



# Accreditation Standards Review

## Written submission form

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***Interprofessional learning and collaboration in pre-registration programs of study in Osteopathy and across health disciplines***

**Question 1**

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

**Answer 1**

This is an extremely important component of a pre-registration osteopathic program in Australia due to the increasing prevalence of chronic health conditions and the type of care that patient's and carers seek. Due to the complex nature of chronic conditions, effective patient care requires collaboration between health professionals across a variety of settings. As osteopaths are primary health care professionals in Australia, interprofessional education is important to establish appropriate and effective communication within healthcare settings to improve the quality of care for patients.

**Question 2**

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

**Answer 2**

A crucial component of interprofessional education is the ability of the education provider to facilitate the interaction between different health disciplines, creating an opportunity for collaboration between students. Therefore, interdisciplinary collaboration must start at the higher levels of management (program leaders and coordinators) to work with other disciplines for the creation of appropriate learning objectives, authentic assessment and learning tasks.

Furthermore, another important aspect is the design of appropriate learning activities that emphasise *how* to effectively collaborate with other health professionals, rather than primarily focussing on increasing the student's understanding of other professions/dividing professional scope which may actually inhibit collaboration in the longer-term.

Fostering interdisciplinary collaboration throughout the duration of the program may lead to improved attitudes towards interaction and teamwork between disciplines. This may be facilitated by designing year-level appropriate patient scenarios and small group work, scaffolding the learning across the program. Interprofessional teamwork using the academic staff (utilising varying clinical practice experience and IPE pedagogical theory knowledge) is essential to strong design of assessment and learning activities, which will ultimately underpin the success of the outcomes for students.

***Evidence-based curriculum included within undergraduate education and within osteopathic practice***

**Question 3**

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

**Answer 3**

EBP can be further developed within the pre-registration curriculum firstly with the encouragement of a myriad of research capabilities and experience within academic staff in osteopathy disciplines. Depending on the staff knowledge and research skills (i.e. developing answerable research questions, literature searches and critical appraisal, evaluation of research, conducting clinical surveys) the extent to which students will be able to appropriately understand and utilise evidence to inform clinical practice may be limited.

Fostering research collaborations between universities on clinical research and osteopathy education will enhance the research skillset of the academic staff, which will then have a positive impact on the delivery of evidence-based information to students and encourage a strong skillset of searching/critical analysis/evaluation of research to inform clinical practice.

EBP can be expanded within pre-registration curriculum by emphasising the design and implementation of varying interventions related to osteopathic clinical practice throughout the program. This could be relative to the year level, but could include question design, implementation of a study, and an emphasis on evidence appraisal and summaries. This could be integrated with the interdisciplinary learning within the allied health fields where there is increasing similarities in the programs.

### ***Professional scope and pathways to advanced practice***

#### **Question 4**

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

#### **Answer 4**

Educational pathways in preparation for advanced practice may be appropriate in the latter years of the program to diversify the skillset of graduates. Given the Advanced Practitioner Quality Practice Framework outlines explicit competencies required for advanced practice titling, pre-registration programs may be able to reflect on whether students are exposed to elements of the framework for each title to encourage further learning or specific post-graduate study.

In terms of specific educational pathways, this is likely to be more relevant to post-graduate learning due to the 'advanced' nature of the framework, in addition to the Advanced Practice titling being offered by a professional body and not tertiary institutions. Therefore, it may not be feasible to place a large emphasis on advanced practice pathways within the pre-registration programs.

### **Question 5**

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

#### **Answer 5**

I believe the key areas of advanced practice relevant to the profession are occupational health, exercise-based rehabilitation and prevention and management of persistent pain. However, all areas that are currently offered by the professional body are relevant.

### **Guidance on the use of evidence**

### **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?

#### **Answer 6**

The introduction of an evidence guide to assist education providers would be useful to ensure consistency with reporting. This would also ensure the correct documentation is provided which would also reduce delays due to communication between the tertiary institution and the AOAC.

## **The Accreditation Standards Framework**

### **Question 7**

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

#### **Answer 7**

I have no further feedback on this question.

## **Aboriginal and Torres Strait Islander Health and Cultural Safety**

### **Question 8**

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

#### **Answer 8**

I believe pre-registration programs aim to embed the cultural safety of Aboriginal and Torres Strait Islander peoples into the curriculum, however there is always room for improvement in terms of the depth of embedment.

