

**PROJECT TITLE:**

**A pilot study investigating professional standardisation and harmonisation in osteopathic institutions within Europe and Australia.**

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**Abstract:**

**Background:** In the field of orthodox medicine, there has been a high degree of standardisation in developed countries of course content in medical teaching institutions, and this has led to a significant degree of harmonisation of standards for professional registration, allowing for portability of qualification so that doctors qualified in one country may obtain registration, and be able to practice in a number of other countries. There has been little progress or agreement towards standardisation in the field of osteopathy, however there is an increasing interest among Australian osteopathic graduates in practicing overseas. For legal reasons graduates are currently unable to practice as osteopaths in the USA, so many are looking to work in Europe, and as a result interest in issues of harmonisation and qualification portability is rising.

**Objective:** This study is a small-scale preliminary study of the views of educators of representative colleges intended to help develop an understanding of how the European and Australian educational institutions are approaching the issues of standardisation, harmonisation and whether portability of qualification is desirable.

**Methods:** Six osteopathic educators, considered leaders in osteopathic education, were interviewed. The interviews were transcribed and analysed for raw data statements which were discussed in order of topics and themes outlined throughout the article.

**Results & Conclusions:** In this study we found that osteopathic educators share common goals to work towards international harmonisation, however are sceptical of the term “standardisation” for fear of transforming a profession that is considered a philosophy, art and unique style of healthcare into something ordinary and general. The profession lacks leadership and is reluctant to help develop international bodies.

**Key words:** Standardisation, Harmonisation, Portability of qualification, Osteopathy.

## **Introduction:**

The transformation of osteopathy from an idea to a system of healthcare was a long and hard process. Many allopathic professionals expressed doubts about Dr Andrew Taylor Still's ideas of a natural, preventative healthcare system. Despite their scepticism, however, his system was adopted by many health students whose ranks have grown to more than 40, 000 osteopathic physicians today.<sup>1,2,3</sup>

Despite the growth of osteopathy as a profession its education, practice and philosophy is highly varied and lacks professional unity, identity and standardisation worldwide. This is a problem as it clouds the profession, limits portability of qualification and adds confusion as to who we are as osteopaths.

One previous study compared the practice, history and education of Osteopathy in Australia and USA<sup>2</sup>, other studies have also described the future of osteopathy and education.<sup>4,5</sup> However research into current education in respect to reviewing the direction of standardisation and achieving harmonization has yet to be undertaken.

Anecdotal evidence from osteopathic institutions in Australia, as well as overseas, suggests that a number of their students are expressing a desire to be able to work overseas after graduation. If the institutions are to be able to meet this demand, they need to be informed about the approaches being taken by other institutions to the issues of standardisation, harmonisation and portability of qualification. If, for instance, other overseas institutions regard it as desirable that osteopaths should be able to register and work overseas, there would need to be some degree of coordination between institutions and registering bodies in order to standardise curricula and develop common standards, including the possible creation of an international body. At present we have little knowledge of how other institutions are

approaching these issues. Given the considerable potential scope of the topic, a decision was taken to limit this pilot study to a representative selection of institutions as a starting point for further study, course planning and/or development of relations.

## **Literature Review**

### **1. Achievement of broad standardisation & portability in other professions**

In comparison to osteopaths, general practitioners worldwide have been trained to reasonably uniform standards (with some degree of variation) and there is a high level of consensus underlying medical curricula and practice internationally. An example of these standards is for doctors who qualify in the United Kingdom (UK). To assure uniform standards the medical profession sets standards for undergraduate, postgraduate and pre-registration medical education.<sup>6</sup>

The UK's General Medical Council (GMC) visits and inspects medical schools and teaching hospitals and takes action where standards are not maintained. The GMC also produces guidance on doctors' teaching responsibilities and works with colleges and training bodies to promote standards of postgraduate and continuing medical education.<sup>6</sup>

### **Areas of Difference & Commonality**

In allopathic medicine, there are similarities in treatment approaches for particular conditions. For example the drug treatment of arthritic conditions tends to follow a progression from simple analgesics and anti-inflammatories, through corticosteroids to disease modifying anti-rheumatic drugs (DMARD's).<sup>7</sup> However, osteopathic techniques vary considerably between physicians. There are two extremes, the traditional practitioners using manipulation or **direct techniques**, at the

other end the **indirect** cranial enthusiast and somewhere in the middle is everyone else utilising a variety of techniques as the circumstances dictates.<sup>8,9,10</sup> This individual treatment approach is not only valued by osteopaths, but is seen by some as part of the osteopathic philosophy of matching the treatment to the individual. However, it complicates attempts to achieve any degree of standardisation in the profession.

