

AUSTRALASIAN OSTEOPATHIC ACCREDITATION COUNCIL (AOAC)



PROCEDURES FOR THE ACCREDITATION OF OSTEOPATHIC COURSES IN AUSTRALIA

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PROCEDURES FOR ACCREDITATION OF OSTEOPATHIC COURSES

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PROCEDURES FOR ACCREDITATION

INTRODUCTION

An important responsibility of the Australasian Osteopathic Accreditation Council (AOAC) is to ensure registered osteopaths have the knowledge, skills and attitudes necessary for the safe and competent practice of osteopathy.

As part of discharging this responsibility the AOAC must satisfy itself that the entry-level qualifications in osteopathy recognised for leading to registration provide appropriate education and training in osteopathy. This is done through a process of accreditation.

Accreditation of osteopathic courses provides the community, the government, the profession and students assurance that graduates of accredited osteopathic courses are competent for the independent practice of osteopathy and are responsive to the health needs of an evolving community.

While the AOAC must inquire into osteopathic courses to establish that the standards of education and training are acceptable, those inquiries and the processes of accreditation should not stifle diversity and innovation in education nor challenge the independence of Institutions.

For this reason, this accreditation policy requires that the Institutions seeking recognition of an osteopathic course for registration purposes show their course meets defined standards that collectively give assurance that graduates of the course are competent. The AOAC's policy outlines the standards it expects osteopathic courses to achieve in order for a course to be accredited. The standards set out the principles, Institutional processes, settings and resources that the AOAC regards as requirements for successful entry level osteopathic education. It is the responsibility of individual Institutions to develop and implement a curriculum that enables students to attain the desirable attributes of osteopathic graduates.

The standards are framed in a way that provides flexibility in the way they can be met. The standards address the goals of the course, the scholarly context within which the course is provided and particularly emphasise the systems within the Institution for the continual evaluation and improvement of the curriculum, teaching and assessment methods. Flexibility in the design of the curriculum is provided by defining the standard for the curriculum in terms of educational goals rather than by defining a prescribed content. Emphasis is given to output measures, notably the suitability and rigour of the methods of assessment used to evaluate the performance of students.

However, certain input measures, such as the physical resources available to the course, the number and quality of the teaching staff and the extent and nature of the clinical teaching are also important indicators of the quality and likely effectiveness of a course. Institutions seeking accreditation of an osteopathic course are asked to provide information about these input measures. Institutions must demonstrate that these input measures are sufficient in meeting the objective of ensuring all graduates of the course have the knowledge and skills necessary for the competent and safe practice of osteopathy, together with a capacity for continuing learning to maintain competence through their working careers.

Please note this policy has been developed from the Australian and New Zealand Osteopathic Council Limited (ANZOC) revised June 2012 policy. It has been updated to include the *Accreditation Standards for Osteopathic Courses in Australia* that were released in July 2016.

Evolution of a responsive, effective and workable policy is the aim of this document. The AOAC will continue to seek feedback and input from Institutions regarding clarity and the efficiency of the Accreditation process.

GRADES OF ACCREDITATION

The following grades of accreditation are available:

Full Accreditation

Full accreditation is granted to a course that has produced at least one cohort of graduates and has demonstrated that it meets the standards set out in this document. Full accreditation is normally granted for five years but the AOAC may, if it has good reason, decide to grant full accreditation for a lesser period of time.

While full accreditation is unconditional, the AOAC requires the Institution responsible for an accredited course to consider any shortcomings or concerns observed during the assessment of the course and to make a report to the AOAC on those shortcomings or concerns within a specified period of time.

Conditional Accreditation

Conditional accreditation is granted when full compliance with one or more of the specified standards has not been demonstrated. Accreditation is granted on the basis that the Institution will rectify the shortcomings within a specified period of time that is no longer than three years.

If the Institution demonstrates that it has rectified the shortcomings within the period of conditional accreditation granted by the AOAC, the AOAC may grant full (unconditional) accreditation for a period no longer than five years from the date conditional accreditation was granted.

If the conditions are not met within the specified period of time, the conditional accreditation lapses. If this occurs, the Institution may make a new application for accreditation when it believes the course will meet the standards for accreditation.

