Foreword

The aim of this paper is to place scope of practice development within the context of the regulatory framework, update registrants on Council’s thinking and help stimulate debate.

There can be no perfect formulation for a scope of practice, there simply is no ultimate / pure osteopathic scope of practice waiting to be captured and fixed in word form. Scope of practice statements will always be somewhat imperfect, or a work-in-progress or simply not an exact fit with one’s own views.

How we each conceptualise scope of practice is perhaps best viewed as an exercise in social constructivism. In practice we apply and develop our knowledge and skills, pursue our interests and within the context of the regulatory framework a scope of practice emerges for each osteopath.

If we recognise the subjective nature of practice and the conflict with the regulatory framework requiring an objective scope of practice to be defined for the profession as whole, it may lead to a more reasoned debate. It is a defect in logic to presume that there cannot be many forms of osteopathy, or worse, to seek to de-legitimise forms of practice through the imposition of a restricted scope of practice statement.

HPCA Act (2003) and Scope of Practice

The purpose of regulation is to ensure systems are put in place and operated in order to ensure public safety. We believe that this is best achieved in a spirit of collaboration within the profession and by encouraging excellence in practice.

It is necessary to consider the purpose and the detailed provisions of the Health Practitioners Competence Assurance Act (2003) (the Act) in order place the debate on scope of practice within the regulatory context. Whilst the Act requires that the Osteopathic Council consult with those affected by its decisions, the power to determine scopes of practice for the New Zealand Osteopathic profession lies with the Council.

Scope of practice is not conceptually disembodied from practice; this concept is central to the New Zealand regulatory framework.

Section 3 summarises the purpose of the Act. The intended central role of scope of practice in the regulatory system is stated. The means of ensuring the health and safety of the public is by determining a scope of practice for each practitioner within which he or she is competent to practise.

3 Purpose of Act

(1) The principal purpose of this Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions.

(2) This Act seeks to attain its principal purpose by providing, among other things, ---
(a) for a consistent accountability regime for all health professions; and
(b) for the determination for each health practitioner of the scope of practice within which he or she is competent to practise; and
(c) for systems to ensure that no health practitioner practises in that capacity outside his or her scope of practice; and…

Section 11 of the Act places a duty on the regulator to specify one or more scopes of practice. The purpose of specifying scopes of practice is to describe what the profession may legitimately concern itself with, effectively setting boundaries for the profession. These boundaries by necessity will be somewhat indistinct and porous, as over time knowledge and practice develop and expand.

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.

Section 12 requires that qualifications must be prescribed by the Osteopathic Council of New Zealand (OCNZ) to support scopes and give them authority to accredit educational programmes and set assessment processes for overseas trained osteopaths. Qualifications may be learning pathways other than academic university-based programmes.

12 Qualifications must be prescribed

(1) Each authority must, by notice published in the Gazette, prescribe the qualification or qualifications for every scope of practice that the authority describes under section 11.

(2) In prescribing qualifications under subsection (1), an authority may designate 1 or more of the following as qualifications for any scope of practice that the authority describes under section 11:
(a) a degree or diploma of a stated kind from an educational institution accredited by the authority, whether in New Zealand or abroad, or an educational institution of a stated class, whether in New Zealand or abroad:
(b) the successful completion of a degree, course of studies, or programme accredited by the authority:
(c) a pass in a specified examination or any other assessment set by the authority or by another organisation approved by the authority:
(d) registration with an overseas organisation that performs functions that correspond wholly or partly to those performed by the authority:
(e) experience in the provision of health services of a particular kind, including, without limitation, the provision of such services at a nominated institution or class of institution, or under the supervision or oversight of a nominated health practitioner or class of health practitioner.
The ‘Gazette’ is the New Zealand Gazette. It is now published online and it is the means of publicising notices that give effect to delegated legislation.

This means that although the framework of regulation was debated and passed by Parliament in the form of an Act of Parliament, the details are determined by the Osteopathic Council and they must formally publish these as notices. All Gazette notices relating to the Osteopathic Council are given on its website in the publications section.

The New Zealand Gazette is online and has a key word search facility. A wide range of issues are gazetted, from the annual cost of a fishing license, scheduling land for conservation and appointing members to statutory bodies.

http://online.gazette.govt.nz/

Sections 13 and 14 give the principles that must guide the description of scopes of practice and prescribing qualifications, including a duty to consult with affected parties.

