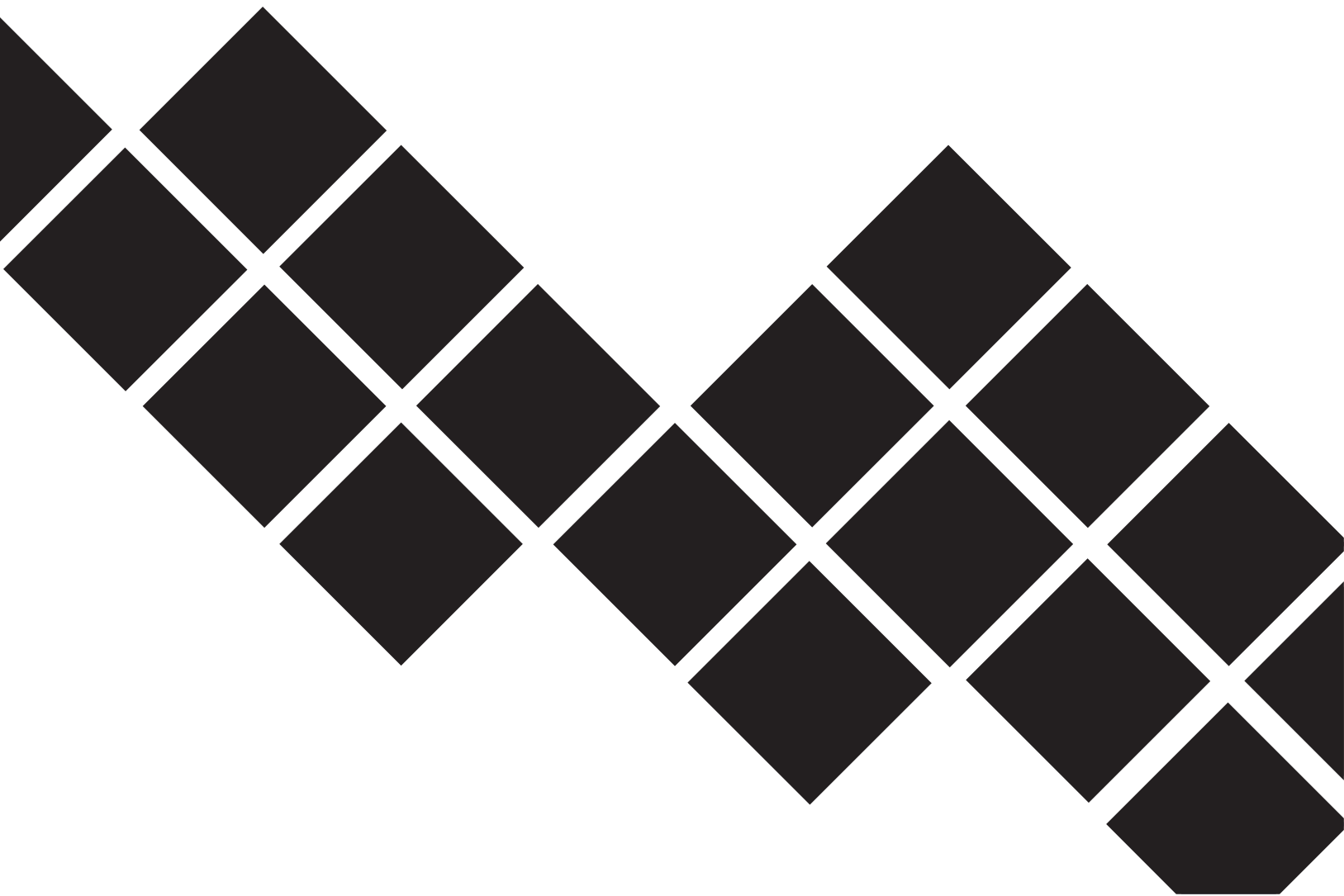


Framework of competencies for osteopaths in Québec



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**Gender-neutral drafting**

This document was drafted from a perspective of language equality, in the aim of fairly representing both women and men. This is achieved through the use of words that refer to both the feminine and the masculine, or through the use of words that refer explicitly to women or men.

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ISBN 978-2-924741-03-0

(Édition originale : ISBN 978-2-924741-01-6)

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Foreword

The Éduconseil team responsible for producing the framework of competencies wishes to draw readers' attention to the following points.

The information contained in the framework, as well as the structure according to which it is presented, is based on the conceptual model used to produce it, i.e., a model designed by the Éduconseil team, which was also used to produce the professional activities frameworks or competency frameworks for several other professions in Québec¹. For this reason, while the content of the document is specific to the profession of osteopath and refers to the characteristic aspects of that profession, in particular in chapters 2 and 3, the structure of this framework and the model-related information it contains are similar to the other frameworks produced using the model.

It is also important to consider that this framework was produced while work was ongoing at the Office des professions du Québec to create a professional order for osteopaths in Québec. As such, changes will be required to certain elements of the framework following decisions made at the outcome of this work, in particular, in relation to the practice of the profession, which is discussed in Section 2.1 of the framework, including its subsections.

¹ In recent years, several organizations and professional orders have hired the team to carry out projects similar to this project for Ostéopathie Québec. The team therefore used its model to produce the following documents, among others: Référentiel de compétences lié à l'exercice de la profession d'ergothérapeute au Québec; Référentiel d'activité professionnelle lié à l'exercice de la profession de sage-femme au Québec; Les exigences de l'exercice de la profession de diététiste au Québec; Référentiel d'activité professionnelle lié à l'exercice de la profession de gestionnaire de bénévoles; Référentiel d'activité professionnelle lié à l'exercice de la profession de psychologue au Québec; Référentiel de compétences lié à l'exercice de la profession de physiothérapeute au Québec; Référentiel de compétences lié à l'exercice de la profession de thérapeute en réadaptation physique au Québec; Référentiel d'activité professionnelle lié à l'exercice de la profession de travailleuse sociale ou travailleur social au Québec; Référentiel de compétences lié à l'exercice de la profession d'huissière ou huissier de justice au Québec; Référentiel de compétences lié à l'exercice de la profession de médecin vétérinaire au Québec; and Référentiel d'activité professionnelle lié à l'exercice de la profession de thérapeute conjugale et familiale ou thérapeute conjugal et familial au Québec.

Acknowledgements

The team at Éduconseil joins Ostéopathie Québec in thanking everyone who was involved in producing this framework and who, as a result, contributed to the success of the project. Special thanks go out to the osteopaths whose names appear in Appendix I and Appendix II of the framework, who agreed to share their experiences as experts during interviews or focus groups. We are grateful for their informed comments, availability and generosity. The team was also deeply inspired by the passion shown for the profession and for the obvious concern that it be carried out according to the highest quality standards—a fact that the team made sure to consider in the production of the framework.

The team also wishes to thank Marc Gauthier and Louise Cantin, respectively, project manager and project coordinator at Ostéopathie Québec, as well as the other members of the project steering committee, namely Louise Collette, Michaël De Gouveia, Geneviève Forget and René Pelletier. We greatly appreciated their efficiency throughout the process, as well as their trust, respect, courtesy and cooperation during the project.

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Introduction

This document outlines the framework of competencies associated with the practice of the profession of osteopath in Québec. It contains three chapters. Chapter 1 describes how the framework was developed and validated. It also sets out the purpose of the project and describes how it was implemented, as well as the method and the conceptual model used to produce the framework.

Chapter 2 focuses on the characteristics of the practice of osteopathy in Québec. It describes the framework for the practice of the profession, provides an overview of the work done by osteopaths and how the profession is likely to progress moving forward, and describes an osteopath's work context.

Chapter 3 outlines the key elements of the framework of competencies, namely the requirements and competencies specific to the profession. First, it describes the foundations of the profession of osteopath. Next, it provides an overview of the competencies associated with the profession. Finally, it gives a detailed description of the areas covered by these competencies.

1 Developing and validating the framework of competencies

The process surrounding the development and validation of the framework of competencies for osteopaths in Québec is broken down into three points:

- the purpose of the project and how it was implemented;
- the method used to produce the framework of competencies;
- the conceptual model used to produce the framework of competencies.

1.1 The purpose of the project and how it was implemented

The production of the framework of competencies for osteopaths in Québec is an integral part of an Ostéopathie Québec project aimed at achieving excellence in the professional practice of osteopaths. It was the association's wish to have an official document outlining the profession in a detailed, realistic and comprehensive manner, which will serve as a valuable reference in achieving its mission as the association representing the most osteopaths in Québec, and in helping its members to fulfil their professional duties¹. The association also wishes to see this framework used as a benchmark in the creation of a professional order of osteopaths.

To achieve the stated goal of the project, Ostéopathie Québec designated its president, Marc Gauthier, to act as project manager, and its executive director, Louise Cantin, as project coordinator. The association also formed a steering committee made up of osteopaths known for their expertise in the field in Québec, namely, Mr. Gauthier, Louise Collette, Michaël De Gouveia, Geneviève Forget and René Pelletier. The role of the project steering committee, which Ms. Cantin was appointed to from the outset because of her professional responsibilities with the association and related to the project, was to monitor the work closely with respect to the realities and contexts of the profession in Québec. The association then entrusted the project management to the team at Éduconseil, which specializes in social science research and competencies management, in particular, the performance of analyses and mandates similar to this project.

The association also wanted this project to be a logical continuation of the work done in recent years on the profession and the requirements related to its practice. As such, it gave the team a set of documents relevant to the project, including those recently produced about the practice of osteopathy, the competencies expected from osteopaths, and the knowledge associated with these competencies. The association also gave the team several other reference documents, such as books, reports and articles about the profession. In other words, Ostéopathie Québec made sure that this framework of competencies is consistent with the above-mentioned documents and, in so doing, that it reflects a professional osteopathy practice based on the principles of the profession and the highest quality standards.

Finally, in addition to the members of the project steering committee, the association consulted 15 other practising osteopaths to obtain their expertise in producing the framework of competencies. For that purpose, it established a qualitative representative sample of people to consult during interviews, when developing the framework, and during a focus group, when validating the content of the framework². The variables selected to construct the sample used at each of the framework production steps refer to the representation of people who practice the profession according to sex, number of years' experience,

1 As we will see later, the training received by the member osteopaths of Ostéopathie Québec not only corresponds to, but exceeds the World Health Organization's 2010 Benchmarks for Training in Osteopathy.

2 The representativeness criteria used in the social sciences for a qualitative data collection are diversity and completeness. In this project, diversity aims to ensure that the people chosen for the sample represent all practice scenarios within the profession. Achievement of diversity is seen through the variables used to build the sample of people to consult for the project. Completeness aims to ensure that all data specific to the various practice scenarios within the profession are current. Achievement of completeness corresponds to what is known as saturation.

characteristics of client base, and setting and region of professional practice.

1.2 Method used to produce the framework of competencies

As part of the process of producing the framework of competencies for osteopaths, the Éduconseil team carried out a number of research, consultation, analysis and facilitation activities, guided by the techniques and methods used in the social sciences. For the most part, these activities can be summarized as follows.

- Carry out a literature search on the practice of the profession of osteopath in Québec, in Canada and around the world, and review the compiled literature, including documents made available to the team by Ostéopathie Québec, to become more familiar with the vocabulary and approach related to the profession.
- Support the association in building the sample of osteopaths to approach to participate in the project³.
- Produce the survey instruments for the project and prepare the interviews to be conducted with practising osteopaths, i.e., contact each of the people selected for an interview to set up an appointment and to explain expectations⁴.
- At the beginning of the project, after doing the literature review, conduct an exploratory interview with the members of the steering committee to obtain their opinion on the practice of the profession and to identify key issues. This face-to-face group interview, conducted on March 14, 2016, lasted 1 hour and 40 minutes.
- Conduct 16 one-on-one, in-depth interviews with the selected osteopaths and the member osteopaths of the Ostéopathie Québec project steering committee, to obtain a deeper knowledge of the practice in Québec, as well as a more detailed and complete description of the reality of an osteopath's everyday professional practice⁵. All of these face-to-face interviews were conducted between March 30 and April 27, 2016. On average, the interviews lasted 1 hour 43 minutes, for a total of 27 hours 26 minutes. All interviews were conducted by three team members: one to ask the questions and two others to record the osteopaths' answers. This resulted in an extensive and accurate collection of data on the profession, leading to an inter-rater discussion at the time of analysis and interpretation⁶.
- Process and analyze the data available in the relevant literature, using a literature review, as well as the data collected during the interviews, using a thematic content analysis, in order to identify all of the nuances and details of the practice of the profession and, as such, to develop a framework of competencies that corresponds to the reality of the profession and to its recent and foreseeable evolution.
- Draw up a list of action verbs, presented in Appendix III, with definitions of each verb used to describe the competencies of osteopaths; in doing so, make sure the right word is used

3 Ostéopathie Québec issued a call for nominations to its members asking them to participate in the project. The members of the association's board of directors then selected people to be included in the sample based on the above-mentioned representativeness criteria.

4 After scheduling the interview appointment, the research team gave each participant a copy of the interview.

5 See Appendix I for the list of people who were interviewed.

6 Due to the characteristics of the sample consulted during the project and to the data that were updated on the practice of the profession, the two relevant representativeness criteria for the project were met. With respect to diversity, note that the 16 people who were interviewed, including the 5 member osteopaths of the Ostéopathie Québec project steering committee, included 10 women and 6 men, whose client base presents all of the characteristics related to expertise in osteopathy. Also note that they have a varied number of years of experience in exercising the profession. In fact, the number of years of experience of 2 of them is between 3 and 5, and that of 3 of them is between 6 and 10. The number of years of experience for others is between 11 and 20 years, in the case of 7 of them, and 21 years and over, in 4 of them. Also note that they practise the profession individually or as a member of an intra- or interdisciplinary team, most often composed of physiotherapists, occupational therapists, physical rehabilitation therapists, and acupuncturists, in addition to osteopaths. They are spread out across the various regions of Québec, representing urban, semi-urban and rural areas alike. Before becoming osteopaths, some of them graduated from college or university in another field that led to them practising a profession governed by the Professional Code, such as physiotherapy. Some of them also practice osteopathy on animals as well as humans. In terms of completeness, note that the data collected during the interviews were saturated, i.e., the last interviews did not lead to the collection of new data. However, these interviews confirmed the data that were already updated, helping to improve the results of the consultation process, especially since the ideas stated by each participant were always expressed in an original way.

in the right circumstances.

- Draw up a glossary, presented in Appendix IV, with definitions of words or expressions related to the practice of the profession in Québec, and the words selected to mean the criteria for validating proficiency in each competency.
- Produce the framework of competencies, by first validating the content with the members the project steering committee during a work session on May 19, 2016, and then with 8 practising osteopaths during a focus group held at the association's office on June 9, 2016⁷.
- Organize and host the project steering committee's work sessions and the focus group.
- Prepare the final version of the framework and systemically verify the exhaustiveness and the internal and external coherence of the content.

1.3 Conceptual model used to produce the framework of competencies

In producing the framework of competencies, the Éduconseil team used a conceptual model that it developed⁸ based on its specific expertise. The model combines research techniques and methods gleaned from the social sciences, education, and competency assessment, with experience acquired over the past 25 years through work on professional recognition and workforce training systems and competency assessment⁹. The model designed by the team is based on the results of studies done since the mid-1980s on the concept of competency and its applications in fields of education and labour, and on the different job analysis methods used by the international community, in particular by the European countries, and by Québec government departments dedicated to training and workforce development¹⁰.

As illustrated in Figure 1 below, the team preferred to conduct a functional analysis of the profession, i.e., an analysis that reveals the desired outcome of the performance of tasks specific to the practice of the profession, rather than a list of every single action involved in carrying out these tasks. Similarly, the team identified the competencies related to an expected result, which assumes the integration of three types of knowledge: basic knowledge, know-how, and soft skills. In this sense, the team concluded that competence—the key concept of the model—consists in the appropriate activation of these three types of knowledge and of all useful resources in the specific context of a professional activity. In this sense, the team also noted that competence covers:

- a person's ability, in the moment, to use external resources, such as materials and information, and internal resources, such as their basic knowledge, skills (know-how), and personal qualities (soft skills).

From there, the team concluded that competence also means:

-
- 7 See Appendix II for the list of people who participated in the focus group. Some of these people were also interviewed, given that some of the osteopaths who were asked for an interview were also invited to participate in the focus group. Also note that Marc Gauthier, project manager, and Louise Cantin, project coordinator, as well as the other members of the steering committee, namely Louise Collette, Michaël De Gouveia and Geneviève Forget, took part in the focus group. Philippe Druelle, who was unable to attend the focus group, nevertheless helped to validate the framework of competencies via a telephone conversation on Monday, June 13, 2016, with a representative from the research team, Lise Horth. As such, the framework was validated by a total of nine experts in the profession, plus the member osteopaths of the project steering committee.
- 8 Lise HORTH et Gilbert ROUSSEAU, *L'élaboration de référentiels propres à l'énoncé et à la gestion des compétences liées à l'exercice d'une profession au Québec – Un modèle conceptuel intégré*, Québec: Éduconseil inc., 2012, 15 p. This document contains a bibliography of the main references used to develop the conceptual model on which this framework was based. To access the document, visit the ÉDUCONSEIL INC. website. [www.educonseil.qc.ca].
- 9 The team's work consisted in conducting international literature reviews on the methods used to describe professions and identify the competencies useful to their practice, and used to develop and manage the initial training and continuing education programs, including the assessment of learning and of the programs themselves, as well as the best practices used to assess and recognize the competencies of experienced individuals. The team's work also involved analyzing more than one hundred professions and designing several workforce competency assessment and recognition procedures, including all of the instruments needed to apply these procedures.
- 10 The main methods used by the team to analyze the professions were that designed by Bob Mansfield, as outlined in the International Manual Prepared for the European Training Foundation (2000), and that of the Société québécoise de développement de la main-d'œuvre, now Emploi-Québec, outlined in the Guide de production d'une analyse de métier ou de profession (1993).

- the person's ability to use their judgement, as well as appropriate attitudes and behaviours, in doing their work, analyzing a complex situation, solving problems, proposing actions, interacting with other people, and establishing a relationship of respect, trust and mutual cooperation with the latter¹¹.

As such, the team developed the framework of competencies for osteopaths based on the following analytical process. First, it identified the practice scenarios having a certain number of characteristics, including the fact of being:

- authentic, i.e., directly associated with the practice of the profession and consistent with the reality of this practice;
- representative, i.e., reflective of what all practitioners are required or called upon to do;
- complex, i.e., presupposing the appropriate use of a set of resources by the people experiencing the scenarios.

The team then examined the various practice scenarios within the social context of Québec. As such, it considered the regulatory aspects of practising the profession in Québec, including the standards and policies governing the profession, as stated by Ostéopathie Québec, which we will come back to, and what an exemplary professional osteopathy practice actually means.

The team also positioned the elements that make up the framework of competencies for osteopaths within a coherent whole, while ensuring that each one referred to its own specific reality. As such, each competency associated with the profession is defined in a manner that suggests an expected result, i.e., prefaced by the words *Be able to*, followed by one or two action verbs, which reflect the three above-mentioned types of knowledge and the analytical or other dynamic and iterative processes involved, for example *Be able to assess a person's osteopathic somatic dysfunctions*. Then, the area covered by each competency and the way in which the latter are applied is explained through the various elements below:

- The operational dimensions of the competencies, which contribute to the expected result and which correspond to the actions and to a subdivision of the latter, namely the units of action¹².
- The criteria for demonstrating proficiency of each competency, which are associated with the units of action and which are used to objectively verify proficiency of each competency.
- The foundations of the practice of the profession, which anchor and guide resources in the fulfilment of the day-to-day responsibilities of osteopaths and which, as such, are inseparable from the competencies. These affect:
 - the context in which the operational dimensions of the competencies are assimilated and solidified¹³, which is related to the practice of the profession in general, to the creation of a relationship of trust and partnership with the person consulting¹⁴, and to relationships between professionals;
 - the knowledge underlying the proficiency of competencies, which corresponds to the broad fields of knowledge relevant to the practice of the profession and which provide indicators of the associated knowledge and skills;
 - the attitudes and professional behaviours expected of osteopaths, namely, the personal qualities and soft skills useful to the practice of the profession¹⁵.

11 Guy Le Boterf, Philippe Perrenoud, Jacques Tardif and Gérard Scallon were instrumental in helping the team to define the concept of competence.