New Courses applying for accreditation may be accredited with conditions, they may be granted a shortened accreditation period or they may not be granted accreditation.

ACCREDITATION PROCEDURES FOR EXISTING COURSES

The process of accreditation for existing courses of osteopathy follows the steps outlined below.

1. Application for accreditation

The Institution makes application for accreditation of its osteopathic course to the AOAC.

On receipt of the application, or of notice of intent to make an application, the AOAC will refer the application to its Accreditation Committee who will establish an Assessment Team and appoint a Chair of the Team.

The application will explain and document how the Institution and the course comply with each of the standards for accreditation detailed in *Standards for the Accreditation of Osteopathic Courses in Australia July 2016*.

Seven copies of the application and its supporting documentation should be provided. The main documentation should be bound, indexed and tabbed to facilitate ready access to the information provided. Extensive peripheral documentation (e.g. staff curriculum vitae and subject/unit guides) should be supplied in separate binders so that the main documentation is not too bulky.

Applications are in confidence and will only be seen by members of the AOAC Accreditation Committee, the staff of the AOAC and the members of the Assessment Team. The final report on the assessment of an application for accreditation is provided to the AOAC Board of Directors and to the Osteopathy Board of Australia (OsteoBA), who make the final decision regarding Accreditation in Australia.

This documentation must be received by the AOAC at least 12 months prior to the lapsing of any existing accreditation. Late applications may not be processed and accreditation may lapse.

2. Establishment of an Assessment Team

On receipt of the application or the notice of intent to make an application the AOAC will refer the application to its the Accreditation Committee who will establish an Assessment Team and appoint a Chair of the Team.

The Team will comprise five (5) or six (6) people.

The Chair of the Assessment Team would normally be expected to have been, or is currently, a senior university academic with substantial experience in health science education and accreditation.

At least two of the Assessment Team members will be currently practising osteopaths and at least one member (in addition to the Chair) should have been, or is currently, a senior university academic with accreditation experience. There will be among those appointed to the Team a balance of experience between the basic and clinical sciences and between teaching and research. Up to two appointees may be from other health professions.

Normally two of those appointed to the Assessment Team will reside in a State of Australia other than the State in which the Institution making the application is located, or they may reside overseas.

Conflict of Interest

The accreditation procedures of the AOAC have been developed to ensure fairness and impartiality in all aspects of the assessment process. Members of the Assessment Team are appointed for their professional and educational expertise and care will be taken to ensure those selected do not have a conflict of interest or a predetermined view about the Institution or its staff. Please refer to the *AOAC Guidelines on Conflict of Interest*.

Members of the Assessment Team are required to carefully consider whether or not there is any reason why they might be perceived as having a conflict of interest or a predetermined view about the Institution.

All potential members of the Assessment Team will be asked to declare any actual or potential conflict of interest on the required proforma (please see Appendix 2) for consideration by the Accreditation Committee.

In the event of a perceived conflict of interest or bias, the appointee may not need to withdraw from the Assessment Team. A declaration of the circumstance may be sufficient to allay concern.

Grounds for a conflict of interest or bias include circumstances where the Assessment Team member:

- is or has been involved with the Institution as a lecturer, clinician, consultant or administrator of the Institution or a body closely associated with the Institution,
- has a family member employed by or affiliated with the Institution, or who is a student in the school,
- has publicly been critical of the Institution or its staff or there is animosity between the Team member and a staff member of the Institution.

The Institution will be advised of the names and background of the persons the Accreditation Committee proposes to appoint to the Assessment Team and the Institution may object to any or all of those proposed. The Institution must give reasons in writing for its objections. The objections of the Institution will be considered by the Accreditation Committee, which may at its sole discretion propose the appointment of other persons to the Assessment Team, or it may appoint those it originally proposed.

3. Briefing of the Assessment Team

The Executive Officer of the AOAC will meet with the Chair of the Assessment Team to brief him or her on the policies and process of accreditation.

All members of the Assessment Team will be provided with a copy of this accreditation policy document and a summary of previous accreditation assessments of the course.

They will be advised specifically that the goal of accreditation is to establish whether the course is designed and delivered so that it will meet the educational standards defined in this policy statement, most notably that the course ensures that all its graduates have:

- the knowledge and understanding of the basic, social and clinical sciences necessary for competent practice of osteopathy on graduation and through their career life,
- competent clinical skills in diagnosis, examination and treatment,
- appropriate professional attitudes towards caring and inter-personal relationships and an understanding of ethical and professional principles.