Section 118 outlines the powers of the regulatory authority and S118 (i) provides the Osteopathic Council with the power to develop a competency framework.

(i) to set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession:

This is a useful hypertext linked version of the Act. It helps to be familiar with the legislation because it gives a better understanding of the regulatory framework. http://legislation.knowledge-basket.co.nz/gpacts/public/text/2003/an/048.html

In Summary: there are some key interrelated elements of regulation that flow from the scope namely:

(1) OCNZ, must specify scopes of practice,

(2) OCNZ must prescribe and accredit qualifications / learning pathways that support scopes of practice

(3) OCNZ must determine competency or capabilities frameworks to support the scope of practice.

Scopes of Practice and Capabilities frameworks

There are two scopes of practice for osteopaths:

(1) The Osteopathic Scope of Practice gazetted in September 2004 is supported by the Competency Standards (known as the ‘core comps’).

(2) The Scope of Practice - Osteopath Using Western Medical Acupuncture and Related Needling Techniques gazetted in September 2009 which has the Western Medical Acupuncture (WMA) Code of Practice.

They are used as the reference for deciding what may be considered continuing professional development (CPD) and as standards expected in practice.

In effect there is a hierarchical organisation:

<table>
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<th>Scope</th>
<th>Capabilities</th>
<th>Curriculum Content</th>
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<tr>
<td>Overarching</td>
<td>Analysis of major components of practice</td>
<td>Knowledge, Skills &amp; Attitudes</td>
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<tr>
<td>Philosophical ‘USP’ Statement</td>
<td>Periodically requires updating</td>
<td>May require frequent updating via CPD</td>
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<tr>
<td>Infrequently requires revision</td>
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A scope statement is a relatively brief but expansive / philosophical statement outlining the nature or field of practice. Capabilities give form to the major domains or components of practice and need to be more involved and concerned with process. The active expression of scope is supported by more detailed
curriculum content (knowledge, skills and attitudes). As we pass down this hierarchy the statements become more detailed.

The debate on scope of practice needs to be considered alongside a requirement for individual practitioners to have their own personal professional scope of practice. Your personal professional scope may be different to the scope of practice of the wider profession which incorporates novice to expert realms of practice across a range of patients and presentations.

Regardless of what a scope of practice may contain, the holder of that scope must also ensure that they are able to practice at an acceptable level of competency. In a regulated health profession obligations are imposed on the practitioner and it is important to practise within your own scope. The boundaries are important and it is an offence to practise outside that scope.

The purpose of continuing professional development and revalidation schemes is to ensure that skills and knowledge are updated. This helps to ensure that practitioners remain competent. Bodies of knowledge evolve and whilst practitioners may well gain experience over time, knowledge and skills decay. Patient expectations and cultural norms also change with time and it is important that registrants remain current in their thinking.

In areas where there is a fast pace of technological change scopes of practice statements and capabilities require more frequent revision. It is not likely that a general osteopathic scope of practice statement would require frequent revision.

Capabilities frameworks are an important dimension to scope of practice. The Australian & New Zealand Osteopathic Council (ANZOC) has accepted the University of Technology of Sydney (UTS) Osteopathic Capabilities funded by NSW ORB as the standards for accrediting university courses and the overseas assessment process. One of the OCNZ’s aims in reviewing the scope of practice is to align university accreditation standards, the overseas assessment process and the CPD regime to a coherent conceptual framework.

We are seeking to align all three processes to the UTS Osteopathic Capabilities. OCNZ, subject to consultation, is proposing to adopt these standards, replacing the current core competency framework. These can be downloaded from the OCNZ website.

Considerations in formulating a Scope of Practice Statement

Osteopaths in New Zealand belong to a primary healthcare profession and osteopathic medicine is an evolving body of knowledge. Scopes of practice that are centred on the practitioner and the techniques that they might use are reminiscent of a medieval guild, rather than a modern patient-centred primary healthcare profession.

Scopes of practice in one sense give a message about what a profession is concerned with, what it seeks to achieve and how that profession may be of use. In this particular interpretation the scope may be analogous to...
Current NZ Osteopathic Scopes of Practice

Council has determined two scopes of practice for osteopaths (1) The Scope of Practice: Osteopath and (2) The Scope of Practice - Osteopath Using Western Medical Acupuncture and Related Needling Techniques.

Section 8 of the HPCA Act requires that health practitioners must not practise outside their scope of practice.

