

Osteopaths' Views on Prescription Rights:

A Qualitative Pilot Study

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Abstract

Background: Osteopathy was founded as a drugless medical alternative in the USA. The Osteopaths Registration Board of Victoria is currently considering the advocacy of limited prescription rights for osteopaths.

Objectives: To investigate and explore the opinions of a small sample of experienced Australian osteopaths regarding the issues surrounding prescription rights so that a comprehensive survey can be designed and administered to the profession.

Methods: Fourteen osteopaths, with a minimum of 10 years experience, were telephone interviewed. The interview transcripts were coded for emergent themes.

Results: There was division in opinion and a wide variety of issues were discussed. Those in favour of prescribing rights mainly wanted access to anti-inflammatories. However, some osteopaths emphasized the need for expanded practice rights for increased referral to specialists or imaging rights.

Conclusions: Due to the variety of issues that emerged, further research is warranted. A more extensive survey of the profession is recommended.

Key Terms: Osteopathy; Prescription rights; Opinions; Expanded practice rights; Drugs; Philosophy; Qualitative research.

Introduction

In 1874, A.T. Still founded osteopathy in the USA as a drugless system of medicine. However radical changes to the US osteopathic teaching curricula over the past century have resulted in American osteopaths gaining full drug prescription authority.¹ Currently, Australian osteopaths do not have prescription rights (PRs) and are not legally allowed to prescribe any medications. This means they are not permitted to order in writing, or verbally authorise, the supply of pharmaceuticals, and this extends to the giving of advice regarding the use of over the counter (OTC) or non-prescription medications.² OTC medication refers to medicines that can be purchased legally without a prescription from a doctor.³

The issue of practice right expansion, to allow the prescription of drugs relevant to the musculoskeletal system, has been discussed at various times over the past decade and keeps resurfacing within the Australian osteopathic community.^{4,5} So far, however, no PRs have been approved and the debate has remained largely academic within the osteopathic community.

In 2004, the Victorian state government released a report on the regulation of the services provided by Victoria's health professionals.⁶ The report briefly investigated prescribing rights for other health professionals, including optometrists, podiatrists, nurses, Chinese medicine practitioners, osteopaths and psychologists.⁷

The report stated that "*the key concern for Government when deciding whether to support an extended scope of practice for any profession is whether the changes will result in improvement in health care and a net public benefit.*"⁸ It also emphasised the need for properly trained practitioners, that the benefits to the public should outweigh the risks and that sufficient safeguards should be in place to regulate practice.⁹

Literature Review

Previous research on prescription rights in Australia

There has been limited public discussion and a distinct lack of formal, recent research into the area of prescription rights for Australian osteopaths. In 1991, members of the Australian Osteopathic Association (AOA) were surveyed in an open question format to list five things they would most like to see happen to osteopathy during the next 10 years. Some respondents wanted the expansion of practice rights with emphasis placed on the “desirability to have limited prescription rights” to control pain and inflammation.¹⁰ However this sample was not representative of the majority of osteopaths as not all practicing Australian osteopaths were AOA members. The sample size was 163, or 57% of the then AOA population. However the researchers were unable to locate any further formal research to follow up these findings.

Prescribing and osteopathy

According to section 20 of the Osteopaths Registration Board of Victoria’s (ORBV) 2004 ‘Submission on the Department of Human Services’ Discussion Paper on the Regulation of the Health Professions in Victoria¹¹, the ORBV is currently discussing the issue of expanding the scope of osteopathic practice. The Board has proposed that the Osteopaths Registration Act 1996 “be amended to empower the Board to endorse Osteopaths – who have the required training, qualifications and experience – to prescribe a limited number of Schedule 4 (S4)”, or prescription only, medications.¹² However it does not appear they have surveyed the majority of osteopaths on this issue. Due to the apparent lack of surveying of the osteopathic population, the Board has assumed the key reasons why osteopaths might argue in favour of limited prescription rights. These are summarised in Table 1. Moreover, there was no mention of any potential negative effects of prescription rights, and no reference as to how the list was arrived at (NB: the researchers are presently still awaiting an answer regarding the answers to these questions from the ORBV.) Further research is thus needed to investigate osteopaths’ opinions and attitudes towards prescribing rights.

Table 1: Summary of points raised by the Osteopaths Registration Board of Victoria in Favour of the Introduction of Limited Prescription Rights for Osteopaths

<ul style="list-style-type: none"> • Osteopaths are experts in the management of musculoskeletal injuries and dysfunction. • Drug therapy is an important adjunct to manual therapy in the treatment of many of these disorders. • Osteopaths are often the primary care practitioners for patients with musculoskeletal complaints. • The delay associated with waiting for general practitioner (GP) consultation to obtain a prescription may inhibit patient’s full recovery and may potentially result in progression to a chronic pain state. • The proposed prescribing list would only include a small number of therapeutic drug classes; analgesics, non-steroidal anti-inflammatories, local anaesthetic and soluble steroid preparations. • Timely management of musculoskeletal injuries will result in improved patient outcomes. • Prescribing rights for osteopaths would decrease GP consultations resulting in an overall reduction in health costs. • Changes in osteopathic education have been made to enhance their pharmacological knowledge including drug interactions and contra-indications.¹³
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Comparison with research on UK Osteopaths

In their recent qualitative report, ‘Attitudes towards prescribing rights: a qualitative focus-group study with UK osteopaths’, Grundy and Vogel (2005) developed a conceptual model to map a range of beliefs that influence practitioners’ attitudes towards prescribing.¹⁴ Grundy and Vogel (2005) constructed three ideological themes representing the extremes of opinions, labelled as ‘*Scientific Osteopathy*’, ‘*Osteopathic Purity*’ and ‘*Osteopathic Prescribing*’ to explain attitudes towards prescribing. The themes that were developed provided a framework to work from and a basis of comparison for the present research, but the research aims were fundamentally different. The present pilot study aimed to explore and provide insight into, the opinions of a small sample of osteopaths regarding the expansion of practice rights to include drug prescription. Qualitative methodologies are ideal to investigate under-explored areas such as this and facilitate the identification of important themes to provide insight into the range of beliefs within a field.^{15,16}

Grundy and Vogel's study validated the current research design as they encountered a number of difficulties with using small focus groups (2 groups of 5 people) of clinic tutors at the British School of Osteopathy. As all participants probably knew each other, there was potential for social interaction and expectations in the workplace to influence the sometimes heated discussions. This current research selected individual telephone interviews to avoid the problems associated with more dominant individuals overly influencing the outcomes.

