



FORE response to European Commission Green Paper on the European Workforce for Health

Background

The Forum for Osteopathic Regulation in Europe (FORE) brings together national osteopathic organisations to ensure that European citizens receive safe and effective osteopathic care by:

- Promoting excellence in standards of osteopathic education, training and practice.
- Encouraging routine exchange of key information between Registers/ Competent Authorities.
- Facilitating the spread of regulation of osteopathy as an autonomous healthcare profession.

European context

As both patients and healthcare professionals move increasingly within the EU to live and work, there is a need for greater patient protection through proper regulation and high standards of treatment. In regulatory terms, osteopathy is an emerging profession within Europe. Currently five Member States regulate osteopathy: France, Finland, Malta, Netherlands and the United Kingdom, although there are encouraging developments towards regulation in Germany, Ireland, Italy, Portugal and Spain.

Whilst the principle responsibility for the delivery of health services lies with the national Governments, the European Commission has an important role to encourage Member States to ensure that members of the public are confident they will receive high standards of osteopathic care wherever they seek treatment in Europe.

Key concerns

In any future EU proposals on the EU health workforce, FORE would like to see:

- Greater recognition of the role of all professionals who can help to improve the health and wellbeing of European patients.
- Increased support for research to identify the best outcomes for patients.

- Greater assistance with funding training programmes to allow greater access to osteopathic training for students from a variety of backgrounds.
- Wider access to skilled clinicians, such as osteopaths, so that Europe has the public health capacity to tackle today's musculoskeletal crisis.
- The development of regulation of osteopathy as an autonomous primary care profession so that Government's patients, industry and other healthcare professions have confidence in osteopathic care wherever in Europe they receive it.
- Continuing Professional Development as a requirement for all healthcare professionals in the EU.
- Language testing as a requirement of registration for healthcare professionals moving within Europe to establish themselves or provide temporary services.
- A robust European-wide approach to communication and information sharing (such as registration and fitness to practise data on healthcare professionals) between relevant authorities. This can only be achieved through a legal duty.

Our response to the European Commission's consultation, set out below, focuses on the need for greater recognition and regulation of a profession working predominantly in private practice. For further information, please contact the FORE Secretariat on tel: + 44 207 357 6655 x245 and /or via email at: foresecretariat@osteopathy.org.uk

Consultation issues

4.1 *Demography and the promotion of a sustainable health workforce*

1. DG SANCO's 2007 report into Major & Chronic Diseases states that "Musculoskeletal disorders are a major cause of physical disability across Europe and a major cause of work loss, disability pensions and early retirement."¹ This problem is likely to multiply in an ageing Europe with an increasingly sedentary society. It is unfortunate the Green Paper focuses purely on the role of certain health professionals, but there is a clear need to employ new approaches. This includes the need for greater recognition of the role of other professionals, such as osteopaths, who can help to improve the health and wellbeing of European patients.
2. Health policy must be based on sound data and relevant research. There is evidence to suggest that access to a wider range of providers, such as osteopaths, is an important factor in providing early intervention and preventative care to keep people active, in work and to enhance overall quality of life.

¹ Major and Chronic Diseases Report 2007. Directorate-General for Health & Consumers. European Communities, 2008.

National policy documents already recognise this, e.g. in the UK the Musculoskeletal Services Framework published by the Department of Health in 2006² and a draft clinical guideline on treatment of chronic low back pain to be published by the National Institute for Health and Clinical Excellence (NICE) in May 2009³ advocate the commissioning of osteopathic services.

3. Audits of a UK tax-funded primary care back pain service involving osteopaths have shown that very few patients subsequently present in secondary care and on a cost basis compares favourably with more traditional back pain management services.⁴
4. Research to identify the best outcomes for patients should be actively encouraged. The current focus on infectious diseases by the European Centre for Disease Prevention and Control could be extended to include chronic diseases, such as musculoskeletal disorders.
5. FORE welcomes initiatives to raise awareness of available careers across the healthcare sector. Osteopathic training has generally taken place within private educational institutions, which have links with universities. Greater assistance with funding training programmes across Europe would potentially allow greater access to osteopathic training for students, for example mature students returning to training and younger students from school from a variety of social and ethnic backgrounds.

4.2 Public Health Capacity

6. FORE welcomes the direction of Community Health Action set out in *Together for Health – A Strategic Approach for the EU, 2008 – 2013* and the *Community Strategy 2007-12 (COM(2007)062) on health and safety at work*. If the European Community is to fulfil its strategy to promote health and prevent disease throughout life, wider access to skilled clinicians is key for Member States to have the public health capacity to tackle today's musculoskeletal crisis.
7. In an ageing society where citizens across Europe are likely to have to retire at a later age, osteopathy plays an important role in occupational health schemes.

² The Musculoskeletal Services Framework. A joint responsibility: doing it differently. Department of Health UK, 2006.

³ Low back pain: the acute management of patients with chronic (longer than 6 weeks) non-specific low back pain. National Institute for Health and Clinical Excellence (NICE) guideline. Draft for consultation, September 2008.

⁴ Gurry B: Musculoskeletal Medicine in Practice – 5 years of the acute low back pain service in Plymouth. *Journal of Orthopaedic Medicine*, 2006.

Providing advice on manual handling and workstation ergonomics, osteopathic care can prevent injury and assist in a rapid return to work in conditions such as muscle and tendon injuries, repetitive strain injury, neck and low back pain, and sciatica. For this reason, we would welcome a closer dialogue with the European Agency for Safety & Health at Work to seek to enhance occupational healthcare schemes across Europe.

