

# Quality Practice Framework in Paediatrics

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

## Improving outcomes for children and their caregivers

Children, defined as any person below 18 years of age in Australia, comprise approximately 26% of the population. Those aged 0-14 years made up over 19% of the overall population in 2016.<sup>1</sup>

At least 70,000 Australians consult an osteopath each week, and many within this group include children and their caregivers.

As primary health care practitioners, osteopaths help prevent and manage the impact of neuro-musculoskeletal conditions in particular, and other diseases in children through clinical support, early detection and referral.

## 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 interdisciplinary approach promotes best clinical outcomes. To facilitate excellence in inter-disciplinary care between osteopaths and other health professions, the development of quality clinical practice is vital.

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<sup>1</sup>. Australian Bureau of Statistics (ABS), 'Population by age and sex, Australia, states and territories' [online]; <http://www.abs.gov.au/ausstats/abs@.nsf/0/1CD2B1952AFC5E7ACA257298000F2E76?OpenDocument>

Designing Continuing Professional Development (CPD) pathways that promote key clinical skills in specific areas of practice and processes that recognise members with 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.<sup>2</sup>

This framework acknowledges that the knowledge, skills and scope of practice of osteopaths with a focus in paediatrics 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 Paediatrics 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.

It is written in a spirit of alignment with the Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health.<sup>3</sup> It recognises the important role of primary practice as a gateway to broader health service access; the importance of physical health to emotional, psychological and environmental wellbeing; and the critical role of early intervention for later health.

This framework has a specific focus on normal development, identifying and managing risks to this as a critical component for clinical excellence and patient-centred care with this diverse patient population.

This quality framework recognises and incorporates internationally accepted definitions in paediatric practice. Refer to the Appendix.

## 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 patient management. These members demonstrate skills that enhance the delivery of

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2. 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>

3. Australian Health Ministers Advisory Council, 'Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health', August 2015

paediatric 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.

Extended practice members of the CPG work toward full acquisition of clinical knowledge and skill in one or both of the following domains.

## Babies (0-3 years) and young children (4-10 years)

### Indicators of child safety protocols, social and/or personal risk and response requirements

- 1.1 Knowledge of working with children check requirements in state or territory of practice.
- 1.2 Knowledge of potential indicators of child harm, abuse and/or neglect and reporting requirements and protocols in state or territory of practice.

### Informed consent and family centred-care

- 1.3 Knowledge of informed consent issues in the clinical care of babies, young children and their caregivers.
- 1.4 Knowledge of family-centred care models and approaches, including strengths based frameworks incorporating emphasis on the needs of caregivers. Critical knowledge in family-centred care would generally encompass: awareness of family dynamics; indicators of stress, coping and failure to cope in caregivers and young children; as well as appropriate clinical engagement and communication styles.
- 1.5 Knowledge of biopsychosocial indicators of risk, essential of which are 'yellow flags' in caregivers, babies and young children.
- 1.6 Knowledge of the implications of informed consent, caregiver issues and biopsychosocial indicators of risk in paediatric clinical practice.

### Neuro-musculoskeletal development

- 1.7 Knowledge of normal neuro-musculoskeletal development (and associated functional abilities) in babies and young children; and key variations at critical and/or variable points of development.
- 1.8 Knowledge of clinical indicators of structural abnormalities in the body during early development.
- 1.9 Knowledge of common accidents and injuries in babies and young children and normal tissue healing timeframes.
- 1.10 Knowledge of attachment, sucking, settling, sleeping and feeding issues in babies and young children and of potential neuro-musculoskeletal contributing factors.
- 1.11 Knowledge of the following general paediatric neuro-musculoskeletal conditions and issues, their trajectories and relationship to broader child health and wellbeing:
  - > Problems of joint motion.
  - > Postural tone/symmetry issues.

- > Muscle strength and/or coordination issues.
- > Dysplasia of the hip, deformational plagiocephaly, talipes equino, and positional varus of the foot.
- > Early positional strains of the head, neck, thorax, lumber spine, pelvis and limbs.

