

**THE NEED FOR REGULATION OF
OSTEOPATH IN ONTARIO:**

**The advantages to forming a formal
College of Osteopath**

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In recent years, there has been increasing interest in the use of osteopathic health care – a broad range of holistic, client-centred, healthy approaches, including a drugless, hands-on, non-invasive method of assessment and treatment. Understanding osteopathic health care can be confusing as different countries use different terminology and permit diverse practitioners with various educational backgrounds. Health care professional legislation, regulations and policies are substantially different from one jurisdiction to another.

Currently in Ontario and Canada, Osteopathy is an unregulated profession. With the introduction of the Health Profession Regulatory Advisory College (HPRAC) Mandate, it is time to look at the regulation of the profession and amalgamation of the different professional bodies along with regulation of schooling in Canada. By having a united front it will add credence to the profession and make the regulation of the industry more acceptable.¹

In this paper we will look at the current health model in Ontario and Canada, a comparison to the United Kingdom model of education and regulation. The Health Regulatory Act in Ontario/Canada and a comparison look at other professions and how they have brought together regulation and education.

Many occupations and professions in Canada are regulated by provincial governments. Regulatory legislation establishes the right, privileges and responsibilities of professional practitioners. For instance, legislation regulating medical doctors and other health professionals typically details the kinds of tasks they are allowed to perform, the education, training and examinations required for entry to practice, and it also establishes punishments for those who violate the law and practice illegally. Regulatory legislation is highly coveted by occupational groups as it recognizes their claims to expertise, and their right to practice (more or less exclusively) in a given social area.²

In 1991, the Regulated Health Professional Act was formed. Eight health professions were regulated including: Audiologist, Chiropodists, Chiropractor, Dentist, Dental Hygienists, Dental Technology and Denturist and Dieticians. The Act has been amended allowing for the following professions to become regulated: Kinesiology, Massage Therapy, Medical Lab Technology, Medical Radiation Technology, Midwifery, Nursing, Occupational Therapy, Optometry, Optician, Pharmacy, Physiotherapy, Psychology, Respiratory Therapist, Medicine and most recently Homeopath and Traditional Chinese Medicine in 2007.³

“The Regulated Health Professional Act (RHPA) provides a framework for regulating the scope of practice of 23 health professions in Ontario, under their respective regulatory Colleges. It includes a General Act, a Procedural Code for all the regulated health professions, and profession-specific Acts. The RHPA outlines the manner in which Colleges operate with regard to health care professionals. The Act also regulates the manner in which Colleges are to deal with complaints against a health professional. Colleges are responsible for: regulating the

¹ <http://www.hprac.org/en/about/mandate.asp> Health Professional Regulatory Advisory Council website

² http://www.sociology.uwo.ca/research/research_areas/diversity_and_inequality/regulation_of_alternate_health_professions.html Who Gets Regulated? Making sense of the Regulation of Alternate Health Professions in Canada Tracey Adams Ph.D.

³ Ontario. (1991). Regulated Health Professions Act. Toronto: Queen's Printer.

practice of a health profession, developing and maintaining standards of qualification for those who apply for certificates of registration; and developing and maintaining standards of professional practice, knowledge, skill and professional ethics for its members.”

Each profession belongs to the Regulated Health Profession College and there are now 26 health regulatory colleges. The colleges were established by a law called the *Regulated Health Professions Act*, to protect the public’s right to safe, competent and ethical health care. Each college does this by holding its registered health care professionals accountable for their conduct and practice. Between them, the 26 colleges govern more than 256,000 health professionals in Ontario.

By regulating the colleges and professions, the public is ensure that the practitioner they are seeing has gone to a regulated and recognized school, has met the training and educational standards before they can practice, and the clinician has participate in ongoing continuing education. The practitioners have the right to used protected titles that comes with the education.⁴

Unregulated care providers do not have the same mandatory mechanisms to ensure appropriate training, education, or standards. While members of the public can bring concerns about a regulated care provider directly to their college, complaints about unregulated care providers can only be dealt with by their employer or through the courts.

Currently Osteopath is not self-regulated or a regulated profession in Ontario or Canada. There is no governing body for osteopathy in Ontario. There have been previous attempts at regulation, all of which have been unsuccessful. The most recent attempt began over 10 years ago and is in the early stages of organization. It is not possible to predict whether Manual Osteopathy will ever become regulated in Ontario.⁵

There are many steps that have to take place in order for self-regulation to be recognized. The move towards self-regulation is typically a long journey. In order to qualify for self-regulation, Governments tend to consider several factors. First, government considers whether there is a risk of harm to the public from members of the occupational group. The basic philosophy of the self-regulatory model is that if there is no risk of harm to the public, there is no need for any form of government intervention, including self-regulation, which might limit who can provide a service.⁶

Second, the occupational group needs to be large enough to have adequate resources to implement a self-regulatory model. The resources required for self-regulation is quite significant. This means having adequate financial resources, as well as the commitment of enough members of the profession to assist with creating the standards and rules that will be necessary for the self-regulatory process to be implemented. Almost all self-regulating professions are expected to

⁴ <http://regulatedhealthprofessions.on.ca/> The Regulated Health professions website

⁵ <http://theosteopathy.com/> Ontario Professional Association of Osteopathic Medicine

finance these activities through fees paid by members, who are required to maintain their memberships in order to practice the profession.

Lastly, the occupational group needs to have a defined body of knowledge that may be attained through specified education and does not overlap significantly with another occupational group.⁷

The function of the regulatory body:

The main functions of a regulatory body include:

- (1) Setting requirements for individuals to enter the profession;
- (2) Setting requirements for the practice of the profession;
- (3) Setting up a disciplinary process; and
- (4) Setting up a process to evaluate the on-going competence of members.

For most occupational groups that are seeking professional self-regulation, they have already determined entry requirements and have developed standards of practice. In most cases, these requirements will have evolved over time and become informally adopted within the profession, despite lacking the same legal authority they will have under a regulatory body. However, under a self-regulatory model, this process will probably have to become more formal and transparent.⁸

Finally, a new regulatory body will need to implement a way to assess the on-going competence of members. Generally most groups or occupations will have some form of quality assurance already in place. Determining a method for evaluating continuing competence can cause a lot of bitterness and controversy as each member will have to do ongoing quality assurance to ensure they and their clinic is operating at the highest standards.⁹

Quality assurance programs can also be controversial due to their high costs. One of the most common approaches to quality assurance has been to require a minimum number of education credits. This approach is the easiest to implement and is therefore often a starting point for new professions. All professions today have members do continuing education to ensure that they are up to date; the controversy that can arise is the number and the level. Due to continuing costs that can arise from educations, majority of professional bodies and schools offer clinics to allow their members to stay on top of their education as well as industry conferences.¹⁰

If we took a look at another regulated health professional such as Chiropractic, you will see the difference and how they have become regulated. They are before the HRPAC currently in order to increase their scope of practice and changes to their official title.

⁷ Understanding Professional Self-Regulation Glen E. Randall BA, MA, MBA, PhD

⁸ Manitoba Law Reform Commission (1994). Regulating professions and occupations. Winnipeg: Manitoba Law

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Chiropody became regulated across Canada in 1991. In 1980, Ontario adopted the British model of Chiropody and the first school of Chiropody was opened at George Brown College. It was eventually moved to the Michener Institute in Toronto. As a result of this in 1993, the Ontario Government stop allowing American trained Podiatrist to come and practice in Ontario. The Michener is still today the only Chiropody school in Ontario and Canada. In 2010, Quebec opened a Podiatry school, allowing registered chiropodist to upgrade to Podiatrist.

The Board exam is set by the College and School and all students must pass in order to receive a license number. All Chiropodists belong to either the Ontario Society of Chiropodist or the Canadian Federation of Podiatric Medicine. Both of the professional bodies, along with Ontario Podiatric Medical Association, which represents Podiatrist only, is regulated under the college and has formed a united front to present to the HRPAC rather than individually. This has taken years to come to a peaceful partnership, but all parties realized it was best to work together in order to achieve changes and strive to improve the scope of practice that was originally set out in 1991.

In 2013, the College of Chiropodist applied to the Minister of Long Term Health to make amendments to the Regulated Health Act. One request was to change the name to Podiatrist in order to be in-line with the British and American schooling. The other deals with an increase scope of practice. With the approved amendments which should be completed by March 2015, Chiropodist hopes to change their titles to decrease the confusion in the public. There will limitations on scope of practice and some of the chiropodist will have to upgrade should they wish to offer more services.

Professional associations and regulatory bodies serve two different masters. Regulatory bodies are there to serve the interest of the public, and are accountable to the Province for living up to the deal defined by the enabling legislation Professional associations are there to serve the interests of its members, and are accountable to their members.¹¹

Currently in Ontario there are approximately 12 different associations and organizations that represent osteopaths:

- Canadian Osteopath Association
- Society of Osteopath of Canada
- Ontario Association of Osteopath Manual Practitioners
- Canadian Osteopath Medical Student Association
- Ontario Osteopath and Alternative Medicine association
- Association of Traditional Osteopath Colleges
- International Osteopath Association
- National Manual Osteopath
- Osteopath International Alliance
- General Osteopath Council of Canada
- Canadian Federation of Manal Osteopath

There are also other associations in all the other provinces in Canada. Each association may only represent 100 members and membership is not required in order to practice here in

¹¹ [http://www.hrpa.ca/ What Does It Mean to Be Regulated?](http://www.hrpa.ca/What%20Does%20It%20Mean%20to%20Be%20Regulated%3F) Claude Balthazard, Ph.D., CHRP

Ontario. Each association has different rules about which school they accept members from, the number of hours that they require, and board testing. Some associations require their members to write a whole separate board exam from the one that their school offered. Although it is quite normal for the final exam and board exam to be separate, the board exam should be accepted by all associations, and should be given at the end of the school year.

There are also a number of schools offering Osteopath, full time, part time and online. All the schools, while somewhat regulated, all have different number of hours of classroom vs clinical training. The majority of the schools will offer anywhere from 1000-2000 hrs of clinical training. Yet some professional associations required an additional 1000 hrs of clinical time, to become a member.

On top of all of this, there is no standard board exam to which new professionals must write in order to practice. Each association has different board exams and some do not require the professional to write one at all. Depending on where you wish to practice will determine which exam you must write.

After a quick search, it was very confusing to determine which professional body to join to ensure that you would be covered by insurance companies. It is obvious that there was too much variation from association to association that some insurance companies are not covering osteopath unless the practitioner was already licensed with a regulated profession. This limits the scope of practice of an Osteopath as some professions scope of practice will only include up to a certain level in the body. (i.e. A Chiropractor is only allowed to treat up to the ankle, where the Physiotherapist is allowed to treat the whole body (within their scope of practice).

There is no consistency even with the designation, making it very confusing for the public and insurance companies to differentiate. Osteopathic Manual Practitioners may use one of several designations depending on the diploma or degree awarded by their educational institution upon graduation, such as D.O. (Diploma in Osteopathy) D.O.M.P., DOMTP, BSc (Hons), BOst, or MOst for example.¹²

With so much variation in the education and the professional bodies it is no wonder Osteopath is not regulated by the government.