Grundy and Vogel acknowledged the diverse make up of the osteopathic practitioner with issues of osteopathic principles often being intricately related with self-identity. They recognised the wider implications of prescribing on the osteopathic profession and formulated a list of related questions worth considering in the future. They concluded that future research is indicated to inform both the decision whether to lobby for or decline the opportunity to pursue prescribing rights for osteopaths in the UK.

Given the changes that prescription rights have brought to American osteopathy, and given that the ORBV is currently formally considering the issue of prescribing rights, it is both relevant and timely to gauge the profession's thoughts on this issue before any legislative changes are proposed.

This research investigated whether a small sample of fourteen experienced Australian osteopaths would want to have limited PRs, and what they perceived as the potential benefits, disadvantages and the dangers of PRs. Once the issues and key themes surrounding the subject of PRs are identified, a contingent aim could be achieved. That is to develop and administer a more comprehensive and valid questionnaire that could be employed to investigate the opinions of a statistically significant sample of the population of Australian osteopaths, regarding the incorporation of limited prescription in Australian osteopathic practice. This questionnaire would be of value if conducted prior to any formal application to the relevant Victorian state governmental body.

Method

Sixty osteopaths from across Australia, comprising 24 academics from Royal Melbourne Institute of Technology (RMIT), Victoria University (VU) and University of Western Sydney (UWS), and 36 non-academically involved osteopaths were invited to participate in this study. The participants were recruited via purposive sampling. Purposive sampling allows information-rich cases to be handpicked for in-depth analysis related to the central issues being studied.¹⁷ To be included, the participants were required to have over 10 years experience and also current or past involvement in osteopathic education. This information was ascertained at the beginning of each telephone interview. This research was approved by the Human Research Ethics Committee of Victoria University.

A preliminary set of interview questions was created by the author specifically for this study. The questions were piloted on two state registered osteopaths to refine the content and clarify the wording of all questions. The second stage of the study involved the purposeful recruitment of participants. A detailed introductory letter advised potential participants regarding the nature of the study and what their participation in the study would involve. Consent to participate was documented by the return of the signed informed consent form. Consenting participants were telephone interviewed, individually, at a location and time most convenient to them. Sixteen osteopaths met the inclusion criteria and consented to participate and 14 were interviewed (two participants were excluded due to difficulties in arranging a suitable interview time). The interviews were semi-structured to allow sufficient opportunity for potentially relevant concepts and issues to emerge.¹⁸ If new issues or themes arose they were expanded on at that time and were integrated into subsequent interviews.¹⁹

Interviews were recorded by a Digitor audio adapter and Olympus Pearlcorde Dictaphone. They were then transcribed and analysed using *content analysis* for identification of key themes and sub themes. Participants were given the opportunity to view and verify (memory check) their interview transcript before analysis. No changes were required.

Content Analysis²⁰ and constant comparison procedures involved:

- **Familiarisation** –immersion in the raw data by reading the transcripts, listening to the tapes, studying contemporaneous notes and so forth in order to list key ideas and recurrent themes.
- **Identifying a thematic framework** – transcript analyses helped identify all the key issues, concepts and themes by which the data could be examined and referenced. Themes and ideas were identified and named; concepts that related to the same idea were grouped into categories. A table was created for each individual interview and relevant quotes were added to support each theme. Themes were ranked in order of appearance. Gradually the themes were refined (see table 2) and ranking was based on the number of times a theme appeared. The principal supervisor independently confirmed the recognised themes and the number of times that they occurred.
- **Indexing** – All participants' transcripts were coded in order to avoid the risk of making any person identifiable. Each participant was allocated an identification number, which was placed in brackets after the relevant quote. If more than one theme was contained within a single quote then they were both used in order to avoid losing the context of the sentence.
- **Interpretation and Construction of themes:** Through the use of this qualitative approach, the researcher aimed to explore and understand participants' opinions, interpret situations and develop themes, with emphasis on meaning, significance and opinions of those taking part.²¹

Results

The expansion of practice to include prescription rights (PRs) appears to be a contentious topic for osteopaths. There was a range of emotive and passionate responses, especially when it came to discussing the future of osteopathy and the osteopathic identity. There were varying opinions from both ends of the spectrum: from those who objected strongly, to those who wished to have limited access to certain pharmaceuticals (mostly anti-inflammatories), to one respondent who desired full practice rights. In total, six people were in favour, five people against and three people were undecided in regard to PRs for osteopaths. Overall most participants were able to see both the advantages and disadvantages of expanded practice rights regardless of their personal stance.

Table 2. A summary of demographics of participants

<i>Practitioner number.</i>	<i>School of qualification.</i>	<i>No. of practicing years.</i>	<i>No. of practicing years in Australia.</i>	<i>Opinion on gaining Prescription Rights.</i>
1	ESO	15.5	10.5	MAYBE
2	BSO	16	16	YES – Full PRs
3	BSO	36	35	YES
4	BSO	18	16	YES
5	NSW	25	25	Ambivalent
6	ICO	17	17	NO
7	NSW	15	15	MAYBE
8	BSO	18	2	NO
9	BSO	22	15	NO
10	BSO	13	13	NO
11	BSO	21	19	NO
12	PIT	15	15	YES
13	PIT	14	14	YES
14	ICO	25	25	YES

<i>Abbreviation:</i>	
ESO	European School of Osteopathy
BSO	British School of Osteopathy
NSW	New South Wales
PIT	Phillip Institute of Tafe
ICO	International College of Osteopathy

Twenty-nine themes were raised concerning osteopaths' opinions on gaining PRs. The total number of times a theme was discussed was used as an indicator of how important the theme was to the individual practitioner. The final coding of the most commonly occurring themes and a brief illustration of the key issues within each theme is displayed in Table 2.