1.12 Knowledge of clinical indicators of further risk or complexity in conditions as defined in 1.11.

### **Neuro-musculoskeletal assessment**

1.13 Knowledge of neuro-musculoskeletal assessment methods for babies and young children under 3 months and over 6 months of age:

- > Age appropriate neurological examinations, including tests for primitive reflexes.
- > Gross and fine motor tests for babies and young children.
- > Age appropriate orthopaedic examinations.

1.14 Knowledge of the implications of assessments as defined in 1.13 for clinical management planning and referral.

### **Neuro-musculoskeletal treatment and clinical management**

1.15 Knowledge of evidence informed neuro-musculoskeletal interventions for attachment, sucking, settling and/or feeding issues in early development.

1.16 Knowledge of evidence informed neuro-musculoskeletal interventions, rehabilitation protocols, and management strategies for the essential paediatric neuro-musculoskeletal conditions outlined in 1.11.

1.17 Knowledge of age appropriate exercises to support balanced growth, wellbeing and function at critical and/or variable points of development.

1.18 Knowledge of outcome measures that would assist in reviewing the effectiveness of paediatric clinical management approaches applicable to conditions in 1.11 and health issues and interventions in 1.15-1.17.

### **Broader healthcare needs**

1.19 Knowledge of screening protocols and indicators of clinical risk, as pertaining to:

- > Head, ears, eyes, nose, throat and mouth.
- > Neurological systems.
- > Cardio-vascular system.
- > Lymphatic system.
- > Cardio-respiratory system.
- > Urogenital system.

- > Gastrointestinal system.
  - > Endocrine system.
  - > Developmental screening.
- 1.20 Knowledge of feeding and digestive development in babies and young children.
  - 1.21 Knowledge of complex health risks that can mimic disorders of the neuro-musculoskeletal system in babies and young children.
  - 1.22 Knowledge of paediatric complex health risks that may preclude osteopathic treatment, relatively and absolutely.
  - 1.23 Knowledge of referral pathways and health professions involved in assessment and management of broader health care issues and risks.

### Extended clinical reasoning in practice (babies and young children)

Extended practice members of the Paediatric CPG (babies and young children) demonstrate ability to maintain practice environments that are age and developmentally appropriate to promote security, optimal health and accident mitigation in line with indicators of sound practice design for young children. They possess a valid Working with Children Check in their state or territory of practice.

Extended practice members (babies and young children) demonstrate ability to apply and adhere to legal requirements for informed consent in babies, young children and their families.

Extended practice members (babies and young children) exemplify an ability to detect carer or child distress, psychosocial, coping and/or other child risk indicators. They also demonstrate awareness of local service networks for family centred care, child and family welfare.

Extended practice members (babies and young children) demonstrate capacity to perform a thorough paediatric case history that includes pregnancy, obstetric and perinatal history and outcome assessments for early adaptive responses, including feeding, sleeping and elimination. They demonstrate the skills needed to undertake systems review for babies and young children, including general health screening, neurological and orthopaedic examinations for general neurological and musculoskeletal conditions in early development.

These credentialed members have proven skills in planning and delivering management strategies, health promotion, and family-centred management approaches for common musculoskeletal conditions in babies and early childhood- as defined in this framework- including multiple therapeutic strategies to address deviations in development.

## Children (aged 11-17 years)

### Adolescent Informed consent

- 2.1 Knowledge of informed consent issues in adolescent clinical assessment and management.
- 2.2 Knowledge of privacy and confidentiality obligations within this stage of development.
- 2.3 Knowledge of the implications of informed consent, privacy and confidentiality for clinical practice with adolescents.

### Neuro-musculoskeletal development

- 2.4 Knowledge of changes to growth plates in transition from early childhood to adolescence, possible vulnerabilities and clinical problems that can occur.
- 2.5 Knowledge of clinical indicators of structural abnormalities in the body during adolescence.
- 2.6 Knowledge of deteriorating factors that can be associated with growth in adolescent development.
- 2.7 Knowledge of orthopaedic conditions in adolescents and associated clinical indicators.
- 2.8 Knowledge of clinical indicators of further risk or complexity in neuro-musculoskeletal issues as defined in 2.4 to 2.7.
- 2.9 Knowledge of common accidents and injuries in adolescents and normal tissue healing timeframes.