12 The actions and units of action therefore describe what the competencies represent and how they are manifested.

13 The context in which the operational dimensions of the competencies are assimilated and solidified to some extent refers to the yardstick for measuring the work done by the practitioners of the profession, meaning the way they are expected to act in all circumstances. It is the definition of how to behave in the field, i.e., what aspects to respect, apply, treat, preserve, etc. Most often, the information on this topic highlights the principles and values of the profession, including the associated codes of conduct and ethics, and the related professional responsibilities.

14 The expression "person consulting" refers to the patient receiving osteopathic treatments; in some cases, for example, a child or an incapable person, it also refers to the latter's legal representative.

15 The data on the knowledge underlying the proficiency of competencies, and on the expected attitudes and professional behaviours aim to illustrate the vast range of resources related to the knowledge surrounding the practice of the profession. As such, these data cannot be compared to those found in a training repository, nor to those in an academic program. In fact, these data represent the raw material used to develop a training repository, which

Finally, as illustrated in Figure 2 below, in order to discuss what the practice of the profession of osteopath in Québec represents, and to avoid repetition, the competencies associated with its practice are grouped into the following four categories.

- ❶ Performance of an osteopathic assessment and intervention
- ❷ Management of key elements surrounding the performance of an osteopathic assessment and intervention
- ❸ Continuing professional development
- ❹ Participation in the development and outreach of the profession

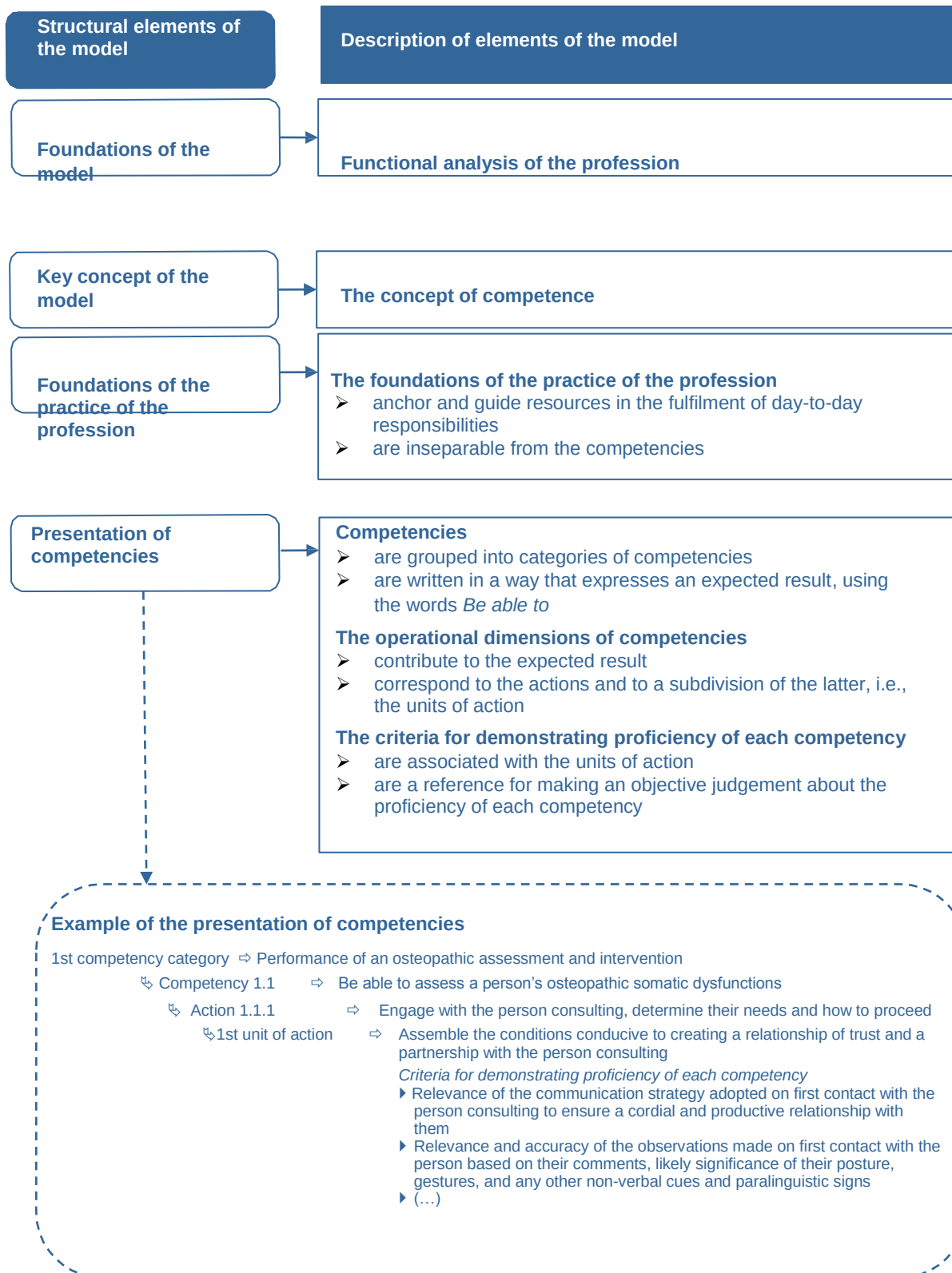
Each category refers to a homogeneous set of responsibilities assumed by osteopaths. Moreover, these categories are logically nested within one another. Each of the four categories of competencies associated with the practice of the profession is also represented by an oval. The first oval, related to the first category, refers to the core competencies of the practice of the profession, i.e., the competencies that characterize the profession of osteopath. The three other ovals refer to the competencies that, although intrinsically related to those of the first category, successively refer to a professional reality involving the fulfilment of responsibilities that are more on the periphery of the profession as opposed to at the core¹⁶. As such, the second, third and fourth categories include competencies that, although identified based on the profession of osteopath, can relate to the practice of other professions. The fourth category also assumes that the person has acquired both solid professional experience and recognition of this experience in the field; and, contrary to the first three categories, it encompasses competencies that exceed what is normally expected of osteopaths.

In short, as presented, the framework of competencies for osteopaths in Québec can be easily adjusted as the profession progresses. In fact, the structure of its elements is such that only those affected by significant change would have to be modified, and it would always be possible to add new ones.

specifically contains the training framework, which includes the purpose and aims of the training, and the perspectives for designing and developing the training program. In turn, the data contained in the training repository is the raw material used to develop an academic program, which encompasses the learning activities required to acquire the necessary competencies along with their underlying knowledge, the scope and progression of these learning activities—in other words, the development trajectory of each of the competencies—the number of mandatory hours dedicated to the learning activities, the teaching activities required to support learning, and the learning assessment methods for the competencies to be mastered. It goes without saying that work of this magnitude requires collaboration between the representatives of the authorities involved (the professional association(s)/order involved, and especially the latter's training committee, the government departments dedicated to education and higher education, academic institutions, etc.) and the experts in the field at the academic institutions, including teaching staff or faculty members.

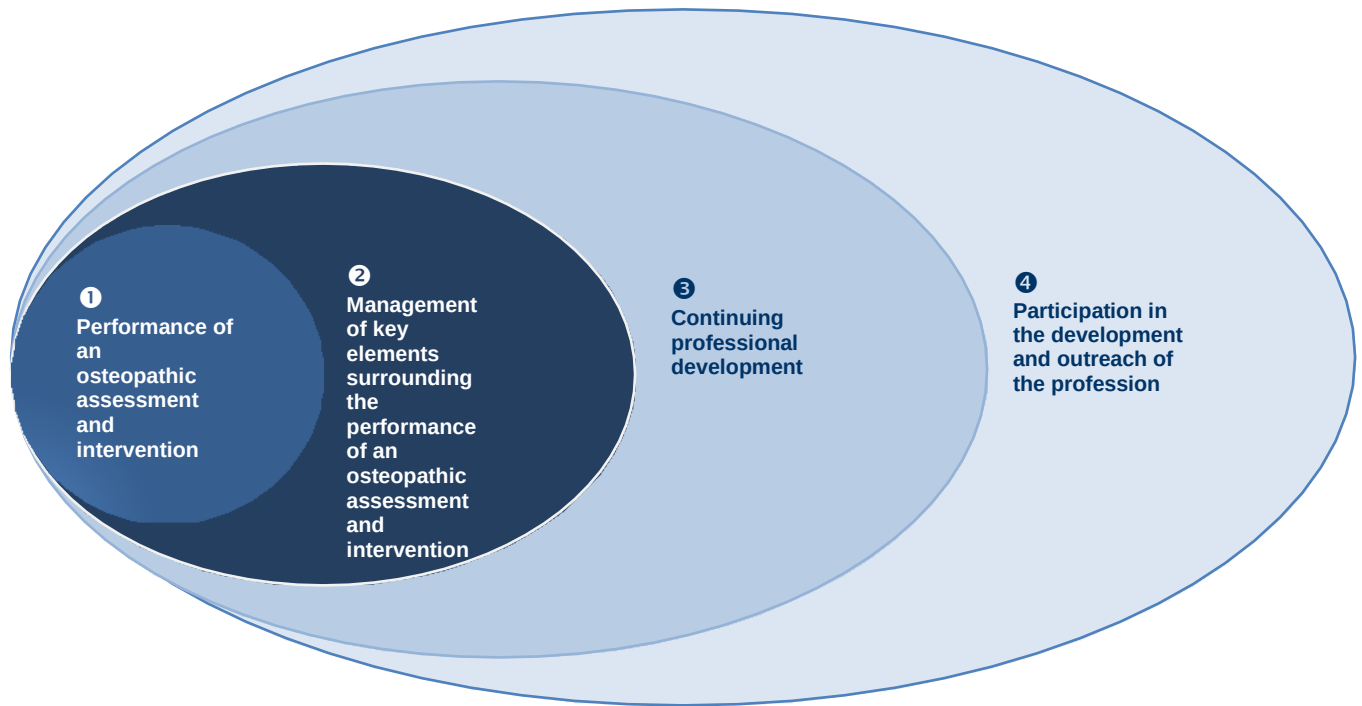
16 This framework of competencies is different from a description of professional roles, positions or duties, and even from a profile of key competencies. In fact, the content of the framework is presented in an integrated manner that reflects the requirements and competencies of the profession according to the various scenarios related to its practice, seen as a whole. Having a visual of the conceptual model on which this framework of competencies is based helps to better understand it and avoids its constituent elements being taken out of context.

Figure 1 Overview of the conceptual model used by Éduconseil to produce the framework of competencies for osteopaths in Québec



Source: Figure designed by Éduconseil in 2016.

Figure 2 Representation of concentric competency categories



Source: Figure designed by Éduconseil in 2016.

2 Characteristics of the profession of osteopath

The characteristics of the profession of osteopath in Québec are presented in three points, i.e.:

- the framework for the practice of the profession;
- the work of osteopaths and future perspectives;
- the work context of osteopaths.

2.1 Framework for the practice of the profession

The framework for the practice of the profession can be summed up in the following three points: the current framework for the practice of the profession; the membership criteria for Ostéopathie Québec; and the charters and laws that govern the practice of the profession¹.

2.1.1 The current framework for the practice of the profession

As of the drafting of this framework of competencies, the profession of osteopath is not governed by the *Professional Code*, although work is underway at the Office des professions du Québec to incorporate it into Québec's professional system. However, the practice of the profession is supervised by professional associations, including Ostéopathie Québec.

The result of the 2012 merger between the Registre des ostéopathes du Québec and the Association des ostéopathes du Québec, Ostéopathie Québec represents about 85% of Québec's osteopaths. Ostéopathie Québec's three-pronged mission is to:

- certify the training of member osteopaths, i.e., assess the training of individuals who wish to join the association using the Benchmarks for Training in Osteopathy established by the World Health Organization (WHO)², as well as guarantee the quality of said training;
- inform the Québec population about osteopathy, in particular through the association's website, participation in events, and publication of documents;
- offer professional services to member osteopaths, i.e., access to official receipts, information about osteopathy training activities, and professional and personal insurance plans.

Ostéopathie Québec has also set up a syndic's office to evaluate complaints from the public. This independent department processes reports from the public confidentially and, where applicable, ensures that the services rendered by the members are safe and compliant with the Code of ethics, which is outlined below³.

Essentially, in addition to the certification of training required for the practice of the profession, the means of supervising the professional practice of osteopaths proposed by Ostéopathie Québec relate to conduct and ethics, as well as record-keeping and consulting offices. Ostéopathie Québec has produced a Code of ethics for osteopaths, with which its members are required to comply. The provisions of this

1 In the case where the profession targeted by the production of a framework of competencies or professional activity is part of Québec's professional system, this section of the document is entitled The legal and regulatory framework of the exercise of the profession and its subsections, i.e., subsections 2.1.1, 2.1.2 and 2.1.3, respectively, are entitled: The scope of practice of the profession, Access to the license to practice the profession and Laws and regulations associated with the practice of the profession. As soon as the profession of osteopath is integrated into Québec's professional system, this section of the framework will be adjusted to match the provisions of the Professional Code related to the profession.

2 WORLD HEALTH ORGANIZATION, Benchmarks for Training in Osteopathy, Geneva, WHO Press, 2010, 31 p., [www.who.int]. Translated to French as Principes directeurs pour la formation en ostéopathie, by the Union fédérale des ostéopathes de France, [www.osteofrance.co], February 2016.

3 OSTÉOPATHIE QUÉBEC website [osteopathiequebec.ca].

code are grouped according to the following points:

- general duties;
- duties to the public;
- duties to clients;
 - general duties;
 - independence and impartiality;
 - professional secrecy;
 - relationship of trust;
- duties to the profession;
 - acts contrary to the dignity of the profession of osteopath;
 - relationship with Ostéopathie Québec;
 - relationship with other members;
- access to and correction of records;
 - terms and conditions of the client's right to access their record;
 - terms and conditions of the client's right to request corrections to their record;
 - member's obligation to submit documents;
- fee setting and payment;
- advertising, representation and sales;
- research;
- penalties and deregistration;
- final provisions⁴.

Similarly, Ostéopathie Québec has drafted a Politique sur la tenue des dossiers, des cabinets de consultation et des procédures à suivre lors de la cessation d'exercice (Policy on record keeping, consulting offices and procedures governing the termination of practice), which its members are required to follow. This policy is centred around the following points:

- record creation and record keeping by the members of Ostéopathie Québec;
- management of consulting offices;
- termination of practice:
 - voluntary termination;
 - death;
 - temporary termination;
 - restrictions imposed by Ostéopathie Québec;
 - record retention;
 - member leaves their place of practice⁵.

Moreover, Ostéopathie Québec has adopted a Politique sur les stages et les cours de perfectionnement (Policy on internships and professional development courses), according to which the Board of Directors can require a member to successfully complete an internship or a professional development course, or both, when the Board deems this necessary to protect the public. The policy specifies cases in which such requirements can be imposed on a member⁶.

2.1.2 Criteria for membership in Ostéopathie Québec

Individuals with a degree in osteopathy (D.O.) or who are osteopathy interns (I.O.) may apply to join Ostéopathie Québec. To become a member of the association as a D.O., candidates must:

- have a degree in osteopathy issued by one of the two osteopathy training centres in Québec

4 OSTÉOPATHIE QUÉBEC, Code de déontologie des ostéopathes, adopted at the regular meeting of the Board of Directors on November 18, 2013, Montréal, Ostéopathie Québec, 2013, 13 p.

5 OSTÉOPATHIE QUÉBEC, Politique sur la tenue des dossiers, des cabinets de consultation et des procédures à suivre lors de la cessation d'exercice, draft submitted on June 3, 2015, Montréal, Ostéopathie Québec, 2015, 11 p.

6 OSTÉOPATHIE QUÉBEC, Politique sur les stages et les cours de perfectionnement d'Ostéopathie Québec, adopted by the Board of Directors on January 15, 2016, Montréal, Ostéopathie Québec, 2016, 1 p.

whose programs are recognized by Ostéopathie Québec, i.e., the Centre ostéopathique du Québec (COQ) or the Collège d'études ostéopathiques (CEO);

or

- have obtained equivalent training, as determined by an evaluation of their record and the successful completion of a clinical competency exam administered by Ostéopathie Québec's *Comité d'admission et de la compétence* (Admission and competency committee).

To become a member of the association as an I.O., candidates must:

- have successfully completed the undergraduate osteopathy training program offered by the COQ or the CEO;
- and**
- be registered in the graduate program and have completed a clinical internship or a research project with thesis.

More specifically, to be admitted as a member of Ostéopathie Québec, candidates trained in Québec at the COQ and the CEO must meet criteria that essentially relate to the training acquired⁷. As mentioned, the programs offered by these institutions meet the WHO's Benchmarks for Training in Osteopathy. These programs, which involve about six to seven years of studies, are divided into two levels. At the undergraduate level, students acquire theoretical and clinical knowledge in osteopathy; at the graduate level, they deepen and consolidate their knowledge by completing a clinical internship, an internship with essay, or a research study with thesis⁸.

Individuals trained at other osteopathy centres in Québec who wish to become members of Ostéopathie Québec must submit an application portfolio, which a committee will evaluate in terms of the candidate's academic background in osteopathy and previous osteopathy training activities (quality and quantity). Candidates must pass a clinical competency exam.

For candidates trained abroad, with the exception of France, Ostéopathie Québec recognizes the training programs offered by the member schools of the *Osteopathic European Academic Network* (OsEAN) and by the partners of the *Osteopathic International Alliance* (OIA). The training programs offered by universities in the U.K., Australia and New Zealand are instantly recognized. These individuals must submit an application portfolio and pass a clinical competency exam⁹.

As for individuals trained in France, Ostéopathie Québec has imposed a moratorium on their admission to the association. However, it is important to specify that Ostéopathie Québec's Board of Directors made the decision in May 2016 to partially lift this moratorium. As such, to become a member of Ostéopathie Québec as a D.O., individuals trained in France must meet one of the following two groups of criteria.

The criteria in the first group state that individuals must:

- have a baccalauréat issued in France, which is deemed the equivalent of a diploma of college studies (DEC) granted on completion of a pre-university academic program;
- and**
- have completed at least 4,200 hours of osteopathy training, including 1,000 hours of supervised clinical training, at a school accredited in 2007, and was still accredited in 2015;
- and**
- pass a knowledge test on the standards and policies in effect at Ostéopathie Québec, as well as a clinical competency exam.

⁷ It is interesting to note that, starting in fall 2018, Université de Sherbrooke's École de réadaptation in the Faculty of Medicine and Health Science plans to offer a full-time professional Master's program in osteopathy for practising clinicians with a university degree in the health field, leading to the right to practice in Québec. For more information, visit the Université de Sherbrooke website [www.usherbrooke.ca].

⁸ Websites of the CENTRE OSTÉOPATHIQUE DU QUÉBEC [www.coq.org] and the COLLÈGE D'ÉTUDES OSTÉOPATHIQUES [www.ceo.qc.com].

⁹ OFFICE DES PROFESSIONS DU QUÉBEC, Portrait des associations d'ostéopathes au Québec – Questionnaire administré par l'Office des professions du Québec, Montréal, Ostéopathie Québec, 2012, 6 p.

The criteria in the second group state that individuals must:

- have a university degree in one of the following fields, as well as relevant osteopathy training:
 - midwifery, with 1,937 hours of osteopathy training;
 - nursing, with 2,375 hours of osteopathy training;
 - medicine, with 1,000 hours of osteopathy training;
- and**
- have the title of D.O. in France;
- and**
- pass a knowledge test on the standards and policies in effect at Ostéopathie Québec, as well as a clinical competency exam.

Note that, pursuant to the general by-laws of Ostéopathie Québec, I.O.s can practice the profession while studying osteopathy at the graduate level. In fact, I.O. members of Ostéopathie Québec have a specific fixed-term status, since they must complete either a clinical internship, an internship with essay, or a research study with thesis during the required period.

2.1.3 Charters and laws governing practice of the profession

In addition to the Code of ethics for osteopaths, member osteopaths of Ostéopathie Québec must comply with the various standards and policies adopted by the association's Board of Directors. They must also comply with all Québec and Canadian charters and laws governing the practice of the profession. Basically, these charters and laws are the following:

- Canadian Charter of Rights and Freedoms;
- Charter of the French Language;
- Charter of Human Rights and Freedoms;
- Civil Code of Québec;
- Code of Civil Procedure;
- Professional Code;
- Act to establish a legal framework for information technology;
- Income Tax Act;
- Act respecting Access to documents held by public bodies and the Protection of personal information;
- Health Insurance Act;
- Act respecting the protection of persons whose mental state presents a danger to themselves or to others;
- Act respecting the protection of personal information in the private sector;
- Act respecting occupational health and safety;
- Taxation Act;
- Act respecting labour standards;
- Act respecting health services and social services;
- Act respecting health services and social services for Cree Native persons.