The stated aim of any osteopathic course anywhere around the world is to produce deep and holistic learning rather than surface learning. Baziotis<sup>11</sup> investigated approaches to learning in: *A concept map for teaching*. He argued that in meeting competence and professional requirements of the profession, the goal of osteopathic education should be to ... “produce graduates with knowledge, skills and attitudes which provide an appropriate foundation to enable them to undertake competent general practice of osteopathy”.<sup>11</sup>

The difficulty lies in achieving a commonality of opinion in respect of what knowledge and skills are required for competent practice. Attempts have been made to do this. The Competencies Required for Osteopathic Practice (CROP) document produced by the General Council and Register of Osteopaths (GCRO) in the UK is one such example, and the various Osteopathic Registration Boards in Australia have tried to define required competencies and set out curriculum standards.<sup>12</sup> While there are some similarities in the content of these documents, there is a difficult balancing act to be achieved if agreement is to be reached by all parties on required competencies without being overly prescriptive in terms of curricula.

With the progress of technology and the subsequent increase in ease of communication, discussion regarding osteopathic education should no longer be confined within the boundaries of individual countries. Learning from other institutions’ educational structure, emphasis and direction is worthwhile. Learning

from colleagues in different countries is also important for the osteopathic profession and will help us build a clear agenda, become less ignorant and possibly lead to a degree of unity and standardisation internationally. However, a search of current literature provides little evidence that such mutual discussion and learning is occurring regularly in the profession internationally.

### **Trends towards standardisation- pressures of political demands for harmonisation & portability of qualifications**

Osteopathic educational institutes have a responsibility to provide professional training, and curricula that meet the demands of the profession worldwide. Currently there appears to be little international unity in the profession, and there is no global peak body. The only major international body currently in existence is the recently established world osteopathic health organization (WOHO,) which functions primarily as a discussion forum at present.

Common core curricula in the medical profession allow portability of qualification between many countries. Osteopathic education, however, varies so much in terms of length and content that harmonisation & portability of qualifications seem almost impossible at present.

Growth of the osteopathic profession / philosophy / education is greatly dependant on the focus of its members and learning from other groups, including our colleagues worldwide. This is important for our profession in order to build a clear and definite educational agenda, international unity and strength for the future.<sup>13</sup>

The shift from traditional to modern styles of education and type of practice in the osteopathic profession was due to a high social and lawmaking change.<sup>14</sup> The advent of statutory registration in a number of countries has forced a change in the style of

Osteopathic Education, which has increasingly moved towards degree courses and an emphasis on research. This has led to an increased questioning of educational premises and curricula. This idea was explored by Kuchera<sup>15</sup> who claimed that “...up to 80% of licensed DO's haven't a clue as to the premise of their profession. This ignorance seems to have its root in our colleges' curriculum...”

Latey<sup>4</sup> supported this ignorance in his article on ‘*The future of Osteopathy*’ and believed that as the pace of osteopathy changes quickly it is continuing education and lifting of standards of competency that will help us keep up. He asked, “*Where is our political voice to share our consensus and concerns for the future of our human community*”.<sup>4</sup>

With the trend towards statutory registration, the progress of information on osteopathic techniques and the subsequent increase in communications, it might be expected that current and future osteopaths will not be confined within the boundaries of their own countries. VU graduate records indicate approximately 10% have worked overseas, and therefore there seems to be a desire for portability of qualification.<sup>16</sup> However, this can only be achieved if there is progress towards standardisation of competency standards.