In summary, the enhancement of total patient care was clearly the most important perceived advantage of prescribing. Safety issues were perceived as the main clinical disadvantage, with most osteopaths (regardless of their stance) expressing concern over the risks of side-effects and interactions and the inability to predict long term consequences of prescribing. Those in favour of PRs maintained that the safety issues could be effectively managed with appropriate training and education. Whereas those opposed to PRs argued the risks of prescribing overshadowed the benefits.

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Table 3. A summary and brief exploration of the key themes

Theme	Key issues within theme
Prescribing & Practice	<p>PRs could enhance total patient care by saving the patient time and money.</p> <p>PRs would be associated with increases in insurance rates in terms of increased liability and costs.</p> <p>Concern surrounding the associated short-term & long-term safety issues (eg. drug interactions and side-effects).</p> <p>Whether OTC's are an adequate alternative to PRs?</p>
Training	<p>PRs would require increased training and most osteopaths would require further education to be able to prescribe.</p> <p>Clarification is needed as to the exact amount, cost and duration of training.</p> <p>The associated time and cost of training and retraining was perceived as a major disadvantage.</p>
The nature and the role of drugs in osteopathy*	<p>Whether prescribing drugs corresponds or conflicts with the philosophy of osteopathy?</p> <p>Drugs can make osteopaths more holistic.</p> <p>There are other, more 'osteopathic', ways to be holistic.</p> <p>PRs are beyond the scope of osteopathy both philosophically & historically.</p>
Maturity and development of manual skills	<p>PRs may compromise the development of osteopathic manual skills.</p> <p>Some experienced osteopaths recommended a waiting period before PRs.</p>
The process	<p>Prescribing list - which drugs should be included or excluded?</p> <p>The circumstances where it would be beneficial to be able to prescribe.</p> <p>The process of gaining PRs, and how the decision should be made?</p>
Professional identity*	<p>PRs would improve the status of osteopathy.</p> <p>PRs would lead to osteopathy being seen as more mainstream.</p> <p>PRs could lead to destruction of professional identity if drugs are over-prescribed.</p>
Comparison/interaction of relationships with other professions	<p>PRs may lead to hostility from the medical community.</p> <p>PRs may lead to increased inter-professional awareness/acceptability from the medical community.</p>
Split or division in the profession.	<p>PRs may lead to a split within the profession e.g. practitioners who prescribe and those who don't.</p> <p>This division within the profession is already occurring.</p> <p>Should prescribing be optional or compulsory?</p>
Are PRs "THE" issue in Osteopathy today?	<p>Whether there are more important issues than gaining PRs? For instance, increased medical imaging rights, referral rights or raising the profile of osteopathy.</p>

*= Ideological themes.

Theme 1: Perceived effect of prescription rights on osteopathic practice

All of the osteopaths interviewed (14) agreed that PRs would affect their practice in a number of ways. The key concerns were:

1.1: Patient issues

The most important perceived advantage was that PRs would lead to improved total patient care: by decreasing the length of time the patient was in pain, by saving the patient time and money instead of waiting for a GP appointment (especially on the weekend) and by being more convenient for the patient. *“It saves the patient trouble, it saves the system money, it saves the practitioner problems.”*

The disadvantage was if a patient is seeing multiple practitioners and is on multiple medications without informing all others involved in the patient’s management: *“That’s the issue if people are seeing multiple medical providers and they all have access to pharmaceuticals, things can just get really mixed up ... and create all sorts of secondary problems as well.”*

1.2: Practitioner Issues

Most of the osteopaths interviewed were concerned that PRs would lead to increased legal liability and thus insurance costs, especially in relation to more potent drugs. Many stated that the increase in insurance costs was the major perceived negative effect associated with gaining PRs. PRs *“would increase the danger that we give to our patients and therefore increase our insurance premiums”*.

Other disadvantages were the increased paper work and time associated with having to take more extensive case histories and interact in a fuller way with the patient’s medical history. One osteopath argued that PRs would not *“immediately increase business or referral rates and it’s not going to increase patient outcomes”* and didn’t *“see much point in going ahead.”*

The benefits of PRs were that they would allow osteopaths to be legally qualified to recommend patients to take OTC medications (Aspirin and NSAIDs) and would lead to less practitioner frustration as the need to refer back to the GP would be removed.

1.3: Safety issues and risks associated with prescribing

Due to the increased potency and risk of side-effects associated with prescription medication, PRs were viewed as capable of increasing the risk of a standard osteopathic treatment. The main disadvantage was the possibility of “*wrong or inappropriate prescription of a certain drug causing interactions and side-effects.*” Other disadvantages were the potential for practitioners to over prescribe, patient overuse, abuse and adverse effects of pharmaceuticals especially if practitioners do “*not really know what other drugs or even supplements people are taking.*” The risk of drug interactions, for instance between NSAIDs and Warfarin, was deemed to be increased on an initial consultation as patients “*often limit the amount of information they are going to give you*” and also because “*most people are on quite a lot of pharmaceutical cocktails.*”

Moreover, although the short-term risks of the suggested pharmaceuticals may be known, the long-term consequences of pharmaceuticals cannot be safely predicted and potentially put the patient at greater risk and the practitioner liable. To support the possibility of long-term side-effects, some participants referred to “*the problems associated with Vioxx causing heart problems, heart attack.*” One osteopath went so far as to compare the controversy surrounding the recently withdrawn drug Vioxx, with the risks of cervical manipulation associated with vertebral basilar insufficiency. “*It [Vioxx] makes the vertebral artery problems diminish to this tiny, tiny problem and seem like nothing when compared with the risks of drugs.*”

However others believed the benefits outweighed the risks, although one osteopath argued both sides: “*they could do more good and they could do more harm.*” Proponents of PRs maintained that prescribing could be done effectively and safely, especially when in conjunction with an adequate case history. For instance, it was felt there would be less chance of side-effects “*if patients are carefully selected for drug therapy by identifying whether they have gut intolerance to NSAIDs*”.