Philosophy and Principles of Osteopathic Treatment

The Council endorses the following philosophy and principles of osteopathic treatment:

- The body is a unit.
- Structure and function are reciprocally interrelated.
- The body possesses self-regulatory mechanisms.
- The body has the inherent capacity to defend itself and repair itself.
- When normal adaptability is disrupted, or when environmental changes overcome the body’s capacity for self-maintenance, disease may ensue.
- Movement of body fluids is essential to the maintenance of health.
- The nerves play a crucial part in controlling the fluids of the body.
- 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.

Implicit in these philosophies is the belief that osteopathic intervention has a positive influence on the above.

Osteopathic Scope of Practice

Registered osteopaths are primary healthcare practitioners who facilitate healing through 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.

Scope of Practice - Osteopath Using Western Medical Acupuncture and Related Needling Techniques

Registered osteopaths with the Scope of Practice for Osteopaths using Western Medical Acupuncture and Related Needling Techniques are primary healthcare practitioners who hold the Scope of Practice - Osteopath, and who are qualified to perform Western medical acupuncture and related needling techniques. Western medical acupuncture is a therapeutic modality involving the insertion of fine needles which evolved from Chinese acupuncture.
the ‘unique selling proposition’ common in marketing parlance.

In another sense, scope of practice is a means of setting boundaries. It is effectively a form of prohibition. If osteopathy is what an osteopath does, there would be a problem for patients; the practice of osteopathy would become formless and highly subjective. This would be a challenge for regulators. It would not be feasible to determine standards and processes if each individual practitioner created his or her own free form of practice.

There are various discourses on how the scope of practice ought to be formulated. One pole of the debate conceptualises osteopathy as a set of techniques, the other as a field of knowledge. We feel that the scope cannot be predicated solely on techniques.

The field of manual medicine is somewhat crowded. There are no techniques that are the sole preserve of osteopathy or osteopaths. Whilst high velocity / low amplitude thrusts to the cervical spine are scheduled as a restricted activity under the Act they are not restricted to the osteopathic profession alone.

If a scope is defined solely in terms of the field of knowledge it may give little or no information to the public on what treatment approaches might be expected when visiting an osteopath. It is important to bear in mind that the profession is regulated in order to protect the health and safety of the public.

There is a tension with a single scope, where defined on the basis of technique there is a sense that all osteopaths are able to competently practise every technique that is deemed to be within the legitimate preserve of osteopathy; equally if defined solely in terms of field of knowledge it implies osteopaths have a common level of knowledge in all areas. The conceptual flaws of both approaches are exacerbated by having a single undifferentiated scope.

As patient safety is paramount this would ultimately lead to the prohibition aspect of scope becoming dominant; hamstringing the profession by preventing individual practitioners furthering their clinical skills and pursuing their own career development pathways. The scope would need to be a lowest common denominator.

If we were to define the scope of practice in terms of technique it would at once fail quite miserably to encapsulate osteopathy and give an overly restrictive and atrophied description of the profession.

Osteopathy is a set of philosophies, which form a distinctive platform from which to view health and disease; thus creating the osteopathic paradigm. The techniques applied by osteopaths flow from the underpinning philosophies, not the other way round. On a conceptual level techniques are probably better dealt with in the realm of capabilities and personal competencies. These philosophies are like a lens used to interpret basic medical and clinical sciences, not empirical laws.

For osteopathy the scope needs to describe succinctly what osteopathy is, outline some of the core philosophical concepts and set some boundaries around practice. The purpose of scope of practice needs to be framed within the context of the Act and public protection.

Osteopathy is multilayered and complex. Osteopathic practice varies greatly between practitioners and it evolves with knowledge in related fields. This needs to be reflected in the scope. Deriving a form of words to reflect the legitimate diversity found in osteopathic
practice, connect it to the unifying underlying principles whilst allowing the profession / individual to develop is required. It may be possible to reflect many of the philosophical positions in osteopathy within a scope statement, but not all.

**International Considerations in Scope of Practice Development**

There is a wealth of expertise on matters of specialisation and scope development within the institutions of American Osteopathy and the community of osteopathic physicians. OCNZ is keen to develop partnerships through international networks to harness these resources.

