

Quality Practice Framework in Occupational Health (Injury Management and Prevention)

KNOWLEDGE AND SKILLS FOR STANDING IN OSTEOPATHY AUSTRALIA'S OCCUPATIONAL HEALTH CLINICAL PRACTICE GROUP (CPG)

Improving outcomes for patients

Annually, there are over 100,000 claims for occupational injuries, defined as an event at work that results in one or more weeks of absence from paid employment. This statistic does not account for the number of claims that result in an absence of less than one week.¹

Workforce participation is a key determinate of health, welfare and wellbeing. It also facilitates belonging, community participation and purpose. Conversely workforce absence is detrimental to psychological, social, physical and emotional wellbeing.²

At least 70,000 Australians consult osteopaths each week, and many do so to manage an occupational injury or for employment related clinical services and advice.

Osteopaths have diverse roles in the field and many focus on the management of occupational injuries in individual clients, while others perform advisory and/or consultancy roles in partnership with other Occupational, Health and Safety (OHS) professionals, both generalists and health practitioners.

Osteopaths have detailed knowledge of biomechanics and human movement and couple this awareness with neuro-musculoskeletal diagnostic, functional assessment, injury management and injury risk reduction competencies.

Osteopaths have a key role in enabling longevity of workforce participation in a spirit of alignment with the Royal Australian College of Physicians (RACP) Position Statement: realising the health benefits of work – to which Osteopathy Australia is a signatory.

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1. Safe Work Australia, 'Cost of injury and illness by occupation' [online]; <https://www.safeworkaustralia.gov.au/statistics-and-research/cost-injury-and-illness-occupation>
 2. Royal Australian College of Physicians (RACP), 'Position Statement: Realising the Health Benefits of Work' [online]; <https://www.racp.edu.au/docs/default-source/advocacy-library/realising-the-health-benefits-of-work.pdf>

The osteopathic profession

Osteopaths in Australia complete a double Bachelor or a Bachelor and Masters qualification at an accredited university and are registered with the Australian Health Practitioner Regulation Agency (AHPRA).

Osteopathy Australia is the peak professional body, representing approximately 90% of registered osteopaths in Australia. The osteopathic profession is becoming increasingly diversified, with many members of Osteopathy Australia completing further tertiary qualifications in specific areas of clinical practice to expand their clinical skills. Others, through dedicated experience, have developed core competencies and skills relating to specific clinical issues and patient groups.

Promoting clinical excellence in osteopathic practice

Current evidence suggests an inter-disciplinary approach promotes best clinical outcomes. To facilitate excellence in inter-disciplinary care between osteopaths and other health professions, the development of this quality practice framework is vital.

Designing Continuing Professional Development (CPD) pathways that promote key skills and competencies in specific areas of practice; and processes that recognise members with extended standing in areas of practice is a priority for Osteopathy Australia. This strategic focus will build on and complement Osteopathy Australia's Statement of Scope of Practice in Osteopathy.³

This framework acknowledges that the knowledge, skills and scope of practice of osteopaths with a focus in occupational health vary depending on education, workplace requirements, clinical team requirements, and relevant industry policies. It is not intended to define all knowledge sets and skills possessed by these osteopaths, nor all interventions these practitioners offer.

The framework relates to Osteopathy Australia's Occupational Health Clinical Practice Group (CPG). It outlines knowledge and skills that the organisation expects osteopaths seeking standing and recognition within this group to possess as a minimum requirement. This framework is not mandatory and pertains only to members of the CPG.

The framework has been informed by patient demand, workforce planning needs, targeted consultation with relevant industry stakeholders and the osteopathic profession. It is a living document and will be revised to align with developments in evidence-informed practice, patient need, clinical reasoning and standards, patient and workforce planning need.

The framework recognises the role of interdisciplinary support in occupational health, and acknowledges the overlap of many of the competencies to multiple professionals in occupational health practice. Scopes of practice in occupational health are not clearly defined and dimensions are shared across professions.

³. Osteopathy Australia, 'Statement of Scope of Practice in Osteopathy' [online]; <https://www.osteopathy.org.au/files/Documents/Advocacy/Scope%20of%20practice%20in%20Osteopathy%202018%20FINAL.pdf>

Extended Practice Membership

Extended practice members undertake a pathway of structured Continuing Professional Development to practice the osteopathic scope more fully, beyond entry or initial levels of practice undertaken in clinical management. These members demonstrate skills that enhance the delivery of occupational injury management services and encourage clinical quality in those services. They demonstrate application of a range of intermediary and complex clinical reasoning skillsets in the focus area.