1.4: The over the counter (OTC) option and whether it is sufficient

All of the osteopaths interviewed (14) occasionally recommend their patients to take the OTC medications. Regardless of their stance, most participants felt that OTC medications sufficed in most situations. Those opposed to PRs viewed the OTC option as a much safer alternative than prescription only pharmaceuticals. The OTC options *“don’t seem to have the same potency as prescription medications, and don’t seem to have the same problems.”* Another osteopath questioned *“how stronger or more potent the prescription anti-inflammatories are from the ones you can get OTC.”*

However those in favour of PRs felt prescription drugs would be necessary on some occasions. OTC alternatives can cover most bases *“for a lot of our patients ... but it doesn’t always cover the acute patient or the patient with a peripheral joint issue that isn’t responding, initially at least, to treatment”*.

1.5: Application of Prescribing

Rather than using pharmaceuticals as on-going therapy, prescription drugs and the OTC option were seen to work best *“if you use them as a problem solving approach”* or *“as trial interventions.”* *“The doctors I know that use anti-inflammatories well, they use it as a trial of 10 days or 2 weeks, with relative rest and anti-inflammatories and see if they can knock over the inflammatory component and give it a chance to settle down.”*

More importantly PRs should be used *“consistent with an osteopathic approach and philosophy. AT Still said that osteopaths will always embrace advancing medicine and surgery and if there is a better tool for helping our patients then it should be made available to osteopaths.”*

1.5: PRs effect on GP referrals

The majority of osteopaths interviewed believed PRs would decrease the number of patients that would need to be referred to a GP, and could thus potentially *“save the system money as well”*. A benefit would be to maximise the *“efficiency of the system”* through the ability to *“be able to give patients appropriate prescription without*

having to send them on a merry-go-round to see different people all over the place.” However it was noted that problems could arise if this process bypassed the patient’s GP as *“it is important for someone to have a complete and thorough overview of the patient’s medical history and what medications they are taking, and what their overall process is like”*.

Theme 2: Training

Every osteopath interviewed discussed the issue of further pharmacological training. The main concerns were as follows:

2.1: Opinion on necessity

All but one of the osteopaths interviewed believed they would require further education to be able to prescribe and overall *“doing additional training [was deemed] essential rather than a problem.”*

There was some disagreement in terms of how well the profession might embrace further training. Most participants argued that the high rates of osteopaths currently undertaking postgraduate study in other areas indicated that osteopaths who wished to obtain PRs would be prepared to undertake additional training. Another contested that it depended on the personal style of practice: *“I just simply can’t see most osteopaths bothering to gain a diploma in pharmacy to use these prescription rights for 2% of their patients.”*

The general consensus was that training was essential prior to gaining PRs. Moreover one anti-PRs osteopath emphasised that PRs would be optional: *“The right would be presumably applicable to everyone, but it’s like any other choice in your armoury. You don’t need to use. Just like everyone is not obliged to use MET.”*

2.2: The process/logistics of conducting training/retraining

All participants agreed that it would be important to do a separate pharmaceutical course and be examined prior to certification, regardless of years of experience. The associated costs and time involved were perceived as a significant disadvantage. The exact amount of training required needs clarification and there was a difference in

opinion regarding whether it should be incorporated into the current undergraduate curriculum or as a postgraduate course. The training “*should probably be included in an undergraduate level. Because undergrad is where the education is actually happening.*”

Another osteopath thought that osteopaths “*would probably have to be offered some sort of certificate course or postgraduate course that only those who do the training would be able to have the expanded rights.*” Another osteopath rationalised that “*it would require a fair amount of re-education of people who have been out there for a while... people would have to complete a separate course in the subject and be examined in it and be certified for it.*”

2.3: Ongoing training.

There was a recognised need for continual professional development (CPD) in the field of pharmacology/therapeutics, as one osteopath stated: “*I think that knowledge is essential for our work and the more knowledge and understanding we have, the better practitioners we are going to be.*” A perceived danger was “*people not keeping themselves sufficiently updated... [PRs] would require osteopaths to update their skills and knowledge far more frequently than is the case for their manual techniques at the moment.*”

Theme 3: The nature of osteopathy and the role of drugs in osteopathy

Interviewees had differing opinions about the nature of osteopathy and its relationship with prescribing rights. There was dissent between osteopaths when discussing if and how drug therapy could be integrated into the philosophy of osteopathy. This was a more emotive issue than others. Some of the interviewed osteopaths were unclear about the definition of the philosophy of osteopathy and there was significant variation between each individual.

3.1 Drugs and the philosophy of osteopathy

Proponents of PRs rationalised that the philosophy of osteopathy is such “*that it encompasses any health profession really.*” This concept was further reinforced by the idea that “*the philosophy of osteopathy is open to conjecture... I think osteopathy is*

broad enough to expect to be able to cater for our practice rights.” Another osteopath stated: “I don’t believe the philosophy of osteopathy is drugless healing.”

Many acknowledged that today’s medications are different to those which AT Still rebelled against. There is a need to be up-to-date and *“we also need to live and work in the times in which we exist.”* Those practitioners against PRs viewed the prescription of drugs as not being *“central to osteopathy. [As] osteopathic medicine is based on working with the body structure and function and that pharmaceuticals ... do have some ability to work with the osteopath, but really it doesn’t fit into our philosophy.”*

Proponents of PRs argued that drugs could be used *“consistent with an osteopathic approach and philosophy”* if they are used as a component of a treatment plan that is directed by an overarching osteopathic approach. *“AT Still said that osteopaths will always embrace advancing medicine and surgery and if there is a better tool for helping our patients then it should be made available to osteopaths.”*

However, there was uncertainty about whether drugs would actually be used in accordance with osteopathic principles as *“an awful lot of osteopaths are practicing osteopathy in a way that conflicts with the philosophy of osteopathy anyway as a... lot of people are doing what Still called ‘Engine wiping’¹”*. PRs have the potential to encourage engine wiping *“instead of actively trying to promote the patient’s health and get the patient to take responsibility for their health”*.