### **Question 9**

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

#### **Answer 9**

The cultural safety of Aboriginal and Torres Strait Islander students may be supported through continued cultural awareness workshops, which requires specific demonstration of culturally appropriate actions and behaviour relevant to osteopathic practice. Pre-registration programs should demonstrate evidence of incorporating cultural values into the design, delivery and evaluation of curriculum and pedagogy. Programs may also show targeted support and initiatives to create an inclusive learning environment through consultation with Aboriginal and Torres Strait Islander staff and students to actively identify issues relating to cultural inclusion within the program.

**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?

**Answer 10**

The new standards could demonstrate the inclusion of Aboriginals and Torres Strait Islanders awareness within the curriculum through consultation of Aboriginals and Torres Strait Islander staff and students to plan and implement initiatives and be part of the decision-making process.

Providing an inclusive curriculum for Aboriginals and Torres Strait Islander students is also dependant on staff knowledge of these values. The new standards could include the requirement of professional development for teaching staff to enhance their awareness and practice within the curriculum, and, in particular, ensure there is a strong embedment of Aboriginals and Torres Strait Islander's history, culture, and health within the first-year curriculum.

## **Impact of COVID-19 pandemic within undergraduate education, clinical placements, and within osteopathic practice**

### **Question 11**

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

#### [Answer 11](#)

Given the current pandemic, non-contact care is an essential inclusion in the curricula. As primary healthcare providers, osteopaths work to promote health and wellbeing in addition to manual treatment, and thus non-contact care should be emphasised in pre-registration programs. Non-contact care may include communication skills, education, motivational interviewing, exercise prescription, telehealth check-ups etc.

### **Question 12**

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

#### [Answer 12](#)

Clinical placement and clinical hour attainment issues may be overcome by varying the types of clinical placement required. The pandemic has shown us that face-to-face contact care is not always feasible (or required), and so clinical hours could be in the form of telehealth consultations within the student clinic.

Furthermore, interprofessional learning and teamwork has been emphasised within the pre-registration programs, so there may be scope for clinical placement outside of the usual osteopathic private practice settings. Given the recent focus on Advanced Practitioner frameworks, there may be scope to encourage the students to be 'placed' within these fields (i.e. occupational health, exercise prescription, sports management and so on).



This idea has obvious limitations, but as the numbers of osteopathic students keep increasing, there needs to be a round-table discussion between the osteopathic pre-registration programs as to how the profession should move forward with clinical placement. The tertiary institutions should be the leaders in the field working together with their key stakeholders across the country to ensure varied clinical placements (interprofessional, osteopathic, telehealth) can be completed each year.

**Question 13**

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

**Answer 13**

Long-term consequences of the pandemic in osteopathic practice include a shift to incorporate non-contact care alongside the realisation that osteopaths don't necessarily need to use manual therapy to 'help' a patient. Telehealth consultations are now in mainstream medicine, with patients now more familiar with the use of audiovisual technology to access care rather than requiring face-to-face contact.

In addition, social distancing measures may be adhered to in the longer-term which may change the way private practices/ student clinic schedule their appointments (i.e. time allowance between patients for thorough cleaning and ventilation of a room), as well as scattering the patient times to reduce the number of patients in a waiting room or waiting to pay at reception.

**Question 14**

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

**Answer 14**

COVID-19 has influenced osteopathic practice in terms of the inclusion of non-contact care to best support patients that are not deemed to be 'urgent' for manual osteopathic care. The sudden uptake and delivery of telehealth to support these patients during the pandemic has seen an increased realisation of the importance of communication skills and non-contact musculoskeletal evaluation and health advice/education.

### **Future directions**

#### **Question 15**

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

#### **Answer 15**

Changes that are likely to impact the osteopathic profession in the future are the number of students completing the osteopathy degree, which will hopefully see a widening of osteopathic network to other states within Australia (to reduce saturation in metro Melbourne and Sydney).

Other changes that may impact the osteopathic profession includes funding of higher degrees related to osteopathy to generate more of a research culture within the profession, and also 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?

#### **Answer 16**

The accreditation standards could guide the graduate osteopath and the broader profession by constantly reviewing the standards and aiming to implement leading practice, by consulting with key stakeholders regarding the ever-changing requirements of health care.

**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?

**Answer 17**

No