The European Union developed a system for the mutual recognition of professional qualifications in order to ensure the success of the Single European Market.<sup>17</sup> This system allows those professionals who meet the criteria within the General Directive to move within Europe by claiming access to the national title of professionals who do the same work.<sup>17</sup>

Mutual recognition of professional qualifications is one of several devices which is used to allow professionals to respond to the globalisation of services. Currently, there is specific pressure from the World Trade Organisation (WTO) to introduce

regulations towards the liberalisation of trade with mutual recognition as the preferred model.<sup>17,18</sup>

This political pressure, together with the trend to statutory registration in other countries, provides the impetus for there to be a global re-assessment of osteopathic education and registration standards, and it is in light of this that the current study was considered. No progress can be made towards harmonisation, standardisation and portability of qualification without first understanding the views of the educational institutions.

### **Aims:**

To investigate the views of representative heads of osteopathic institutions in Australia and Europe in relation to issues of

- a) Standardisation of osteopathic educational curricula
- b) Harmonisation of registration standards
- c) Portability of qualification

Due to the current issues of portability of qualification and standardization within the osteopathic community, as well as the pressures from the registration boards to achieve harmonization in the European Union, it was indicated to be a good time to address these issues and find areas of commonality in order to ascertain how schools are approaching and addressing issues of standardization.

The information gained from this study will hopefully form a valuable starting point to a greater understanding of issues of standardisation, harmonisation and portability of qualification.

### **Method**



The investigation involved interviewing the head of school or nominee (an individual with experience in curriculum development and registration issues) at each institution. Subjects were interviewed from 6 different osteopathic institutions, 4 in Europe and 2 in Australia. Data were collected by visiting the institutions personally and interviewing participants face-to-face. This interview method was chosen rather than by telephone as it was felt that participants would feel less constrained by time in this format, would be more likely to give detailed answers and non-verbal cues would be considered as some of the educators spoke English as a second language.

Participants were invited to take part via a letter outlining the aims and method of the study. They were asked to sign a written consent that outlined their acceptance of participation in the study.

There were both informal and structured interviewing methods used that produced more comprehensive data. (List of interview questions-Appendix A) The interview was carried out with the heads of the selected osteopathic department from various institutions or their nominees.

### Selection

Participants were sought from six major osteopathic institutions, two in Australia, one in UK and three in Europe.

1. Victoria University (VU), Melbourne, Australia
2. Royal Melbourne Institute of Technology (RMIT), Melbourne, Australia.
3. British School of Osteopathy (BSO), London, UK
4. International Academy of Osteopathy (IAO), Gent, Belgium
5. College Osteopathique Europeen (CEO), Paris, France
6. Ecole Suisse d'Osteopathie (ESud'O), Lausanne, Switzerland

### Participants

Six adult participants, male and female, in positions of leadership at osteopathic institutions in Australia and Europe, took part in this study. The European institutions were selected as being major providers of osteopathic education in their respective countries, and because all of them are known to have been involved in discussions with EU working parties on harmonisation.

### Procedure

Data was collected in a 30-45 minute semi-structured interview, which involved asking the participants the same questions in the same sequence to explore areas of commonality that may emerge. With participants' consent, their responses were audio taped with a Dictaphone, the interviews were then transcribed and a copy of the participant's own transcripts made available for their record. Participants were asked to check their transcripts for accuracy and a two-week 'cooling off period' was allowed from the date of receipt of the document. During this time participants were free to withdraw any part, or all, of their transcripts from the record.

### Data Analysis

The data was analysed using discourse or content analysis which involved transcribing the interviews and finding common themes, patterns and categories to emerge. Discourse analysis involved transcribing verbatim, then analysing the discourse to identify themes, codes and emergence of recurring patterns by creating ideal types or theoretical categories that provide a structure for analysis.<sup>19</sup>

The data was then grouped with statements that express similar ideas, areas of commonality and difference.

