



Accreditation Standards Review

Written submission form

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Osteopathic Council of New Zealand

Response to AOAC Review of the Osteopathic Accreditation Standards

Thank you for providing us the opportunity to comment on Phase 1 of your Review of the Australian Osteopathic Accreditation Council (AOAC) Accreditation Standards. The Osteopathic Council of New Zealand has considered the proposal documents and would like to make the following submission on selected questions from the consultation document. These questions have been selected as those we see as most relevant to our role as the Responsible Authority for osteopathic practice in New Zealand.

Question 1

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

We consider it of high importance that interprofessional learning and collaboration is included in pre-registration qualifications to enhance registrants' ability to practice as part of an interdisciplinary team. Learning objectives help ensure that programmes will promote this experience, rather than having it occur through more passive methods (e.g. simply co-teaching).

It is also important, however, to allow sufficient flexibility in specific requirements and how these requirements are met to ensure that any qualification providers without other health science courses are not disadvantaged.

Question 3

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

The 2019 Capabilities for Osteopathic Practice component 1.1D require osteopaths to "Implement, monitor and review evidence-based interventions...". The current Accreditation Standards also seem to allow for a requirement for evidence-based practice in 2.2.3. This standard ("....this involves a curriculum requiring students to employ the skills needed to identify, critically evaluate, interpret and integrate evidence into their clinical practice) should be sufficient to require the integration of EBP, perhaps broadening this to include theoretical underpinnings.



Question 4

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

Although there may be value in providing this experience for students, this does not seem to be a core requirement for competence in the general scope. Students may also not have sufficient self-identity as practitioners to determine their practice interests at this stage.

Given that specialisation still seems to be in the early stages within the profession, this may be an interesting avenue to develop, but not at the expense of core competence. Pre-registration training should remain broad and therefore prepare registrants for further study relating to professional interest.

Question 5

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

From a regulatory perspective, key areas of advanced practice should be linked to those areas with a higher risk profile, with the aim of providing greater assurance that any risk of harm is mitigated.

Areas of advanced practice may also represent clinical activities that are of higher demand by the public.

Recognition of advanced practice allows for some ability for the public to determine which members of the profession have advanced knowledge and skills in a particular area of practice

The osteopathic standards are transitioning to the new Accreditation Standards Framework with five standards in line with the accreditation standards of other registered health professions.

Question 7

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

The five standard structure seems to provide a useful system for focusing accreditation requirements. It may be a useful exercise to map the current criteria to the Five Domain framework to identify any areas that may not be included in the new framework.

Of the new Domains, it would seem that Domain 1 should be emphasised, and that this can likely be evidenced by strong results for Domain 5. While the other Domains are also important, they seem to be predictors of student success, rather than directly assuring public safety. It is also important to note that these Domains will likely overlap, and any individual Domain should not be considered in isolation.



Question 11

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

A requirement for such skills to be included in the curricula would need to be informed by trends in clinical practice, and not reactionary. The broad range of skills that could be considered for inclusion could result in either a substantial burden on programme resources, and/or be poorly targeted and not relevant to clinical practice.

It may be more responsive to recommend that curricula have the flexibility to incorporate any non-contact skills that are currently relevant, and that specific topics regarding non-contact care could be managed within the training institutes.