Osteopaths with extended practice recognition work toward full acquisition of the following clinical reasoning skillsets sets in accordance with the *Clinical Framework for the Delivery of Health Services*⁴ which Osteopathy Australia has formally endorsed from the outset of its development.

- 1.1 Knowledge of workers compensation injury management policies and guidelines; and the meaning of 'reasonable and necessary' as applied within appropriate injury management and return to work planning in the state or territory of practice.
- 1.2 Knowledge of approvals needing to be sought by osteopaths prior to and during compensable injury management; approvals processes; and third parties involved in approvals processes within the state or territory of practice.
- 1.3 Knowledge of the definition and application of SMART (specific, measurable, achievable, realistic and time-limited) goals within the context of appropriate injury management and return to work planning in the state or territory of practice.
- 1.4 Knowledge of current evidence-informed musculoskeletal rehabilitation approaches for occupational injuries.
- 1.5 Knowledge of occupationally appropriate standardised outcome measures as recommended within injury management and return to work planning in the state or territory of practice.
- 1.6 Knowledge of 'blue, black and yellow flag' (occupational, social and psychological) indicators that can impact return to work in clients; associated management approaches and referral pathways.
- 1.7 Knowledge of approvals processes and protocols in the prescription of equipment for injury management and/or return to work planning by osteopaths in the state or territory of practice.
- 1.8 Knowledge of practitioner invoicing, billing and payment protocols and approvals processes in the state or territory of practice.
- 1.9 Knowledge of role of occupational rehabilitation providers, specific services offered and their application to workplace injury in the state or territory of practice.

⁴. SafeWork Victoria, 'Clinical Framework for the Delivery of Health Services'- a framework endorsed as evidence based practice across states and territories [online]; http://www.tac.vic.gov.au/_data/assets/pdf_file/0010/27595/clinical-framework-single.pdf

Additionally, Osteopathy Australia promotes the following extended clinical reasoning to enhance injury management practice under this quality framework:

- 1.10 Knowledge of aims and principles in physical ergonomics and physical ergonomics risk indicators.⁵
- 1.11 Knowledge of aims and principles in workplace assessment, including physical indicators of risk in task analysis for neuro-musculoskeletal occupational injuries.⁶

Extended clinical reasoning in practice

Extended practice members of the Occupational Health CPG participate in treating injured workers in the compensable injury management scheme of their state or territory of practice and/or in Commonwealth Comcare.

Extended practice members comply with jurisdictional and scheme processes and protocols of 'reasonable and necessary' return to work treatment. They demonstrate an ability to differentiate and apply functional standardised outcome measures by occupation, role and workplace injury for periodic or ongoing client management.

Extended practice members demonstrate the ability to develop clear functional return to work goals, clear timelines and milestones for injury management linked to outcome assessments. Extended practice members exemplify that their client planning processes incorporate prescription of recovery strategies, including self-management approaches at home, work, equipment prescription and manual therapy, to return to work treatment goals. These members can perform assessments to identify risk of prolonged work absence and develop an appropriate referral plan and management strategies. They can differentiate recovery strategies by occupation and role in accordance with the evidence base, and review and revise treatment strategies to wherever possible expedite return to work.

Advanced Practice (Titled) Membership

Advanced practice members demonstrate long-term commitment to sustained practice in occupational health. Through further higher education and quality clinical review, these members

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5. Human Factors and Ergonomics Society of Australia, 'Definitions' [online]; http://www.ergonomics.org.au/resource_library/definitions. Physical ergonomics incorporates human anatomical, anthropometric, physiological and biomechanical characteristics as they relate to physical activity. The relevant topics include working postures, materials handling, repetitive movements, work-related musculoskeletal disorders, workplace layout, safety and health.
 6. Queensland WorkCover, 'Job task analysis' [online]; <https://www.worksafe.qld.gov.au/claims-and-return-to-work/rehabilitation-and-return-to-work/suitable-duties/resources-to-identify-suitable-duties>. Task breaks down job sequences into component elements to identify suitable work duties, while providing an objective basis for work load increases and measurements.

demonstrate ability to provide occupational health interventions that extend beyond the scope of osteopathic practice and are more broadly offered by other professions with a primary focus in occupational health.

Advanced practice members have standing within one or more of the following occupational health practice domains.