## **RESULTS**

### **Views on the definition of osteopathy**

The general consensus was that osteopathy was very difficult to define, however four of the six participants did agree that any attempt at definition would have to include a description of the original philosophies of A.T.Still, to incorporate and have respect for his teachings as a basis for the educational concept of osteopathy as an art, science and philosophy. The remaining two schools were indecisive and believed that osteopathy could not be defined easily, with statements such as *“I wouldn’t dare to define osteopathy- it’s too broad and we are not in a situation where we can narrow it down to one definition. It’s evolving and changing quite rapidly”*

### **Awareness of current situation regarding standardisation of curricula and harmonisation of registration standards.**

All the educators were highly opinionated yet divided on the concept of standardisation. Two of the six participants were against the concept of broad standardisation, representative comments included *“to standardise curricula is a mistake because it stops development and innovation, which is what forms a course”*.

Two schools agreed that some degree of standardisation of curricula may be desirable and the remaining two schools slotted in between with a number of provisos attached to their view. One of the two schools emphasised the role of cultural differences in the development of therapists. Their view was that you cannot standardise learning, development of therapists, heart, spirit and culture.

All participants agreed that there should be a strong and standardized academic base. Certain criteria should be covered, i.e. sciences, followed by individualized development of an institution, i.e. to be able to develop different aspects of osteopathy

in difference schools. *“Osteopathy is very different from one institution and from country to country and it is ever evolving”.*

When asked about the desire for international standardisation it appeared to be considered somewhat of a difficult goal. Each country appears to be struggling with their own identity for osteopathy in different ways. Therefore as one participant commented *“It is more important to get organized on a national level and then aim higher for an international level”.*

### **Views on whether standardisation and harmonisation are in fact desirable.**

The general consensus between five of the six institutions was that it is important to communicate and work towards harmonisation of standards.

There are many small groups that have been formed throughout Europe that appear to agree in principle on harmonisation, but most seem to be working with institutions they are close to and there is little or no communication with the remaining European institutions. There seems to be, as in many professions, a lot of politics based on personal interest, especially between groups throughout Europe that may work to prevent the development of overall leadership and movement of the osteopathic profession.

### **Views on desirability of portability of qualifications.**

Five of the six schools came to a general consensus that it is healthy to have portability of professional qualification, even if it is not achievable yet (particularly in Europe). Representative comments included *“Sometimes that is not in our hands as the law is clear in some countries. It is difficult amongst some countries and we do not have parity amongst training courses especially for that to happen internationally.”*

*For example the American situation is very different from that of the European and Australian”.*

Difficulties were noted with the following problems that students encounter: money and visas, language barriers & lack of exchange programs in other countries so that students can get clinical experience and time in other countries and make stages/ hours.

There was a common view that there should be some standard set for language. The Americans have already moved a long way toward common language with their Glossary of Osteopathic Terminology and cultural issues that would have to be addressed. If that could be done, then ideally it would be great to have portability between countries.

One participant expressed an opinion that portability was an “empty box” in the law regarding osteopathy *“There is not one law for osteopathy in Europe. I think it will take another 10 years before an osteopath can practice from one country to another in the international European Union”.*

### **Job protection for local graduates**

Three out of the six schools agreed that it is only natural to protect jobs for local graduates - *“Logically the priority should be for our graduates. There are a lot of graduates from Europe that want to come into our country to work. It could cause a problem having too many osteopaths and not enough patients. However if there is more demand for osteopathy anyone can come. It’s the same for all professions - you must accept the challenge of other practitioners.”*

The situation now in most European jurisdictions for anyone who is trained overseas is to go through a formal examination process which in itself can be an

indirect means of protection for local jobs. The remaining three schools, two of which were Australian, had no issue with job protection. Representative comments included *“At this point in time there is really no problem with others coming in to Australia. I think there is more of a demand for osteopathy in Australia; the more people realize they have other choices for their health needs; there is a lot of scope for osteopaths especially if they want to decentralize and move from away from the big cities. We are unlikely to reach a saturation point; we are a long way away from that”*.

One European participant believed that instead of institutions protecting jobs for local graduates there needs to be legislation to protect the public *“to ensure that someone going to an osteopath anywhere knows that they’ve got someone that will give them good quality, safety and a minimum standard of ability and knowledge. To me that’s more important than safeguarding local interest.”*

Although there are laws and regulations in each country and most students coming from another country will have to sit an exam, all educators expressed the view that the concept of portability was clearly achievable, judging by the number of their students from both continents that have managed to work overseas..