They will also be reminded that their assessment:

- can only be in accordance with the standards set out in *Procedures for the Accreditation of Osteopathic Courses in Australia July 2016*.
- must recognise that educational objectives can be reached in different ways, and;
- should not dwell on minor matters except when cumulatively they mean that one or more standards are not, or may not be reached.

The Team normally meets prior to the site visit and at this meeting there is a further briefing of the Team as to its terms of reference and the procedures to be followed.

4. Review of the application

Before the application for accreditation is distributed to the Accreditation Team, the Executive Officer will invite the Chair of the assessment Team to oversee the review of the submitted documentation to ensure that it adequately addresses, in a comprehensible manner, each of the standards. If the Chair believes that the submission is deficient in certain areas, the documentation will be returned to the Institution for revision and correction.

Once the Chair advises the Executive Officer that the documentation is suitable for accreditation, the Executive Officer will send copies of the application to the other members of the Assessment Team. Each member of the Assessment Team will review the application and its associated documentation and will comment on the adequacy of the documentation provided.

After review by the Assessment Team members, further information may be requested from the Institution or if the application has serious shortcomings a revised application may be requested.

If it is clear from the documentation provided in the application that the course does not meet the standards in one or more material respects, the Team can advise the Accreditation Committee that the process of accreditation should not continue.

The Assessment Team members provide their advice through the Chair of the Team who in turn provides the Team's advice to the Accreditation Committee through the Executive Officer.

All communication with the Institution is by the Executive Officer of the AOAC although if there are difficulties with the standard of documentation of the application, the Executive Officer may arrange a meeting between the Chair of the Assessment Team and the Institution.

5. Site Evaluation

Site evaluation visits will not occur less than 90 days following receipt of an acceptable application and supporting documentation requesting re-accreditation of an existing course.

The Assessment Team will visit the Institution where the course is offered. Table 1 (Page 7) sets out a model timetable for the site visit.

The purpose of this visit is to test the validity of the information provided in the application and to evaluate those aspects of the resources and course that cannot be adequately assessed from the written submission.

The site visit normally takes place over two days. During the site visit the Assessment Team inspects the facilities used in providing the course and interviews senior officers of the Institution, the academic staff teaching in the course and students.

As part of the site visit schedule, the provider Institution or its staff should not (except for providing lunch and morning and afternoon tea during the assessment visit), make any offers of hospitality to the Assessment Team or its individual members during the assessment process. Team members are not permitted to accept personal social invitations from staff of the provider Institution during the assessment process.

The Chair of the assessment Team will normally ensure that a de-briefing meeting occurs with the Dean/Head of Department and the osteopathic course coordinator, on the final day of the assessment visit, to discuss and seek clarification on issues that may have arisen.

Table 1:**Model timetable for the site visit**

This is a nominal timetable intended only to provide guidance on the usual arrangements for a site visit. The actual timetable for a visit will be proposed by the osteopathic course coordinator and settled by discussion with the Chair of the Assessment Team.

	Day 1
9.00	Meeting with Dean and Head of the responsible Faculty, Department and/or School and the osteopathic course coordinator/s
9.30	Introduction of the Team to the staff. Chair of the Team explains the purpose of the visit and how it will proceed
9.45	Orientation tour of the premises of the osteopath unit (teaching rooms, lecture theatres, teaching and research laboratories, library and clinic)
11.30	20-minute interviews with osteopathic subject/unit coordinators
12.30	Lunch
1.15	Meeting with Year 1 to 3 students
2.00	20-minute interviews with osteopathic subject/unit coordinators
4.00	Coffee break
4.15	Meeting with senior part-time teaching clinicians
	Day 2
9.00	Team divides into two groups one to visit the library and Departments providing service teaching to the osteopathic course and the other to inspect the clinical teaching facilities
11.00	Coffee break
11.15	20-minute interviews with osteopathic subject/unit coordinators
12.30	Lunch
1.15	Meeting with later year students
2.15	Meetings with the Dean of the Faculty and other senior officers of the Institution
3.15	Meeting with the course coordinator to discuss his or her teaching responsibilities and course coordination issues
3.45	Team meets privately to consider its observations
4.30	De-briefing meeting with Head of Department and the osteopathic course coordinator to discuss issues that have arisen and seek clarifications

The Executive Officer and the Chair of the Assessment Team may visit the Institution several weeks before the site visit to confer with the Dean and Head of the responsible Faculty, Department and/or School and the osteopathic course coordinator about the objectives and requirements for the visit.

