Review of the Osteopathic Accreditation Standards

Synthesis of responses to Consultation Paper 1

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Executive summary

The Australian Osteopathic Accreditation Council (AOAC) is the independent accrediting authority for osteopathic programs of study, with responsibility for maintaining and facilitating the development of accreditation standards leading to registration as an osteopath. AOAC follows a five-year cyclical review to ensure standards remain current, contemporary, and effective. The current Accreditation Standards for Osteopathic Courses in Australia were approved in 2016 are and are now due for review.

This is the first review of the Osteopathic Accreditation Standards undertaken by the AOAC in 2020. The first Consultation Paper was published on the AOAC website for a period of six-weeks. This paper included a set of questions, with an online survey and alternative contact email address for participants to utilise and respond to the survey. Stakeholders were also contacted by email and advised of the consultation and online survey with a follow up reminder email distributed in the third week of the review. The stakeholder group included consumer organisations, Chief Allied Health Officers within their respective federal, state and territory jurisdictions, osteopathic organisations, education providers and osteopathic practitioners currently registered with Aphra.

A small cohort of thirteen (13) stakeholders responded to the online survey. Six respondents that utlised the online survey were anonymous participants. The remaining participants included two allied health advisors, two consumer organisations and three osteopathic organisations provided their responses by email. As the response represented only a small sample of the total stakeholder cohort, it may not reflect a true representation of the targeted survey population. However, responses provided were of a high quality and included excellent feedback which has been incorporated into this report and used to inform the second consultation paper.

The mains themes identified within the consultation included a strong support for interprofessional learning, interdisciplinary collaboration, and evidence-based practice within all pre-registration programs of study. Educational pathways to prepare for advanced practice were approached with some caution. The interpretation was that pre-registration programs should only focus on the preparation to general practice and not on advanced practice. It was also acknowledged that there is currently a paucity of post graduate courses in advanced practice and research offered by Universities in Australia.

The use of an evidence guide to support education providers through the accreditation process was also supported. While the new five standard structure was also supported, the addition of a sixth standard on Cultural Safety was also advocated. With the ongoing experiences of the COVID-19 pandemic in both the clinical and educational domains, a breadth of constructive and beneficial propositions were offered in the provision of alternative methods for non-contact care. The formation of new standards provides an opportunity for education providers to review and renew their curricula to enable and equip their graduates as evidence-based practitioners who work within interdisciplinary models of collaborative care and pursue advanced practice.

Question 1

How important is it that pre-registration programs of study in Osteopathy have learning objectives that relate to interprofessional learning?

All responses were strongly positive that interprofessional learning be included within pre-registration programs and made mandatory within the education accreditation standards. The challenges of the profession working predominantly within private practices also required measures to develop strong relationships with mainstream providers.

Relationships with mainstream providers could be improved and better supported through sharing content and co-teaching between disciplines in undergraduate subjects, particularly between students of neuromusculoskeletal disciplines. The use of clear learning objectives in each teaching program to drive and promote interprofessional learning and collaboration between disciplines was also promoted.

International and national collaborations who advocated for a multidisciplinary patient care approach, included the Canadian Interprofessional Health Collaboration (CIHC). This approach was also supported by some accreditation councils and have been incorporated within the Australian and New Zealand Dental and Optometry Accreditation Standards.

Question 2

How can interdisciplinary collaboration be improved between Osteopathy and other health disciplines at the entry program level?

All responses provided examples of how interdisciplinary collaboration could be improved between Osteopathy and other health disciplines and these included:

- sharing of core learning texts
- lecturers / tutors between schools
- multidisciplinary practice / placements
- shared undergraduate subjects.
- clinical and simulation workshops
- small group work
- designing appropriate year level patient scenarios
- across-discipline practicum supervision (e.g., General Practitioners, physiotherapist, exercise physiologists)
- participating in multidisciplinary clinic rounds
- sharing extracurricular activities (e.g., Health Fusion healthcare team challenge)
- grading of assessment tasks by other disciplines (e.g., interprofessional communication to a GP could be graded by a GP academic)
- applying the National Safety and Quality Health Service Standards (Comprehensive Care Standard)
- coordination of interdisciplinary management strategies to address pain.

It was also suggested that undergraduate subjects offered at the beginning of courses, such as anatomy, physiology, pathology, public health, and the healthcare system may also be shared across disciplines.

Opportunities for integration between Osteopathy and other health disciplines include horizontal integration, utilised in early training, and by vertical integration, used longitudinally across programs.

Question 3

How can evidence-based practice (EBP) be further developed and expanded within the pre-registration curriculum?