From the educators’ contact with students they believe there is a great deal of interest from both Australia & Europe in practicing anywhere overseas. There is also some interest in practicing in the United States; however there are other legal problems in practicing there. Some students have tried to go to US in the past couple of years, but have needed extra training, or have been forced to practice using titles other than “osteopath.” A lot of the European osteopathic universities have many graduates going to many different countries around Europe and as far as the southern hemisphere. Certain Asian countries appear as a focus of interest for Australian osteopaths, because Australia has a strong link with Asian countries.

## **DISCUSSION:**

### **Why do the schools think that standardised curricula preclude individuality?**

An important idea was developed by one educator about the direction of standardisation. He suggested that rather than trying to standardize osteopathic curricula, as that it is not a modern educational approach, rather we need to define the attributes, capacities and capabilities of what is expected for osteopaths and then aim to achieve these standards.

A key concept was raised in relation to the importance of training safe and competent osteopaths regardless of where they are trained. The educator concerned stated *“I think that we need to ask ourselves- what is an osteopath? What is that lady or man supposed to be doing? We believe that osteopathy must be an independent, competent and safe profession- if we agree on that then there are no 17 ways to achieve this, so there must be a solid anatomical, physiological and pathological basis to continue on those ways and to be able to produce someone who is independent, competent and safe”*.

One educator believed *“It is important to identify what might be an element in an osteopathic course to make it osteopathic but to come to an agreement of what constitutes this core is very difficult”*.

The issue of what techniques should be taught also came up for discussion. *“So many different osteopaths are adding so many different techniques that it’s... like a cup of water - you add some water and some comes out, and this reminds me of what Andrew Taylor Still said; “keep it pure” but I am afraid that so many institutions are not keeping it pure”*. Although there was disagreement on where certain institutions were heading in terms of neglecting to emphasis the teaching of our founder all

educators agreed on the importance of participating in and keeping up to date with the latest research.

In comparison to many European schools, the Australian experience shows that you can have a high degree of standardisation but each school can still have an individual identity and focus.<sup>20</sup> Standardisation of curricula has not stopped Chinese allopathic schools from including Traditional Chinese Medicine concepts within allopathic courses, or stopped Indian allopathic courses from including Ayurvedic concepts. Schools need to realise that standardisation does not mean overly prescriptive curricula, and getting over this prejudice will be a major hurdle standing in the way of progress towards standardisation and harmonisation.

### **Why are schools frightened of the “Big Brother” approach?**

There appeared to be a sense of competition or fear between the countries as to who will decide how to standardise osteopathy. One participant had very strong opinions about this issue and stated: *“I’m wary of this word ‘standardisation’, it indicates a ‘Big Brother’. Who is going to decide what the standard is? Is it going to be a specific country because there isn’t an international osteopathic body and even if there was, where does it get its right to say this is what osteopathy is? All of these issues are unethical to me.”*

There also appeared to be a strong element of: *“our institution is better than...”* Not one head of any institution appeared willing to agree on accepting rules from another. They all have their own separate strong views and are not willing to allow a so called ‘Big Brother’ to tell how to structure their courses. This suggests an extremely stubborn osteopathic community, where there is little hope for international unity, standardisation or agreement. It is, quote *“simply wishful thinking”*.



The general opinion of the desirability of standardisation and harmonisation was summed up by the school which previously mentioned the issue of a Big Brother: *“No problem as long as it is not too descriptive or closely defined. The more debate, discussion and communication there is, the better worldwide. I just wouldn’t want to see one country or school saying we are right and ruling over the others and saying ‘unless you’re like us, you’re not osteopaths’ etc. because there is a debate about what constitutes or makes an osteopath as opposed to other medical professions, chiropractors, and physiotherapists and that I don’t think is settled.”*

If schools wish to avoid this situation of one country or institution “hijacking” the debate and acting like a “Big Brother,” surely they should be proactive in helping to develop international consultative bodies. However, as mentioned earlier, there is great fear of who that international body will be made up of, therefore little progress in this direction has so far been achieved. As things stand at present, the only “world” body, the World Osteopathic Health Organisation – WOHO, serves as little more than discussion forum, and shows no indication of a desire to expand its role.