In other jurisdictions the discussion on osteopathic scope of practice is less advanced than in New Zealand, as the legislative frameworks do not call for a scope to be defined. At this time the regulatory authorities in Australia and the UK have not determined scopes of practice. The nature of the debate on scope of practice can perhaps trend to the nebulous where there is no requirement to define one in statute.

The research and policy development by the New South Wales Osteopathic Registration Board (NSW ORB) has been particularly helpful to the OCNZ in relation to capabilities. Focusing on the capabilities that support scopes helps foster a pragmatism suited to the purpose of regulation. It allows the philosophical discourses to have more concrete form.

As part of the process of scope reform we are in ongoing dialogue with professional bodies and regulatory authorities in Australia, New Zealand and the UK. Representatives from the Australian Osteopathic Council and the Australian (AOA) and British Osteopathic Associations participated in our scope symposium in September 2009. The report from that event – The Clear Skies Thinking Report - was circulated previously and is also on the OCNZ website.

The Australian legislation, the Health Practitioner Regulation National Law Act (2009) does have a provision for determining a scope of practice, although this is not mandatory.

OCNZ is minded that the Trans Tasman Mutual Recognition Act (1997) is overarching legislation and is committed to maintaining ‘equivalency’ of the profession.

It is particularly important that the general osteopathic scope of practice in New Zealand remains accessible to Australian registrants who would wish to practise in New Zealand.

The Australian legislation contains provisions for endorsements for recognised and defined areas of practice. This is a mechanism to recognise advanced standing in practice and differentiation of the public register, which does not require first determining a general scope of practice statement.

Where possible we would ideally like extended and vocational scopes in New Zealand to be mirrored with endorsements in Australia. The Psychology and Podiatry professions in both jurisdictions have been able to use this mechanism to keep the scopes of practice in both jurisdictions broadly in sync.

This will help create a larger community of practitioners with common interests and skills, allowing practitioners to have the same practice rights and recognition in the public register. Common approaches will help ensure a bigger market for the provision of training pathways and more vibrant CPD activities.

At present the only area of practice for which osteopaths in Australia may have an endorsement is acupuncture. In the first instance we shall work with AOA, ANZOC and OBA to try to align the arrangements for regulating acupuncture and needling techniques in osteopathic practice.
**Scope of Practice Reform**

At the OCNZ workshop on scope of practice reform held in 2009 there was a consensus on the need to reform the current (general) osteopathic scope of practice and to investigate the feasibility of developing the following additional scopes of practice:

1. Child Health / Paediatrics
2. Gerontology
3. Pain management
4. Prescribing
5. Rehabilitation / occupational medicine.

On further reflection Council feels that only **Gerontology** and **Pain Management** at the current time can be considered for the development of additional scopes. Both areas of practice are substantively covered within the pre-professional training, they are common areas of interest in professional life and both have well established interdisciplinary post-graduate pathways in New Zealand tertiary education providers.

The changing demographic calls for a focus on gerontology, Western societies are ‘graying’ and as the population changes healthcare systems and professions needs to adapt. Pain management is an area of persistent under provision in healthcare services, with identifiable advanced standing in this area it will assist patient to locate those best suited to their needs. A follow up scope symposium in November 2010 will examine these areas in more detail.

Considering **Child Health / Paediatrics** for a vocational scope of practice was useful as it highlighted an absence in our understanding of what constitutes competence in the osteopathic care of children.

As a result we have engaged Caroline Stone to undertake a research project on our behalf to examine the issues of capabilities for paediatric practice. This is an opportunity to identify the knowledge, skills and attitudes required to competently treat paediatric patients and to gain an understanding of how osteopaths develop skills in this area. This report is due in November 2010.

At present the university accreditation standards and the overseas assessment process contain no specific elements relating to paediatric practice. From a regulatory perspective this is an unacceptable risk and we are pleased to have initiated this project. We hope that it will be a useful tool to prompt debate and allow the regulator to enter into dialogue with the profession to bring forward initiatives to establish, and ultimately raise, standards in this area. Until such time it would be premature to discuss developing an additional scope of practice for paediatrics.

**Prescribing** in relation to osteopathic practice is contentious. Setting that aside, Council feels that it is not pertinent for it to attempt to develop initiatives in this area as it is not able to implement them. The OCNZ is not empowered to grant prescribing rights. This would require reform of the Medicines Act (1981).