The development and expansion of evidence-based practice could be supported through:

- undertaking further research and translating that evidence into practice. Removing 'low value' care where there is no evidence of benefit from the treatment or interventions provided.
- strengthening the use of EBP in clinical learning which is explicitly described within the accreditation standards.
- supporting the undergraduate to achieve baseline technical skills and by methodologically developing rigorous case studies, including undertaking literature reviews. The development of answerable research questions, critical appraisals and conducting clinical surveys would also support EBP.
- Students undertaking team based, small research projects or the involvement in larger projects which would also support critical thinking.
- Access to online databases in the domain of health (e.g., https://www.unisa.edu.au/cahe , NHMRC guidelines)
- fostering research collaborations between universities on clinical research and osteopathy education
- review of current curricula to address any specific evidence-based gaps regarding pain management (i.e., in line with International Association for the Study of Pain).

Question 4

To what extent should educational pathways be included in pre-registration programs of study in preparation for areas of advanced practice?

This question presented a mix of responses with concern raised that that pre-registration programs should focus on preparation to general practice and not advanced practice. However, these curriculums should be regularly reviewed to ensure contemporaneous practice. 'Today's advanced practice are potentially tomorrow's core practice'.

Other respondents indicated that programs of study could expose areas of advanced practice whilst not necessarily requiring students to engage in such practice areas. This would require the collaboration between the educational providers and professional body(s) to set the curriculum. While the graduate is prepared for independent practice, introductory teaching in advanced practice could be provided. This included the means to critically reflect and review clinical management approaches.

It was also acknowledged that there is currently a lack of post graduate courses for advanced practice. The 'overpacking' of undergraduate courses as a compensation is also not an acceptable practice. The use of practice streams (such as paediatrics, ageing, disability) could utilise electives to develop learning plans but may potentially exclude other areas of practice. This may challenge the current 'Capabilities for Osteopathic Practice' 1.1 where 'Practise osteopathy within the accepted scope of practice with diverse population groups across the lifespan' is not supported (Osteopathy Board of Australia, 2019).

Question 5

What are the key areas of advanced practice relevant to the profession?

The key areas of advanced practice identified included paediatrics, older populations, disability, pain management, exercise rehabilitation, post-surgery, stroke rehabilitation, occupational health and sports practice, pregnancy, and women's health.

Osteopathy Australia includes on their website, advanced practice descriptors for practitioners working in sports management, exercise-based rehabilitation, paediatrics, occupational health, and the prevention and management of persistent pain.

Question 6

AOAC is considering the introduction of an evidence guide to assist education providers to supply the necessary documentation required for the accreditation assessment; would this be useful to education providers?

All responses were positive towards the provision of an evidence guide developed for education providers and accreditation assessment teams.

Evidence guides also provide transparency and increase public confidence in osteopathy programs. They provide minimum standards of evidence for universities in governance, resourcing, assessment, research, scholarship, learning outcomes, and curriculum content for clinical and non-clinical programs. Evidence guides may also be used for benchmarking between a collective of universities utilising data generated from different courses. This benchmarking information may also assist students in making informed choices about selecting courses from education providers.

The evidence guide may also potentially be too prescriptive and prohibit innovation and the generation of EBP.

A further suggestion was to model the Evidence Guide on the Optometry Accreditation Standards and Evidence Guide for Entry-Level Optometry Programs which includes both the required and possible evidence against each standard (Optometry Council of Australia and New Zealand, 2017). The renaming of the Evidence Guide to "Demonstrating evidence of meeting standards: guidance for educational providers" was also proposed.

Question 7

Please briefly give any feedback regarding the five-standard structure for the future accreditation standards.

All respondents agreed to the change to a five-standard structure with two further recommendations for a sixth standard to be dedicated to cultural safety. The latter is used by the Australian Dental Council in their Accreditation standards for dental practitioner programs (2021) (Australian Dental Council & Dental Council New Zealand, 2021).

Comment was also offered on the new individual domains, with the first domain (Public Safety) to be emphasised and the fifth domain (Assessment) to be evidenced by strong results. The remaining domains (Academic Governance and Quality Assurance, Program of Study, and the Student Experience) being predictors of student success rather than assuring the safety of the public.

It was also noted that other Aphra registered professions (e.g., the Australian Nursing and Midwifery Accreditation Council, Council on Chiropractic Education Australasia, Australian Dental Council / Dental Council (New Zealand) (DC(NZ))) have already transitioned to the new five accreditation standard models without experiencing any issues.