The Assessment Team should be provided with a meeting room for its exclusive use during the site visit. It is customary for the Institution to provide morning and afternoon teas and lunches for the Team. The Team is obliged to refuse any other offers of hospitality during the assessment. A staff member of the Institution should be assigned to liaise with the Team and to ensure that the visit keeps to its timetable and that staff and students attend for the scheduled interviews.

ACCREDITATION WHEN MAJOR CHANGES ARE MADE TO A COURSE

A course that is subject to major changes must be reassessed to determine whether the change materially affects the outcomes of the program as they may relate to the objectives of the accreditation policy.

If an accredited course undergoes a major change, an institution may not claim that this course is accredited until it is advised of the outcome of an assessment. Where a major change is deemed not to have altered the attainment of graduate outcomes, accreditation will be transferred to the changed course.

Major change is defined as one or more of the following:

- A change in the length of the course by a semester or more;
- A significant change in the format of the course (for example, changes to unit content or sequencing) such that student progression towards the graduate outcomes described in Appendix 1 is substantially altered;
- A substantial change in program learning objectives;
- A substantial change in educational philosophy, emphasis or institutional setting, especially in clinical teaching;
- A substantial change in program delivery such as a shift of all or part of the program to off shore venues or online delivery;
- Significant reduction in resources available to the program resulting in a potential threat to the achievement of required graduate outcomes; and
- Significant change in student cohort size.

AOAC should be consulted if there is doubt as to whether a proposed change may constitute a major change. All proposed changes to a course that might have a significant impact upon course resources or outcomes must also be outlined in the institution's annual report to AOAC.

The consideration of a major change is a two-stage process to enable a rapid response where the change is not deemed to impact substantially upon the achievement of the course objectives.

Stage 1

The institution is required to provide advice to AOAC of a major change including details of how the change may impact upon resourcing and graduate outcomes. It is recommended that the submission address each of the standards and how student progress towards achieving graduate outcomes will be affected.

If the proposed change does not impact upon a standard, a brief statement to that effect is sufficient. If the change does affect a standard, sufficient information to enable an understanding of how the change will affect resourcing, curriculum content, student assessment and progression and the attainment of course objectives is required so that the Accreditation Committee may make a judgement. The Accreditation Committee may appoint a sub-committee to evaluate the documentation. The sub-committee will be appointed in accordance with the guidelines for appointment of an Assessment Team.

The committee has four options available to it after a review of the documentation. The options are to:

- Acknowledge the change and recommend that accreditation is unaffected because the committee is satisfied that the change will not adversely impact upon graduate outcomes;
- Request further information about issues which require clarification;
- Determine that an interim inspection is required to understand the impact of the major change; or
- Determine that a full accreditation review is required.

After consideration of further information, the committee may recommend that accreditation is unaffected or that an interim inspection is required. In the event an interim inspection is deemed necessary Stage 2 of the process will begin.

Stage 2

An interim inspection is undertaken to understand the impact of the major change and determine if a full accreditation review is required. Following an interim inspection by an Assessment Team appointed in accordance with this document, the committee may make the following recommendations:

- Acknowledge the change and advise that accreditation is unaffected because the committee is satisfied that the change will not adversely impact upon graduate outcomes;
- Advise that conditional accreditation is granted with a timeline for the attainment of the conditions placed upon the program's accreditation;
- Determine a full accreditation review is required.

A full accreditation review is required if the major change is considered likely to lead to an inability to achieve the objectives of the accreditation policy.

Timelines for consideration of a major change

The institution will be advised whether further information and/or an interim inspection is required within one month of receipt of documentation about a major change by the Accreditation Committee. The outcome of Stage 1 will normally be advised within one month of receipt of the further documentation.