If the ongoing debate within the Ministry of Health and the review of the Medicines Act leads to a liberalisation of prescribing rights, then Council will respond when there is an initiative to consider and if there are osteopaths that wish to obtain prescribing rights. **We can see no circumstances where prescribing rights would enter the general osteopathic scope of practice.** This matter will be parked until there are further developments to report on.

**Rehabilitation / occupational medicine.** Although these are key areas of practice for many osteopaths we...
feel that further work is required on defining that area of practice for the purpose of a vocational scope and then identifying suitable qualifications to prescribe.

**Diverse Pre-Professional Training Pathways**

One of the characteristics of the osteopathic profession is the diversity of training pathways amongst registrants. Over the last two decades there have been radical shifts in the form of pre-professional training. This will continue.

The current model for training osteopaths in Australasia is a five-year, double degree programme. Entering practice with such a solid academic base offers the potential for the further development of clinical skills and scopes of practice that realistically were not conceivable in the past. Multiple scopes of practice is one means of relating practice rights to competency. Allowing the profession and importantly individual registrants to develop.

All osteopaths must be competent primary diagnosticians and holistic generalists. An individual obtaining an additional scope does not diminish that generalist training. The creation of additional scopes and prescribing of qualifications is to recognise advanced standing in areas of practice. It is a formal recognition of the learning process that would need to be completed to obtain the ‘extension’ to the general scope of practice.

Additional scopes of practice are a recognition of the fact that osteopaths practise differently, use different techniques to other osteopaths (including the use of approaches from other professions / modalities).

Growth and diversity within a profession is a sign of development and maturity. Additional scopes of practice are a means of reflecting the diversity that already exists within the profession.

**Multiple Scopes of Practice: The General Scope and Vocational / Extended Scopes**

The Act does not provide a prescribed terminology for scopes of practice. The profession may talk of the general osteopathic scope of practice and extended or vocational scopes, but the meaning is not given in the Act. The terms need to be defined. By way of example the following will be used to demonstrate their purpose and how they relate to each other.

One can identify two forms of additional scopes:

1. A vocational scope of practice such for child health / paediatrics, gerontology or pain management could be used to denote advanced standing and specialisation in an area of practice that remains within the general scope of practice.

Take pain management as an example. The creation of a vocational scope of practice in this area in no sense seeks to remove this from the general scope of practice. Its purpose to allow practitioners to be identified that have advanced knowledge and skills in this area, assisting patients and referrers in identifying the most appropriate practitioner.

There is a continuum of skill and expertise acceptable in the area of practice. It is implicit that the pre-professional training gives the registrant adequate skills to be competent but that mastery may develop overtime and with further study. As practitioners
develop interests and direction in their career the vocational scope allows this to be recognised in the public register.

(2) An extended scope of practice is required when it is explicit that the pre-professional training does not prepare a registrant for competent practice.

Council has determined that is the case with acupuncture and needling techniques in osteopathic practice and thus the creation of an additional scope of practice, competencies and prescribed qualifications are required.

Here there is a discontinuity. Further training is deemed necessary and the area of practice is expressly not permitted within the general scope of practice.

Hypothetically, if there were an extended scope of practice created for prescribing and Unitec incorporated the required content into their curriculum, it would not be possible for prescribing to enter the general scope of practice. It could only be granted to those that had undertaken the training in their pre-professional training or had undertaken another prescribed course of study.

The OCNZ Council has some initial thoughts on the development of additional scopes:

(1) Interdisciplinary. Where suitable interdisciplinary learning pathways can be identified prescribed qualifications may be interdisciplinary. Osteopathy in New Zealand is a small profession and realistically there would be insufficient numbers of prospective students to support the creation of a range bespoke ‘osteopathic’ post-graduate pathways.

In effect any provider could offer training as long as it matched the determined requirements. Interdisciplinary learning acknowledges the reality that the same body of knowledge can and does have meaningful applications in different professional disciplines. Interdisciplinary pathways are more likely to be sustainable and make best use of existing capacity within the educational system.

(2) Formal learning and learning in the clinical setting. Pathways leading to extended / vocational scopes will encourage reflective practice and ‘grow’ out of clinical experience. The pathways ought to be of real use in the day-to-day clinical situations that practitioners may find themselves faced with.

It may be necessary to procure specific modules for osteopaths where learning needs cannot be met from existing programmes. There will also be an opportunity for innovation and practice-focused learning.

(3) Accessibility. Where possible it is desirable that the prescribed qualification be available on-shore or by distance learning. This may not always be feasible. Council recognises that the workforce is mobile and will seek to recognise overseas qualifications where the equivalent exist.