Question 8

Is the cultural safety of Aboriginal and Torres Strait Islander peoples embedded within pre-registration programs and practices of osteopaths?

All responses to this question reflected that either cultural safety was not included within the curriculum or required review or strengthening. All affirmed that such education and practices should be included within pre-registration education and osteopathic practice.

Question 9

How should the cultural safety of Aboriginal and Torres Strait Islander students within educational programs be supported?

Various suggestions were included within educational programs including:

- providing a focus on Aboriginal and Torres Strait Islanders to gain entry and support to and within osteopathic programs.
- respect for Aboriginal and Torres Strait Islander's social norms, cultural rituals, and celebrations (including leave for sorry business)
- access to such bodies and resources as The Australian Indigenous Doctor's Association Ltd (AIDA) (The Australian Indigenous Doctor's Association Ltd)
- access to staff with specialist knowledge, expertise, and cultural capabilities to facilitate learning.
- alignment with Ahpra's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy
- the application of the new definition of 'cultural safety' as included in the Capabilities for Osteopathic Practice (2019) within the new standards (Osteopathy Board of Australia, 2019)

Question 10

How should the new accreditation standards demonstrate the inclusion of Aboriginals and Torres Strait Islander's history, culture, and health within the curriculum?

The inclusion of Aboriginal and Torres Strait Islanders history, culture, and health within the curriculum by:

- seeking external input into the program design from Aboriginal and Torres Strait Islanders (as included in the Dental Accreditation Standards)
- strongly embedding cultural safety within the first-year curriculum
- applying cross-discipline collaboration in all education programs.
- incorporating cultural safety within each of the five standards.
- incorporating cultural safety within each program in the stated learning outcomes.
- ensuring reference to Ahpra's 'The National Schemes Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025' (Australian Health Practitioner Regulation Agency, 2020)
- including education regarding men's, women's, and sorry business.
- recognising the health gap for Aboriginal and Torres Strait Islanders within public health studies
- including learning skills for clinical history taking and physical examinations that respect men's and women's business.
- including Aboriginal and Torres Strait Islanders within practicum's e.g., in Aboriginal led health services
- the inclusion of a sixth standard dedicated to Cultural Safety as used by the Australian Dental Council / Dental Council (New Zealand) (Australian Dental Council & Dental Council New Zealand, 2021)
- utilising the report provided by the Health Professions Accreditation Collaboration Forum and the Australian Dental Council '*The Role of Accreditation in Improving Aboriginal and Torres Strait Islander Health Outcomes*' (Australian Dental Council & Health Professions Accreditation Collaborative Forum, 2019)

Question 11

To what extent should other skills for non-contact care be included in the curricula (e.g. infection control)?

Other skills for non-contact care to be included within the curricula;

- to provide foundational infection control modules early in the program which follow microbiology training. The modules can be further developed to meet such adverse events as pandemics which may require additional educational material.
- provide alternative (non contact) ways of working (e.g. telehealth) that are safe and effective. This may include verbal history taking, motivational intervieweing, visual examination, screening, education, patient reported functional assessment, outcome measurements and activity or exercise prescription.
- consider how other 'hands on' professions (i.e.Physiotherpay and Podiatry) have adopted telehealth into their practices during COVID-19
- consider the provision of interdisplinary education on core elements of non-contact care
- use of mentoring programs from within the profession.
- to be informed by trends in clinical practice. It should not be a reactionary response which may only burden programe resources or not be relevent to clinical practice.
- to respond to current needs for specific topics which are relevent to non-contact skills
- access to support in the rural and remote areas for those requring digital skills in accessing technology for their learning
- use of artificial inteligence (AI) for learning analytics and mobile devices that are integrated in healthcare

Question 12

How should clincial placement and clinical hour attainment issues be overcome?

The responses to how clinical placement and clinical hour attainment issues included the following;

- the question presuposes that their are issues with clinical placement and clinical hour attainment
- consider adopting comptency based assessment processes as opposed to minimum hour attainment
- consider adopting new approaches to clinical observation (e.g. observing through web based platforms)
- diversity in placements (clinical in the community, private practice, hospital, school, sporting club, Aboriginal led health service) will provide some insurance against closure (i.e. as during the COVID19 pandemic)
- clinical fieldwork to include contemporary approaches to practicum learning e.g. clinical simulation, project and policy field work placements.
- application of learnings during COVID19 have included inovative and adaptive practices (e.g. virtual clinics such as promoting patient safety by ensuring correct diagnosis, identifying critical conditions, supporting good communication skills etc.)
- consider placements outside the usual osteopathic private practice settings including occupational health, exercise prescription, sports management etc.
- tertiary institutions should work with key stakeholders across the country to ensure varied placements (interprofessional, osteopathic, telehealth) for each year.