3.2 Holism

There was frequent disagreement over the issue of whether drugs make osteopaths more holistic. Some osteopaths argued that PRs would enable them *“to offer a more holistic approach to my patients.”* Others considered holism as a concept of looking *“at how the body works physiologically... [to find] ways to promote lymph flow and circulation to ease inflammation as opposed to using short term pharmaceutical relief to get the patient over a certain glitch.”*

¹ Dr. Still referred to the treatment of pain or just addressing symptoms as, “engine wiping.” For him, cure was the prerogative of the Master Mechanic. He implored osteopaths to find the underlying cause of disease and not treat the effects. http://www.interlinea.org/past_issues/attention_vs_intention.html

It was also recognised that “*you could argue it both ways*”. For example the current style of osteopathic practice has the potential to be holistic in terms of using a co-management approach (via GPs and other alternative health care practitioners) or PRs could make osteopaths more holistic through having limited prescribing rights.

3.3: Scope

With regard to the scope of osteopathic practice some osteopaths felt that PRs would enhance their capacity as an osteopath. The primary reason for gaining PRs would be “*to enhance patient care and to provide as great a scope of osteopathic services I am able to.*”

Others felt that osteopathy has a great enough scope anyway. “*I have enough that I can do for my patients without having to worry about drugs...in terms of manual therapy, advice on lifestyle, diet, exercise and stretching programs, strengthening work, rehabilitation.*”

A number of interviewed osteopaths passionately emphasised that there were more important issues for the profession to focus on, such as gaining other expanded practice rights namely increased referral and imaging rights. “*I strongly believe that expanded referral rights would be much more beneficial to our profession... You should have... the right to refer to specialists... to Orthopaedic surgeons and rheumatologists... Neurosurgeons, dental surgeons.*” This was based on the belief that osteopaths “*are better equipped than the GP to refer to those professionals*”.

Overall expanded referral rights was perceived by some as “*much more beneficial to our profession... than prescribing.*” Others contended that “*practice rights to include ... greater radiological imaging*” would be a much more important first step. “*We don't even have full radiographic facilities available, so I think it's [PRs] a premature concept.*”

Another osteopath insisted, “*there are other things that osteopaths could be putting their energy towards*”. In particular, improved “*communication between other medical professionals ... making more use of the practice audit and of case outcomes,*

studies and commentaries” and raising the overall awareness of osteopathy were deemed as being “*far more useful*” than gaining limited PRs.

Theme 4: Perceived effect of prescription rights on skills

There was division regarding how PRs would impact on not only the amount of manual therapy used but also the development of manual skills in newer graduates.

4.1: The effect of prescription rights on manual therapy (MT)

Some argued that PRs would eventually lead to a reduction in the focus on MT, as osteopaths would prescribe drugs instead of “*using an osteopathic approach*”. Furthermore this potential reduction in MT would be more likely seen in the less experienced practitioners and potentially “*make for a lazier osteopath*”. PRs were also considered as detrimental to practitioners’ manual skills in the longer term: PRs “*may take away ultimately, not initially, but ultimately it could take away from relying on your palpatory/mechanical aspects*”. Another argued that osteopaths would invariably stick with MT.

4.2: Development of osteopathic skills

According to interviewees’ personal understanding, inexperienced practitioners were deemed to be more likely to reach for anti-inflammatories earlier: “*I was possibly naïve in the first few years of my practice and that’s when you want to help the most and that’s when it can usually lead to over-treatment, over-prescribing, if we had the rights, and usually leads to hassles before we become a little bit experienced.*”

Years of experience can outweigh the need for drugs as it enables practitioners to develop osteopathic skills and “*realise the power of osteopathy*” to counteract the urge to prescribe. One passionate osteopath opposed to gaining PRs maintained that: “*Osteopathy can be quite powerful and we are more than capable of treating patients with just osteopathy.*” Moreover, emphasis was placed upon the need to develop “*analytical and reflective skills*” to develop techniques to manage situations and manage the patient prior to gaining PRs.

One osteopath strongly believed that PRs could negatively influence new graduates' desire to *"to go further into looking at some of the mechanical stuff that's out there which might actually help them in their practice."* This practitioner recommended PRs be granted only after a 3 to 4 year waiting period. Another osteopath concurred with this idea: *"I think that [it] would be sensible ... to also wait for a couple of years after graduation before you begin to prescribe. I think everyone should be on trial for a few years."*

Theme 5: The process

Osteopaths were questioned about which drugs they would like access to, if there were any medications they would not want access to and why this was. They were also questioned about potential circumstances they would wish to prescribe for and whether there have been any situations in the past where they might have wanted access to pharmaceuticals.

5.1: Prescribing List

Those in favour of gaining prescription rights (six) indicated that the most important class of pharmaceuticals to have access to was non-steroidal anti-inflammatories (NSAIDs), followed by analgesics and muscle relaxants. Three osteopaths indicated that they were interested in expanding practice rights to only prescribe NSAIDs to minimise the risk of side effects and interactions with other drugs. *"I think we should stick to probably just anti-inflams or go pretty close to sticking to it. Just so we know very well what the contraindications are to any other medicines."*

5.2 Circumstances

Interestingly, those osteopaths opposed to PRs were able to give examples of past situations when they would have liked to prescribe. This often prompted them to reconsider their stance.

Osteopaths opposed to PRs stated that pharmacists and GPs are *"far better qualified than us to do that job safely,"* and were happy to refer patients to them for medication rather than feeling the need to prescribe. *"I refer to them rather than take the responsibility myself and I feel that the people that I have dealt with are quite happy"*

to do that because then they don't feel like they're playing their GP against the osteopath and visa versa."