2.2 The work of osteopaths and future perspectives

This section of the framework aims to provide a brief description of the work done by osteopaths in Québec, in order to shed light on the data presented on the profession in the rest of the document. As such, the text provides an overview of the work involved in the practice of osteopathy, as well as future perspectives for the profession¹⁰.

The work done by osteopaths is characterized mainly by their specific expertise, which allows them to:

- assess, analyze and understand, through a systemic approach, osteopathic somatic dysfunctions affecting the muscles, bones, joints, tissues, nerves, organs, circulatory system, lymphatic system, glands, head and spine of the human body, which is viewed as a unique and vital whole with the ability to self-regulate toward a balanced state (homeostasis/homeodynamics) and to heal itself; this includes the body's various systems and the relationships between them;
- apply appropriate treatment in order to prevent and resolve somatic osteopathic dysfunctions of the human body or to alleviate their symptoms, through manual techniques such as mobilization, manipulation, palpation and normalization, aimed at achieving mobility and motility of the constituent structures of the various systems in the human body (bones, muscles, fascia and other tissues, nerves, organs, joints, fluids, respiratory and circulatory movements, etc.), thereby improving overall health, balance, wellness and quality of life of the person consulting¹¹.

Another characteristic of the work done by osteopaths is that it is geared toward empowering the person consulting with respect to their health and overall balance. Beyond helping to restore the body's natural functions by releasing its various structures from the constraints or restrictions that are blocking them, one of the goals of osteopaths is to educate the people who consult them about their role in the effectiveness of the proposed treatment and in maintaining the treatment results.

The work done by osteopaths is characterized by its focus on the functional problems that affect the body, while also being mindful of disease. As such, one of the first steps taken by an osteopath with a person consulting is to determine the relevance of osteopathic treatment and, in so doing, to identify the presence of a disease or disorder that would require urgent or non-urgent treatment by a doctor or other health professional, psychologist or psychiatrist, and then to refer the person to the appropriate resources.

People who consult an osteopath do so of their own volition or based on a recommendation or a prescription issued by a doctor or other health professional, such as a physiotherapist, occupational therapist or midwife¹². The situations that can lead them to consult an osteopath are multiple and diverse. They could consult for prevention-related reasons or for a problem related to any type of trauma, injury, stress or condition that is causing them bodily dysfunction, pain or discomfort, leading to a loss of quality of life, issues with activities of daily living, and day-to-day limitations. Osteopaths can treat people of all ages, from newborns to seniors, as well as pregnant women and women trying to become pregnant, amateur and competitive athletes, people who are convalescing or in rehabilitation, and people in palliative care.

¹⁰ The osteopathy position covered by this framework of competencies is that of clinician, which includes the role of consultant. However, osteopaths can have other professional responsibilities, such as teaching and supervising osteopaths-in-training, and participating in working groups or research studies. Moreover, readers should not look to this section of the framework for data that would be found in an osteopathy textbook; rather, it is a succinct description of what the work of osteopaths entails and the context within which it is carried out. In fact, the data that would be contained in an osteopathy textbook are not the same as those that would be found in a framework of competencies. The description of what the profession entails can be found mainly in chapter three of the document.

¹¹ See Appendix IV of this document for a glossary of words and expressions used in osteopathy.

¹² The osteopaths who participated in the project emphasized that osteopathy and its effectiveness are gaining in recognition by other health professionals in Québec, including doctors, although there is still a long way to go. Moreover, they all applaud the initiative to include the profession of osteopath in Québec's professional system as a way to protect the public and to make sure that only qualified osteopaths are allowed to practise the profession, a fact that they believe will help to increase the credibility, reliability and safety of osteopathic treatments.

At the moment, osteopathy services in Québec are provided at private clinics. However, given the prospect of the profession of osteopath being integrated into Quebec's professional system, the osteopaths who took part in this project agree that osteopathy should be an integral part of the services offered by Quebec's health and social services network, at all institutions that provide these services. They also agree that osteopaths must practise the profession in a manner consistent with the inherent nature of osteopathy and in a way that upholds its therapeutic outcomes, i.e., the practice of the profession must be based on the origins, philosophy, fundamental principles, key concepts and evolution of osteopathy. Again, given the prospect of the profession of osteopath being integrated into Quebec's professional system, the osteopaths agree that the training requirements for obtaining an osteopath's license must be a university education in osteopathy, corresponding to an undergraduate and graduate degree in the field, and include, in addition to solid theoretical training, in-depth clinical training and completion of an osteopathy-related scientific research project.

2.3 The work context of osteopaths

The context in which people who practise a profession are required to work has implications on the requirements and competencies specific to that profession. As such, the work context of osteopaths is characterized by the following four points:

- the physical work environment of osteopaths;
- the organizational work environment of osteopaths;
- the resources used by osteopaths;
- the workplace health and safety risks.

The physical environment refers to the practice setting, whereas the organizational environment refers to the people-related aspects, i.e., interpersonal and interprofessional relationships at work. The resources used by osteopaths are the main human, material and financial resources, and the time required to do their work. Finally, the workplace health and safety risks are the risks to which osteopaths may be exposed in the practice of the profession.

2.3.1 The physical work environment of osteopaths

There are relatively few places where osteopaths can be found practising. In fact, osteopaths mainly work at consulting offices that can be located:

- on private premises;
- in offices at a centre, institute or clinic with other individuals who practice the profession;
- in offices at a centre, institute or clinic with other osteopaths, as well as physiotherapists, occupational therapists, physical rehabilitation therapists, acupuncturists, and other health professionals.

Osteopaths sometimes also make house calls or work on teams with other health professionals at sporting or other events.

2.3.2 The organizational environment of osteopaths

In the course of their work, osteopaths must establish interpersonal relationships with numerous other people and professionals. Some of the people with whom osteopaths communicate and maintain partnerships and collaborative relationships are:

- the persons consulting and their legal representatives, where applicable;
- the other professionals involved in treating their clients, such as doctors, physiotherapists, psychologists, midwives, acupuncturists and nutritionists;

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- the members of the intra- or interdisciplinary team at their centre, institute or clinic;
 - their network of peers, i.e., osteopaths in Québec, in the rest of Canada, and worldwide;
 - the community resources that provide relevant services for persons consulting;
 - the authorities and staff at the osteopathy training centres recognized by Ostéopathie
 - their trainees or interns;
 - the students exploring career options in osteopathy;
 - the authorities and staff at Ostéopathie Québec.

2.3.3 The resources used by osteopaths

The resources used by osteopaths are both internal and external. They are the resources that the osteopaths use themselves, or that they use to engage other resources needed to practice the profession. Internal resources include each person's individual expertise and personality, i.e., their knowledge, know-how and soft skills, or personal and professional qualities. They also include the osteopath's body, especially their hands, since touch, and particularly palpation, is an integral part of osteopathic treatments.

External resources include the people whom osteopaths can occasionally consult, and the time available to perform the various professional activities related to the profession. They also include osteopathic knowledge, including principles and techniques, and work-related documentation, such as:

- the charters and laws governing practice of the profession;
- the standards and policies applicable to the professional practice;
- the scientific and empirical literature applicable to the professional practice, which includes research data;
- the professional records;
- the administrative documents specific to the profession (forms, invoice pads, etc.);
- the material produced for continuing education activities and conferences, the documents produced by Ostéopathie Québec, and documents found online.

External resources also include all material used during the osteopathic assessment and diagnosis, and during the treatment of the underlying dysfunctions:

- measuring devices and other instruments used in the assessment, such as reflex hammer, tuning fork, stethoscope and tensiometer;
- reference books and teaching tools used to explain and illustrate to the person consulting the anatomical relationships between the different structures of the body, such as an anatomical atlas, anatomical and physiological charts, and anatomical models of different body parts, such as the skull, spine or foot;
- osteopathic table (fixed table, adjustable table, etc.), sheets, cushions, examination gloves, stool, and toys for children.

Finally, they include office equipment, including electronics and communication devices:

- desktop computer, laptop computer, tablet;
- mobile phone and smart phone;
- office intranet;
- Internet, including email and social media;
- relevant databases;
- office automation and accounting software, such as word processing and database software;
- relevant Web-based applications.

2.3.4 Workplace health and safety risks

Osteopaths are exposed to certain workplace health and safety risks. In fact, they may find themselves in situations where their physical safety is threatened or their mental toughness is tested.

In addition to being exposed to possible viral, bacterial and fungal infections, osteopaths perform repetitive movements involving the same sets of muscles and joints by virtue of the fact that they must manipulate and lift certain parts of their clients' bodies, which can be heavy, and because they work in a standing position for long periods of time. The movements and postures required by osteopaths can lead to injuries, such as tendinitis, joint wear-and-tear, and pain in the back and hands.

Osteopaths are also constantly confronted by the pain and suffering of the people who consult them, and may have a hard time detaching, which can lead to feelings of distress or even burnout. Conversely, they are also privy to the strength and resiliency of their clients, which can be particularly inspiring. Osteopaths also need to focus on and listen attentively to the persons consulting, as well as carefully analyze the situation at all times, which, over time, can lead to emotional and mental exhaustion.

Finally, work schedules can be a source of stress and a risk factor for professional burnout. In fact, given that osteopathic services are in high demand, some osteopaths may overload their appointment books. However, the people consulted on this project said they felt fortunate to be able to guide people on a journey toward better health, balance and wellness, which they view as being extremely rewarding.

In conclusion, while the people consulted on this project believe that the workplace health and safety risks mentioned above are indeed a fact of life in the profession, they also think it's up to individual osteopaths to take the necessary precautions, starting with the following protection factors:

- adopting ergonomic and efficient work positions, postures and methods;
- knowing one's self and one's limits;
- maintaining an appropriate professional distance from the person consulting, their pain and their personal history;
- following a reasonable work schedule;
- adopting lifestyle habits that promote balance, and maintaining good physical, emotional and mental health.

3 Requirements and competencies specific to the profession

The requirements and competencies specific to the practice of osteopathy in Québec are broken down into the following three points:

- the foundations of the practice of the profession;
- the overview of the competencies associated with the profession;
- the detailed description of the competencies associated with the profession.

3.1 The foundations of the practice of the profession

Recall that the foundations of the profession, as defined in Section 1.3 of this framework, anchor and guide resources in the fulfilment of the day-to-day responsibilities of osteopaths and which, as such, are inseparable from the competencies. These concern:

- the context in which the operational dimensions of the competencies are assimilated and solidified;
- the knowledge underlying the proficiency of competencies;
- the attitudes and professional behaviours expected of osteopaths.

To illustrate the logical relationship between the foundations of the practice of osteopathy and the competencies specific to the profession, the latter are included in the chapter on competencies and are presented as requirements of the profession. Hence the importance of keeping these foundations in mind to ensure a thorough understanding of the characteristics and scope of each competency identified in the framework.

3.1.1 The context in which the operational dimensions of the competencies are assimilated and solidified

The context in which the operational dimensions of the competencies are assimilated and solidified refers to, as discussed in Section 1.3 of this framework, the yardstick for measuring the work done by osteopaths. It focuses on the following:

- the practice of the profession in general;
- the creation of a relationship of trust and partnership with the person consulting;
- the relationships between professionals.

With regard to the practice of the profession in general, osteopaths must act as follows.

- Draw on the inherent nature of osteopathy and uphold its therapeutic outcomes, i.e., the origins, philosophy, fundamental principles, key concepts and evolution of osteopathy
- Take into consideration all documents produced by relevant authorities about the practice of the profession, such as standards and policies
- Comply with professional secrecy obligations, work ethics, and rules of professional conduct
- Exercise thoroughness in the performance of their duties
- Adopt a professional approach based on keen observation and ongoing assessment of situations, and on relevant analytical processes, including the consideration of any ethical issues present
- Keep in mind the reasons for the consultation throughout the assessment and intervention process
- Ensure to always act with caring and compassionate intentions
- Ensure they are physically and mentally able to provide care to each person consulting
- Adopt a professional approach aimed at empowering the persons consulting with respect to their own health and overall balance

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- Be aware of and attentive to how they are affected by the situation of the person consulting, notably the latter's characteristics, attitudes, behaviours, comments, values and preferences
 - Make sure to exercise constant vigilance with regard to situations that could pose a health and safety risk, especially regarding any action that may cause harm to the persons consulting
 - Make sure to exercise constant vigilance with regard to the relevance and safety of their professional intervention and its impact on the persons consulting and on the client-therapist relationship, in particular when determining the relevance of osteopathic treatment
 - Refer persons consulting to other appropriate professional resources whenever osteopathic treatments prove inadequate
 - Make sure to exercise constant vigilance with regard to maintaining personal balance and overall health
 - Fulfil their professional osteopathic responsibilities with integrity, attention, availability and diligence
 - Adopt a professional approach based on independence and impartiality
 - Respect their professional and personal limits and seek appropriate support, i.e., by discussing—with peers, colleagues or any other resource—their professional activities, their concerns and questions about the person consulting, or certain elements of the assessment or intervention process, when necessary
 - Pay attention to any situation that could constitute a conflict of interest, in particular by refraining from intervening in the private affairs of the persons consulting, except on matters that fall within the scope of osteopathy
 - Call on other professionals and resources in the field whenever necessary during the osteopathic assessment and intervention
 - Adopt an evidence-based practice approach, in other words, an approach that takes into consideration the scientific and empirical data that are available and relevant to the situation
 - Clearly record the professional services provided in the relevant documents, i.e., the professional records
 - Effectively plan their work and appropriately manage their time and priorities
 - Optimize the use of available resources
 - Responsibly use information and communication technologies
 - Honour the commitments undertaken to fulfil their professional responsibilities
 - Employ principles and techniques that underpin thoughtful or reflective professional practice, while taking into account their professional development needs

With regard to the creation of a relationship of trust and partnership with the person consulting, osteopaths must act as follows.

- Take into account the uniqueness of each individual
- Adopt an approach based on the needs, expectations, and characteristics of each person consulting
- Respect the dignity, integrity, privacy, autonomy and rights of each person consulting
- Ensure the systematic application of clinical reasoning in osteopathy and its associated systematic approach in order to obtain all information relevant to their professional intervention with each person consulting
- Respect the pace and objectives of each person consulting
- Offer each person consulting a reassuring presence and an authentic, attentive, compassionate and sensitive listening ear
- Express themselves with empathy and respect
- Provide sufficient information to ensure the person consulting is able to understand their situation
- Provide sufficient information, during the assessment and throughout the intervention, to ensure the person consulting is able to fully understand the rationale and justification for the professional intervention, beyond the osteopath's subjective perception of the situation

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- Provide sufficient information for the person consulting to be able to make informed choices at all times and, as such, to ensure the person understands the various issues regarding which decisions to make and actions to take throughout the intervention
 - Make sure to obtain the informed consent of each person consulting
 - Be aware of any changes in the situation of each person consulting which may have a direct bearing on the intervention
 - Adopt a professional attitude in cases where there is a likelihood of social contact, outside of treatment sessions, with a person consulting
 - Take into consideration cultural, intergenerational and gender differences in their communications and professional practice
 - Use a language level appropriate to the situation and characteristics of each person consulting

With regard to relationships between professionals, osteopaths must act as follows.

- Take into account the roles and responsibilities of osteopaths
- Take into account the roles, responsibilities and areas of practice of professional resources from other professions as well as the activities that are reserved to them
- Take into account the roles and responsibilities of professional resources from other disciplines that relate to the practice of professions that fall outside Québec's professional system
- Comply with the principles of intradisciplinary and interdisciplinary teamwork
- Share, in compliance with confidentiality obligations, all relevant information with other professional resources involved with the persons consulting
- Adopt an attitude that reflects a professional identity characterized by respect and confidence
- Be sure to have access to a solid, trustworthy network of professionals working as osteopaths and in other health and social service sectors
- Promote the purpose and effectiveness of osteopathy and share their expertise with peers, colleagues, osteopathy students, including trainees, and any other professional resource from the sectors of health and social services, education and higher education, leisure and sports, and the community

3.1.2 The knowledge underlying the proficiency of competencies

The knowledge underlying the proficiency of competencies corresponds, as discussed earlier, to the broad fields of knowledge relevant to the practice of the profession and which provide indicators of the associated knowledge and skills. In the context of the practice of osteopathy, the underlying knowledge is informed by a broad range of sciences and just as many disciplines, and is grounded in the following themes and their respective topics¹.

The foundations of osteopathy

- The origins of the practice of osteopathy in the United States, Europe, Québec, and elsewhere in the world and its evolution over time, or the history of osteopathy
- The philosophy of osteopathy
- The fundamental principles of osteopathy
- The key concepts in osteopathy
- The characteristics of the structure-function models recognized in osteopathy, e.g., the biomechanical, respiratory/circulatory, neurological, biopsychosocial, and bioenergetic models

¹ The presentation of the knowledge elements underlying the proficiency of competencies in osteopathy was developed from available data collected during the course of the project, namely data from the Benchmarks for Training in Osteopathy (2010) established by the World Health Organization, the Profil de compétences des ostéopathes membres prepared by Ostéopathie Québec (2015), the Élaboration d'un profil de compétences pour les ostéopathes du Québec document written by André Cloutier and Gilles Dubois from Université du Québec à Trois-Rivières (2003), as well as from osteopathy training documentation used in Québec programs, namely those at institutions recognized by Ostéopathie Québec, i.e., the Centre ostéopathique du Québec and Collège d'études ostéopathiques. Moreover, this presentation in no way implies any ranking of importance in the osteopathic training requirements, nor does it infer how, when and where the requirements must be met.