Question 13

What are the long-term consequences of the pandemic influencing osteopathic practice?

Responses to long term consequenes of the pandemic influencing osteopathic practice included the following:

- greater consideration of infection control education in curriculum

- consideration of use of telehealth and non-hands-on approaches to patient care as utilised in mainstream medicine
- use of flexible and innovative care to adapt models of care to meet the needs of the community (i.e., during pandemics)
- consideration of social distancing measures required in private practices and student clinic schedules appointments. This includes time allowance for cleaning between appointments, the ventilation of the clinic room, reducing the number of patients in waiting rooms etc.

Question 14

Has COVID 19 influenced osteopathic practice in other ways that should be addresses in undergraduate curricula?

Responses included the following;

- greater understanding and appreciation of the role and place of public health and health promotion
- importance of Ahpra registered health professions upholding and spreading government health and safety messages.
- more practical and less theoretical forms of teaching to students
- use of virtual technologies to be included in undergraduate curricula.
- ensure evidence-based care which supports vaccination, understanding and promotion of randomised controlled trials of clinical interventions. Not promoting ineffective, expensive (and therefore exploitative) treatments by osteopaths.
- inclusion within the curricula, specific education on general air borne disease transmission risk mitigation and related risk management for infection control due to COVID-19.
- use of telehealth as a consultation format in response to COVID-19. To bridge current rural /regional and metropolitan divides which includes the difference in costs for travel, ability for patients to receive real time care (i.e., through telehealth).
- realisation of the importance of communication skills, use of non-contact musculoskeletal evaluation and the provision of health advice / education (e.g., by use of telehealth).

Question 15

What changes are likely to impact the osteopathic profession in the future?

Responses included the following;

- increase in demand in aged care, disability, rehabilitation and out of home facilities.
- the cross over with osteopathy and the increasing popularity of physiotherapy and exercise physiology.
- the rising costs and changing community demographics and how these impact on the care and needs of the community. This will subsequently lead to a shift of how and where care is provided.
- a stronger emphasis on health and wellbeing and how this positively impacts on the future of the profession.
- increase in the use of telehealth and technology in non-contact clinical care.
- diligence in infection control practices and the demonstration of evidence-based practice.
- advocate and promote systematic clinical research evidence and the use of outcome measures by practitioners to show treatment / benefit outcomes.
- barriers to expand the scope and locations of practice due to poor knowledge by graduates of regulatory obligations, public health systems, third party funding systems and team-based care.

- widening of osteopathic networks beyond metro Melbourne and Sydney to other States in response to an increase in the number of students undertaking osteopathy degrees.
- funding of higher degrees related to osteopathy to generate a research culture within the profession and additional funding for future osteopathic research initiatives post PhD.

Question 16

How can the accreditation standards guide the graduate osteopath and the broader profession of Osteopathy to meet the future health care requirements of individuals and communities?

Responses included the following:

- use of evidence-based practice and penalties for those who do not apply EBP such as vaccination, medication, or surgery.
- ongoing refinement of the education provider's program philosophy and content to reflect the wellbeing needs of individuals, communities, and populations.
- ensuring education providers maintain a high standard of assessments. Students who do not meet these standards are to engage in further study and not be permitted to 'scrape through' their course.
- to ensure all students are equipped through having access to a curriculum that includes a wide range of approaches in the treatment of the patient .
- flexible accreditation standards that enable changes in the profession and healthcare requirements.
- accreditation standards that encourage innovation by the education providers

Question 17

Are there any other issues involving the accreditation standards that you would like to be considered and that have not been presented in this consultation paper?

Responses included the following:

- the current accreditation standards for Osteopathy are rudimentary in sections and, at times, are duplicative. Review of the standards provides the Osteopathy profession with the opportunity to directly align student learning outcomes and program accreditation criteria to ensuring the safety and competency of its graduates and the protection of the public. There is also opportunity to minimize the regulatory burden on the education providers.
- to clarify how the 'Capabilities for Osteopathic Practice' link with the accreditation standards
- awareness by education providers of boundary violations or unprofessional behavior by students and have systems in place to manage these complaints.
- ensure that the preparation of practitioners for the workforce can understand the regulatory requirements for practice.
- clarification of the process and how frequently the education providers are required to provide evidence i.e., Resource Allocation (Standard 1.3) or Assessment (Standard 2.1)
- clarification of the number of teaching staff required per head in different professions

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