Individual Worksite Injury Management Support

Some advanced practice members focus upon worksite injury management assessments and support for workers, whether within the context of state or territory-based schemes or on a private fee-for-service basis.

Osteopathy Australia's position is that the following clinical reasoning and skills are required in quality activity assessments for injured clients undertaken by advanced practice members. These competencies align with industry standards promoted by the Human Factors and Ergonomics Society of Australia's Competency Standards for Ergonomists.⁷

Physical ergonomics

In addition to knowledge of principles of excellence in physical ergonomics and associated risk indicators, osteopaths with standing at the advanced (titled) level for worksite injury management will possess:

- 2.1 Knowledge of physical ergonomics assessment frameworks and tools as relevant to professional, manual and industrial work environments.
- 2.2 Knowledge of assessment frameworks and tools for planning and/or redesign of the work environment to enable participation of an injured worker.
- 2.3 Knowledge of principles in the development of physical ergonomics reports for effective workplace implementation in the interests of an injured worker.
- 2.4 Knowledge of principles in best practice workplace stakeholder engagement and education for physical ergonomics recommendations.

Workplace assessment and task analysis

In addition to knowledge of principles of excellence in workplace assessment and task analysis, osteopaths with standing at the advanced practice level for worksite injury management will possess:

- 2.5 Knowledge of recovery rates and functional implications of key neuro-musculoskeletal occupational injuries.

⁷. Human Factors and Ergonomics Society of New Zealand (2019), Core Competencies [online] <https://www.hfesnz.org.nz/find-a-professional/core-competencies/>

- 2.6 Knowledge of physiological, anatomical components and/or functional skills that feed into performance of occupational tasks or roles.
- 2.7 Knowledge of workplace and patient data that would inform a task analysis, their relative strengths and weaknesses.
- 2.8 Knowledge of the various purposes of a task analysis as might be requested by a referrer.
- 2.9 Knowledge of the following domains and their implications for role or task completion with and without neuro-musculoskeletal injury:
 - > forces
 - > distances
 - > heights
 - > weights
 - > repetitions
 - > lifting movement patterns
 - > equipment use, tools or supplies
 - > processes
 - > interactions between staff and/or others
 - > rotations, intervals, frequency and periods of work.
- 2.10 Knowledge of principles in the development of task analysis reports for effective workplace implementation in the interests of an injured worker.
- 2.11 Knowledge of principles in best practice workplace stakeholder engagement and education for task redesign.

Workplace based injury management support reasoning in practice

Advanced practice (titled) members of the Occupational Health CPG for workplace injury management demonstrate practical experience in provision of workplace services either on a private-fee-for service basis or as a component of their work in a Commonwealth, state or territory workers compensation scheme.

These members are adept at workplace assessment applying validated ergonomic and job analysis tools and guidelines. They demonstrate the ability to draft reports that assess workers against physical role demands, ergonomic, cognitive, organisational and social environmental factors in a workplace, and produce analyses of risk in work areas and actions in relation to the injury or condition sustained, pain thresholds, tasks undertaken, management and recovery milestones.

Advanced practice members in workplace injury management demonstrate that they can produce quality reports and recommendations for injury management that take into consideration work tasks, the findings of job analyses and ergonomic assessments. They will demonstrate the skill

to identify how organisational and work processes can support and aid injury recovery. Advanced practice members exemplify skill in encouraging adoption and adherence to workplace injury management recommendations in business practice through stakeholder management and engagement.

Occupational Rehabilitation Support

Some advanced practice (titled) members develop skillsets in occupational rehabilitation service delivery for neuro-musculoskeletal workplace injuries. These members would effectively participate in facilitating clinical support to help workers return and remain at work.

Osteopaths seeking standing at the advanced practice level for occupational rehabilitation support will require the following clinical reasoning and skillsets.

Occupational rehabilitation reasoning

- 2.12 Knowledge of best practice in the management of key neuro-musculoskeletal occupational injuries, including the range of recovery pathways, professional and/or clinical treatment modalities, and the capability to acquire further relevant knowledge.
- 2.13 Knowledge of the interests of various stakeholders, both internal and external to the workplace, clinical and non-clinical, in the occupational rehabilitation context.
- 2.14 Knowledge of best practice principles in undertaking pre-employment screening and job capability assessments.
- 2.15 Knowledge of the role of occupational rehabilitation equipment, aids, appliances, their appropriateness and efficacy in occupational reintegration. This would include:
 - > Knowledge of physiological indicators that would indicate need for support equipment, aids, appliances.
 - > Knowledge of indicators contraindicative to equipment use/prescription; as well as of alternative evidence informed intervention approaches.
- 2.16 Knowledge of assessment tools and outcome measures relevant to review of equipment efficacy for clients.
- 2.17 Knowledge of principles in the development of occupational rehabilitation reports for various stakeholders.