Participants in favour of gaining PRs emphasised the benefits of NSAIDs for patients in acute situations and for short-term symptomatic relief. For example, *"patients presenting with a major inflammation of the lumbosacral area or the cervical area or an elbow or wrist, where it is very clear that a short course of anti-inflammatories would be particularly beneficial and would provide a window of opportunity to maximise the treatment process."*

Analgesics and muscle relaxants were thought to be indicated for patients in acute and severe pain also as a way to break the pain cycle. *"I thought if she had some Valium, a very strong muscle relaxant, that would help calm her down that would give her body a minor window of opportunity to rest and heal and recover."*

Cortisone and anaesthetic injections were recommended for patients who *"did not respond to conventional manual therapy"*. One osteopath believed that *"you have to regard it [cortisone injection] in osteopathic terms as a way of again getting the patient some short term relief so that you can then address the issue osteopathically more effectively over the longer term."* Oral corticosteroids were not favoured by ten of the fourteen interviewed osteopaths due to concerns over safety issues and potential side-effects.

Theme 6: Professional Identity

Practitioners discussed the current osteopathic identity and the potential effects of PRs on the profession's status. The unique, alternative osteopathic identity was seen as an advantage by some by making it more of a niche market and as a disadvantage by others due to the lack of awareness by the general public and other medical practitioners.

6.1: PRs impact on status

There was mixed opinion on the potential impact of prescribing rights on identity with some osteopaths arguing that PRs would improve osteopathy's status. *"I think it [PRs] would be beneficial to the profession, I think it would probably help its status."*

“If it [PRs] increases an awareness that osteopaths are well trained and reasonable professionals... they have demonstrated the required knowledge to get expanded practice rights. If they were viewed more appropriately as a result of it, then I think that would be a good thing.” Others considered PRs would have a negative or dubious effect on the profession’s status. *“I doubt whether prescription rights would have a positive impact on our credibility.”*

6.2 Loss of unique identity and becoming more mainstream

PRs were also viewed as having the potential to influence the public’s perception of osteopathy; as the profession would be seen as less alternative and more mainstream, or more medicalised. *“If ...the profession [had] ... some form of prescription rights, it would ...mean that the profession moved closer to mainstream practice, rather than being on the periphery.”* This progression towards the mainstream was viewed sceptically by one osteopath: PRs *“may [make the osteopathic profession] become more medically oriented. I don’t know how beneficial that is.”*

PRs were also seen by some as having a positive effect on how osteopathy was viewed by not only the public but more importantly by the medical profession. *“We continue as a strong profession moving forward and have extended practice rights and [can] be seen as a strong profession and not just a manual therapy.”* *“Acceptability, it’s how we are viewed from the medical community at large and how our services are viewed by the community.”*

This change in the public’s perception of osteopathy was interestingly viewed as both a positive and a negative. For instance one interviewee speculated that *“people may turn around and say that the profession has sold out, they have gotten in bed with the medical profession, they are now prescribing, they are now in league with the major pharmaceutical companies, they are no longer alternative to the mainstream.”*

However they also recognised the potential that *“the pharmaceutical companies might ... take an interest in the profession and even provide some funding for research and contribute, financially perhaps, for some education programmes.”*

6.3 Loss of autonomy

One risk identified with gaining PRs was the possibility of coming under control of the medical profession and pharmaceutical companies. *“That we would be seen as a lesser arm of the medical profession and that the medical profession would have to OK our every move. I don’t want to lose autonomy.”* Another osteopath emphasised this loss of autonomy as a negative and made a comparison to the negative impact the pharmaceutical industry has had on the medical profession: to *“come under the power of the pharmaceutical companies”* which have been shown to *“influence ... medical practitioners.”*

Discussion

This research aimed to determine and explore what the key issues were for osteopaths, so that a more comprehensive survey of the profession could be conducted in the not so distant future. It did raise a number of unexpected issues and opinions important to those interviewed, which will thus be incorporated into the future questionnaire. For example whether there are more important issues to the profession than PRs.

The variation in opinion expressed by individuals in the interviews demonstrates not only the complexity of the issue but also the multifaceted make up of osteopathic practice. Only experienced osteopaths were interviewed because it was deemed they would have a greater ability to reflect on their own professional history. Ideological issues concerning the philosophy of osteopathy and its future conjured up more emotion than the more pragmatic issues of training and application of prescription rights. The testimony of other osteopaths suggests that this division in opinion (admittedly within a small sample) is symbolic of the profession as a whole.

Many of the themes identified by Grundy and Vogel are consistent with the issues important to the interviewed Australian osteopaths. The clinical and professional advantages and disadvantages (pragmatic themes) developed in Grundy and Vogel’s study are nearly identical to those expressed by participants in this study. A possible explanation for this similarity is that 7 of the 14 interviewed osteopaths were educated at the British School of Osteopathy and may have been raised on similar principles (see Table 2 for summary of demographics of participants).

Many of those interviewed were somewhat ambiguous when it came to defining the philosophy of osteopathy and whether drugs had a role within it and if so, how? The variation in the interpretation of osteopathic philosophy is a reflection of the individualistic approach to osteopathic practice. Those interviewed came into osteopathy from a range of diverse backgrounds (nursing, physiotherapy, acupuncture and naturopathy), which might not only influence their style of practice but also their self-identity.

Issues surrounding the personal, professional and cultural identities of Australian osteopaths were considered. As Grundy and Vogel discussed, *“for the osteopath, matters of osteopathic principle, and hence what it means to be an osteopath, are closely linked to the individual self-identity, feelings of self-worth and self-confidence; they reflect upon a life role that the individual has chosen.”*²²

The way that Australian osteopaths would adopt and assimilate PRs, if they get them, is going to be in part determined by not only the identity of the individual osteopath, but also the nature of the region in which they practise and also in a much broader context, Australian health culture.²³ The identity of the Australian osteopath lacks clear definition and there is a growing need for osteopathy to define itself in the context of modern times.^{24,25} The responses of many of those interviewed clearly indicated that the issue of PRs conjured up both strong and emotional opinions closely related to the individual’s osteopathic identity.

Other future implications are how the medical community and also the general public would view osteopathy if PRs were achieved. Many of the interviewed osteopaths emphasised an advantage of gaining PRs as raising the profile or status of osteopathy. Moreover emphasis was also placed upon the need to increase inter-professional awareness, mainly from the medical community. This desire to improve osteopathy’s status may be due to the relatively short history of osteopathic education in Australia and the lack of acceptance and occasional hostility from the orthodox medical community in the past.²⁶ The promotion and education of both the medical profession and the general public about the applications and benefits of osteopathy could potentially be more valuable to the profession’s status than gaining prescriptive authority.