The osteopathic assessment, diagnosis and intervention

- The approaches and terminology specific to osteopathy, including the latest theoretical and empirical insights in osteopathy
- The characteristics of and vocabulary used in medicine and other health disciplines, such as physiotherapy, occupational therapy, midwifery and acupuncture
- The characteristics of a healthy body versus one affected by dysfunctions, depending on age and lifestyle, which relate to relevant osteopathic concepts, specifically involving the following sciences and disciplines:
 - ▶ human anatomy, biology, biomechanics and kinetics, biochemistry, physiology, embryology, endocrinology, pediatrics, geriatrics and gerontology, gynecology and obstetrics, algology, neurology and neurophysiology, nutrition and psychology
- The characteristics of a body affected by disease, depending on age and lifestyle, which relate to relevant osteopathic concepts, specifically involving, in addition to the above-mentioned sciences and disciplines, the following:
 - ▶ the pathology and manifestations of diseases, pharmacology, psychiatry (i.e., common mental disorders and their symptoms), epidemiology, radiology and medical imaging
- Osteopathic touch and palpation
- Clinical reasoning in osteopathy and its associated systemic approach, namely:
 - ▶ the carrying out of an assessment interview in osteopathy, including a complete case history
 - ▶ the carrying out of a clinical examination, which includes various observation and assessment methods along with associated techniques, depending on the body system examined, such as performing palpatory or other tests and using measuring devices and other instruments
 - ▶ the methods for analyzing and interpreting the consulting person's updated condition, and which relate to relevant osteopathic concepts, specifically involving etiology, semiology, psychopathology and psychosomatic medicine
 - ▶ the detection of a pathology or disorder that requires an urgent or non-urgent medical, physical, psychological or psychiatric health intervention
- The understanding and interpretation of the results of paraclinical tests, also called complementary examinations, more specifically data involving x-ray and laboratory findings
- The osteopathic diagnostic process and formulation of the diagnosis, including establishment of a differential diagnosis
- The development of an osteopathic intervention process in compliance with the standards and policies governing the practice of the profession, including the prioritization of needs and setting of objectives
- The factors to consider when developing an osteopathic intervention process (age, lifestyle habits, etc.)
- The characteristics of osteopathic techniques used (indirect, direct, visceral, myofascial, musculoskeletal, balancing, cranial field, etc.)
- The mechanisms of action for osteopathic techniques used and their effects on the condition of the persons consulting
- Recommendations and advice that complement the osteopathic treatment, such as the reading of reference materials, exercises or lifestyle changes
- The rationale for using different techniques during the osteopathic assessment and throughout the intervention (indications, contraindications, intended effects, unwanted effects, side effects, precautions, etc.)
- Ongoing evaluation of how the osteopathic intervention is progressing
- The protection and safety of the persons consulting
- The osteopathic assessment and intervention from the perspective of providing treatment, promoting health, preventing illnesses and accidents, and preventing disability

Interpersonal relationships and communication

- The principles that guide all therapeutic relationships in osteopathy – a helping relationship – and their associated techniques

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- The processes best suited for building and maintaining trust and an effective partnership with each person consulting
 - The level of presence and listening when providing osteopathic care
 - The processes best suited for encouraging each person consulting to participate in the osteopathic assessment and intervention and to take responsibility for their own health and balance
 - The social and psychological factors that have an impact on people's perception of and ability to maintain their own health and balance
 - The theories of personality and human behaviour
 - The traditions and values of people from different ethnocultural communities living in Québec
 - The workplace principles and techniques within a context of intradisciplinary and interdisciplinary professional collaboration, including the professional roles and status of each person, including trainees
 - The processes for effective communication depending on the status and characteristics of the intended audience (person consulting, peer, colleague, trainee, group, cultural community, etc.) and the context (face-to-face, telephone conversation, communication in front of a group, email, letter, videoconference, etc.)
 - The principles for establishing partnerships with other professional resources, namely building trust, rallying around a common vision and coordinating action
 - The principles and techniques of strategic communication and professional leadership

Ethics and conduct

- The concepts of rights and obligations specific to the profession's ethical and professional conduct standards, such as the Code of ethics for osteopaths produced by Ostéopathie Québec
- The principles associated with professional conduct and ethical decision-making
- The principles of integrity, attention, availability, diligence and professional secrecy in relation to professional responsibilities in osteopathy
- The principles of a professional practice characterized by independence and impartiality
- The principles and techniques associated with ongoing critical appraisal of their professional practice (thoughtful or reflective professional practice)

The scientific method and its applications

- Code of ethics and conduct in research
- The critical interpretation of data from scientific research or other sources (websites, articles in popular science magazines, general interest magazines, etc.)
- The contribution of research to the professional practice of osteopathy
- The use of scientific research or evidence-based data
- The use of best practices data in osteopathy
- The research methodology or research methods in the field of osteopathy
- The formulation of a research topic and the scientific process steps
- Literature review
- Analysis methods for quantitative and qualitative data
- The dissemination of the research outcome

The social and organizational systems

- The Québec professional system, including the Professional Code and its regulations, as well as the concepts of scope of practice and reserved activities
- The legal framework governing the practice of the profession
- The organization of Québec's health and social services system, the role of each stakeholder and partner concerned, and the division of responsibilities among the latter
- The various health care delivery models and payment methods, such as group insurance plans
- The rights and obligations associated with the practice of the profession, including related charters and laws
- The rights of persons receiving treatment from an osteopath

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- The characteristics of community resources and various service networks relevant to professional practice in osteopathy
 - Public health issues

The management and transmission of information

- Techniques best suited for creating and maintaining professional osteopathic records
- The preparation of an assessment report or formulation of a professional opinion, including recommendations
- Techniques for preparing (format, bibliography references, etc.) and producing a range of documents in various formats, namely administrative documents, scientific and popular science documents (reports, articles, etc.), and audiovisual documents
- Techniques best suited for scientific literature searches in relevant osteopathic databases and on the Internet
- Techniques appropriate for popularizing knowledge in the field of osteopathy
- The use of electronic communication networks and social media

The management of business practices and organizations

- Osteopathy business models, specifically those related to the development of a business plan, fee setting and payment, and advertising
- Organization of osteopathic work, such as maintaining an appointment book
- Administrative and financial management of an organization (consulting office or osteopathy clinic), including fiscal and accounting matters relating to professional practice, such as financial record-keeping
- The purchase of various types of insurance relevant to the practice of osteopathy
- Networking

Occupational health and safety

- The potential health and safety risks associated with the practice of the profession
- Ergonomics applied to the practice of osteopathy (for example, adapted work posture depending on type of treatment)
- Rules relating to the quality, safety and cleanliness of a consulting office or osteopathy clinic
- Rules relating to the comfort and respect for privacy of the persons consulting
- First aid and cardiopulmonary resuscitation (CPR) techniques
- Stress management and prevention of burnout
- Protection mechanisms or factors useful for preserving balance and overall health when performing professional duties

Teaching, clinical supervision, and supervision of theses and projects²

- The conduct of outreach, education and teaching activities with persons consulting, peers, colleagues, osteopathy students, including trainees, etc.
- The principles and techniques appropriate for clinical supervision in osteopathy and for the assessment of acquired competencies
- The principles and techniques appropriate for the supervision of theses and projects in osteopathy and for the evaluation of documents produced, as well as the research approach taken in the circumstances and its outcome
- The potential relationship issues associated with the clinical supervision and the supervision of theses and projects, depending on the context
- The theories and characteristics of the knowledge-transfer models in situations involving teaching, clinical supervision, and supervision of theses and projects

2 Note that the knowledge elements covered in this section refer specifically to the resources required for applying the competencies grouped under the fourth category.

3.1.3 The expected attitudes and professional behaviours

Recall that the attitudes and professional behaviours expected from osteopaths refer to the personal qualities and soft skills useful to the practice of the profession. In this regard, they reflect some of the elements found in the context in which the operational dimensions of the competencies are assimilated and solidified, as outlined previously. These are divided according to:

- the relationship to self;
- the relationship with others, or interpersonal relationships;
- professionalism.

Relationship to self

- Demonstrate a strong personal interest in people
- Demonstrate self-awareness and a good understanding of self, in particular with regard to personal skills, abilities, competencies, strengths, limits, values and beliefs
- Demonstrate humility in their professional practice and its limits
- Demonstrate flexibility and adaptability
- Demonstrate critical thinking in their professional interventions
- Demonstrate maturity
- Demonstrate a commitment to preserving their own balance and health
- Demonstrate self-confidence, in other words, demonstrate personal and professional assurance

Relationship with others, or interpersonal relationships

- Demonstrate an attentive and caring approach
- Demonstrate good listening skills and a receptive attitude
- Demonstrate a non-judgmental, neutral, open and tolerant attitude regarding what the persons consulting are going through
- Demonstrate empathy
- Demonstrate transparency, honesty, authenticity and integrity
- Demonstrate discretion and sensitivity, particularly regarding the privacy of each person consulting
- Demonstrate punctuality, respect, courtesy, tact and diplomacy
- Demonstrate a commitment to always using a level of language that is accessible, clear and precise

Professionalism

- Demonstrate commitment, availability, and a sense of responsibility in their professional practice
- Demonstrate a keen sense of observation and highly sensitive palpatory skills
- Demonstrate respectful gestures adapted to the situation
- Demonstrate thoroughness, attention to details, and a conscientious attitude
- Demonstrate an analytical mindset and a capacity for summarizing
- Demonstrate sound judgement when carrying out professional responsibilities and in all communications
- Demonstrate insight when assessing situations that are potentially dangerous or harmful to them or to others, namely the persons consulting, and the degree of urgency associated with performing or not performing a professional act under such circumstances, or referring the person to other professional resources
- Demonstrate intellectual curiosity, i.e., take care to gather all information useful to understanding the condition of each person consulting in order to provide proper care and to keep their competencies current (knowledge, know-how, soft skills)
- Demonstrate patience and perseverance
- Demonstrate creativity when performing assessments and interventions
- Demonstrate ethical behaviour
- Demonstrate an openness to any suggestions regarding their work, attitude and behaviour
- Demonstrate an acute sense of organization in the conduct of their professional activities

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- Demonstrate professional independence

3.2 Overview of the competencies associated with the practice of the profession

The overview of the competencies associated with the profession of osteopath is presented in the table below. More specifically, the table outlines the four competency categories and the competencies related to each category³.

1st competency category		Performance of an osteopathic assessment and intervention
Competency 1.1	Be able to assess a person's osteopathic somatic dysfunctions	
Competency 1.2	Be able to produce an osteopathic assessment report and discuss the results with the person consulting or any other person concerned, or give a professional opinion based on expert osteopathic knowledge	
Competency 1.3	Be able to design and plan an osteopathic intervention and discuss the details with the person consulting	
Competency 1.4	Be able to conduct an osteopathic intervention and ensure its follow-up	
2nd competency category		Management of key elements surrounding the performance of an osteopathic assessment and intervention
Competency 2.1	Be able to produce documents related to professional practice	
Competency 2.2	Be able to ensure the proper functioning of their professional practice	
Competency 2.3	Be able to assume the role of osteopath in a context of intradisciplinary or interdisciplinary professional collaboration	
Competency 2.4	Be able to contribute to the organization of osteopathic services	
3rd competency category		Continuing professional development
Competency 3.1	Be able to establish a continuing education plan adapted to their professional development needs	
Competency 3.2	Be able to implement a continuing education plan adapted to their professional development needs, to use the knowledge gained, and to keep the plan current	
4th competency category		Participation in the development and outreach of the profession
Competency 4.1	Be able to contribute to the transfer of knowledge in osteopathy	
Competency 4.2	Be able to contribute to the enhancement and communication of knowledge in osteopathy	

3.3 Detailed description of the competencies associated with the practice of the profession

The detailed description of the competencies associated with osteopathic practice is presented in four tables corresponding to the profession's four categories of competency. As mentioned earlier, these categories of competencies are:

- ❶ Performance of an osteopathic assessment and intervention
- ❷ Management of key elements surrounding the performance of an osteopathic assessment and intervention
- ❸ Continuing professional development
- ❹ Participation in the development and outreach of the profession

For each category, the competencies are outlined as follows: the first heading comprises the competency statement, prefaced by the words Be able to; then comes the operational dimensions of the competencies, i.e., the actions and related units of action; this is followed by the criteria for demonstrating proficiency of each competency⁴. In this regard, it is important to draw attention to the following facts.

³ It is useful to recall that the second, third and fourth categories include competencies that, although identified based on the profession of osteopath, can relate to the practice of other professions. It is also worth reiterating that the fourth category assumes that the person has acquired both solid professional experience and recognition of this experience in the field; and, contrary to the first three categories, it encompasses competencies that exceed what is normally expected of osteopaths.

⁴ The list of action verbs used to describe the competencies associated with the practice of the profession is presented in Appendix III of this document. This is followed by a glossary in Appendix IV with definitions of words or expressions pertaining to the practice of the profession in Québec, and of the words selected to mean the criteria for validating proficiency in each competency.

Under the conceptual model used to produce this framework, as described in the first chapter, in particular the definition given to the model's key concept, i.e., the concept of competence, each competency associated with the profession is defined in a manner that suggests an expected result.

The expected result is informed by the analytical or other dynamic and iterative processes underlying the application of competencies associated with the profession.



In other words, competencies and their specific elements are not applied independently, in a sequential and linear manner; rather, there is a constant back and forth in the course of performing duties and functions.

Moreover, it should be noted that record-keeping falls under the second category of competencies, although it also applies to all the competencies in the first category. The rationale for this was to ensure the internal logic of the current framework.

1st competency category

Performance of an osteopathic assessment and intervention

Competency 1.1	Be able to assess a person's osteopathic somatic dysfunctions
Action 1.1.1	Engage with the person consulting, determine their needs and how to proceed
1st unit of action	➤ Assemble the conditions conducive to creating a relationship of trust and a partnership with the person consulting <i>Criteria for demonstrating proficiency of each competency</i> ▶ Relevance of the communication strategy adopted on first contact with the person consulting to ensure a cordial and productive relationship with them ▶ Relevance and accuracy of the observations made on first contact with the person based on their comments, likely significance of their posture, gestures, and any other non-verbal cues and paralinguistic signs ▶ Consideration of the person's psychosocial, economic and cultural characteristics, personal situation, values and experience ▶ Consideration of the person's issues and concerns ▶ Appropriateness of the importance placed on any factor that may or may not support a relationship of trust and partnership with the person ▶ Appropriateness of the level of language used given the person's characteristics
2nd unit of action	➤ Determine the reasons for the consultation and the expectations of the person consulting <i>Criteria for demonstrating proficiency of each competency</i> ▶ Consideration of all information collected regarding the person's health status (medical or other diagnosis, paraclinical test results, completed health form, treatment received for the presenting problem, etc.) ▶ Appropriateness of the level of presence and listening during communication with the person consulting (authentic, attentive, compassionate, and sensitive presence and listening) ▶ Relevance, appropriateness and effectiveness of the questions asked regarding the person's reasons for consulting and expectations of the osteopathic treatment ▶ Relevance, accuracy and effectiveness of the methods used for validating their understanding of the person's reasons for consulting and expectations ▶ Accuracy of understanding of the person's reasons for consulting and expectations regarding the osteopathic intervention ▶ Precision and completeness of the administrative information gathered from the person
3rd unit of action	➤ Determine the relevance of providing osteopathic care to the person consulting or the need to refer them to other professional resources, and explain the decision <i>Criteria for demonstrating proficiency of each competency</i> ▶ Consideration of their own competencies and limitations ▶ Consideration of any notable comment or attitude that may suggest a potentially dangerous or harmful situation for the person consulting, their loved ones, or any other individual ▶ Accuracy of the observation and analysis of any condition in the person that could require an immediate referral to other professional resources ▶ Consideration of any situation or circumstance during the consultation that could potentially raise ethical or professional conduct issues

Competency 1.1 Be able to assess a person's osteopathic somatic dysfunctions

- ▶ Accuracy and precision of the information provided about what is meant by osteopathy, the practice of osteopathy and the associated professional obligations, namely with respect to confidentiality and professional secrecy
- ▶ Accuracy and precision of the information given to the person regarding the types of osteopathic services available
- ▶ Relevance, accuracy and effectiveness of the methods used for validating the person's understanding of how osteopathy can help them
- ▶ Appropriateness of the analysis and conclusions regarding the person's reasons for consulting and expectations, and how to proceed, including whether to refer them to other professional resources
- ▶ Clarity and precision of the information given to the person regarding what osteopathic care entails, including the commitment required in pursuing the objectives

Action 1.1.2 Perform the osteopathic assessment
1st unit of action ➤ Establish how the assessment will proceed
Criteria for demonstrating proficiency of each competency

- ▶ Relevance, clarity and precision of the information provided regarding their professional role and responsibilities as osteopaths in the assessment process
- ▶ Relevance and clarity of the information given to the person regarding the specifics of the osteopathic assessment process, particularly as regards the range of questions asked, the use of touch and its importance in the process, and the appropriate clothing to wear during osteopathic treatments
- ▶ Consideration of the person's psychosocial, economic and cultural characteristics, personal situation, restrictions, experience and environment
- ▶ Consideration of the person's values, expectations, preferences, resources (strengths), limits, motivation, concerns, reactions and questions
- ▶ Appropriateness of the importance placed on the relationship of trust and partnership with the person
- ▶ Appropriateness of the importance placed on the person's safety and comfort
- ▶ Appropriateness of the importance placed on the person's objective condition and on the subjective perception of that condition given their situation
- ▶ Appropriateness of the importance placed on the person's dignity, integrity, privacy, autonomy and rights
- ▶ Appropriateness of the level of language used given the person's characteristics
- ▶ Relevance and appropriateness of the means taken to obtain informed consent from the person during the assessment process
- ▶ Compliance with the philosophy of osteopathy and its fundamental principles
- ▶ Compliance with the rationale behind the systemic approach specific to osteopathy
- ▶ Compliance with professional secrecy, confidentiality rules, and the laws and regulations that permit or require certain information to be disclosed
- ▶ Compliance with the rules of ethical and professional conduct

2nd unit of action ➤ Conduct the assessment interview and collect subjective data
Criteria for demonstrating proficiency of each competency

- ▶ Relevance and appropriateness of the communication strategy adopted during the assessment interview

Competency 1.1 Be able to assess a person's osteopathic somatic dysfunctions

- ▶ Relevance, accuracy and precision of the history-taking from the person consulting, in other words, their personal history, medical and psychosocial history, including conditions surrounding their birth, living and working conditions, medications, physical injuries or emotional trauma, such as accidents, fractures, surgeries, neglect, abuse, loss and bereavement, and exposure to stress and any other anxiety-provoking situation, etc.
- ▶ Relevance, accuracy and precision of the information gathered from the person consulting regarding functional limitations in their lifestyle habits, instrumental activities of daily living (IADLs) and domestic activities of daily living (DADLs)
- ▶ Relevance, accuracy and precision of the information gathered regarding the presence of pain:
 - characteristics of the pain felt (site, type and intensity of the pain, when it started and how it has changed, factors that make it worse or better, etc.)
 - symptoms associated with the pain
 - treatment received for the associated symptoms or for the presenting problem
- ▶ Relevance, accuracy and precision of the information collected regarding the state of the various body systems or structures, and associated conditions:
 - overall state of health (sleep, weight changes, mood swings, appetite, overall energy level, chills, hot flashes, fever, etc.)
 - musculoskeletal system (peripheral joints, pelvis, spine and ribs, etc.)
 - head and neck (headaches and migraines, eyes and sight, ears and hearing, temporomandibular joint, dentition, olfaction, sinus, throat, etc.)
 - nervous system (dizziness, vertigo, paresthesia, coordination, weakness, etc.)
 - cardiovascular and pulmonary system (heart and blood pressure, lungs and respiration, peripheral arterial and venous circulation, skin colour and texture, edema, varicose veins, etc.)
 - digestive system (heartburn and gastric reflux, diarrhea or constipation, stomach pain, bleeding, vomiting, etc.)
 - integumentary (skin) system (presence of pruritus, psoriasis, hives, eczema, acne, zona, etc.)
 - urogenital system (incontinence, urinary tract infection, lithiasis, menstruations, fertility, pregnancy, abortion, etc.)
 - endocrine system (thyroid gland disorders, insulin deficiencies, diabetes, hypoglycemia, hyperglycemia, etc.)
 - lymphatic and immune systems (presence of infection, parasitic infections, AIDS, mononucleosis, hepatitis, etc.)
- ▶ Appropriateness of the level of presence and listening when interviewing the person consulting
- ▶ Acuity and effectiveness of the observations made about the person's non-verbal cues, body posture and any other paralinguistic sign during the interview
- ▶ Relevance, accuracy and effectiveness of the methods used for validating their interpretation of key elements identified in the person's verbal responses, and their observation of the person's non-verbal cues and other paralinguistic signs
- ▶ Relevance, precision and completeness of the subjective data gathered during the interview

Competency 1.1 Be able to assess a person's osteopathic somatic dysfunctions

3rd unit of action ➤ Relevance of the course of action chosen to conduct the clinical examination and collect objective data

Criteria for demonstrating proficiency of each competency

- ▶ Consideration of the person's situation, the reasons for the consultation, observations made and data collected during the assessment interview
- ▶ Relevance and accuracy of the analytical connections made between different pieces of information collected during the assessment interview as well as between that information and the presenting problem and associated conditions
- ▶ Appropriateness of the analysis and the conclusions drawn under the circumstances
- ▶ Relevance of the course of action chosen to conduct the clinical examination and collect objective data

4th unit of action ➤ Perform the clinical examination

Criteria for demonstrating proficiency of each competency

- ▶ Relevance, effectiveness and completeness of the palpatory or other tests used for identifying osteopathic somatic dysfunctions within the various body systems
- ▶ Acuity and effectiveness of the person's observations and responses during the clinical examination
- ▶ Appropriateness of the importance placed on the post-treatment effects of tests done on the body systems and their structures, and of the actions taken under the circumstances
- ▶ Acuity and effectiveness of the observations of non-verbal cues or other paralinguistic signs during the clinical examination
- ▶ Relevance, accuracy and effectiveness of the methods used for validating their interpretation of key elements identified in verbal responses and tests performed, and their observations of non-verbal cues and paralinguistic signs
- ▶ Appropriateness of the measuring devices and other instruments used during the clinical examination
- ▶ Relevance of the adjustments made to the clinical examination process, taking into account the outcome of the various osteopathic tests
- ▶ Precision of the data collected using measuring devices and other instruments
- ▶ Sensitivity and adeptness of the osteopathic touch and the osteopathic palpation
- ▶ Sensitivity and adeptness of the senses used during the clinical examination
- ▶ Appropriateness of the attention paid to the rationale for and quality of their professional actions during the clinical examination
- ▶ Completeness and precision of the data collected on the various body mechanisms and systems in terms of their position, mobility and motility
- ▶ Relevance, precision and completeness of the objective data collected