Occupational rehabilitation reasoning in practice

Advanced practice (titled) members of the Occupational Health CPG for occupational rehabilitation demonstrate experience in providing aligned services to clients and workplaces as an approved provider within a scheme, or demonstrate application of related skillsets in private consultations with injured and/or recovering clients and their workplaces.

These members demonstrate proficiency in developing a profile of the functional status and work capacity of an injured worker based on attributed diagnoses, medical information, certified work capacity, observations, activities of daily living undertaken, and assessments performed.

Referring to the demands of the pre-injury employment role or another role, they undertake specific pre-employment assessments and develop a staged plan for rehabilitation with biopsychosocial intervention strategies for improvement of work abilities and wherever possible, gradual return to pre-injury role or work capacity.

These members demonstrate proficiency in developing rehabilitation programs that include a range of evidence and approaches. These members can develop programs incorporating evidence informed occupational injury guidelines, gap analyses of treatment and management approaches used for a client, worksite resources and duties available, tasks indicated for increasing work capacity and recovery of an injury, referral for broader allied health interventions, and equipment. This broad biopsychosocial and health science focus in rehabilitation is what distinguishes advanced (titled) members of the occupational rehabilitation stream from advanced (titled) members in worksite injury management support. Advanced practitioners in occupational rehabilitation demonstrate an ability to revise rehabilitation plans and strategies according to changes in the work capacity of a client and in accordance with recognised recovery rates for an injury. These members exemplify persuasive report writing skills for occupational rehabilitation recommendations which justify strategies recommended in recovery outcomes and recovery milestones reached.

Consulting services for occupational injury prevention and workplace operational efficiency

Other advanced practice members develop skillsets to advise workplaces on design factors at a systemic level. They would work effectively with teams and other OHS professionals to identify changes that can be made to tasks and processes to prevent injury, facilitate neuro-musculoskeletal health, as well as operational efficiency.

Osteopaths seeking standing at the advanced practice level for workplace consultancy will require the following clinical reasoning and skillsets.

Knowledge

- 2.18 Knowledge of principles of physical ergonomics for injury prevention and improved task efficiency within professional and/or industrial work environments.
- 2.19 Knowledge of occupational risk indicators in professional work environments and their relationship to broader health, safety, wellbeing, worker functionality and task efficiency.

- 2.20 Knowledge of manual task safety and efficiency principles, with a focus on hazard identification, risk assessment, implementation and review of control strategies (encompassing cognitive, equipment, organisational and physical dimensions of a task).
- 2.21 Knowledge of principles in the development of injury prevention and task efficiency recommendation reports.
- 2.22 Knowledge of principles in workplace stakeholder engagement and education for injury prevention and operational efficiency.

Consultancy reasoning for prevention and efficiency in practice

Advanced (titled) members in the Occupational Health CPG for injury prevention and business efficiency consultancy exemplify the capacity to produce risk analyses for occupational environments, either in relation to injury prevention and/or business output. They demonstrate ability to perform quality reviews for business and produce reports and plans for configuration of identified issues in the work environment. Their reports demonstrate a focus on key indicators for injury prevention and work performance, including in tasks involved, space use and movement styles used. The outcomes they work toward include improving worker biomechanical function, minimising risk in this function as well as time and cost savings in business processes.

Fellows

Fellows demonstrate substantial experience in and contribution to knowledge creation in occupational health through high quality academic research, clinical publications and development of evidence-informed practice.

Need more information or help?

For further information, a suggestion or to discuss this topic, please:

- > Email your enquiry to clinicalpolicy@osteopathy.org.au
- > Call Osteopathy Australia on **1800 467 836**
- > Access further information via www.osteopathy.org.au

End notes

- i. **Extended practice** – refers to clinical knowledge sets and applied practice beyond the typical skill levels of graduates and osteopaths initially entering a new area of practice.
- ii. **Advanced practice** – refers to clinical knowledge sets and applied practice beyond the osteopathic scope of practice and extended practice, requiring additional knowledge, skills and training more aligned with other health professionals who have depth of focus in the field of occupational health.