### Neuro-musculoskeletal assessment

- 2.10 Knowledge of postural screening methods and special tests for adolescent joint functionality and/or impediments.
- 2.11 Knowledge of monitoring and review protocols for orthopaedic conditions, hormonal, endocrinal and rheumatic factors in adolescent development.
- 2.12 Knowledge of the implications of assessments in 2.10 and 2.11 for clinical management planning and referral.

### Neuro-musculoskeletal treatment and clinical management

- 2.13 Knowledge of critical intervention timeframes, protocols and neuro-musculoskeletal indicators needing communication, consideration and coordination in referral processes.
- 2.14 Knowledge of evidence-informed neuro-musculoskeletal interventions, rehabilitation approaches and/or prescriptions, including exercises that may be applied in combination with other health supports in adolescent development for issues in 2.4 to 2.7.
- 2.15 Knowledge of outcome measures that would assist in reviewing the effectiveness of paediatric clinical management approaches applicable to issues in 2.4 to 2.7.

### Broader health care needs

- 2.16 Knowledge of social and mental health care needs in adolescents and indicators of stress, coping or failure to cope; as well as appropriate referral pathways.

## Extended clinical reasoning in practice (children aged 11-17 years)

Extended practice members of the Paediatric CPG (children aged 11-17 years) demonstrate ability to identify and plan for management of yellow flag risks in adolescents in the home, school or social environment. They also exemplify skill needed to work within the boundaries and limits of consent, privacy and confidentiality in adolescents. These members possess a valid Working with Children Check in their state or territory of practice.

Extended practice members of the Paediatric CPG (children aged 11-17 years) perform adolescent neurological, orthopaedic and postural assessments using established clinical evaluations, monitoring protocols and approaches to identify clinical variations in normal adolescent development. This includes performing body systems examination, regional examinations, detailed case histories for growth, development, lifestyle, leisure and other living factors relating to child development and function.

Extended practice members (children aged 11-17 years) exemplify the clinical skill to plan for management of hormonal, endocrine and orthopaedic factors relating to development in adolescent patients, including identifying pathologies and symptomatology in this age group. They can determine clinical goals that are specific, measurable, realistic and time specific primed to the general health status, functional needs and assessment findings of developing adolescents. They can develop multimodal management plans drawing on evidence informed manual therapies, referral pathways, lifestyle advice, education and exercise where indicated. These members can revise management plans depending on assessed symptoms, functional issues, risks and complexities identified in adolescents.

## Advanced Practice (Titled) Membership

Advanced practice members of the CPG demonstrate long-term commitment to sustained practice in paediatrics. Through substantial further education and quality clinical review, these members demonstrate ability to provide extensive clinical advice and interventions in paediatrics.

Advanced practice members will possess the following clinical knowledge sets.

- 3.1 Knowledge of complex neuro-musculoskeletal paediatric presentations, specifically:
  - > Biomechanical and muscular considerations in respiratory dysfunction.
  - > Biomechanical and muscular considerations in inflammatory disorders.
  - > Structural foot deformities.
  - > Plagiocephaly.
  - > Torticollis.
  - > Developmental anomalies, including spina bifida.

- > Biomechanical and muscular considerations in cerebral palsy/hypertonia/hypotonia.
- > Idiopathic scoliosis.
- > Biomechanical and muscular considerations in specific baby feeding dysfunctions.
- > Juvenile arthritis.
- > Spasticity and/or mobility issues relating to cognitive delay or intellectual disability.
- > Severe postural issues.

### **Aetiology and progression**

- 3.2 Knowledge of the aetiology and progression of presentations outlined in 3.1.
- 3.3 Knowledge of common injuries and tissue healing timeframes associated with conditions in 3.1.
- 3.4 Knowledge of the relationship between these presentations and broader health risk, complexity, wellbeing and functionality.