Competency 1.2	Be able to produce an osteopathic assessment report and discuss the results with the person consulting or any other person concerned, or give a professional opinion based on expert osteopathic knowledge
Action 1.2.1	Analyze data collected, draw useful conclusions and identify the assessment outcome
1st unit of action	➤ Make an osteopathic diagnosis <i>Criteria for demonstrating proficiency of each competency</i> ▶ Accuracy and precision of the interpretation of the data collected during the osteopathic assessment process ▶ Accuracy and precision of the analytical connections made between various data collected during the assessment (subjective data, objective data) as well as between those data and the presenting problem and associated conditions, including contraindications to certain osteopathic treatments ▶ Consideration of all personal and environmental factors that could impact the assessment outcome ▶ Accuracy and precision of the osteopathic somatic dysfunctions described and the needs identified ▶ Relevance and accuracy of the analytical connections made between the person's personal and environmental factors and the osteopathic somatic dysfunctions observed ▶ Relevance and accuracy of the analytical connections made between the osteopathic somatic dysfunctions observed and the reasons for the consultation ▶ Acuity and effectiveness of the observation of any symptoms or clinical evidence of an organic or other type of health problem that falls outside the scope of osteopathy ▶ Relevance and accuracy of the differential diagnosis ▶ Appropriateness of the osteopathic clinical reasoning used to draw relevant analytical conclusions and identify the assessment outcome ▶ Relevance and accuracy of the osteopathic diagnosis made
2nd unit of action	➤ Prioritize the osteopathic somatic dysfunctions observed <i>Criteria for demonstrating proficiency of each competency</i> ▶ Relevance and accuracy of the analytical connections made between the osteopathic diagnosis and the evidence-based data ▶ Accuracy of the interpretation of data specific to each osteopathic somatic dysfunction observed and the needs identified ▶ Accuracy of the analytical connections made regarding the interrelationship between the various elements present ▶ Accuracy of the analysis of the beneficial effects of an osteopathic intervention, and the consequences of not performing such an intervention, on each osteopathic somatic dysfunction and the updated needs ▶ Accuracy of the analysis regarding the relative importance of the osteopathic somatic dysfunctions and updated needs, and whether they could or should be prioritized during the intervention, taking into account the reasons for the consultation and the evidence-based data
3rd unit of action	➤ Determine the osteopathic prognosis and actions to take based on the assessment outcome, including the rationale for providing osteopathic care <i>Criteria for demonstrating proficiency of each competency</i> ▶ Consideration of the osteopathic diagnosis and relative importance of the osteopathic somatic dysfunctions

Competency 1.2	Be able to produce an osteopathic assessment report and discuss the results with the person consulting or any other person concerned, or give a professional opinion based on expert osteopathic knowledge
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- ▶ Consideration of the set of factors that could affect the osteopathic intervention, such as contraindications to certain osteopathic treatments and other elements identified during the assessment
- ▶ Consideration of the person's situation as a whole, i.e., physical, psychological, psychosocial and cultural
- ▶ Consideration of the overall vitality of the person consulting
- ▶ Relevance and accuracy of the intended effects of an osteopathic intervention under the circumstances, taking into account evidence-based data
- ▶ Relevance and appropriateness of the decision to refer the person to other professional resources and of the actions taken under the circumstances

Action 1.2.2	Record the osteopathic assessment process and outcome
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1st unit of action	➤ Discuss the osteopathic assessment outcome with the person consulting
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Criteria for demonstrating proficiency of each competency

- ▶ Appropriateness of the communication strategy for presenting the osteopathic assessment outcome
- ▶ Relevance, precision and clarity of the information provided regarding the osteopathic assessment outcome as well as the evidence-based data and new elements found in the relevant scientific or empirical literature
- ▶ Appropriateness of the level of language used given the person's characteristics
- ▶ Appropriateness of the means taken to ensure that the person understands the information provided
- ▶ Appropriateness of the level of presence and listening during communication with the person consulting
- ▶ Relevance and appropriateness of the means taken to obtain the person's viewpoint on the assessment outcome
- ▶ Relevance of the responses to the person's questions and attitude towards their concerns

2nd unit of action	➤ Prepare an assessment report or professional opinion, and present key information to the individuals concerned
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Criteria for demonstrating proficiency of each competency

- ▶ Precision, clarity and conciseness of the description of the reasons for consulting
- ▶ Relevance, clarity and conciseness of the elements identified with respect to the analysis and interpretation of the osteopathic assessment data as well as the analytical conclusions reached
- ▶ Relevance, clarity and conciseness of the requests or recommendations made in the assessment report or professional opinion
- ▶ Relevance and precision of the vocabulary employed, taking into account how the assessment report or professional opinion will be used
- ▶ Relevance, clarity and conciseness of the description of the observations made regarding the person's health and, as necessary, the osteopathic care provided
- ▶ Relevance and appropriateness of the means taken to present the assessment outcome and the elements of the professional opinion or recommendations to the persons concerned, to ensure they fully understand the information and to discuss it with them
- ▶ Compliance with spelling, grammar and syntax rules

Competency 1.3	Be able to design and plan an osteopathic intervention and discuss the details with the person consulting
Action 1.3.1	Develop the intervention plan
1st unit of action	➤ Define the elements of an osteopathic treatment plan <i>Criteria for demonstrating proficiency of each competency</i> ▶ Consideration of the person's reasons for consulting and expectations ▶ Consideration of the osteopathic assessment outcome, including the significance of the osteopathic somatic dysfunctions observed and needs identified, and the evidence-based data ▶ Consideration of the contraindications to certain osteopathic treatments ▶ Consideration of the person's psychosocial, economic and cultural characteristics, personal situation, restrictions, experience and environment ▶ Consideration of any other factor that could affect the success of the osteopathic intervention, including the possibility of referring the person to other professional resources ▶ Accuracy of the priority to be given to the assessment needs identified during the assessment, depending on the severity of the somatic dysfunctions observed ▶ Relevance and precision of the key intervention objectives based on the needs identified, including the priority to assign to each one ▶ Accuracy of the analysis of the expected result and intended effects of the intervention considering the osteopathic somatic dysfunctions observed, in order to monitor the effectiveness of the intervention from session to session ▶ Consideration of their competencies and limitations
2nd unit of action	➤ Organize the intervention procedure <i>Criteria for demonstrating proficiency of each competency</i> ▶ Consideration of the person's intervention objectives and constraints ▶ Relevance of the measures taken with regard to implementation of the osteopathic intervention (number of treatment sessions, cost, frequency of sessions, schedule of sessions [dates, times], etc.) ▶ Accuracy of the analysis regarding whether or not to involve other persons or professional resources in the intervention
Action 1.3.2	Agree on the intervention plan with the person consulting
1st unit of action	➤ Discuss the elements of the treatment plan and proposed intervention approach with the person consulting <i>Criteria for demonstrating proficiency of each competency</i> ▶ Relevance and appropriateness of the communication strategy for explaining the elements of the intervention plan ▶ Precision and clarity of the information provided to the person concerning the proposed intervention plan ▶ Appropriateness of the level of language used given the person's characteristics
2nd unit of action	➤ Discuss the intervention plan with the person consulting <i>Criteria for demonstrating proficiency of each competency</i> ▶ Relevance and appropriateness of the communication strategy to support the person during the discussion ▶ Relevance and appropriateness of the means taken to ensure the person has a clear understanding of the intervention plan ▶ Consideration of the person's values, expectations, preferences, resources (strengths), limits, motivation, concerns, reactions and questions

Competency 1.3 Be able to design and plan an osteopathic intervention and discuss the details with the person consulting

- ▶ Accuracy of the analysis regarding what to discuss and what conclusions to draw in anticipation of the intervention
- ▶ Clarity and precision of the overall intervention plan agreed on with the person, including the objectives to pursue and the conditions under which the intervention will be administered

Competency 1.4	Be able to conduct an osteopathic intervention and ensure its follow-up
Action 1.4.1	Conduct the osteopathic intervention
1st unit of action	➤ Establish how the intervention will proceed <i>Criteria for demonstrating proficiency of each competency</i> ▶ Relevance, clarity and precision of the information provided regarding their professional role and responsibilities as osteopaths in the intervention process ▶ Relevance and clarity of the information provided on the specifics of the osteopathic intervention, particularly regarding how osteopaths use their bodies to carry out certain osteopathic manoeuvres, the role of touch and its importance in certain osteopathic techniques, and the appropriate clothing to wear during osteopathic treatments ▶ Consideration of the person's psychosocial, economic and cultural characteristics, personal situation, restrictions, experience and environment ▶ Consideration of the person's values, expectations, preferences, resources (strengths), limits, motivation, concerns, reactions and questions ▶ Appropriateness of the importance placed on the relationship of trust and partnership with the person ▶ Appropriateness of the importance placed on the person's safety and comfort ▶ Appropriateness of the importance placed on the person's objective condition and on the subjective perception of that condition given their situation ▶ Appropriateness of the importance placed on the person's dignity, integrity, privacy, autonomy and rights ▶ Appropriateness of the level of language used given the person's characteristics ▶ Relevance and appropriateness of the means taken to obtain informed consent from the person during the intervention process ▶ Compliance with the philosophy of osteopathy and its fundamental principles ▶ Compliance with the rationale behind the systemic approach specific to osteopathy ▶ Compliance with professional secrecy, confidentiality rules, and the laws and regulations that permit or require certain information to be disclosed ▶ Compliance with the rules of ethical and professional conduct ▶ Appropriateness of the means taken to ensure the collaboration of all other persons or professional resources required during the intervention
2nd unit of action	➤ Perform the osteopathic treatment and share relevant information with the person consulting to ensure a successful outcome <i>Criteria for demonstrating proficiency of each competency</i> ▶ Relevance, accuracy and precision of the observations made regarding the rationale for carrying out the treatment plan as outlined ▶ Relevance and appropriateness of the objectives pursued at each treatment session ▶ Relevance, accuracy and precision of the information given to the person regarding: • what the osteopath does when providing treatment (manual techniques used, sequence of techniques, body parts to be treated, etc.) • what is expected from the person consulting with regard to the various techniques used during treatment (follow instructions, do the prescribed exercises, communicate any pain or discomfort, commit to and engage in the therapeutic process, etc.) • the effects of the treatment on parts of or the whole body, or possible reactions to any of the techniques used

Competency 1.4 Be able to conduct an osteopathic intervention and ensure its follow-up

- Relevance, accuracy and effectiveness of the techniques used, including the sequence in which they are applied during treatment
- Appropriateness of the amount of effort asked of the person
- Appropriateness of the treatment intensity taking into consideration the response of the whole body or parts of it
- Appropriateness of the means taken to ensure the effectiveness of the treatment as well as the person's safety and comfort
- Sensitivity and adeptness of the osteopathic touch and the osteopathic palpation
- Sensitivity and adeptness of the senses used during treatment
- Appropriateness of the attention paid to the rationale for and quality of their professional actions during treatment
- Appropriateness of the importance placed on post-treatment effects and actions taken under the circumstances

3rd unit of action ➤ Provide professional coaching to the person consulting to help them achieve their intervention objectives and ensure that they take an active role throughout the process
Criteria for demonstrating proficiency of each competency

- Respect for the person's pace and objectives throughout the intervention process
- Relevance and precision of the recommendations provided regarding what actions to take in between treatment sessions to help the person achieve the intervention objectives (exercises, movements to avoid, instrumental activities of daily living [IADLs] or domestic activities of daily living [DADLs] to continue or avoid, etc.)
- Insight about the relevance of advising the person on certain lifestyle choices or habits
- Relevance of the advice given to the person
- Relevance and precision of the information provided to help the person understand what is causing the pain and how to alleviate it
- Relevance and appropriateness of the strategy taken to encourage, motivate and ensure the person perseveres in their efforts toward achieving the intervention objectives
- Relevance and appropriateness of the means taken to foster the person's engagement in the intervention and awareness of their own resources (strengths), needs and responsibility for improving their health and well-being
- Appropriateness of the importance placed on the person's sensitivity and responses during the intervention
- Appropriateness and effectiveness of the adapted communication and support strategy based on the person's responses during the intervention
- Appropriateness of the importance placed on the factors that could impact the person's response to the intervention
- Acuity and effectiveness of the observations of non-verbal cues or other paralinguistic signs during the intervention
- Relevance, accuracy and effectiveness of the methods used for validating their interpretation of key elements identified in the person's verbal responses, and their observations of post-treatment effects, non-verbal cues and other paralinguistic signs
- Respect for the person's rights, responsibilities, values, experience and individuality

Competency 1.4 Be able to conduct an osteopathic intervention and ensure its follow-up

- ▶ Relevance and effectiveness of the information provided to the person throughout the intervention regarding the progress achieved or any other element relating to the intervention
- ▶ Appropriateness of the level of presence and listening during communication with the person during the intervention

Action 1.4.2 Take measures best suited to monitor the progress of the intervention, make necessary adjustments, and plan for its completion
1st unit of action ➤ Ensure continuous assessment of treatment effects
Criteria for demonstrating proficiency of each competency

- ▶ Consideration of any notable comment or attitude that could have an impact on the successful outcome of the intervention and on the improvement of the person's health and well-being (person's reactions at each session and throughout the treatment; understanding of the treatment plan or osteopathic approach; ethical, professional conduct, legal or any other type of issue, etc.)
- ▶ Relevance, completeness and consistency of the data collected about the person's progress and the treatment effects in relation to the pursued objectives (objective data, subjective data), at each treatment session and throughout the intervention
- ▶ Consideration of any new data relating to the person's health (medical diagnosis, paraclinical test results, etc.) and to their well-being
- ▶ Consideration of evidence-based data and new elements found in the relevant scientific or empirical literature
- ▶ Accuracy of the post-treatment analysis at each session and in between treatment sessions, the conclusions drawn from this analysis and the actions taken in the circumstances
- ▶ Accuracy of the judgement regarding the need to consult other resource persons (colleagues, members of the healthcare team, etc.) about any issue relating to implementation of the intervention

2nd unit of action ➤ Discuss the outcome of the post-treatment assessment with the person consulting and agree on how to proceed
Criteria for demonstrating proficiency of each competency

- ▶ Appropriateness of the moments chosen to present and discuss the information with the person consulting
- ▶ Appropriateness of the communication strategy for presenting the outcome of the post-treatment assessment and for discussing any treatment adjustments with the person consulting
- ▶ Relevance, precision and clarity of the information provided regarding the assessment outcome as well as the evidence-based data and new elements found in the relevant scientific or empirical literature
- ▶ Appropriateness of the level of language used given the person's characteristics
- ▶ Appropriateness of the means taken to ensure that the person understands the information provided
- ▶ Appropriateness of the level of presence and listening during communication with the person consulting
- ▶ Relevance and appropriateness of the means taken to obtain the person's viewpoint on the outcome of the post-treatment assessment and any necessary adjustments
- ▶ Relevance of the responses to the person's questions and attitude towards their concerns

Competency 1.4 Be able to conduct an osteopathic intervention and ensure its follow-up

- ▶ Relevance and effectiveness of the support given to the persons concerned to help raise awareness about the impact that choices have on treatment adjustments
- ▶ Clarity and precision of the agreement made concerning the treatment adjustments required

3rd unit of action ➤ Agree on, with the person consulting, the appropriate time to end treatment and the approach to take under the circumstances, including a possible referral to other professional resources
Criteria for demonstrating proficiency of each competency

- ▶ Relevance and completeness of the elements taken into account in the situation analysis
- ▶ Accuracy of the situation analysis
- ▶ Accuracy of the assessment regarding the benefits of continuing treatment or of trying an alternative course of action
- ▶ Accuracy of the assessment regarding the appropriateness of referring the person to other professional resources
- ▶ Relevance, precision and clarity of the information presented to the person
- ▶ Consideration of the person's views about the situation
- ▶ Appropriateness of the agreement regarding the decision to continue treatment or try an alternative, and the actions to take in the circumstances

4th unit of action ➤ Perform a critical appraisal during and at the end of the intervention
Criteria for demonstrating proficiency of each competency

- ▶ Relevance of the choice in intervention aspects to take into account during the appraisal, and the methods used to do so
- ▶ Accuracy of the examination of how their action impacts the intervention progress and its outcome
- ▶ Accuracy of the analysis of which factors have had an impact on the intervention progress and its outcome
- ▶ Consistency in the reflection on the intervention progress
- ▶ Accuracy of the conclusions reached in regard to the situation
- ▶ Consideration of the reflection results when determining their professional development needs

2nd competency category

Management of key elements surrounding the performance of an osteopathic assessment and intervention

Competency 2.1	Be able to produce documents related to professional practice
Action 2.1.1	Maintain professional records
1st unit of action	➤ Ensure the preparation and administrative management of professional records

Criteria for demonstrating proficiency of each competency

- ▶ Compliance with rules regarding the creation of a record for each person consulting
- ▶ Compliance with rules regarding the recording of the name, address, telephone number, sex and date of birth of the person consulting, or, the name, address and telephone number of the person's legal representative and, as necessary, the legal representative's proof of authority
- ▶ Compliance with rules for updating the record, from beginning to end of the professional services, including the date on which each service is provided and the date each note is entered in the record
- ▶ Compliance with the rule regarding the signing or initialling of all information entered in the record
- ▶ Precision, clarity and conciseness of the notes attesting to any information received from another professional resource
- ▶ Precision, clarity and conciseness of the notes attesting to any information, which is brought to the attention of the osteopath, about services provided by another professional resource to the person consulting
- ▶ Compliance with rules regarding the filing of documents related to professional services provided (annotations, letters and other documents)
- ▶ Compliance with rules regarding the entry of a note stating that a document was removed from the person's record, the nature of the document and the date it was removed, as well as the signing of such a note by the person consulting
- ▶ Compliance with rules regarding the filing, in the record of each person consulting, of documents relating to the disclosure of information to a third party, namely any document signed by the person consulting or their representative which grants permission to the osteopath to disclose such information
- ▶ Compliance with rules regarding the filing of copies of all documents received from another professional resource
- ▶ Compliance with rules regarding the rights of the person consulting to rectify the record
- ▶ Compliance with rules regarding the entry of any information in the record maintained by the employer or a membership society, including the rule respecting the signing or initialling of any information entered in the record
- ▶ Compliance with rules regarding the use of an electronic support for creating and storing records
- ▶ Compliance with rules regarding the confidentiality of personal information
- ▶ Compliance with rules regarding the retention, archiving and destruction of records

Competency 2.1 Be able to produce documents related to professional practice
2nd unit of action ➤ Record professional services rendered
Criteria for demonstrating proficiency of each competency

- ▶ Compliance with rules regarding the entry of the date the record was created and that of each appointment with the person consulting
- ▶ Precision, clarity and conciseness of the reasons for the consultation and the description of the presenting problem
- ▶ Precision, clarity and conciseness of the data presented regarding a documented medical diagnosis or the assessment performed by another osteopath
- ▶ Precision, clarity and conciseness of the data presented regarding dysfunctions identified during the subjective and objective assessment and the resulting limitations
- ▶ Precision, clarity and conciseness of the summary note attesting to the assessment outcome and the conclusions drawn
- ▶ Precision, clarity and conciseness of the data presented regarding the osteopath's treatment plan, in relation to the dysfunctions and limitations identified during the assessment, as well as the guidelines for this plan
- ▶ Precision, clarity and conciseness of the notes concerning recommendations made to the person at each session
- ▶ Precision, clarity and conciseness of the description of professional services provided, including the work undertaken and the work planned for subsequent sessions
- ▶ Precision, clarity and conciseness of the data presented regarding the progress of the person consulting and their response to treatment, including the subjective and objective reassessment of the person's condition at each session
- ▶ Precision, clarity and conciseness of the note attesting to the consultation of another professional resource regarding the perceived risk of an act of violence (including a suicide), and containing the name of the person consulted, the date of the consultation, a summary of the consultation and the decision reached
- ▶ Precision, clarity and conciseness of the note attesting to the communication of information protected by professional secrecy in order to prevent an act of violence (including a suicide), and outlining the reasons supporting their decision to communicate the information, the subject of the communication, the mode of communication, and the name of the person to whom the information was given
- ▶ Precision, clarity and conciseness of the data presented regarding the termination of the intervention (discharge note) and appropriate recommendations, including referral of the person to another professional resource
- ▶ Precision, clarity and conciseness of the notes attesting to written, telephone and electronic communications with the person consulting and with any other health professional who is providing services
- ▶ Precision, clarity and conciseness of the note attesting to the fees charged to the person consulting
- ▶ Compliance with spelling, grammar and syntax rules

Action 2.1.2 Prepare any other document concerning the provision of osteopathic services
1st unit of action ➤ Draft administrative letters and documents
Criteria for demonstrating proficiency of each competency

