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# Review of the Osteopathic Accreditation Standards Consultation paper 2

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# Executive summary

The Australian Osteopathic Accreditation Council (AOAC) is appointed by the Osteopathy Board of Australia (OBA) as 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 with the OBA. 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 and are due for review.

This paper contributes to Stage 2 of the consultation undertaken by AOAC to gather feedback from stakeholders. Feedback to Consultation Paper 1<sup>1</sup> included the topics which are outlined below:

## Accreditation standards framework

Revision of the current osteopathic standards provides an opportunity to improve their effectiveness. Consultation Paper 1 sought feedback from stakeholders on a proposal to move to a five-standard framework and the feedback subsequently provided opportunity to consider a sixth standard which would be dedicated to Cultural Safety. The draft standards aim to reduce complexity and duplication while enabling flexibility and responsiveness. They are designed to support innovation while ensuring core osteopathic knowledge and skills remain paramount. Moving to a more streamlined structure of accreditation standards is congruent with other health professions in Australia and responds in part to the recent national review of accreditation.

The Nursing and Midwifery Accreditation Standards have recognised Aboriginal and Torres Strait Islander health, history, and culture for over ten years now and the criterion are integrated into each Domain. By integrating the criterion, nursing and midwifery has ensured that Aboriginal and Torres Strait Islander health is referenced throughout governance and the curriculum and not just seen as an addition at the end of the standards. Accreditation Councils who have just commenced this journey have decided to add a sixth standard at the end of the Framework. We are seeking your feedback on what approach to take in the revised Osteopathy Accreditation Standards. The options are:

- integrating cultural safety throughout the standards
- introducing a separate standard dedicated to cultural safety and Aboriginal and Torres Strait Islander people's health.

We will also be seeking feedback from Indigenous academics regarding these criteria and the most appropriate format for their inclusion.

## