Available online at www.sciencedirect.com
ScienceDirect
International Journal of Osteopathic Medicine 12 (2009) 14–24
www.elsevier.com/locate/ijosm

Research report

Profile of members of the Australian Osteopathic Association: Part 1 – The practitioners

Paul Orrock*

School of Health and Human Sciences, Southern Cross University, PO Box 157, Lismore NSW 2480, Australia

Received 21 August 2007; received in revised form 16 April 2008; accepted 16 April 2008

Abstract

Objectives: The Research Council of the Australian Osteopathic Association (AOA) identified the need to gather data about the members of the Association as well as 'who' and 'what' they treat in order to guide strategic planning in research.
Methods: A census of two parts was sent to members of the AOA ($n = 656$). Part 1 focussed on the practitioners and part 2 on the patients. Surveys of specific groups in the osteopathic profession in New Zealand and the United Kingdom as well as earlier Australian surveys were obtained for comparative and temporal analysis.
Results: The response rate was 52% of the sample population. The gender was split evenly, and the majority practice was a 32–40 h working week in one (59%) or two (33.8%) locations. They consult an estimated average of 40 patients a week (25% are new patients).

In their diagnostic practice, physical examination was considered mostly in the orthopaedic and neurological systems, with a limited consideration of other systems. Referrals for diagnostic investigation were mostly for plain-film radiology. The estimated use of therapeutic modalities had soft tissue, muscle energy, non-high velocity articulation/mobilisation and high velocity manipulation consistently used, with a broad spread of others. Nutritional supplements, exercise and diet/lifestyle changes were all prescribed. Questions about inter-professional relationships revealed that practitioners refer to GPs 68.5% "occasionally" and 19.2% "frequently", masseurs 48.2% "occasionally" and 19.3% "frequently", naturopaths/herbalists 43.4% "occasionally" and 12.0% "frequently", and podiatrists 47.5% "occasionally" and 9.8% "frequently". Referrals were almost exclusively from other patients (96.1% frequently), whilst it was estimated by the respondents that GPs refer occasionally (47.9%) or frequently (17.4%).

The sample placed importance on, and attended, continuing education activities, and reported that the most important professional issues were the public and health practitioners' perception/ignorance of osteopathy followed by the need for evidence into the efficacy of osteopathic management.
Conclusions: Part 1 of the survey of a sample of the members of the AOA revealed details of their qualifications and commitment to continuing education. The characteristics of respondents' practice within a multidisciplinary network, and the utilisation of the diagnostic skills of primary care were revealed. The importance of certain issues facing the Australian osteopathic profession were identified.

Keywords: Osteopathy; Osteopathic medicine; Professional survey

1. Introduction

Workforce surveys provide vital foundations upon which to build a profession's knowledge of itself and its directions for the future. The Research Council of the Australian Osteopathic Association (AOA) recognised the need for a workforce survey as a high priority, as there needed to be a solid database of the professional association. Members of the Research Council identified the need to clarify the characteristics of members of the Australian Osteopathic Association, and their patients in order to: (1) identify and characterise members of

* Tel.: +61 0266269136; fax: +61 0266203307.
E-mail address: paul.orrock@scu.edu.au

1746-0689/$ - see front matter © 2008 Elsevier Ltd. All rights reserved.
doi:10.1016/j.ijosm.2008.04.002

the professional association for government, insurers, the public and intra-professionally; (2) plan future developments in training and service provision; (3) support any enquiry into scope of practice issues; and (4) prioritise research on the basis of common clinical presentations. Other health professions regularly undertake workforce surveys of their members.[1] In terms of the currency and coherence of this professional identity, lack of data can become a barrier in arguing convincingly for presence in the mainstream healthcare system.[2]

In Australia, osteopaths are members of the allied health grouping that includes chiropractors and physiotherapists. Osteopathy in Australia is a registered health profession, and governed by Registration Boards in each state. Training is currently offered through three universities. The largest peak body independent of government is the Australian Osteopathic Association.

Members of the Australian Osteopathic Association have been surveyed previously.[3,4] The survey by Jamison[3] undertaken in 1991, and the Delphi study[2] which supported it, appear to be the first such analyses of the members of the Australian Osteopathic Association since the profession attained statutory registration following the Federal Government Report of the Committee of Inquiry into Chiropractic, Osteopathy, Homeopathy and Naturopathy (the Webb Report) in 1977. Both of these investigations targeted members of the AOA, a subset of the total population of osteopaths in Australia. Members of the New Zealand Register of Osteopaths were surveyed in 1991 and 1995[5,6] using a similar range of questions, with the 1995 survey including a snapshot of patients. In 2001, the General Osteopathic Council (GOsC), the governing body of the osteopathic profession in the United Kingdom (UK), undertook a survey of the 3161 registrants.[7] The results of the GOsC survey indicate trends between 1994 and 2001 regarding the practice of osteopathy in the UK and characteristics of patients consulting osteopaths.

This article is a report of the descriptive findings of this current workforce survey, and includes selected comparative and temporal trends with reference to previous surveys of professional associations locally and internationally, and also with the professions of chiropractic and physiotherapy. This report also highlights some of the professional issues that arise from the data.

2. Methods

2.1. Development

Survey questions were adapted from those used in surveys of other healthcare professions,[3–9] and sought information about practitioner demographics, qualifications, work patterns and clinical activities. The survey instrument (see Appendix) was formatted to allow commercial electronic scanning (NRS Pearson Pty Ltd). Face validity was established with the help of two groups within the AOA; the Research Council consisting of five members, and the Federal Council consisting of seven members. The draft questions were also distributed to an external educationalist with expertise in questionnaire methodology. These 13 people were asked to provide feedback on the relevance and clarity of the questions, and questions were amended to accommodate feedback where appropriate. The Human Research and Ethics Committee of Southern Cross University provided approval for the project.

2.2. Administration of census

The survey was distributed by mail to the 656 Australian resident practicing members of the Australian Osteopathic Association in March 2004. A strategy of publishing information about the survey in the newsletter of the AOA was used to improve the response rate. The number of Australian registered osteopaths at the time of distribution was 945 (Osteopaths Registration Board of NSW, personal communication), therefore, the membership of the AOA represented 69.4% of the total number of registered osteopaths registered in Australia.

2.3. Statistical analysis

The data was entered into spreadsheets (microsoft excel) and analysed using SPSS v11.0 for Windows (SPSS Inc, Chicago, IL). Data from questions about age, consultations per week, consultation fee and estimates of frequency of physical examination were grouped for ease of analysis. Descriptive statistics were used to explore the data. A cross tabulation was computed for the variables of 'years since graduation' and 'estimated patient number' to explore growth of practice over time. Brief text answers to open ended questions were grouped using thematic analysis.

3. Results

The response rate from surveyed members of the Australian Osteopathic Association was 52% ($n = 341$). Response rates for individual questions varied between 46 and 52% as some respondents did not complete every question.

3.1. Age, gender and experience

The average age of the sample was 35.7 years (SD 10.3; range 23–73). Sixty-eight percent of the respondents were aged between 20 and 39 years, with 12.7% over the age of 50. Almost half (53.8%) of respondents