(4) Avoiding dual / multiple registration. For a variety of reasons multiple registration is undesirable. It is costly for practitioners and confusing for patients. We need to acknowledge the reality of overlapping scopes of practice. We are living in the post-modern era and discreet disciplines and bodies of knowledge are dissolving. Osteopaths may legitimately use a range of modalities and approaches.

Extended and vocational scopes of practice are one way a profession such as Osteopathy may create, over time, a hierarchy of externally recognised knowledge
and an improved base for clinical and basic research from within the profession. The ‘evidence base’ and scholarly endeavour within the osteopathic profession are generally considered inadequate. In so far as this detracts from the profession delivering the highest standards of osteopathic healthcare, it is a legitimate concern of the regulator to encourage clinical research and advanced learning.

As the Act does not distinguish between general and extended scopes in theory, it would be possible to hold an extended or vocational scope without holding the general scope. The terms general and extended / vocational scopes are used to clarify the purpose of the scopes. It is not envisaged that one could hold a scope of practice in WMA, or at some point in the future gerontology or pain management, whilst not holding the ‘general’ osteopathic scope. It will be a requirement to hold the general scope to be granted an extended scope.

As the intention is not to restrict the general scope of practice, it is important that the revised scope statement clearly establishes the inclusive nature of osteopathic practice. Extended and vocational scopes are intended as additional to the holding of the general scope of practice. Acquired in practice post registration.

Potential Benefits to developing additional scopes of practice.

(1) Defining capabilities. The debate on additional scopes helps bring into focus the ‘general’ scope of practice. At this point we are not concerned with extending the general scope of practice, but creating additional scopes of practice. This debate is timely. The length and format of the pre-registration training is being examined due to the funding environment. What are the required capabilities to commence practice? The discipline of constructing capabilities for the general scope of practice and extended / vocational scopes of practice are an opportunity to remove some content from pre-professional training and create elective pathways. Extended scopes are merely reflecting the reality of a diversified profession.

(2) Patient safety. From the perspective of the regulator, defining extended / vocational scopes of practice are a means of raising standards in the profession and protecting the public.

(3) Facilitates patient referrals. Extended / vocational scopes and a differentiated register will help patients find practitioners with particular interests and skills. The public might reasonably expect someone who claims to be a specialist to actually have demonstrable training and skills in that particular area. At present osteopaths may claim a special interest in an area of practice but such claims are not backed by any regulatory mechanisms. Other healthcare professionals may be more comfortable referring patients with complex or particular needs to practitioners that they can identify with particular skill sets. In New Zealand the regulatory authorities for the following health professions; psychology, podiatry, medical radiation technologists (radiographers) have all determined multiple scopes of practice.

(4) Career development. Extended scopes may provide a framework to keep practice interesting and allow for personal development over time. Currently CPD activities for osteopaths are predominantly short courses, with little or no assessment component. CPD points are awarded on an attendance basis not on the basis of
demonstrating maintenance or development of skills. Extended / vocational scopes will give rise to defined post graduate pathways that lead to defined exit qualifications. By defining interdisciplinary scholarly pathways the quality of CPD will be lifted. Osteopaths will be better integrated into the primary healthcare team as they will be exposed to other profession in learning environments and other professions will get a better understanding of osteopaths’ skills set.

(5) Changing healthcare environment. Things change. Osteopathy has been subject to statutory regulation for some time and the profession is now part of the wider regulatory framework. With the ageing demographic and fundamental changes in the provision of healthcare services osteopaths need to respond to the changing external realities. Alternatively the profession may stagnate.

Next steps
In the near future a registrants area will be developed on the Council website to facilitate consultation. The Council seeks partnership with the profession to ensure public safety and raise standards. One needs to accept that the regulatory framework cannot necessarily fit the likes and dislikes of each registrant. No consultation process can deliver that.

Change can be unsettling. But is also an opportunity for growth. There will be no compulsion to undertake further study to obtain vocational / extended scopes. There are potential benefits for patients and the profession from this process.

Below is given a sketch of what a more realistic and inclusive general scope of practice could look like and a range of vocational / extended scopes that may be developed over time. Council will formally consult on the revised general scope of practice and the development of additional scopes of practice when detailed proposals have been developed.