- ▶ Accuracy of the choice of information to be included in the letter or document
- ▶ Precision and clarity of the information included in the letter or document
- ▶ Compliance with rules regarding the production of letters and documents
- ▶ Compliance with rules regarding the graphic layout of texts
- ▶ Compliance with spelling, grammar and syntax rules

Competency 2.1 Be able to produce documents related to professional practice

2nd unit of action ➤ Produce forms, questionnaires and any other osteopathic document, or endeavour to fill out the relevant forms

Criteria for demonstrating proficiency of each competency

- ▶ Compliance with rules pertaining to the production of forms, questionnaires and any other osteopathic document, and to the elements to include
- ▶ Accuracy of the choice of forms to use in their professional practice
- ▶ Relevance and clarity of the information entered on the forms

Competency 2.2 Be able to ensure the proper functioning of their professional practice

Action 2.2.1 Keep up-to-date with new developments in their professional practice

1st unit of action ➤ Identify and examine new elements relevant for their professional practice which are found in the scientific or empirical literature, regulations, standards, policies and any other source of information

Criteria for demonstrating proficiency of each competency

- ▶ Appropriateness of the attention paid to any new element found in the relevant literature which may have an impact on their professional practice
- ▶ Effectiveness of literature searches
- ▶ Relevance of the sources of information used
- ▶ Accuracy of the analysis of any new element found in the literature which may have an impact on their professional practice, including the strengths, weaknesses, limits and scope of the works consulted
- ▶ Accuracy of the interpretation of how the new elements impact their professional practice and the approaches needed to leverage those elements in accordance with the unique aspects of the profession

2nd unit of action ➤ Endeavour to adapt their professional practice based on the new reality

Criteria for demonstrating proficiency of each competency

- ▶ Relevance and effectiveness of the methods used to apply the new elements in their professional practice
- ▶ Consistency in the application of the methods selected

Action 2.2.2 Administer their affairs as osteopaths

1st unit of action ➤ Manage their professional affairs

Criteria for demonstrating proficiency of each competency

- ▶ Relevance of the agreements established with the persons consulting
- ▶ Insight and effectiveness in the planning of their professional activities, including the recording of appointments and the organization of their work schedule
- ▶ Consideration of the agreements established with the persons consulting and the unique circumstances of their situation when organizing their appointment book
- ▶ Compliance with advertising rules, namely in relation to content (services offered, fees, etc.) and use of the Ostéopathie Québec graphics
- ▶ Relevance, accuracy and clarity of the message concerning the description of their services and unique aspects of the profession
- ▶ Consideration of the target audience's characteristics when choosing the communication strategy to use for advertising their services
- ▶ Appropriateness of the level of language used regarding the characteristics of the target audience to whom to promote their services
- ▶ Compliance with rules regarding the layout and design of the consulting office and waiting room, taking into consideration confidentiality requirements
- ▶ Compliance with rules regarding the cleanliness, safety and security of their consulting office and waiting room
- ▶ Compliance with rules regarding the display and availability of relevant documents in their consulting office and waiting room
- ▶ Compliance with rules regarding the measures to take when they are absent from their consulting office
- ▶ Compliance with rules when purchasing various types of insurance designed for the practice of osteopathy

Competency 2.2	Be able to ensure the proper functioning of their professional practice
2nd unit of action	➤ Invoice the persons consulting and maintain accounting records of professional activities

Criteria for demonstrating proficiency of each competency

- ▶ Appropriateness and relevance of the fees charged in relation to services provided
- ▶ Clarity of the agreement established with the person consulting regarding fees and terms of payment
- ▶ Clarity of the explanations provided to the person consulting about the statement of fees and terms of payment
- ▶ Compliance with rules regarding invoicing, including the level of detail in the description of services provided
- ▶ Accuracy of the various elements on the invoice
- ▶ Compliance with the rules in effect and the invoicing agreement with the persons consulting
- ▶ Effectiveness of the follow-up on the status of the invoice and the payment received from the persons consulting
- ▶ Consistency and effectiveness of the data entry in the appropriate accounting software or general ledger
- ▶ Compliance with accounting rules
- ▶ Compliance with taxation rules

Competency 2.3	Be able to assume the role of osteopath in a context of intradisciplinary or interdisciplinary professional collaboration
Action 2.3.1	Take part in any situation involving the provision of osteopathic services that requires collaboration between professionals
1st unit of action	➤ Interact with the professional resources concerned <i>Criteria for demonstrating proficiency of each competency</i> ▶ Consideration of the professional collaboration context ▶ Consideration of the challenges of professional collaboration for the persons concerned ▶ Consideration of their role and responsibilities as osteopaths ▶ Consideration of the role and responsibilities of the professional resources concerned ▶ Consideration of the point of view of the professional resources ▶ Accuracy of the analysis and interpretation of comments made by the professional resources ▶ Relevance and clarity of the feedback given to the professional resources
2nd unit of action	➤ Endeavour to explain the unique aspects of osteopathy <i>Criteria for demonstrating proficiency of each competency</i> ▶ Relevance of the communication strategy adopted to promote consideration of the unique aspects of osteopathy ▶ Relevance of the information and scientific arguments presented to showcase the unique aspects of osteopathy ▶ Appropriateness of the level of language used given the characteristics of the professional resources concerned
Action 2.3.2	Contribute to the continuous flow of information
1st unit of action	➤ Communicate to the professional resources concerned any relevant information about the services offered in osteopathy <i>Criteria for demonstrating proficiency of each competency</i> ▶ Relevance of the moment chosen to communicate information to the professional resources concerned ▶ Relevance, accuracy and precision of the information communicated to the professional resources ▶ Promptness in the communication of information ▶ Appropriateness of the level of language used given the characteristics of the professional resources ▶ Compliance with rules regarding the confidentiality of personal information
2nd unit of action	➤ Obtain all necessary information from the professional resources concerned about the osteopathy services offered <i>Criteria for demonstrating proficiency of each competency</i> ▶ Relevance of the moment chosen to communicate with the professional resources concerned in order to obtain the necessary information ▶ Relevance and precision of the questions asked of the professional resources ▶ Accuracy of the analysis and interpretation of the information obtained ▶ Insight on how to use the information obtained ▶ Compliance with rules regarding the confidentiality of personal information

Competency 2.4	Be able to contribute to the organization of osteopathic services
Action 2.4.1	Participate in the planning of the service offer
1st unit of action	➤ Collaborate in assessing the osteopathic needs in their environment <i>Criteria for demonstrating proficiency of each competency</i> ▶ Accuracy and completeness of the factors taken into account in the situation analysis ▶ Relevance of the analytical conclusions drawn ▶ Effectiveness of the methods taken to showcase the unique aspects of osteopathy when presenting the outcome of the situation analysis
2nd unit of action	➤ Propose methods best suited to meeting the needs <i>Criteria for demonstrating proficiency of each competency</i> ▶ Accuracy of the understanding of the issues involved ▶ Relevance of the proposals made in light of the issues involved, the unique aspects of osteopathy and the resources available ▶ Effectiveness of the means taken to showcase the unique aspects of osteopathy in the recommended objectives and the measures necessary for meeting the needs
Action 2.4.2	Take part in improving the quality of the services
1st unit of action	➤ Collaborate in assessing the quality of the osteopathic services in their practice setting <i>Criteria for demonstrating proficiency of each competency</i> ▶ Consideration of the unique aspects of osteopathy in the situation analysis ▶ Relevance of the contribution to the discussion aimed at identifying osteopathic services that may be subject to an assessment (waiting period, availability of services, scheduling, etc.) ▶ Relevance of the contribution to the discussion aimed at taking stock of the situation with regard to the quality of the services being assessed, and at formulating objectives for improving the situation
2nd unit of action	➤ Propose methods for improving the services offered <i>Criteria for demonstrating proficiency of each competency</i> ▶ Relevance and feasibility of the means proposed for improving the quality of the services being assessed ▶ Precision and clarity of the information communicated ▶ Relevance of the suggestions made to support the implementation of the methods proposed for improving service quality and for assessing the effectiveness
3rd unit of action	➤ Participate in working groups, advisory committees or other similar groups <i>Criteria for demonstrating proficiency of each competency</i> ▶ Appropriateness of the decision to participate in a working group or advisory committee taking into account the reality of their professional practice, their experience, the unique aspects of osteopathy and the objective pursued by each group or committee ▶ Accuracy of the understanding of the questions and issues covered ▶ Relevance of the activities undertaken to best contribute to the efforts of the working groups or committees ▶ Relevance of the comments made regarding the reality of their professional practice and the unique aspects of osteopathy ▶ Precision and clarity of the information communicated ▶ Dynamic involvement in the efforts of each working group or advisory committee ▶ Relevance of the activities undertaken to ensure continued participation in each working group or advisory committee alongside peers and colleagues

3rd competency category

Continuing professional development

Competency 3.1	Be able to produce a continuing education plan adapted to their professional development needs
Action 3.1.1	Critically appraise their professional practice
1st unit of action	➤ Assess their professional practice <i>Criteria for demonstrating proficiency of each competency</i> ▶ Consideration of the unique aspects of the profession, and of the requirements and competencies specific to the profession ▶ Consideration of new knowledge in osteopathy as a whole and, in particular, as it relates to their professional practice, as well as any new element relevant to their professional practice (regulations, standards and policies, etc.) ▶ Consideration of recommendations issued by Ostéopathie Québec and any observations made about their professional practice by a supervisor, peers, colleagues or their client base ▶ Consideration of the conclusions drawn from the critical appraisal of their interventions over the past year ▶ Consideration of how their professional practice has evolved over the past year ▶ Consideration of changes made to their professional practice since the last assessment ▶ Accuracy of the analytical links established between the unique aspects of the profession, the requirements and competencies specific to the profession and their professional practice ▶ Accuracy of the observations regarding the well-controlled elements of their professional practice and those which need improvement
2nd unit of action	➤ Determine their professional development needs <i>Criteria for demonstrating proficiency of each competency</i> ▶ Relevance of the means and criteria used to rank the importance of each element of their professional practice that needs improvement ▶ Accuracy of the analysis regarding the relative importance of each element of their professional practice that needs improvement, from a perspective of ongoing professional development ▶ Accuracy of the analytical conclusions drawn with regard to their professional development needs
3rd unit of action	➤ Set personal continuing education objectives <i>Criteria for demonstrating proficiency of each competency</i> ▶ Relevance and precision of the continuing education objectives in light of the analytical conclusions drawn regarding their professional development needs ▶ Accuracy and precision of the formulation of the continuing education objectives, i.e., objectives that are observable, measurable and achievable within a stated timeframe ▶ Relevance of the criteria used to determine the order of priority for each continuing education objective ▶ Relevance and precision of the indicators selected for measuring the outcome of each objective
Action 3.1.2	Develop the contents of the continuing education plan
1st unit of action	➤ Examine the continuing education options and choose which activities to participate in <i>Criteria for demonstrating proficiency of each competency</i> ▶ Effectiveness of the search for continuing education options based on their needs

Competency 3.1 Be able to produce a continuing education plan adapted to their professional development needs

- ▶ Accuracy of the analysis of the continuing education options in terms of the scientific quality of the potentially relevant training activities, the credibility of the organizations delivering the services, the experience and competencies of the person providing the training, the educational setting in which the training takes place, and the quality of the documentation used during the training
- ▶ Relevance of the training activities chosen with regard to the objectives pursued and the priority assigned to each one

2nd unit of action ➤ Determine the approach for implementing the continuing education plan

Criteria for demonstrating proficiency of each competency

- ▶ Accuracy of the assessment of the material and financial resources needed to participate in continuing education activities and the time commitment required
- ▶ Relevance of the approach for monitoring continuing education activities
- ▶ Relevance and precision of the implementation timeframe for the continuing education plan
- ▶ Relevance and precision of the overall continuing education plan

Competency 3.2	Be able to implement a continuing education plan adapted to their professional development needs, to use the knowledge gained, and to keep the plan current
Action 3.2.1	Implement the continuing education plan
1st unit of action	➤ Participate in continuing education activities <i>Criteria for demonstrating proficiency of each competency</i> ▶ Relevance of the actions taken to prepare for their participation in education activities ▶ Regular attendance at education activities ▶ Dynamic and consistent participation in education activities ▶ Effectiveness of the means taken to meet the objectives pursued
2nd unit of action	➤ Take stock of their participation in continuing education activities <i>Criteria for demonstrating proficiency of each competency</i> ▶ Consideration of the indicators for measuring the outcome of each objective pursued ▶ Accuracy of the assessment of the learning achieved based on the objectives of each education activity ▶ Accuracy of the analytical conclusions reached in relation to the learning achieved ▶ Compliance with the continuing education requirements set out by the relevant authorities
Action 3.2.2	Integrate the knowledge from continuing education into their professional practice and review their professional development needs
1st unit of action	➤ Determine the methods for ensuring integration of the knowledge from continuing education into their professional practice <i>Criteria for demonstrating proficiency of each competency</i> ▶ Accuracy of the analytical links established between the knowledge from continuing education and the various elements of their professional practice ▶ Effectiveness of the methods chosen for integrating the knowledge from continuing education into their professional practice ▶ Relevance and effectiveness of the methods selected for ensuring integration of the knowledge from continuing education into their professional practice
2nd unit of action	➤ Apply the methods selected to ensure integration of the knowledge from continuing education into their professional practice <i>Criteria for demonstrating proficiency of each competency</i> ▶ Consistency in the application of the methods selected ▶ Accuracy of the analysis of the effectiveness of the methods selected ▶ Relevance of the adjustments made to the methods selected
3rd unit of action	➤ Re-examine the situation regarding their professional practice <i>Criteria for demonstrating proficiency of each competency</i> ▶ Consideration of the conclusions drawn from the critical appraisal of their professional practice as well as the learning achieved after implementation of the continuing education plan ▶ Accuracy of the situation analysis and critical appraisal of the developments observed in their professional practice and their new continuing education needs ▶ Consistency of the critical appraisal of their professional practice

4th competency category

Participation in the development and outreach of the profession

Competency 4.1 Be able to contribute to the transfer of knowledge in osteopathy

Action 4.1.1 Participate in educational activities

1st unit of action ➤ Take part in the clinical training of students

Criteria for demonstrating proficiency of each competency

- Acuity of the observation of the actions taken by students during clinical activities
- Precision and clarity of the information communicated to students
- Clarity and precision of the demonstrations performed for students
- Appropriateness of the level of presence and listening during communication with students
- Relevance and clarity of the feedback given to students
- Compliance with the requirements set out by the education authorities regarding the assessment of competencies acquired by students during clinical activities as well as with accepted practices
- Accuracy of the assessment of the competencies acquired by the students
- Compliance with the requirements set out by the education authorities regarding communication of the students' competency assessment results
- Precision and clarity of the information communicated to the education authorities and to students with regard to their competency assessment results

2nd unit of action ➤ Ensure the supervision of theses and projects

Criteria for demonstrating proficiency of each competency

- Relevance and appropriateness of the support provided to students from the start of and throughout their thesis or project
- Accuracy of the understanding of the students' thesis or project objectives
- Acuity of the scientific vigilance exercised throughout the project
- Accuracy of the understanding of the students' questions and needs throughout the project
- Precision, clarity and relevance of the questions asked, comments made and information provided to the students throughout the project
- Relevance and clarity of the feedback given to students throughout the project
- Compliance with the requirements set out by the education authorities regarding the supervision of theses and projects and the assessment of works resulting from such projects
- Accuracy of the assessment of documents produced by students throughout and at the end of the project
- Precision and clarity of the information communicated to the education authorities and students regarding the outcome of the evaluation of their work

3rd unit of action ➤ Supervise trainees

Criteria for demonstrating proficiency of each competency

- Effectiveness of the collaboration between the education authorities and the persons concerned in the practice setting
- Relevance of the responsibilities given to trainees based on the knowledge they acquired and developed during the clinical placement
- Precision and clarity of the information communicated to trainees

Competency 4.1 Be able to contribute to the transfer of knowledge in osteopathy

- Appropriateness of the level of presence and listening during communication with trainees
- Appropriateness of the importance placed on the difficulties experienced by the trainees
- Consistency in the encouragement expressed to trainees
- Acuity of the observation of the trainees' learning progress
- Appropriateness of the adapted coaching and support strategy given the trainees' characteristics and their learning progress
- Consideration of the trainees' pace of learning
- Compliance with the requirements of the education authorities regarding the internship objectives and assessment of the trainees' learning
- Accuracy of the assessment of the trainees' learning
- Compliance with the requirements set out by the education authorities regarding communication of the outcome of the trainees' learning assessment
- Precision and clarity of the information communicated to the education authorities and to trainees regarding the assessment of their learning

4th unit of action ➤ Give lectures on osteopathy as part of their education activities

Criteria for demonstrating proficiency of each competency

- Accuracy of the understanding of the education objectives of the lecture
- Relevance of the content of the lecture based on the education objectives pursued
- Compliance with agreements established with the persons concerned regarding the content of the lecture
- Relevance of the scientific or empirical literature chosen to support their comments and to learn more about the topic
- Relevance of the examples used to convey their message and facilitate understanding
- Consideration of the target audience's characteristics when choosing the education strategy
- Effectiveness of the education strategy adopted
- Originality in the handling of the lecture topic
- Precision and clarity of the lecture, including the vocabulary used
- Dynamic nature of the lecture
- Appropriateness of the level of language used given the characteristics of the target audience

Action 4.1.2 Participate in clinical coaching and training activities with peers or colleagues

1st unit of action ➤ Ensure the clinical supervision of peers in professional situations

Criteria for demonstrating proficiency of each competency

- Accuracy of the understanding of the needs of peers
- Precision and clarity of the agreement between parties with respect to clinical supervision
- Consideration of their competencies and limitations
- Consideration of the supervision context
- Consideration of the purpose for clinical supervision in osteopathy
- Relevance of the communication strategy adopted during the supervision process
- Appropriateness of the level of presence and listening during the supervision of peers
- Precision, clarity and relevance of the questions asked, comments made and information provided to peers
- Appropriateness of the level of language used given the characteristics of their peers
- Respect for the peers' pace, personality and own way of doing things
- Respect for each person's role in the supervision process
- Appropriateness of the importance placed on how the supervision process evolves

Competency 4.1 Be able to contribute to the transfer of knowledge in osteopathy

- ▶ Compliance with the agreement established between parties regarding the supervision project

2nd unit of action ➤ Educate peers or colleagues on topics of interest in osteopathy*Criteria for demonstrating proficiency of each competency*

- ▶ Accuracy of the understanding of the questions and needs of peers or colleagues, as well as the objectives pursued
- ▶ Relevance of the topics addressed with regard to the mandate of the practice setting and the nature of the professional activities carried out by the peers or colleagues concerned
- ▶ Precision, clarity and relevance of the information provided, including the vocabulary used
- ▶ Consideration of the characteristics of peers or colleagues as well as the area of expertise of the colleagues concerned when choosing the communication strategy
- ▶ Appropriateness of the level of language used given the characteristics of their peers or colleagues

Competency 4.2	Be able to contribute to the advancement and communication of knowledge in osteopathy
Action 4.2.1	Identify best and innovative osteopathic practices in the scientific literature
1st unit of action	➤ Critically analyze data from the scientific literature <i>Criteria for demonstrating proficiency of each competency</i> ➤ Relevance and precision of the project goal and objectives ➤ Effectiveness of the search for various sources of information in the scientific literature with regard to the goal and objectives pursued ➤ Effectiveness of the identification of all relevant elements in the scientific literature consulted ➤ Accuracy of the understanding and interpretation of the information identified, including the strengths, weaknesses, limits and scope of the works consulted ➤ Accuracy of the analytical links established between the information identified and its application in the professional practice of osteopathy ➤ Accuracy of the summary and conclusions drawn from the analysis
2nd unit of action	➤ Draft various types of osteopathy documents that are informed by the critical analysis of data from scientific literature, or participate in the creation of such documents <i>Criteria for demonstrating proficiency of each competency</i> ➤ Consideration of the purpose for producing scientific or popular science documents (articles, books, practice guidelines, etc.), the characteristics of the persons concerned and the context related to the dissemination of such documents ➤ Compliance with rules regarding the writing and editing of documents ➤ Appropriateness of the level of language used ➤ Originality in the handling of the subject ➤ Relevance, precision and clarity of the documents in terms of form and content, including the vocabulary used ➤ Effectiveness of the cooperation between members of the writing team ➤ Compliance with spelling, grammar and syntax rules
Action 4.2.2	Participate in research activities
1st unit of action	➤ Establish collaboration agreements with the persons or teams involved in the implementation of research projects in osteopathy or relevant to osteopathy <i>Criteria for demonstrating proficiency of each competency</i> ➤ Accuracy of the analysis on the relevance of participating in a research project ➤ Precision and clarity of the project objectives to be pursued, taking into account their contribution to research and the impacts of the project outcome on their professional practice ➤ Accuracy of the assessment of the resources needed to participate in the research and the time commitment required ➤ Relevance of the collaboration agreement established with the persons or research teams concerned, taking into account their role in the project's implementation
2nd unit of action	➤ Collaborate in carrying out research projects <i>Criteria for demonstrating proficiency of each competency</i> ➤ Relevance and effectiveness of their contribution to research, taking into account the agreement entered into with the persons and research teams concerned ➤ Consistency of the efforts made to achieve the objectives pursued ➤ Compliance with the rules of the ethics committee ➤ Respect for the scientific method