By comparison in the United Kingdom, there is the General Osteopath Council. This is a Statutory Regulator of Osteopath and all Osteopaths must be registered in order to practice. The Council promotes patient safety, develops standards of practice and conduct. It deals with patient complaints and discipline and has a continuing professional development program. All members also only belong to one professional body: The British Osteopath Association. In order to use the protected title of Osteopath you must graduate from one of eleven schools that are regulated by the Council. By having the one professional body with standardization of

¹² <http://osteopathyontario.org/about-osteopathy/who-provides-osteopathy/> Who Provides Osteopathy? Ontario Association of Osteopath Manual Practitioners.

schooling, exam and professional development, it makes the professional as a whole seem more credible and allows the public to put trust into their practitioners.¹³

With more people moving towards alternative medicine and away from exclusively relying on Western medicine, now is the ideal time for Osteopath to become regulated. It is achievable process. With the new HRPAC looking at regulating professions, organization, lobbying and establishment of a strong professional body that speaks for all, will allow the HRPAC to look at Osteopath and regulate them.

From all accounts it has taken the Alternative Medicine Colleges (Homeopath, Chinese Medicine) approximately 7 years to become regulated, and not without controversy and lobbying from both the medical doctors and other interest groups. It is no doubt that the Osteopath will encounter this. But with lack of harmony between the practicing Osteopaths, no professional body that speaks for all clinicians and no recognized schooling system it will be a very steep uphill battle to climb.

By forming one professional body, with one board exam, with standard education and training for all prospective osteopaths, regulation of the profession can be achieved.

In order to achieve regulation the following must be done:

1. List and show the distinction of Osteopath from other professions
2. Have a defined scope of practice for all Osteopaths
3. Indicate the need to regulate from the public's safety perception
4. Forming one standard body of profession that all Osteopath must join
5. Have one standard board exam to which all graduates must write
6. Regulate the education process for Osteopath
7. Regulate the continuing education and professional development
8. Uniting the two distinct groups (Manual Osteopath and Osteopath Medicine) and put limitations on scope of practice rather than acting alone. This will be difficult as most are physicians who have travelled to the US for training, but if they joined the professional body it would add great leverage to the justification and need for Osteopath in the community)

Attaining self-regulated status not only sends a message to society about the expertise and professionalism of an Osteopath, but also provides members of the profession a priceless opportunity to gain control over their future and that of the entire profession. In the absence of self-regulation, at best, Osteopaths can expect to be relegated to the status of second class citizens in a world which has come to highly value professionals. Ultimately, self-regulation has tremendous benefits – but with those benefits come costs and responsibilities.

¹³ <http://www.osteopathy.org.uk/> General Osteopath Council. U.K

The committee that has been working on the regulation of Osteopath has been trying for almost 10 years. What has been the lack of progress is unsure, but perhaps a new approach to the committee may make a change.

In the early 1900, Osteopath was a recognized profession with a professional body called the Canadian Osteopath Association. It was made up of American trained Osteopath Practitioners that were practicing in Canada. Unfortunately the provincial government would not recognize them as equal to the Medical doctor and they were considered drugless practitioners. With no chance of regulation, the group was eventually disbanded.¹⁴ The association has formed again and is actively recruiting physicians to practice Osteopath, but still no Canadian School is available and all prospective students must go to the United States for education first.

The World Health Organization recognizes that the practice of osteopathic manual therapy, a component of osteopathic health care, is distinct from other manual therapies, such as physiotherapy and chiropractic, despite the fact that there is some overlap in the techniques and interventions that are used.¹⁵

Since 2005, the Health Profession Regulatory Advisory Council has been in deep consultation with regulated and non-regulated health professions and deciding if it was in the public's interest to regulate the different groups. Homeopath and Chinese Medicine were two of the newest groups that were regulated and are now forming colleges. Many more groups are working their way through the system. Now is the perfect time for practicing Osteopaths and students to come together and show the government that it is in the public's best interest for Osteopaths to become regulated. As who knows when this opportunity will strike again.

¹⁴ <http://osteopathyontario.org/about-osteopathy/who-provides-osteopathy/> *Who Provides Osteopathy? Ontario Association of Osteopath manual practitioners*

¹⁵ <http://osteopathyontario.org/about-osteopathy/who-provides-osteopathy/> *Who Provides Osteopathy? Ontario Association of Osteopath manual practitioners*