Useful Reading


Proposed Schema for the Osteopathic Scope of Practice

A description of the schema and relationship of the components of scope of practice:

- Scope of practice statement
- Prescribed qualifications
- Capabilities, competency frameworks and codes of ethics
- Ongoing maintenance of competency (CPD).
- Preamble giving outline and purpose of scope of practice in the context of HPCA.

Establish that the scope of practice is multilayered and the scope statement is only one element of describing the scope of practice.

Osteopathy / Osteopathic Medicine as a Field of Interest

Philosophy / principles / Definitions - clearly identify osteopathic medicine as a field of interest and its philosophical constructs and that they inform the osteopathic approach to healthcare.

Interdisciplinary knowledge (inter-science) and the basic medical sciences are key requirements for practice. Osteopathic medicine is not confined to the historical / contemporary osteopathic knowledge, rather osteopathic philosophies and concepts inform their interpretation and application in practice.

The Council endorses the following philosophy and principles of osteopathic medicine:

- The body is a unit.
- Structure and function are reciprocally interrelated.
- The body possesses self-regulatory mechanisms.
- The body has the inherent capacity to defend itself and repair itself.
- When normal adaptability is disrupted, or when environmental changes overcome the body's capacity for self-maintenance, disease may ensue.
- Movement of body fluids is essential to the maintenance of health.
- The nerves play a crucial part in controlling the fluids of the body.
- 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.

Osteopathy / Osteopathic Manipulative Treatment

Manual medicine based on osteopathic principles - Reference to an authoritative text such as Greenman. Whilst the practice of osteopathy is clearly not limited to a structural diagnosis and osteopathic manipulative treatment (OMT) it is a defining component of osteopathic practice.
The competent practice of osteopathy clearly requires very broad diagnostic competencies. Assessment and differential diagnosis is required to determine if a structural diagnosis and the use of OMT is appropriate.

Whilst there may well be a somatic component to disease, OMT may not be a suitable or principal modality in every presentation.

**General Osteopathic Scope of Practice**

- Primary care – inherent in the practice of osteopathy is an understanding of the role of the primary care team and the interaction / referral routes into hospital based secondary/tertiary care
- Osteopathic Manipulative Treatment
- Patient centred care
- Physicianly approach – differential diagnosis
- Health and wellness
- Individuals / populations
- Salutogenesis / the promotion of health
- Lifespan (Paediatric – Geriatric)
- Bio-psycho-social - body/mind / spirit – holism
- Primary machine of life - neuromuscular skeletal system
- Particular interest in the management of pain
- Osteopathy is not limited to clinical practice and includes the fields of Education / research / policy development.

**Student Osteopath Scope of Practice**

Australian legislation requires student registration. Other NZ professions register students. If there were community placements / internships we would need this to allow students to practice in their own right with limitations / conditions. Would also allow students from overseas to do electives in NZ.

**Provisional / Conditional Scope of Practice**

The new overseas assessment process requires ‘provisional registration’, this could be delivered by attaching conditions to the APC of those registered in the general osteopathic scope of practice or combine the student scope with the provisional / conditional scope.

**Additional Scopes of Practice**

Osteopathy is a diverse profession and the public’s needs are best met by defined areas of practice having additional scopes, prescribed qualifications and capability frameworks.
With the possible very obvious exception of the student & provisional / conditional and the visiting educator, all extended or vocational scopes of practice would require the registrant to also hold the general osteopathic scope of practice.

**Extended Scopes of Practice**

Primary focus on extending the technical repertoire beyond the pre-professional training training skills set:

- WMA & Relating Needling Techniques
- Prescribing / injection therapies
- Advanced diagnostic competence (Imaging / pathology)
- Physician Assistant

**Vocational Scopes of Practice**

Primary focus recognising further studies / advanced standing in defined bodies of knowledge relating to specialisation in practice:

- Gerontology
- Indigenous health / community health
- Pain Management
- Child health / paediatrics
- Women’s Health / Obstetrics
- Occupational health / Rehabilitation
- Sports medicine

Clinical Educator / Visiting Educator - to reflect the reality that there are some osteopaths for whom the practice of osteopathy is the teaching of osteopathy. This could also be used as a vehicle to facilitate the mobility of teaching staff with visiting osteopathic educators being granted this scope to permit teaching but not clinical practice outside the educational institution.

Clinical Preceptor – to recognise / define expertise in practice based assessment / mentoring / clinical supervision.