Competency 4.2	Be able to contribute to the advancement and communication of knowledge in osteopathy
	▶ Relevance and clarity of the feedback given to the persons and research teams concerned regarding the link between the research outcome and the reality of their professional practice
3rd unit of action	➤ Participate in disseminating the outcome of the research project <i>Criteria for demonstrating proficiency of each competency</i> ▶ Consideration of the purpose for disseminating the outcome of the research project and the context of the dissemination ▶ Relevance of the methods used to disseminate the research outcome ▶ Precision and clarity of the communication strategies used to disseminate the research outcome ▶ Relevance and clarity of the message conveyed regarding the scope of the research outcome in view of its application in the professional practice of osteopathy
Action 4.2.3	Participate in representation and information events aimed at the practice of osteopathy
1st unit of action	➤ Give lectures or any other type of presentation <i>Criteria for demonstrating proficiency of each competency</i> ▶ Accuracy of the understanding of the lecture objectives ▶ Relevance of the content of the lecture based on the objectives pursued and the unique aspects of the profession ▶ Relevance of the scientific or empirical literature chosen to support their comments ▶ Consideration of the target audience's characteristics when choosing the communication strategy ▶ Originality in the handling of the lecture topic ▶ Coherence and clarity of the lecture, including the vocabulary used ▶ Dynamic nature of the lecture ▶ Appropriateness of the level of language used given the characteristics of the target audience
2nd unit of action	➤ Participate in activities aimed at raising awareness about osteopathy and promoting access to osteopathic services, or develop and disseminate documents with these objectives in mind <i>Criteria for demonstrating proficiency of each competency</i> ▶ Relevance of the arguments put forth to defend the unique aspects of osteopathic services ▶ Relevance of the arguments put forth regarding the importance of ensuring access to osteopathic services, taking into account the needs of the population ▶ Relevance of the scientific or empirical literature chosen to support their comments ▶ Effectiveness of the popularization of what the unique aspects of osteopathic services entail ▶ Precision and clarity of the information provided, including the vocabulary used ▶ Appropriateness of the level of language used ▶ Compliance with spelling, grammar and syntax rules

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COLLÈGE CANADIEN DE LA MÉDECINE OSTÉOPATHIQUE [osteopathie.cpm dq.com].

COLLÈGE DES OSTÉOPATHES CANADIENS [www.college-osteopathes.org].

COLLÈGE D'ÉTUDES OSTÉOPATHIQUES [www.ceo.qc.com].

COLLÈGE D'OSTÉOPATHIE DU QUÉBEC À MONTRÉAL [www.coqm.qc.ca].

COMMISSION DES PRATICIENS EN MÉDECINE DOUCE DU QUÉBEC [www.cpm dq.com].

CONCORDIA PHYSIO SPORT [www.cbi.ca].

CONSEIL DES EXAMINATEURS EN OSTÉOPATHIE DU QUÉBEC (division of the Commission des praticiens en médecine douce du Québec) [www.ceoq.org].

CONSEIL INTERPROFESSIONNEL DU QUÉBEC [www.professions-quebec.org].

CORPORATION DES PROFESSIONNELS OSTÉOPATHES DU QUÉBEC [www.cpoq.org].

DICTIONNAIRE DE FRANÇAIS LAROUSSE [www.larousse.fr].

ÉCOLE PROFESSIONNELLE DES OSTÉOPATHES DU QUÉBEC [www.epoqosteopathie.com].

ÉQUANITÉ CLINIQUE SANTÉ [www.equanite.com].

ÉTABLISSEMENT D'ENSEIGNEMENT SUPÉRIEUR D'OSTÉOPATHIE DU CANADA [www.eesoc.ca].

CANADIAN FEDERATION OF OSTEOPATHS [www.osteopathy.ca].

EUROPEAN FEDERATION OF OSTEOPATHS [www.efo.eu].

CANADIAN FOUNDATION FOR HEALTHCARE IMPROVEMENT [www.fcass-cfhi.ca].

FORUM FOR OSTEOPATHIC REGULATION IN EUROPE [www.forewards.eu].

HEALTH SWAPP [healthswapp.com].

GRAND DICTIONNAIRE TERMINOLOGIQUE – OFFICE QUÉBÉCOIS DE LA LANGUE FRANÇAISE [www.granddictionnaire.com].

INSTITUT D'ENSEIGNEMENT DE L'OSTÉOPATHIE DU QUÉBEC [www.inst-osteopathie.qc.ca].

INSTITUT NATIONAL DE LA SANTÉ ET DE LA RECHERCHE MÉDICALE [www.inserm.fr].

INSTITUT NATIONAL D'EXCELLENCE EN SANTÉ ET SERVICES SOCIAUX [www.inesss.qc.ca]

INTERNATIONAL JOURNAL OF OSTEOPATHIC MEDECINE [www.journalofosteopathicmedicine.com].

LA PRESSE [www.lapresse.ca].

LÉGIFRANCE – LE SERVICE PUBLIC DE LA DIFFUSION DU DROIT [www.legifrance.gouv.fr].

LE SITE DE L'OSTÉOPATHIE [www.osteopathie-france.net].

L'OSTÉOPATHIE, PRÉCISÉMENT [www.journalosteopathie.com].

MAISON DE L'OSTÉOPATHIE [maisondelosteopathie.com].

MAISON DE L'OSTÉOPATHIE DE MASCOUCHE [osteopathiemascouche.com].

MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX [www.msss.gouv.qc.ca].

MINISTÈRE DE L'ÉDUCATION ET DE L'ENSEIGNEMENT SUPÉRIEUR [www.education.gouv.qc.ca].

MINISTÈRE DE L'IMMIGRATION, DE LA DIVERSITÉ ET DE L'INCLUSION
[www.immigration-quebec.gouv.qc.ca].

OFFICE DES PROFESSIONS DU QUÉBEC [www.opq.gouv.qc.ca].

ONTARIO ASSOCIATION OF OSTEOPATHIC PRACTITIONERS [www.osteopathicboard.org].

WORLD HEALTH ORGANIZATION [www.who.int].

OSTÉO MINI [osteomini.com].

OSTEOPATHIC EUROPEAN ACADEMIC NETWORK [www.osean.com].

OSTEOPATHIC INTERNATIONAL ALLIANCE [wp.oialliance.org].

OSTÉOPATHIE CAROLYN LECLERC [www.osteopathiecarolynleclerc.com].

OSTÉOPATHIE CONTINUUM [ostecontinuum.com].

OSTÉOPATHIE QUÉBEC [osteopathiequebec.ca].

OSTÉOPATHE VERSAILLES [sites.google.com/site/osteopatheversailles].

PASSEPORT SANTÉ [www.passeportsante.net].

PLoS ONE [www.plosone.org].

PUBLICATIONS DU QUÉBEC [www3.publicationsduquebec.gouv.qc.ca].

QUALITA – LE RÉSEAU DES CLINIQUES D'OSTÉOPATHIE AGRÉÉES [qualita.ca].

REGISTRE DES OSTÉOPATHES DE FRANCE [www.osteopathie.org].

RENÉ PELLETIER, D.O., OSTÉOPATHE [www.renepelletierosteo.com].

SOCIÉTÉ CANADIENNE POUR LA TRADITION DE L'OSTÉOPATHIE [www.socato.ca].

SOCIÉTÉ DES OSTÉOPATHES DU QUÉBEC [www.soq-osteopathes.ca].

SYNDICAT FRANÇAIS DES OSTÉOPATHES [www.osteopathe-syndicat.fr].

SYNDICAT PROFESSIONNEL DES OSTÉOPATHES DU QUÉBEC (division of the Commission des praticiens en médecine douce du Québec) [www.cpm dq.com/htm/synosteopathe2.htm].

THEFREEDICTIONARY'S MEDICAL DICTIONARY [medical-dictionary.thefreedictionary.com].

UNION FÉDÉRALE DES OSTÉOPATHES DE FRANCE [www.osteofrance.com].

UNIVERSITÉ DE SHERBROOKE [www.usherbrooke.ca].

WORLD OSTEOPATHIC HEALTH ORGANIZATION [www.woho.org].

APPENDICES

Appendix I

List of professional experts who participated in the interviews

Andrée Aubin, D.O.
Laval

Rachelle Audet, D.O.
Clinique d'Ostéopathie des Chutes
Lévis

Christian Bérubé, D.O.
Maison de l'Ostéopathie de
Mascouche
Mascouche

Éric Boutin, D.O.
Activic Physiothérapie et Ostéopathie
Victoriaville

Isabelle Coindre, D.O.
Ostéopathie Continuum
Dollard-des-Ormeaux (Montréal)

Louise Collette, D.O.*¹
Clinique de Physio-Ostéo Santé
Magog

Michaël De Gouveia, D.O.*
Ahuntsic Ostéopathie
Montréal

Christine Dierick, D.O.
Clinique Intersanté
Montréal

Philippe Druelle, D.O.
Maison de l'Ostéopathie
Montréal

Geneviève Forget, D.O.*
Maison de l'Ostéopathie
Montréal

Karine Gagnon, D.O.
Ostéo Mini
Sainte-Julie

Marc Gauthier, D.O.*
Clinique d'ostéopathie Marc Gauthier
Terrebonne

Carolyn Leclerc, D.O.
Ostéopathie Carolyn Leclerc
Shannon (Québec)

Anne-Julie Morand, D.O.
Équanité Clinique Santé
Montréal

René Pelletier, D.O.*
Concordia Physio Sport
Brossard

Monette Roy, D.O.
Clinique Apprenti-Sage
Québec

¹ An asterisk (*) indicates the person is a member of the Project Steering Committee at Ostéopathie Québec.

Appendix II

List of professional experts persons who participated in focus group

Manon Beaulieu, D.O.
Clinique d'Ostéopathie Entre Bonnes Mains
Sherbrooke

Marie-Ève Lord
Clinique d'ostéopathie Les Grès
Saint-Étienne-des-Grès

Christian Bérubé, D.O.
Maison de l'Ostéopathie de Mascouche
Mascouche

Monette Roy, D.O.
Clinique Apprenti-Sage
Québec

Alain Bouchard, D.O.
Sainte-Julie

Louise Collette, D.O.*¹
Clinique de Physio-Ostéo Santé
Magog

Michaël De Gouveia, D.O.*
Ahuntsic Ostéopathie
Montréal

Christine Dierick, D.O.
Clinique Intersanté
Montréal

Geneviève Forget, D.O.*
Maison de l'Ostéopathie
Montréal

Marc Gauthier, D.O.*
Clinique d'ostéopathie Marc Gauthier
Terrebonne

Katia Isaac-Villette
Clinique d'ostéopathie Équilibre
Laval

Carolyn Leclerc, D.O.
Ostéopathie Carolyn Leclerc
Shannon (Québec)

¹ An asterisk (*) indicates the person is a member of the Project Steering Committee at Ostéopathie Québec.

Appendix III

List of action verbs used in the competency framework

Verb	Meaning
Update	Make current ¹ .
Administer	Direct, manage private or public affairs.
Act	Perform an action.
Analyze	Examine carefully.
Apply	Put into practice (Paul ROBERT, Le Petit Robert 2011, Paris, Dictionnaires Le Robert – SEJER, 2010, hereinafter referred to as “Le Petit Robert”).
Clarify	Assign a quality, a competence for the accomplishment of something, an action, an activity (Dictionnaire de français Larousse website [www.larousse.fr]).
Entrench	Establish firmly.
Ensure	Make certain something happens.
Target	Identify by defining (Le Petit Robert).
Choose	Select, prefer one thing or person over another.
Collaborate	Work together on a common endeavour, activity. Synonyms: help, participate.
Develop	Create, imagine.
Contribute to	Help implement a joint action, take part in something (Le Petit Robert).
Concur	Reach an agreement.
Cooperate	Work jointly with someone.
Define	Articulate the idea of (Le Petit Robert).
Identify	Isolate (an element, an aspect) from a whole. Synonyms: extract, pull (Le Petit Robert).
Determine	Establish, define. Synonyms: set, specify. Indicate, define precisely, after careful consideration, from research (Le Petit Robert).
Discuss	Carefully examine an issue. Examine something through discussion (Le Petit Robert).
Give	Supply, provide. Communicate.
Set personal (x)	Set for or give to oneself (Le Petit Robert).

¹ Unless otherwise indicated, the definitions are taken and translated from: Marie-Éva de VILLERS, *Multidictionnaire de la langue française*, 5th ed., Montréal, Québec Amérique, 2010, 1707 p.

Verb	Meaning
Compile	Set, carefully establish (Le Petit Robert).
Discuss	Communicate, dialogue (Le Petit Robert).
Carry out	Accomplish, perform (carry out an action).
Develop	Create, prepare over a long period.
Inquire	Explore (by examining, questioning). Synonyms: gather information, research, find out (Le Petit Robert).
Agree on	Come to an agreement. Concur (Le Petit Robert).
Enter into	Start to form a part of (a group, set). Synonym: team up (Le Petit Robert).
Establish	Carefully prepare, compile.
Evaluate	Examine the degree of coherence between a set of data and a set of suitable criteria for the specific objective, with a view to taking a decision (Renald LEGENDRE, Dictionnaire actuel de l'éducation, 3rd ed., Montréal, Guérin Éditeur, 2005, hereinafter referred to as "Dictionnaire actuel de l'éducation").
Examine	Look at something closely, thoughtfully (Le Petit Robert).
Do	Accomplish, perform (carry out work).
Make sure	Endeavour to do.
Inform	Give someone information. Make known (Le Petit Robert).
Prioritize	Organize, rank in a hierarchy, in order of priority. Synonyms: order, structure (Le Petit Robert).
Educate	Communicate, convey, inform someone of information or details that will enable them either to have an informed view of the situation or to make decisions; contribute to someone's knowledge (Dictionnaire actuel de l'éducation).
Integrate	Combine one thing with something else to make a whole. Synonyms: include, incorporate, insert.
Interact	Act reciprocally (Le Petit Robert).
Conduct	Ensure the progress of.
Implement (put in effect, in place)	Employ all means necessary to achieve something.
Offer	Propose something to someone, often in exchange for something else.
Participate	Take part in. Collaborate, provide support. Synonyms: work together, cooperate.
Plan	Establish a plan with detailed objectives and the means to achieve them.

Verb	Meaning
Take	Use. Synonyms: have recourse to, employ, make use of, rely on, utilize
Take part	Participate.
Prepare	Do everything necessary to achieve an action, to perform an activity, etc. (Le Petit Robert).
Anticipate	Organize in advance. Synonyms: plan, program.
Proceed	Perform an activity, an act in a specific way.
Produce	Create, draw up (something that does not yet exist) (Le Petit Robert).
Propose	Make something known, offer a choice.
Achieve	Make concrete, perform (carry out a project). Synonym: execute.
Collect	Assemble, bring together (dispersed elements) (Le Petit Robert).
Write	Write down in a specific form.
Reassess	Re-evaluate (Le Petit Robert).
Manage	Decide how to organize.
Record	Document what was done, observed, to inform, explain or justify (Le Petit Robert).
Identify	Find, recognize.
Combine	Assemble (elements of the same nature) to draw insight (Le Petit Robert).
Review	Re-examine to make changes, corrections (Le Petit Robert).
Formulate	Put forward a judgement about a person, a group.
Undertake	Hold an activity.
Keep current	Maintain up to date. Synonyms: retain, keep. (The expression <i>up to date</i> means: taking into account current events, current data, news.)
Draw	Draw a conclusion from. Synonyms: identify, deduce, infer (Le Petit Robert).
Convey	Communicate.
Use	Employ, make use of.
Endeavour to or see to (something)	Be attentive to (he oversaw the proper execution of the work). Synonyms: take steps to, be committed to, deal with.

Appendix IV

Glossary

The glossary is divided into two sections. The first provides definitions of the words or expressions pertaining to the practice of the profession in Québec¹ and the second provides definitions of the words chosen to designate the proficiency criteria for each competency.

Words or expressions related to the practice of the profession in Québec

Term	Meaning
Domestic activities of daily living (DADLs)	A set of tasks performed by an individual on a daily basis, in and around the home environment (INSTITUT NATIONAL D'EXCELLENCE EN SANTÉ ET EN SERVICES SOCIAUX, <i>Screening tool – Pfeffer's Functional Activities Questionnaire</i> , FAQ, 2015). ²
Instrumental activities of daily living (IADLs)	A set of activities carried out by an individual on a daily basis, for the purpose of self-care or participating in social life (INSTITUT NATIONAL D'EXCELLENCE EN SANTÉ ET EN SERVICES SOCIAUX, <i>Screening tool – Pfeffer's Functional Activities Questionnaire</i> , FAQ, 2015).
Case history	Case-history taking is the questioning that takes place to obtain a detailed record of the patient's past medical history. Case histories in osteopathy require an investigation and consideration of various environmental factors (family, society, professional, lifestyle, diet, physical activity and sports, climate, etc.), Jacques TARDIF, <i>Devenir ostéopathe – Agir avec compétence</i> , 2012). History taking is a collection of information about the health history of the person consulting. It helps steer the consultation towards a focused examination of a specific area or a referral to conventional medicine in cases where the pathology or condition falls outside the scope of osteopathic practice. (Definition adapted from that proposed in the following document: Stéphane BEAUME, <i>Dictionnaire de médecine ostéopathique</i> , 2014.)
Private office	The office where osteopathic consultations and treatment sessions take place (Stéphane BEAUME, <i>Dictionnaire de médecine ostéopathique</i> , 2014).
Scope of practice	The scope of practice of a profession refers to the main activities performed by its members so as to provide an understanding of its nature and purpose. The scope of practice is not reserved for that particular group. Moreover, it does not include all activities that members of a profession perform, instead it: 1) helps to distinguish one profession from another and, as such, to establish its distinctive characteristics; 2) outlines the basic tasks and activities performed by most members; 3) states the expected outcome of the professional's treatment (EXPERT COMMITTEE [PRESIDED BY JEAN-BERNARD TRUDEAU], <i>Partageons nos connaissances – Modernisation de la pratique professionnelle en santé mentale et en relations humaines</i> , 2005).

¹ Note that these words and expressions are not necessarily all found in this document. The purpose of defining them in this glossary is to best describe the vocabulary used in the practice of the profession in Québec and to account for the unique aspects of the professional practice of osteopaths in the Québec context. Note also that certain definitions were adapted in accordance with their core meaning, for the purpose of aligning them with the reality of osteopathic practice in Québec, particularly regarding the vocabulary used.

² The full reference for each document and website from which the glossary's definitions and clarifications are taken is presented in the bibliography herein.

Term	Meaning
Code of ethics	Code of ethics refers to the regulatory text that sets out the rules of professional conduct governing the practice of a profession or role, as well as the duties, obligations, and responsibilities imposed on persons who practice the profession.
Confidentiality	Confidentiality refers to the ownership of information or of personal details that are not to be disclosed to unauthorized persons or entities (GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016).
Informed consent	Informed consent refers to the process whereby subjects voluntarily agree to participate in an intervention or a preventive or therapeutic program, after being informed of the purpose, methods, requirements and foreseeable consequences associated with it, as well as the risks and benefits of participation and, where appropriate, the degree of uncertainty regarding the achievement of results. For there to be informed consent, the subjects must have received the necessary information regarding their participation, and have understood the information, consented to participate freely without undue pressure to do so, and been informed that they are free to terminate their participation at any time without prejudice. Clarification: The subject of the informed consent may be the actual person consulting or their legal representative. (Definition and clarification adapted from those proposed on the GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016.)
Consultant	A consultant is an expert in a particular field [...] who provides advice on or helps resolve specific issues. (Definition adapted from that proposed on the GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016.)
Contraindication	A contraindication refers to any condition that renders a particular treatment or procedure improper or inadvisable (Stéphane BEAUME, <i>Dictionnaire de médecine ostéopathique</i> , 2014).
Systemic approach	A systemic approach involves taking into consideration the range of factors that influence both osteopathic somatic dysfunctions and expected treatment outcomes. (Definition adapted from that proposed in the following document: Jacques TARDIF, <i>Devenir ostéopathe – Agir avec compétence</i> , 2012.)
Code of conduct	Code of conduct refers to the set of rules and standards that govern a profession or role, the conduct of persons exercising the profession or role, as well as the relationship between such persons and their client base or the public (GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016).