8. In order for Governments, patients, industry and other healthcare professionals to have confidence that osteopaths are fit to practise, robust regulatory mechanisms across Europe need to be in place. This includes a requirement of professional indemnity insurance.
9. Osteopaths play a central role in local communities and are often the first point of contact for patients seeking relief from a range of conditions. However, it is often disadvantaged and vulnerable groups who cannot afford to access this care. Greater recognition and regulation of osteopathy as an autonomous profession across Europe would provide greater accessibility for patients through inclusion in tax-funded healthcare schemes.
10. Osteopaths could also increase the capacity of clinicians across Europe with diagnostic skills. Osteopaths are trained to diagnose, for example, through the request and interpretation of clinical imaging. In some Member States, lack of regulation precludes osteopaths from carrying out such investigations, regardless of the potential benefits to patient care. Osteopaths are also trained to recognise conditions and situations, where a specific form of osteopathic intervention is contraindicated and to adopt alternative and effective approaches, such as referral to a medical practitioner. Whilst many osteopaths receive referrals from medical and other healthcare professionals and work within multi-disciplinary healthcare teams, wider regulation would help to develop partnerships between osteopaths and other healthcare professionals to ensure best patient care.
11. The development of regulatory mechanisms for osteopathy is also an important factor with regard to the European Commission's current work on health inequalities. In the absence of regulation across Europe, patients cannot be assured of access to consistent standards of osteopathic care. To ensure a more consistent level of quality care across Europe in line with the common values and principles agreed by Member State governments⁵, we hope that the European Commission will encourage national Governments to act on this agreement and develop regulatory mechanisms for osteopathy where these do not currently exist. European citizens should have access to good quality health services, regardless of their nationality or place of residence.

⁵ Council Conclusions on Common Values and Principles in European Health Systems, 2006.

4.3 Training

12. Highly trained practitioners are key to delivery of safe and effective care. For this reason, FORE and the European Federation of Osteopaths have agreed a consensus on European standards of osteopathic education, training and practice⁶ so that the public have confidence in osteopaths.
13. Looking at training standards alone, it is the osteopathic community's experience to date that the duration of osteopathic education and training is 4 – 6 yrs full-time or the equivalent part-time, depending on national systems and cultures. As an approximate guide, the notional number of contact hours of study is in the region of 4,000 – 4,800 in total, 1,000 hrs of which should account for osteopathic clinical training⁷. This benchmark is also in line with World Health Organization guidelines on basic training and safety in osteopathy, due to be published later in 2009.
14. These three documents – European Framework for Codes of Osteopathic Practice, European Framework for Standards of Osteopathic Practice and European Framework for Standards of Osteopathic Education & Training – are intended as templates to inform those considering national regulatory systems. Following publication, these frameworks are already being adapted by some Member States, for example Ireland and Italy, to develop national standards. We plan to launch these documents formally at a high level political reception during the Swedish EU Presidency later this year.
15. Maintaining safe and competent osteopathic practice is an ongoing process and it is therefore important to note that graduation marks the start of a continuous professional learning path. Osteopaths are committed to undertaking clinical audit and Continuing Professional Development (CPD) in order to maintain and enhance their osteopathic practice. FORE calls for CPD as a requirement for all healthcare professionals in the EU.
16. Effective communication is a key to the delivery of high quality osteopathic care, not only between osteopath and patient, but also other healthcare professionals. This is even more important when patients and professionals move across an increasingly ethnically and culturally diverse Europe. For this reason, we would welcome the development of language training as this is a concern for regulators assessing registration applications for individuals trained in another Member State. Currently, competent authorities are not able to test languages as part of the registration process in line with an EU directive on recognition of professional qualifications⁸.

⁶ European Framework for Codes of Osteopathic Practice. FORE 2007; European Framework for Standards of Osteopathic Practice. FORE 2007; European Framework for Standards of Osteopathic Education and Training, 2008.

⁷ European Framework for Standards of Osteopathic Education and Training. FORE, 2008.

⁸ Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications.

FORE calls for language competence as a requirement for those professionals who wish to provide services in another Member State.

4.4 *Managing mobility of health workers within the EU*

17. FORE welcomes increased mobility of health workers within the EU, but this should not be at the expense of public protection. For this reason we call on the European Commission to facilitate a Europe-wide approach to communication and information sharing (such as registration & fitness to practise data) between Member States. This can only be achieved through the development of a legal duty. Regulation would also help to establish the designated bodies across Europe with which the few existing competent authorities could share information on registrants, best practice and potential adverse events.
18. Despite the current lack of osteopathic regulation in Europe, FORE members are working actively to explore mechanisms to improve information exchange between Member States, in particular through membership of the Healthcare Professionals Crossing Borders⁹ initiative. National osteopathic organisations have signed up to the Memorandum of Understanding, Portugal Agreement, and exchange Certificates of Current Professional Status when osteopaths are moving from Member State to another.
19. Increased information exchange between Member States and greater consistency in standards of osteopathic education, training and practice would facilitate greater freedom of movement, not only for practising osteopaths but also students of osteopathy keen to study all or part of their training programmes in more than one Member State.
20. We look forward to the remit of the Internal Market Information system being extended to osteopaths. We are also exploring how the pilot Health Professionals (HPRO) card could be adopted by the osteopathic profession.

6. *The Role of Health Professional Entrepreneurs in the workforce*

21. Osteopaths work predominately in private practice, running their own healthcare businesses as entrepreneurs, employing staff in increasingly multidisciplinary practices. As such these businesses play a valuable role in their local economies. Osteopaths also play a central role in local communities and are often the first point of contact for patients seeking relief from a range of conditions. In this way, osteopathy fulfils an important role as a source of primary healthcare keeping people active and in work.

⁹ <http://www/hpcb.eu>

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