### **Assessment**

- 3.5 Knowledge of specific evidence informed assessment methods for presentations in 3.1.
- 3.6 Knowledge of indicators of assessment and diagnostic tests appropriate to congenital, genetic and acquired factors that would support clinical grading of risk and/or differential diagnosis for presentations outlined in 3.1.
- 3.7 Knowledge of neuro-musculoskeletal predictors of further injury, complexity or impediment associated with the presentations in 3.1.
- 3.8 Knowledge of the implications of assessment indicators for clinical management planning and referral.

### **Neuro-musculoskeletal intervention**

- 3.9 Knowledge of condition and stage appropriate lifestyle advice, rehabilitation and exercise protocols that can be incorporated to wherever possible:
  - > Reduce the impact of progressive deterioration.
  - > Prevent or reduce rate of deconditioning and/or aid comfort.
  - > Assist maintenance of function and/or functional improvement, both in the home and in activities of daily living.
- 3.10 Knowledge of clinical interventions offered by other health professionals, their use, effectiveness and role within referral and intervention pathways for conditions in 3.1
- 3.11 Knowledge of neuro-musculoskeletal co-management approaches that can support the clinical objectives and interventions of multidisciplinary teams and other health professionals.
- 3.12 Knowledge of outcome measures that would assist in reviewing the effectiveness of clinical management approaches applicable to conditions in 3.1.

## Advanced clinical reasoning in practice

Advanced (titled) members of the Paediatric CPG have clinical skill in assessing and managing atypical factors in neuro- musculoskeletal development, paediatric pain, or complex and/or deteriorating neuro-musculoskeletal conditions and secondary morbidities in children.

These members exemplify an ability to undertake problem focused clinical examinations, including detailed regional examinations, incorporating reports, assessments and evidence from other health professionals to inform diagnosis and management planning. Using health information, established tools and measures, these members are adept at assessing physiological stability, secondary morbidity and chronicity risk in normally developing children with atypical movement or coordination, or children with complex and/or deteriorating neuro-musculoskeletal conditions.

Advanced (titled) members demonstrate sound clinical reasoning in the formulation of paediatric management plans, setting realistic, appropriate goals and expectations. They show they can plan to manage atypical movement or coordination in normally developing children, or prevent secondary complications in collaboration with other health professionals for children with complex and/or deteriorating conditions. Members aim to improve normal function, quality of life and reduce paediatric pain wherever possible.

These members exemplify an ability to apply strategies in the evidence base for self-care, environmental support, care in the home and family. Advanced (titled) members can modify therapeutic strategies following changes in health status, condition or complexity of a child and apply clinical reasoning to justify any changes to the broader health care team within a multidisciplinary care model.

## Fellows

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

## Appendix

### Normal development

Milestones typically expected in developing children by a specific age or stage, whether intellectual, psychological, social, physical or emotional. Normal ranges inform determinations of

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4. Australian Government, 'Developmental Milestones, the Early Years Learning Framework and the National Quality Standards' [online]; <https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/developmental-milestones-and-the-eylf-and-nqs>

milestone achievement, assisting in flagging factors, whether complex health, or broader biopsychosocial that may impede progress along developmental trajectories.<sup>4</sup>

This quality framework is not exhaustive of all clinical roles that osteopaths with a focus on children might manage within practice. It has a particular focus on normal development, identifying and managing risks to this as a critical component for clinical excellence with this diverse patient population.

## Need more information or help?

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

- > Email your enquiry to [clinicalpolicy@osteopathy.org.au](mailto:clinicalpolicy@osteopathy.org.au)
- > Call Osteopathy Australia on **1800 467 836**
- > Access further information via [www.osteopathy.org.au](http://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 paediatrics.

Osteopathy Australia publishes a range of information, guidance and support to members regarding osteopathy, small business and clinical practice. The purpose of publishing this information is to help osteopaths understand their obligations and responsibilities and increase professional standards and consistency among osteopaths. Compliance with this information is not mandatory - although it may refer to laws, codes, or guidelines that are mandatory. This information has been prepared with regard to the information available at the time of preparation; please consider any information, research or material that may have become available subsequently. This information is general in nature and not a source of clinical or legal advice.