Term	Meaning
Continuing professional development	Continuing professional development (CPD) is the means by which people at work maintain, improve, and broaden their knowledge and skills and develop the personal qualities necessary in their professional lives [...] (TUNING EDUCATIONAL STRUCTURES IN EUROPE, <i>Universities' contribution to the Bologna process – An introduction</i> , s.d.).
Diagnosis of exclusion (negative diagnosis)	A diagnosis of exclusion points to the suspicion of a condition that strictly contraindicates the use of certain osteopathic techniques and that may require emergency medical care. This mainly concerns fractures, changes in the person's general health, and the infectious, tumoral, psychiatric or vascular nature of certain diseases (Stéphane BEAUME, <i>Dictionnaire de médecine ostéopathique</i> , 2014).
Differential diagnosis	Differential diagnosis refers to the ruling out of an etiology with symptoms similar to that of the condition being investigated. This may require referring the individual for medical imaging tests or additional investigations. (Definition adapted from that proposed in the following document: Stéphane BEAUME, <i>Dictionnaire de médecine ostéopathique</i> , 2014.)
Osteopathic diagnosis	An osteopathic diagnosis refers to the identification of an osteopathic somatic dysfunction, established based on information gathered through a case history, clinical examination, and palpation (Definition adapted from that proposed in the following document: Stéphane BEAUME, <i>Dictionnaire de médecine ostéopathique</i>, 2014). Clarification: The osteopathic diagnosis involves a diagnosis of opportunity, which consists of an osteopathic approach aimed at identifying the warning signs and symptoms justifying the need for a medical opinion prior to the provision of osteopathic care, and a functional diagnosis, which refers to an osteopathic approach aimed at identifying and prioritizing the somatic dysfunctions and their interactions, in order to determine the most appropriate osteopathic treatment for improving the person's health. (Definition adapted from that proposed in the following document: MINISTÈRE DES AFFAIRES SOCIALES, DE LA SANTÉ ET DES DROITS DES FEMMES, <i>Ministerial Order of 12 December 2014 regarding training in osteopathy</i>, 2014.)
Palpation diagnosis	Palpation diagnosis refers to the perception and tactile analysis of body movements to determine, insofar as possible, any potential restriction. (Definition adapted from that proposed in the following document: Stéphane BEAUME, <i>Dictionnaire de médecine ostéopathique</i> , 2014.)
Evidence-based data	Evidence-based data is information that comes closest to the facts of a matter. The form they take depends on the context. The findings of high-quality, methodologically appropriate research are the most accurate evidence. Because research is often incomplete and sometimes contradictory or unavailable, other kinds of information are necessary supplements to or stand-ins for research. The evidence base for a decision is the multiple forms of evidence combined so as to achieve a balance between rigour and expedience, while privileging the former over the latter. (CANADIAN HEALTH SERVICES RESEARCH FOUNDATION, 2008 [now THE CANADIAN FOUNDATION FOR HEALTHCARE IMPROVEMENT].)

Term	Meaning
Dysfunction	Impairment of a person's physical function (GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016).
Osteopathic somatic dysfunction	Osteopathic somatic dysfunction – that which affects the whole body – is a mechanical and physiological reaction of a body structure in response to a constraint or injury. This can include trauma, repetitive motions, a posture disorder, an illness, psychoemotional stress or environmental factors (poor diet, unhealthy lifestyle, pollution, etc.). It is often associated with restricted mobility of the involved structure, localized tissue texture changes, and neurovascular changes. The osteopathic somatic dysfunction can also affect other organ structures and functions. (Definition adapted from that proposed on the REGISTRE DES OSTÉOPATHES DE FRANCE website, 2016.)
Empathy	Empathy is the ability to put yourself in other people's shoes, to identify with what they are thinking and feeling (Marie-Éva de VILLERS, <i>Multidictionnaire de la langue française</i> , 2010).
Ethics	Ethics refers to the field of philosophy that studies the moral principles of what is right or wrong, and that generally govern the conduct of an individual or a group. When applied to a field of activity, ethics is an ongoing process of reflection on the meaning of actions and their many consequences. Ethics should not be confused with code of conduct, which refers to the range of duties and responsibilities of members of a liberal profession (GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016).
Clinical examination	Clinical examination refers to the careful and intensive observation of the person consulting. It involves static (posture) and dynamic examinations (analysis of gait and foot movement, complete examination of spinal mobility). Certain authors also include passive mobility techniques and osteotendinous reflexes. However, palpation and segmental motion testing are already in the protocol for osteopathic treatment. (Definition adapted from that proposed in the following document: Stéphane BEAUME, <i>Dictionnaire de médecine ostéopathique</i> , 2014.)
Fascia	Fascia is made up of fibrous connective tissue containing packed bundles of collagen fibres oriented in the direction of muscle pull. The fascia connects all parts of the body to each other, including ligaments, tendons, and dural membranes. Its function is to facilitate muscle gliding and nerve conduction to muscles. Contractility and elasticity are the two main properties of fascia. However, its elasticity decreases with increasing age, effectively contributing to the process of aging. Abnormal physical or environmental conditions cause alterations in the fascia, such as thickening, shortening, calcification, and erosion (Stéphane BEAUME, <i>Dictionnaire de médecine ostéopathique</i> , 2014).
Continuing education	Continuing education refers to training that is focused on acquiring, enhancing or updating knowledge or techniques and on developing specific skills, and that is intended for people who have already left school (GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016).
Globality	Globality refers to that which forms a unified whole (Stéphane BEAUME, <i>Dictionnaire de médecine ostéopathique</i> , 2014).

Term	Meaning
Habit	A person's usual way of behaving or acting, frequently repeated (Paul ROBERT, <i>Le Petit Robert 2011</i> , 2010).
Lifestyle habits	Lifestyle habits refer to the behaviours that ensure a person survives and thrives in society throughout their life (GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016).
Homeodynamics	Homeodynamics is the constantly changing interrelatedness of body components while an overall equilibrium is maintained. (Definition of the term <i>homeodynamics</i> from THEFREEDICTIONARY'S MEDICAL DICTIONARY, taken from Mosby's Medical Dictionary, 8th edition, 2009.)
Homeostasis	Homeostasis refers to the ability of the body to maintain normal internal biological stability by constantly undergoing physiologic processes despite environmental changes (Stéphane BEAUME, <i>Dictionnaire de médecine ostéopathique</i> , 2014).
Hypothesis	An hypothesis refers to a plausible proposition set forth as an explanation for a particular situation or verifiable data (Stéphane BEAUME, <i>Dictionnaire de médecine ostéopathique</i> , 2014).
Interdisciplinary	Refers to the interaction between two or more disciplines or specialties, centred around a specific project or an issue to be resolved (GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016).
Intradisciplinary	Refers to the relationships within a specific discipline or scientific field (GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016).
Judgement	Judgement is the ability to make sensible decisions about things that are not absolutely certain or have not yet been proven; the exercise of this ability (Paul ROBERT, <i>Le Petit Robert 2011</i> , 2010).
Ethical judgement	Judgement is our interpretation of someone or something after careful thought. From an ethical point of view, judgement is a way of assessing something based on specific evaluation criteria that are values. Ethical judgement helps to make responsible decisions. The dynamics of ethics lie in individuals using their judgement (Yves BOISVERT et al., <i>Raisonnement éthique dans un contexte de marge de manœuvre accrue : clarification conceptuelle et aide à la décision</i> , 2003).
Osteopathic lesion	Osteopathic lesion is the original term which is now replaced by osteopathic somatic dysfunction. (Definition adapted from that proposed in the following document: Stéphane BEAUME, <i>Dictionnaire de médecine ostéopathique</i> , 2014.)
Illness	Illness refers to an altered state of health, due to internal or external causes, characterized by signs or symptoms that manifest as functional impairment or injuries (GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016).
Manipulation	Manual intervention on a body part for assessment or rehabilitation purposes (GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016).

Term	Meaning
Mobilization	Mobilization refers to the repetitive passive movement of a structure, without using a thrust technique or extending beyond physiological limits. This technique can be direct or indirect, at low to moderate velocity. (Definition adapted from that proposed in the following document: Stéphane BEAUME, <i>Dictionnaire de médecine ostéopathique</i> , 2014.)
Mobility	Mobility refers to the extrinsic ability to move (Stéphane BEAUME, <i>Dictionnaire de médecine ostéopathique</i> , 2014).
Model	A simplified, relatively abstract representation of a process (Stéphane BEAUME, <i>Dictionnaire de médecine ostéopathique</i> , 2014).
Models of structure-function relationships	The models of structure-function relationships refer to the five main models used in osteopathy. These models are usually used in combination to provide a framework for interpreting the significance of somatic dysfunction within the context of objective and subjective clinical information. The combination chosen is adapted to the patient's differential diagnosis, co-morbidities, other therapeutic regimens, and response to treatment. Clarification: The five main structure-function models are as follows: biomechanical, respiratory/circulatory, neurological, biopsychosocial, and bioenergetic. (Definition and clarification adapted from those proposed in the following document: WORLD HEALTH ORGANIZATION, <i>Benchmarks for Training in Osteopathy</i>, 2010.)
Motility	Motility refers to the endogenous, intrinsic and involuntary ability to move and to the expression of vitality. (Definition adapted from that proposed in the following document: Stéphane BEAUME, <i>Dictionnaire de médecine ostéopathique</i> , 2014.)
Language level	Way of expressing oneself according to the situation or the persons to whom one speaks (Marie-Éva de VILLERS, <i>Multidictionnaire de la langue française</i> , 2010).
Standard	A document, established by consensus and approved by a recognized body, that provides, for common and repeated use, rules, guidelines or characteristics for activities or their results, aimed at the achievement of the optimum degree of order in a given context. Standards should be based on the consolidated results of science, technology and experience, and aimed at the promotion of optimum community benefits (GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016).
Palpation (act of palpating)	Palpation is the part of the physical examination that involves feeling with the hand and fingers to detect any abnormalities. As a manual act, palpation is used to determine the shape, size, density and position of body structures, as well as to assess the temperature, sensitivity, and oscillatory movements of the structures. Palpation also helps to verify the inherent mobility and motility of the structures. Accordingly, it is the professional act that can be used to identify osteopathic somatic dysfunctions in a person, and, subsequent to the overall clinical assessment process, to treat those dysfunctions. (Definition adapted from that proposed in the following document: Stéphane BEAUME, <i>Dictionnaire de médecine ostéopathique</i> , 2014.)

Term	Meaning
Policy	A policy refers to a set of fundamental principles and associated guidelines adopted by a private or public organization, in a given sector, and which guide thinking and action with regard to the management of activities (GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016).
Private practice (self-employment)	Private practice in osteopathy refers to osteopaths who pursue gainful activity for their own account, under their own responsibility, and who do not report to an employer. (Definition adapted from that proposed on the GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016.)
Best practices (exemplary or excellent practices)	Best practices, also called exemplary practices or excellent practices, refer to actions, approaches or know-how that lead to the desired outcome and are given as an example to peers, in order to share with them an experience that will bring about some collective improvement (GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016).
Prevention	Prevention refers to an ensemble of measures to eliminate exposure to risk factors for pain and disease and their consequences. Preventive osteopathic consultations aim to treat somatic dysfunctions before the onset of symptoms, pain, or an underlying disorder. (Definition adapted from that proposed in the following document: Stéphane BEAUME, <i>Dictionnaire de médecine ostéopathique</i> , 2014.)
Principles	Principles are the fundamental ideas and elements that make up the core guidelines of a scientific discipline (GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016).
Fundamental principles of osteopathy (osteopathic principles)	The fundamental principles of osteopathy guide osteopaths in their approach to patient management and are grounded in the following statements: the human being is a dynamic functional unit, whose state of health is influenced by the body, mind and spirit; the body possesses self-regulatory mechanisms and is naturally self-healing; structure and function are interrelated at all levels of the human body (WORLD HEALTH ORGANIZATION, <i>Benchmarks for Training in Osteopathy</i> , 2010).
Process	A process is a set of logically interrelated activities that produce a specific result (GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016).
Health promotion	Health promotion refers to the process of enabling people to increase control over and, as such, to improve their health. Clarification: The Ottawa Charter identifies three basic strategies for health promotion: advocacy for health to create the essential conditions for health indicated above; enabling all people to achieve their full health potential; and mediating between the different interests in society in the pursuit of health. These strategies are supported by five priority action areas as outlined in the same Charter: build healthy public policy, create supportive environments for health, strengthen community action for health, develop personal skills, and re-orient health services. The Jakarta Declaration on Leading Health Promotion into the 21st Century confirmed that these strategies and action areas are relevant for all countries. (Definition and clarification adapted from those proposed on the GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016.)

Term	Meaning
Protocol	A set of steps to be followed or a course of action to be taken in specific clinical circumstances. A protocol usually refers to a guide to current practices or formal or standardized recommendations (GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016).
Quality of life	Quality of life refers to the balance between an individual's needs and the means they have to meet them. Concept incorporating all the elements to make an individual's physical, intellectual, moral and spiritual environment satisfying. (Definition adapted from that proposed on the GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016.)
Regulation	Regulation refers to all the laws or regulations for a specific field (Marie-Éva de VILLERS, <i>Multidictionnaire de la langue française</i> , 2010).
Legal representative	A legal representative is a person who is legally authorized to act on behalf of and, more specifically, as the representative of another. (GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016).
Health	Health refers to the state of complete physical, mental and social well-being, and not merely the absence of disease or disability. This state requires, on the one hand, the complete satisfaction of the basic needs of the person, i.e., emotional, health, nutritional, social and cultural, and, on the other hand, an ability to adapt to an ever-changing environment. (GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016).
Professional secrecy	Professional secrecy refers to the duty that members of a profession have to keep confidential all information they receive during the course of their practice. (GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016).
Health services	The expression "health services" refers to all the institutions, programs, facilities, and medical and paramedical staff contributing to the prevention of disease, delivery of care, and promotion of public health. (CENTRE HOSPITALIER DE L'UNIVERSITÉ DE MONTRÉAL, <i>Glossaire canadien sur la prestation sécuritaire des soins et services au patient</i> , 2004).
Somatic	Relating to the body (GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016).
Standards	Standards are a set of rules [...] specific to an organization or industry or common to organizations and industries that, for reasons of practical experience, have become benchmarks for the production of deliverables, the provision of services, various processes or the description of forms of expertise. Clarification: Standards, as opposed to norms, are not necessarily recognized by a competent authority. (Definition and clarification adapted from those proposed on the GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016.)
Structure	A structure refers to a living organization represented by part of or the whole body [...] (Stéphane BEAUME, <i>Dictionnaire de médecine ostéopathique</i> , 2014).

Term	Meaning
System	A system refers to a group of related organs (Stéphane BEAUME, <i>Dictionnaire de médecine ostéopathique</i> , 2014).
Tissue	A tissue is a group of cells that perform the same function and generally share the same morphological features. Clarification: There are four major types of tissues: epithelial, connective, muscular, and nervous (GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016).
Osteopathic treatment	Osteopathic treatment works to restore the structure and function of the body to a state of balance and harmony. (Definition adapted from that proposed in the following document: Stéphane BEAUME, <i>Dictionnaire de médecine ostéopathique</i>, 2014.) Osteopathic treatment refers to a set of techniques adapted to the person based on the osteopathic diagnosis aimed at improving the person's health status. (MINISTÈRE DES AFFAIRES SOCIALES, DE LA SANTÉ ET DES DROITS DES FEMMES, <i>Ministerial Order of 12 December 2014 regarding training in osteopathy</i>, 2014.)
Functional disorder	A functional disorder refers to a disorder where the primary abnormality is a dysfunction in the body. It can manifest in a variety of forms, and is very often, but not always, accompanied by pain; the pain is not strictly proportional to the intensity of the functional disorder. It is often said that a functional disorder is an intermediate stage between perfect health and onset of disease. But the reality is more complex than that. Not all functional disorders lead to organic disease. [...], the body is constantly adapting to the environment. Functional disorders accompany this unstable state, this search for new balance better adapted to the situation. They become pathogenic (source of illness) only if the situation persists, only if the body is unable to attain a new equilibrium. This is where the role of osteopathy is both curative and preventive. Osteopathy helps to alleviate the harms of functional disorders, either by eliminating their cause or by reducing their impact over time (REGISTRE DES OSTÉOPATHES DE FRANCE website, 2016).
Vitality	Vitality refers to the quality of being possessed of a vital force, full of vigour (GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016).

Words chosen to designate the proficiency criteria for each competency.

Term	Meaning
Acuity	Adeptness and keenness of thought (Paul ROBERT, <i>Le Petit Robert</i> , 2010).
Assiduousness	Regular attendance at a location where duties and obligations are fulfilled (Paul ROBERT, <i>Le Petit Robert</i> , 2010).
Promptness	Timely execution (Paul ROBERT, <i>Le Petit Robert</i> , 2010).
Clarity	Nature of that which is clearly understandable (Marie-Éva de VILLERS, <i>Multidictionnaire de la langue française</i> , 2010).
Coherence	Appropriate logic between ideas, facts (Marie-Éva de VILLERS, <i>Multidictionnaire de la langue française</i> , 2010).
Conciseness	Quality of expressing much in few words (Marie-Éva de VILLERS, <i>Multidictionnaire de la langue française</i> , 2010).
Persistence	To persevere in anything undertaken (Paul ROBERT, <i>Le Petit Robert</i> , 2010). Permanence, quality of being maintained (Marie-Éva de VILLERS, <i>Multidictionnaire de la langue française</i> , 2010).
Insight	Common sense, good judgement (Marie-Éva de VILLERS, <i>Multidictionnaire de la langue française</i> , 2010). Frame of mind for judging things clearly and soundly. (Paul ROBERT, <i>Le Petit Robert</i> , 2010).
Dynamic	Nature of those who add vigour and enthusiasm to their actions (GRAND DICTIONNAIRE TERMINOLOGIQUE website, 2016).
Effectiveness	Nature of that which produces an intended effect (Paul ROBERT, <i>Le Petit Robert</i> , 2010).
Accuracy	Rigorous precision (Marie-Éva de VILLERS, <i>Multidictionnaire de la langue française</i> , 2010).
Completeness	Nature of getting to the bottom of something, of thoroughly exploring a subject, in other words, comprehensiveness (Paul ROBERT, <i>Le Petit Robert</i> , 2010).
Feasibility	Nature of what is achievable, taking into account technological and financial possibilities, etc. (Marie-Éva de VILLERS, <i>Multidictionnaire de la langue française</i> , 2010).
Adeptness	Quality of being delicate and well executed. Acuity of the senses (Paul ROBERT, <i>Le Petit Robert</i> , 2010).
Appropriateness	Quality of being perfectly adapted or appropriate to its purpose (Le Petit Robert).
Originality	Nature of what is unprecedented, new, novel, and innovative (Marie-Éva de VILLERS, <i>Multidictionnaire de la langue française</i> , 2010).
Relevance	Nature of what is relevant (appropriate, judicious), suitable (Marie-Éva de VILLERS, <i>Multidictionnaire de la langue française</i> , 2010).
Precision	Rigorous accuracy (Marie-Éva de VILLERS, <i>Multidictionnaire de la langue française</i> , 2010).
Consideration of	Take into account (Marie-Éva de VILLERS, <i>Multidictionnaire de la langue française</i> , 2010).
Consistency	Nature of that which occurs at regular intervals (Paul ROBERT, <i>Le Petit Robert</i> , 2010).
Compliance	The act of complying with the rules imposed. Feeling that inspires someone to treat others with respect, fairness, and consideration (Marie-Éva de VILLERS, <i>Multidictionnaire de la langue française</i> , 2010).
Sensitivity	Ability of living things and organisms to detect changes in their environment (external and internal) and to respond with emotion (Paul ROBERT, <i>Le Petit Robert</i> , 2010).



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