Canada; 2015.
- 2 Epstein R, Hundert E. *Defining and assessing professional competence*. JAMA. 2002;287:(2)226–35.
- 3 Australian Skills Quality Authority. *Users' Guide to the Standards for RTOs 2015*, Canberra: Australian Government 2017.
- 4 Eraut M. *Concepts of competence*. Journal of Interprofessional Care. 2010;12(2):127–39.
- 5 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. Available from: www2.health.vic.gov.au/health-workforce/allied-health-workforce/allied-health-ccc-framework.
- 6 Australian Commission on Safety and Quality in Health Care. *National Safety and Quality Health Service Standards*. Sydney; 2017.
- 7 Durning S, Artino AR Jr, Pangaro L, van der Vleuten CP, Schuwirth L. *Context and clinical reasoning: understanding the perspective of the expert's voice*. Medical Education. 2011;45:927–238.
- 8 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): 2728–35.
- 9 Osteopathic International Alliance. *Osteopathy and Osteopathic Medicine – a Global View of Practice, Patients, Education and the Contribution to Healthcare Delivery*. Chicago IL; 2013.
- 10 Osteopathy Australia. *Statement of Scope of Practice in Osteopathy*. Sydney: Osteopathy Australia; January 2018. Available from: <https://www.osteopathy.org.au/Advocacy/policy-statements>
- 11 Jones R. *The future NHS: time for another change?* British Journal of General Practice. 2014;64(628):550–1.
- 12 Australian Government Department of Health. *Boosting Productivity Canberra: Australian Government Department of Health*; 2015. Available from: www.health.gov.au/internet/publications/publishing.nsf/Content/hwa-annual-report~4-boosting-prod.
- 13 Grace S, Innes E, Joffe B, et al. *Identifying common values among seven health professions: An interprofessional analysis*. Journal of Interprofessional Care [Internet]. 2017.
- 14 Orrock P. *The patient experience of osteopathic healthcare*. Manual Therapy. 2016;22:131–7.
- 15 Rogers FJ, D'Alonzo GE Jr, Glover JC, Korr IM, Osborn GG, Patterson MM, et al. *Proposed tenets of osteopathic medicine and principles for patient care*. Journal of the American Osteopathic Association. 2002; 102:63–5.
- 16 Schaller S. *Patient-centred care: What Does It Take?*. Stillwater, MN: Picker Institute and The Commonwealth Fund; 2007.
- 17 Orrock P. *Profile of members of the Australian Osteopathic Association: Part 1 – The practitioners*. Int J Osteopath Med. 2009;12(1):14–24.
- 18 Orrock P. *Profile of members of the Osteopathic Association: Part 2 – the patients*. International Journal of Osteopathic Medicine. 2009;12:128–39.
- 19 Burke S, Myers R, Zhang A. *A profile of osteopathic practice in Australia 2000–2011: a cross-sectional survey*. BMC Musculoskeletal Disorders. 2013;1(14):227.
- 20 Adams J, Sibbritt D, Steel A, Peng W. *A workforce survey of Australian osteopathy: analysis of a nationally-representative sample of osteopaths from the Osteopathy Research and Innovation Network (ORION) project*. BMC Health Services Research. 2018;18:352.
- 21 World Health Organization. *Health promotion: World Health Organization*; 2018. Available from: www.who.int/topics/health_promotion/en.
- 22 Sackett DL, Straus SE, Richardson WS, Rosenberg W, Haynes BR. *Evidence-based Medicine. How to Practice and Teach EBM*. Edinburgh: Churchill Livingstone; 2000.
- 23 Cross T, Bazron B, Dennis K, Issacs M. *Towards a Culturally Competent System of Care*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center. 1989:1.
- 24 World Health Organisation. *How to use the ICF: A practical manual for using the International Classification of Functioning, Disability and Health (ICF)*. Exposure draft for comment. October 2013. Geneva: WHO.

Appendix 1: Development of the Capabilities for osteopathic practice (2019)

2019

Date of effect 1 December 2019.

2018

The revised *Capabilities for osteopathic practice* was developed, considering feedback from a preliminary consultation, and later a public consultation.

The 2016 preliminary consultation included recommendations for alignment with frameworks used by other health professions, particularly those used by other manual therapies professions. A few workshops with curriculum experts from osteopathy and from chiropractic, physiotherapy, occupational therapy and medical education determined that the *CanMEDS competency framework* that had been developed by the Royal College of Physicians and Surgeons of Canada provided a framework from which the *Capabilities for osteopathic practice* could be developed.

The *Capabilities for osteopathic practice* were mapped to the proposed new framework to ensure continuity with previous consultations and developments.

2016

The Board carried out a preliminary consultation on the draft revised *Capabilities for osteopathic practice* in 2016, following a review completed by the Australian Osteopathic Accreditation Council (AOAC).

Feedback from preliminary consultation indicated that the draft revised *Capabilities for osteopathic practice* required further development to ensure they were relevant as minimum threshold requirements for practice in the profession.

2009

Capabilities for osteopathic practice were published in January 2009, under the auspices of the then Osteopaths Registration Board of NSW.

At the start of the National Scheme in 2010, the Osteopathy Board of Australia, which is responsible for regulating osteopaths in Australia, adopted the *Capabilities for osteopathic practice*.

Appendix 2: Characteristics of osteopathic practice in Australia

Osteopaths in Australia are predominantly consulted by private fee-paying patients/clients who have somatic pain, mainly of neuro-musculoskeletal origin. Patients/clients of all ages use their services.

Osteopaths practise in diverse settings in the private sector, including sole and shared practices, medical centres, aged care facilities and in both metropolitan and rural locations. They also work in government agencies such as WorkCover and in insurance companies and educational 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.

Osteopaths manage a number of disorders, mainly painful conditions of the neuro-musculoskeletal system. They use a bio-psychosocial approach to diagnosis that involves taking a case history, conducting a physical examination and reviewing diagnostic imaging and tests.⁹ Osteopaths provide multi-modal treatment options (e.g. manual therapy, exercise prescription, health promotion advice).^{14,18} A nationally representative sample of registered osteopaths in December 2016²⁰ (response rate: 49.1%) found that the average age of osteopaths was 38 years; 58.1% were female. The majority had a Bachelor or higher degree qualification related to osteopathy. About 80% of osteopaths were practising in urban areas. Most osteopaths worked in multi-practitioner clinics and their referral networks involved a range of healthcare practitioners.