If required, an inspection will be arranged normally within two months of receipt of the requested further information. The draft report will be provided within one month of the inspection and the institution will be invited to respond. After consideration of the draft report and the institution's response the Accreditation Committee will provide its final recommendation to the board within two months of the inspection.

SUSPENSION OF CLOSURE OF COURSES IN OSTEOPATHY

If an institution decides to suspend or cease provision of education leading to the award of a recognised qualification in osteopathy, the institution should advise AOAC as soon as practicable of the decision. Arrangements will need to be agreed for monitoring the provision of the accredited course to remaining cohorts of students. The usual requirements of annual reports will apply for the period of suspension or closure.

DETERMINATION AND REPORT

Determination of recommendations by the Assessment Team and its report

The Assessment Team normally meets after the site visit to decide its recommendations. At this meeting the Team considers whether the course meets each of the standards set out in *Standards for the Accreditation of Osteopathic Courses in Australia July 2016*. The Assessment Team can decide that a standard is met, met with reservations or not met.

If it is decided that one or more standards are not met or met with reservations the reasons for this decision are enunciated so that the Institution can take remedial action. The Team may also decide at this meeting to include in its report remarks about the strengths and weaknesses of the course that it has observed but in doing so it should be cognisant of its brief as set out on pages 5 & 9 "Briefing of the Assessment Team".

The Chair or another member of the Assessment Team drafts the Team's report. This report is then circulated by mail or email to each member of the Team for comment and amendment.

The usual structure of the report is as follows:

Background - A brief synopsis of the Institution and the osteopathic course it provides and a recapitulation of previous accreditations of the course.

The process of accreditation - A recital of the reference documents and procedures of accreditation including the names, qualifications and background of each member of the Assessment Team, dates of the application, the site visit and other meetings of the Assessment Team and the schedule of the site visit.

Findings and observations - The report usually makes observations on each standard separately, stating the standard, whether it is met, met with reservations or not met, followed by remarks supporting the finding. These remarks will be brief for standards that are met but will be more extensive when there are comments or reservations (e.g. in the case where a standard is met with reservations). Where a standard is not met, full reasons for the decision are given.

Recommendation - The Team's recommendation with respect to accreditation and the reason for the recommendation.

When the Team has agreed on its report, the Chair forwards it to the Executive Officer of the AOAC for consideration by the Accreditation Committee.

The Accreditation Committee considers the report and may seek clarifications from the Chair of the assessment team or may suggest amendments to the wording.

Final recommendations and notification to the Institution

The report of the Assessment Team is sent to the Institution for its comment.

The Accreditation Committee will consider the response from the Institution and will also confer with the Chair of the Assessment Team about it.

If the response calls for some change in the Assessment Team's report because of new information or correction of error or if it brings the recommendations of the Assessment Team into question, the Chair of the Team will confer with its members who will determine whether or not they wish to issue an amended report.

The Accreditation Committee will consider the final recommendations of the Assessment Team and recommend to the AOAC the grade of accreditation to be awarded. The AOAC will notify the Institution of its decision.

The AOAC will advise the Osteopathy Board of Australia of its decision and provide them with a copy of the final report on an in-confidence basis.

PERIODIC REPORTS TO THE AOAC

Notification of changes to the course or its resources

Institutions holding any form of accreditation for an osteopathic course must notify the AOAC of any change to the course or the resources allocated to it that may have an adverse effect on the standards of education provided. Institutions are strongly encouraged to inform the AOAC of any proposed changes to the course, infrastructure, resourcing, staffing and location.

Changes include but are not limited to:

- A change of the pre-requisites for entry into the course either from secondary school or with advanced standing,
- a change to the length of the course,
- the deletion of subject/units or the inclusion of new subject/units,
- an increase in the number of students enrolled in the course of more than 20%,
- a decrease in the number of full time academic staff OR total equivalent full time academic staff of more than 20%, including the impact on student:staff ratios,
- a significant relocation of the osteopathic unit into different premises,
- a change in the facilities for providing clinical instruction and experience or in access to such facilities, especially a change to the number or diversity of patients seen by students,
- a major restructuring of the course (see major changes to a course, above).