There was a mixture of opinions when it came to the role of drugs within the osteopathic philosophy. The osteopath who highlighted the issue of ‘*engine wiping*,’ was primarily concerned that PRs have the potential to negatively influence osteopathic practice by encouraging osteopaths to practise in a way that is inconsistent with the philosophy of osteopathy. Furthermore, other interviewees expressed concern that PRs may encourage this practice of polishing the exterior instead of getting to the heart of the problem, especially in less experienced practitioners.

Osteopathy has been defined as not being “*concerned solely with eradicating disease, but with managing other aspects of health and well-being.*”²⁷ The theme of whether medication has a place within osteopathy is very complicated. There was significant disagreement between practitioners as to whether drugs conflict with the philosophy of osteopathy and especially the osteopathic principle that the body has the ability to self-heal. Moreover another problem is that medication can occasionally mask the symptoms of an underlying disorder.²⁸ One must question whether gaining PRs would change the focus of the osteopath from health to disease? Further investigation and clarification is required, as it is evident that those interviewed felt very strongly on this issue.

As mentioned, the path to full prescriptive authority in the USA was associated with significant changes to not only the teaching curriculum but also a subsequent blurring of distinction between orthodox medicine practitioners and osteopaths.²⁹ Several recent studies have documented a reduction in the amount of manual therapy used by American osteopaths.^{30, 31} The results of this research indicated an underlying fear that PRs could potentially lead to a reliance on drugs rather than the development of manual skills. Australian osteopaths must ask themselves whether gaining expanded PRs will affect the amount of MT applied in practice, especially by new graduates?

As discussed, a possible solution to the problem of new graduates over-prescribing when beginning practice is to have a waiting period post graduation to allow them to explore the full potential of osteopathy. Another option would be to provide a mentoring program for more experienced osteopaths to mentor inexperienced osteopaths about the power of drugless healing and to pass on some of their knowledge and further the development of the younger generation.

Whether there are other more important issues to pursue in professional expansion?

Despite the fact that Australian osteopaths are currently not legally authorised to recommend OTC medications, all of the fourteen interviewed osteopaths freely admitted to recommending them to their patients (either presently, or in the past). Therefore osteopaths currently recommending OTC medications must be aware of and accept the responsibility for anything that arises as a result of OTC recommendations.³²

There was division over how much safer the OTC option really is. Furthermore there was uncertainty within the responses of some participants regarding the potential increase in potency of prescription medication. Generally speaking, OTC medication is a less potent version of medicines available on script and the instructions for their use are simple and likely to be followed.^{33,34} There is only a 12% increase in potency in prescription and non-prescription NSAIDs. It is clear from the apparent lack of understanding from the participants that osteopaths need to be educated about the most appropriate applications of NSAIDs and their respective potencies. If OTC medications are safer, easier to administer, and they meet the patient's needs, it was argued that perhaps osteopaths don't need PRs. It may be prudent for osteopaths to seek this smaller expansion of practice rights, as in the ability to legally give advice on OTC medications, prior to gaining prescription only medications.

On the other hand, one osteopath argued passionately that pharmacists are currently a more viable alternative than the acquisition of PRs for osteopaths and that osteopaths should be encouraged to utilise the pharmacist's knowledge. Pharmacists play a significant role in OTC medication advice and in risk management strategies as they can use their expertise to assess the patient's disorder and are in a position to give advice on the appropriate product.³⁵ Ideally, pharmacists should give advice and ensure consumers understand dosage, contra-indications, drug interactions and adverse effects. However some OTC options are available at supermarkets which can cause problems if people are not suitable candidates. Further clarification is required to determine what the majority of osteopaths deem as a priority for their profession.

The osteopaths who emphasised the need for expansion of specialist referral rights and increased imaging rights have indicated that the ORBV should be pursuing issues other than prescribing rights. This further reinforces the vital need for an extensive survey of the osteopathic profession to identify those areas deemed most important to Australian osteopaths prior to future amendments to the Osteopaths Registration Act 1996.

The issue of the role of the GP in the patient's management is complicated and varies between each individual. The recent increase in the number of GPs in Australia² when combined with improved health awareness and education of the general public can be accounted for the increased demands from patients.³⁶ This may result in patients being inclined to "doctor shop" as there is now much greater availability and it may be unrealistic for osteopaths to expect that their patient's GP is always adequately looking after the patient's general health. Therefore it can be argued both ways that if an osteopath has the ability to prescribe then with the increased consultation times it may be easier to take a thorough medical history and have a more detailed overview of a patient's medical history and avoid drug interactions. However, on the other hand there is nothing stopping a patient from seeing multiple osteopaths either. Additionally as stated, some respondents feared that this could negatively change the image of the osteopathic profession to become "*more medicalised*".

Comparison with other health professions and prescribing rights in Australia

In Australia, optometrists have expanded their practice rights, some nurses can be qualified to prescribe, podiatrists are in their final stages and some physiotherapists and psychologists are now also vying for prescriptive authority.³⁷ The Osteopaths Registration Board of Victoria compared osteopaths with therapeutically qualified optometrists, who have been able to prescribe pharmaceuticals in Victoria, Australia since 1999.³⁸ The documented benefits of optometrists' increased practice rights are the removal of pressure from overworked general practitioners and hospital services, through a reduction in unnecessary referrals thus saving the patient, taxpayers and the state health system money.³⁹

²² The number of doctors in Australia doubled between 1971 and 2001, from 122 to 248 per 100,000 population.

The Board concluded that since the introduction of limited prescribing rights for registered optometrists *“there have been no complaints of prescribing errors and no evidence that patients are at risk or that endorsed optometrists are operating beyond their prescribing authority”*⁴⁰.