**Why does there seem to be a reluctance to take a leadership role in helping to develop international consultative bodies?**

Global and international leadership is a complex process by which a person influences others to accomplish a mission, task, or objective and directs the organization in a way that makes it more cohesive and coherent.<sup>21</sup>

The fear of a Big Brother in the osteopathic community is a concept reflecting ignorance and lack of understanding of the essence of leadership and its great potentials. Leadership makes people *want* to achieve high goals and objectives, while,

on the other hand, bosses or ‘Big Brothers’ *tell* people to accomplish a task or objective.<sup>21</sup>

The global osteopathic community have a choice to work together towards international standardisation and power or to continue forming small groups that compete amongst other small groups.

The responsibility for professional standardisation, education and training is a tripartite responsibility,<sup>17,22</sup> shared between the academic educators (who tend to provide the technical education and professional theory); the practitioner employers (who ensure that theory is put into practice and that necessary practical skills are enhanced) and the state or private institution/associations (which provide the public recognition of qualifications, ensure standards and professional focus, often for both pre- and post-qualificational continuing professional development).<sup>17</sup> The process of mutual recognition and standardisation of osteopathy relies on these existing parties for the education process to achieve implementation.

The reluctance to take leadership could be a result of the osteopathic profession having a fear of “being left behind”<sup>23</sup> and therefore focusing on fitting within the medical profession rather than as a separate unit. However, a leaderless profession could be seen as one that is more, not less likely, to be left behind in the face of a global trend towards standardisation and harmonisation. As seen by the EC’s stated policy of working towards harmonisation of standards for all major professions, this trend is not going to go away, so osteopaths need to be in tune with it, not trying to ignore it.

If osteopathy had a more cohesive international voice, body and even logo then this would assist the profession in developing a more powerful voice internationally, and may well raise its standing with the orthodox professions.

The need for international standardisation and leadership is the key for the osteopathic profession achieving higher respect, acceptance, advancement and autonomy within the health care system, whilst keeping its individual identity.

### **Conclusion:**

It is clear that there is broad consensus on some issues. However there is no overall leadership in the osteopathic profession to concentrate on building an international peak body and achieve a high degree of standardisation. Rather there is a fear of who will decide this for our profession and who gives them that right. There is also a great belief amongst educators that commonality means a loss of individual identity. *“The whole concept of standardisation raises questions of what constitutes a profession and can you define the legal profession for example, or the tacit knowledge and professional values that underpins it all- it’s beyond definition.”*

The idea of harmonisation between countries and osteopathic schools was well accepted in both continents. However due to underlying politics only selected schools have regular mutual contact or good relations.

Portability of qualifications was generally considered desirable. However some countries are not in a position to allow that to happen just yet due to laws and recognition standards.

In general it was very interesting to see how a profession with such potential is not willing to move towards achieving international standardisation and leadership. It perhaps suggests that there should be a push from the current generation towards achieving this goal as it is clear the older osteopaths and some educators are not willing to aim towards and be part of making any effort towards broad standardisation.

The direction of the osteopathic profession worldwide is in the hands of current graduates, and it is for them to work towards greater international cooperation and recognition of the profession.

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## References

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1. Schnucker R V. Early Osteopathy in the Words of A.T. Still Illustrated: Kirksville Missouri: The Thomas Jefferson University Press; 1991: 152-153.
2. Cameron M. A comparison of osteopathic history, education and practice in Australia and the United States of America. *Australasian Osteopathic Medical Review*, 1998;2(1):6-12
3. Fielding SJ, Sharp GJ. Competencies: The development and value in contemporary health education. The experience of the osteopaths. *Complementary Therapies in Medicine*. 1995; 3:42, 43.
4. Lately P. The Future of Osteopathy: *Australian Journal of Osteopathy*. 1996; vol 6: 2-6.
5. Wells K. 1994 Review of HVLA teaching practices around the world: *Australian Journal of Osteopathy*. 1996; vol 6: 1-3.
6. Jean A R. The general medical council: United Kingdom: 2001: 1-3.
7. Pincus T, O'Dell J R, Kremer J M. Combination Therapy with Multiple Disease-Modifying Antirheumatic Drugs in Rheumatoid Arthritis: A Preventive Strategy: *Annals of Internal Medicine*: 1999: Vol 131: Issue 10: 768-774.
8. Gevitz N. 'Parallel and distinctive': The philosophical pathway for reform in osteopathic medical education. *Journal of the American Osteopathic Association*. 1994; 94:328-330.
9. Turner P. Osteopathy (techniques vs. principles). Ostium. Turramurra: AOA; 1996; Winter 5-6.