When notified of changes, the AOAC will simply note the report if it considers the change will not significantly diminish standards of education. If however, the AOAC considers that standards of education may be affected it may refer the matter to its Accreditation Committee to undertake an interim inspection. This would not necessarily involve the full accreditation process but an assessment of the impact of changes being planned or made. Advice would be received by the AOAC as to whether accreditation of the course should be suspended or made conditional.

ANNUAL REPORTS TO THE AOAC

Reporting by Institutions offering a fully accredited osteopathic course

Institutions offering an accredited osteopathy course or courses are required to make an annual report to the AOAC by June 30 and are required to certify each year that no changes to the course have been made or are planned and that there has been or will be no major diminution of the

resources allocated to provide it. The report should include all actions that have been taken to meet any reservations listed in the Assessment Team report and the outcome of those changes. The proforma at Appendix 3 must be completed and submitted with each annual report. The AOAC will receive and note annual reports. If there is any matter in an annual report of a substantial nature that the AOAC believes may adversely affect the standard of osteopathic education and training, the AOAC may seek further information from the Institution and may appoint an expert committee to investigate and report to the AOAC on the matter.

An annual report is not required in the calendar year a course formally obtained accreditation or in any year in which an application for re-accreditation or up-grade for provisional to full accreditation has been lodged before June 30.

The AOAC will remind the provider Institution of this requirement two months before the date the annual report is due. If the report is not received by June 30 the AOAC will send a letter to the provider university advising that if a report is not received by a new date specified in the letter the accreditation of the course will lapse on that date. If the report is not received by that date the AOAC will write advising that accreditation has lapsed and invite the Institution to make a new application for accreditation.

Reporting by Institutions offering a conditionally accredited course

Institutions offering a conditionally accredited course are required to make a comprehensive annual report of progress made toward addressing the condition/s imposed and actions taken to meet the reservations listed in the Assessment Team report. The report should also describe any changes to the course and any significant changes to the staffing and physical resources that have occurred since accreditation was granted. The proforma at Appendix 3 must be completed and submitted with each annual report.

An annual report is not required in the calendar year a course formally obtained conditional accreditation.

The AOAC will remind the provider Institution of this requirement two months before the date the annual report is due. If the report is not received by June 30 the AOAC will send a letter to the provider Institution advising that if a report is not received by a new date specified in the letter the accreditation of the course will lapse on that date. If the report is not received by that date the AOAC will write advising that accreditation has lapsed and invite the Institution to make a new application for accreditation.

Reporting by Institutions with preliminary approval or provisional accreditation of new courses

Institutions with preliminary approval or provisional accreditation of new courses are required to make annual reports of progress in the introduction of the new course that should cover student enrolments, staff appointments, acquisition of physical resources as planned and the establishment of clinical teaching facilities as planned. Any change to the planned curriculum must be reported. The proforma at Appendix 3 must be completed and submitted with each annual report.

An annual report is not required in the calendar year a course formally obtained preliminary approval or provisional accreditation.

The AOAC will remind the provider Institution of this requirement two months before the date the annual report is due. If the report is not received by June 30 the AOAC will send a letter to the provider Institution advising that if a report is not received by a new date specified in the letter the accreditation of the course will lapse on that date. If the report is not received by that date the AOAC will write advising that accreditation has lapsed and invite the Institution to make a new application for accreditation.

Failure to report

The AOAC may suspend accreditation if an Institution fails to report as required. It is the Institution's responsibility to ensure that the AOAC receives all expected reports in a timely fashion.

APPENDIX 1: MODEL COURSE OBJECTIVES

Goals and objectives of an entry-level osteopathic course

The goal of basic osteopathic education is to produce graduates with the knowledge, skills and attitudes to enable them to undertake competent general practice of osteopathy. Graduates will be able to practise safely and effectively and refer appropriately. Their knowledge and skills will be firmly based on scientific principles. They will be self-directed learners and will be motivated to continually develop their knowledge and skills throughout their professional careers.