The Board holds the view that this would also be the case for registered osteopaths upon the granting of limited prescription rights. However this comparison does not accurately consider the type of prescription, but rather the status both professions hold: they are both primary contact allied health practitioners. There is an important distinction to make: both professions would prescribe in the same sorts of ways professionally, but not practically because the fields of practice are different. It is impracticable to say that osteopaths as a group are going to be as safe, or their field of practice is as safe as that of optometrists because the style of practice is entirely different. Optometrists have a much more limited scope of practice than osteopaths and consequently the Board’s comparison with this modality is not necessarily a reliable predictive indicator of osteopaths’ prescribing habits.

The majority of drugs prescribed by optometrists are localised to the eye and are different from the limited formulary that the Board recommends for osteopaths. Data collected by the Optometrists Association Victoria demonstrates that antibiotics (43.5%) and steroids (39%) are the most common agents prescribed by optometrists⁴¹. The amount of pharmacological training to permit this expansion in practice (access to S4 drugs to therapeutically treat ocular disease) was only 70 hours (two pharmacology-relevant subjects) over the entire 5 year University of Melbourne Optometry degree.⁴² Currently Victoria University teaches 48 hours of pharmacology over the 3rd and 4th years of the Bachelor of Clinical Science and Master of Health Science course. Hence, further consideration is needed into the exact amount and modification of pharmacological study that would be required.

It is interesting to note that many of the respondents focussed on philosophical issues rather than the more practical issues such as training during the interviews. Therefore the ORBV needs to carefully consider a number of important practical/clinical issues

before advocating the expansion of the scope of osteopathic practice. Prior to gaining PRs there needs to be much greater consideration into the professional issues of exactly how much extra training would be required, whether it would be compulsory, would it be incorporated into the current course and how would the certification process occur? Moreover, would there be continual refresher courses for practicing osteopaths to attend, especially when new drugs are released onto the market?

The path to prescriptive authority for optometrists was a slow and arduous one, with the process taking approximately 4 years from when The Victorian Parliament passed the legislative framework to support optometrists expanded scope of practice in 1996. Similar delays should be expected for osteopaths.

Another consideration is whether PRs would be optional for registered osteopaths as there was obvious division in opinion regarding expanding the scope of Australian osteopathic practice. Moreover would this lead into a split within the profession into a prescribing and non-prescribing model and where would the majority of the osteopathic population stand on such an issue? These are obviously only concerns if PRs eventuate but are worth considering nonetheless.

Limitations

The deliberate selection of participants did not aim to be a fully representative cross section of the osteopathic population. Therefore the results of this 'preliminary exploration' are merely a starting point for further exploration into the major issues important to Australian osteopaths regarding PRs. Due to the nature of purposive sampling, it is important to note the associated biases. There was a selection bias for experienced osteopaths and a response bias as the people who consented to participate were more likely to be passionate about this issue and more likely to consent.

The interview format is an effective method for soliciting issues of greatest importance to the individuals who participated, but is time consuming and not recommended for large-scale surveying. According to Grbich (1999), no currently available research has addressed the issue of whether people reveal more in verbal communication on the phone or face to face.⁴³ Conducting telephone interviews made

it occasionally difficult to build rapport, but those interviewed were generally willing to disclose information and expand on their opinions.

Some recordings were not of the best quality and transcription was consequentially both time-consuming and laborious. A future recommendation would be to request all telephone interviewees move to a private room away from background noises, such as screaming children. Moreover, interviews should not be conducted on a mobile phone, as these were the instances which were associated with the poorest quality of recording. On these occasions the researcher found it difficult to request the interviewee to move rooms or arrange another time where it would be quieter due to difference in power. This issue of power in the interview process was due to the differences in years of experience and osteopathic knowledge between the researcher and the participant. In some instances, the researcher felt lucky to be granted an interview in the first place and didn't want to make any more requests of the participants.

Another minor issue that was encountered was that one experienced osteopath invited to participate in the study declined, citing a conflict of interest, as they were also a member of the ORBV.

Future recommendations

Future research is most definitely indicated, as there was a vast difference in opinions concerning practice rights for osteopaths. Many of those interviewed were very passionate about the potential impact of prescribing rights on osteopathy and concerned about their profession's future. It is vital to survey the larger community of osteopaths regarding their opinions on this contentious topic before PRs are formally sought by the profession. The development of a comprehensive questionnaire, ideally endorsed by the Osteopaths Registration Board, would enable the osteopathic populations' views to be explored in their entirety. Another option would be an open debate or forum to allow osteopaths to speak freely about their opinions and discuss the major issues surrounding prescription rights.

Possible future areas for research

After completing this research a number of potential areas of future research have become evident. One major theme was whether there are more important areas on which to focus the profession's energy and resources on. For instance, expansion of practice rights to include increased imaging or specialist referral rights. Clarification is also needed to determine whether it is possible to define a unique Australian osteopathic identity and how prescription rights would impact on it. There must also be consideration into whether PRs would divide the profession, the effect of PRs on the amount of MT used in consultations and how training for this expansion of practice rights would be implemented. Moreover, investigation to determine the likely rate of increase in insurance premiums is required as this was a key concern for a number of individuals. Risk management strategies also need to be considered and specifically adapted for osteopaths. In addition, research needs to look at the training levels required and the practicality issues surrounding expanded practice rights.

Conclusion

As one osteopath eloquently put it, "*expanding practice rights is a double-edged sword. It has both pluses and very real minuses.*" Those interviewed are more than aware of both the risks and the benefits of prescribing rights. But it is impossible to predict the consequences of Australian osteopaths gaining limited prescription rights other than referring to the changes that occurred in the USA or other professions.

The most discussed themes were the effects of prescribing on practice and training and how PRs should be implemented. Issues such as expanded practice rights to include increased referral rights, imaging rights and improved professional awareness were deemed by some as more important than gaining limited prescription rights. Before any further steps are taken by the profession, these under-researched areas must be explored in greater detail. Whether or not this contentious topic remains largely an academic debate should depend on future research to determine the opinion of the majority of osteopaths. A large-scale study surveying the profession's position on PRs would help to better inform both the profession as a whole and the ORBV regarding this complex and convoluted issue.

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