- 
10. Hruby R J. Contemporary Philosophy and Practice of Osteopathic Medicine: Past, Present and Future. New York: Josiah Macy Jr Foundation; 1985:49-80.
  11. Baziotis P, Approaches to learning: A concept map for teaching osteopathic technique *Australasian Osteopathic Medical Review*, 1998, 2(2):53-59.
  12. UK osteopathic council-www.osteopathy.org.uk
  13. Maslak.R, Differences that matter: *Australian journal of osteopathy* vol: 6. p8-9, 1994-1996.
  14. Cameron M. An International Study of Osteopathic Practice”, School of Health Science. Victoria University of Technology (City) 1999.
  15. Kuchera M. Osteopathy: Setting the standard for the Millennium *AAO Journal*, spring 1997.
  16. Victoria University handbook, 2002.
  17. Plimmer F. Mutual Recognition of professional Qualifications- the European Union System: 3<sup>rd</sup> Fig Regional Conference: Jakarta, Indonesia, October 3-7, 2004: 1/17.
  18. Enemark C. Mutual Recognition of professional Qualifications- the European Union System: 3<sup>rd</sup> Fig Regional Conference: Jakarta, Indonesia, October 3-7, 2004: 2/17.
  19. Grbic C. Qualitative research in health: an introduction: St Leonards NSW: Allen & Unwin: 1999:151-155.
  20. Jamison J. Osteopathy in Australia: A survey of osteopaths recognised by the Australian Osteopathic Association. *Australian Journal of Osteopathy*. 1991; 3.2: 2-10.
  21. Brungardt C L. The new face of leadership: Implications for higher education: Fort Hays State University: *Horizon* web: Jossey Base publishers: 1998: 1-2.

- 
22. Robertson A, Gibbons P, Carter A. Student and patient perspectives on the interaction between supervisors, students and patients during the clinical teaching experience at a university out-patient clinic: a descriptive pilot study  
*Journal of Osteopathic Medicine*, 2002;5(1):8-15
23. Divenuto J, Morris T. A Qualitative study of experts on developments and the Future of Australian Osteopathic Education: Victoria University of Technology (City) 2003.

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**APPENDIX 1:**

**INTERVIEW QUESTIONS**

- Q1. What is your institution's definition of Osteopathy?
- Q2. Do you believe that it is important to have a high degree of standardisation of osteopathic curricula in osteopathic courses internationally? If so, outline your reasons for this belief. Likewise, if you believe that it is not important, give your reasons?
- Q3. What are the views of yourself and your institution in relation to the importance of working towards harmonisation of registration standards for the osteopathic profession?
- Q4. Outline your views on the question of whether osteopaths qualified in one country should be able to work in other countries?
- Q5. Is your institution currently involved in any discussions with statutory bodies regarding registration standards for osteopaths? If so, are you able to give any details of the nature of these discussions?
- Q6. Does your institution liaise / communicate with professional osteopathic associations in other countries in regard to issues of curriculum standardisation and standards for registration? If so, please give details of the countries involved. If not, please give reasons.
- Q7. Does your institution liaise / communicate with other osteopathic educational institutions locally or overseas regarding the issues of standardisation of curricula and registration requirements? If so, are you able to say which institutions you have been dealing with?
- Q8. If your answer to 7. Above is no, would you be interested in liaising with overseas institutions on these issues? Please explain the reasons for your viewpoint.



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Q9. What is your view on the question of whether there should there be measures in registration laws to protect jobs for locally qualified osteopaths?

Q10. As far as you are aware, have graduates of your institution expressed an interest in practicing overseas? If so, do you know which countries they have said they would like to practice in?

Q11. If you already have graduates currently practicing overseas, do you know which countries they are working in?

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