To achieve these goals, the following objectives can be identified:

1. Objectives relating to knowledge and understanding

Graduates completing basic osteopathic education should have knowledge and understanding of:

- (a) The physical, biological, behavioural and social sciences, at a level not only adequate to provide a rational basis for osteopathic practice immediately following graduation, but also to assist them adapt to the changes in practice and assimilate the advances in knowledge which will occur over their working life;
- (b) the structure, function and normal growth and development of the human body and mind at all stages of life, the interactions between body and mind, the factors which may disturb these and the disorders of structure and function and behaviour which may result;
- (c) the history, theory and underlying principles of osteopathy;
- (d) the aetiology, natural history, prognosis and management of relevant disorders in children, adolescents, adults and the aged which may or may not respond to osteopathic care. The knowledge required to allow appropriate management including knowledge of all the commonly used manipulative techniques and other treatment modalities used in osteopathic practice;
- (e) the recognition of and timely referral for joint or separate care of patients with conditions for which osteopathic treatment is inadequate or inappropriate or where it will delay urgently needed medical or other care;
- (f) the principles of health education; disease prevention; amelioration of pain, suffering and disability; rehabilitation; the maintenance of health, the interaction of physical and mental health and the minimisation of disability in old age;
- (g) the agencies that provide support and counselling of patients who have permanent disabilities or debilitating illnesses, have suffered severe physical or emotional trauma, have a notifiable disease or have a drug addiction or mental health problem, and the means of referral of such patients to those agencies.
- (h) factors affecting human relationships, the psychological well-being of patients and their families and carers and the interactions between humans and their social and physical environment;
- (i) the principles of public and occupational health;
- (j) systems of provision of health care with their advantages and limitations including methods of meeting the health care needs of disadvantaged groups within the community;
- (k) the costs associated with health care, and the principles of efficient and equitable allocation and use of finite resources;

- (l) scientific method as applied to biomedical, behavioural and sociological research;
- (m) the ethical standards and legal responsibilities of osteopathic practitioners; and (n) management of disorders of somatic origin relevant to osteopathic care.

2. Objectives relating to skills

Graduates completing basic osteopathic education should have the following skills:

- (a) the ability to gather and record an accurate, organised and problem-focused patient history, including psycho-social factors, using appropriate perspective, tact and judgement;
- (b) the ability to perform a physical examination and to assess the general well-being and emotional state of patients;
- (c) the ability to apply judgement and perspective in choosing from the repertoire of clinical skills those which it is appropriate and practical to apply in a given situation;
- (d) the ability to arrive at an appropriate diagnosis based on the objective evaluation of all available evidence;
- (e) the ability to recognise early signs of physical or mental disorder and institute appropriate prevention or intervention measures;
- (f) the ability to formulate a management plan in concert with the patient and/or carer;
- (g) judgement in deciding on appropriate care by instituting the appropriate osteopathic management with treatment and/or referral to other health disciplines including mental health services. This includes treatment of the disorder, the relief of discomfort and counselling on alleviation of causal and aggravating factors;
- (h) manual dexterity to carry out manipulative treatments and competence in other modalities of treatment;
- (i) the ability to provide continuing health care by assessing the patient's progress; modifying patient care appropriately; planning effective follow-up care and by counselling and instructing the patient and family/carer, if necessary, regarding cause, management and prognosis;
- (j) the ability to establish satisfactory relationships with patients by developing patient co-operation and showing concern and consideration to relieve anxiety, tension and discomfort;
- (k) the ability to communicate clearly, considerately and sensitively with patients, relatives, carers, professional colleagues, other health professionals and the general public. This should include the ability to counsel sensitively and effectively and to provide information in a manner, which ensures patients, and families/carers can be truly informed when consenting to any clinical procedure. It also includes the ability to write referral letters, progress reports and medico-legal reports that are clear, effective and in proper form;
- (l) The ability to perform common life-saving procedures such as caring for the unconscious patient and cardiopulmonary resuscitation;
- (m) the ability to interpret relevant literature in a critical and scientific manner and apply these skills to ongoing learning and patient management;
- (n) the ability to use the resources of an appropriate reference library to pursue independent inquiry relating to clinical problems;

- (o) the ability to use computers for learning, literature searches and other applications in osteopathic practice;
- (p) the ability to adapt to changes in relevant knowledge and practice and to incorporate such changes into their own practice;
- (q) the ability to work as a member of a multi-disciplinary team where this is in the best interests of patient care; (r) the ability and preparedness to participate in peer review and quality improvement process; and
- (r) the ability to maintain patient records and other documentation according to legal requirements and accepted procedures and standards for comprehensiveness, legibility, accuracy and confidentiality.

3. Objectives relating to attitudes as they affect professional behaviour

During basic osteopathic education, students should acquire the following attitudes, which are fundamental to osteopathic practice:

- (a) respect for every human being, with an appreciation of the diversity of human background and opportunities, and an unprejudiced attitude towards patients regardless of their background. There should be respect for and understanding of different cultural values and incorporation of that respect and understanding in all aspects of osteopathic practice;
- (b) a desire to ease pain and suffering;
- (c) a willingness to accept responsibilities for the patient's welfare; recognising personal professional capabilities and limitations; and relating effectively and knowledgeably to other health disciplines including mental health professionals;
- (d) an acceptance of the responsibilities of an osteopath in relation to the care of the patient; the profession of osteopathy and the community;
- (e) an awareness of the need to communicate clearly and fully with patients and their families or carers, and to involve them fully in planning management;
- (f) a desire to achieve optimal patient care for the least cost, with an awareness of the need for costeffectiveness to allow maximum benefit from the available resources;
- (g) a consideration of the interests of the patient and the community as paramount, with these interests never subservient to their own pecuniary interest;
- (h) a desire to work effectively as a team member with other health care professionals;
- (i) an appreciation of their responsibility and a desire to maintain their standards of practice at the highest possible level by continuing education throughout their professional careers;
- (j) an appreciation of the need to recognise when a clinical problem exceeds their capacity to deal with it safely and efficiently and to refer the patient for help from others when this occurs; and
- (k) a realisation that it is not always in the interests of the patient or their family to do everything which is technologically possible to make a precise diagnosis or to attempt to modify the course of a problem.

APPENDIX 2: STATEMENT OF INTEREST

I acknowledge that I have received an invitation to be a member of an Assessment Team for the accreditation of [Institution's] course in Osteopathic Medicine in [year] and hereby state as follows:

(Choose one of the following)

1. Statement of No Interest

To the best of my knowledge and belief -

I do not have an interest, which may constitute either an actual conflict of interest or a perceived conflict of interest in relation to any of the parties associated with this potential appointment.

2. Statement of Interest

To the best of my knowledge and belief –

I do have an interest in relation to this potential appointment, which may constitute either an actual conflict of interest or a perceived conflict of interest.

Details of the interest: (Please outline below or append to this sheet)

Examples:

- Current employment
- Previous employment
- Is a relative of a staff member or student
- Is or has been involved with the Institution as an employee or consultant etc.
- Has been publicly critical of a person or the Institution
- Shared committee membership with stakeholders

Signed:

Date:

.....

.....

If clarification is required as to whether a potential or perceived conflict of interest may exist please contact the Executive Officer of the AOAC immediately.

PLEASE RETURN THIS SIGNED DOCUMENT TO THE EXECUTIVE OFFICER IMMEDIATELY

APPENDIX 3: PROFORMA FOR COURSE ALTERATIONS

Must be completed and appended to the annual report.

Please indicate whether the Institution has already made, or intends to make, any of the following changes to the osteopathic program. Please tick the appropriate box and provide details:

- A change of the pre-requisites for entry into the course either from secondary school or with advanced standing
- A change to the length of the course
- Deletion of subject/units or the inclusion of new subject/units
- An increase in the number of students enrolled in the course of more than 20%
- A decrease in the number of students enrolled in the course of more than 20%
- A decrease in the number of full time academic staff OR total equivalent full time academic staff of more than 20%
- Relocation of the osteopathic unit or clinical facilities into different premises
- Relocation of teaching or clinical staff
- A change in the facilities for providing clinical instruction and experience or in access to such facilities, especially a change to the number or diversity of patients seen by students
- Altering the level at which subject/units are offered (e.g. from undergraduate to post graduate or vice versa) that can affect course progression for students taking leave of absence
- Altering the level at which the course is offered (e.g. from undergraduate to post graduate or vice versa)
- Changing teaching philosophies or methods, especially in clinical teaching
- Altering the status of the course within a whole Institution restructure including suspension or closure.
- Altering the scope of the course by removing or by adding a significant element, especially an element not listed in Appendix 1 of Accreditation Policy

Details of changes:

Please append details of changes or proposed changes to this document.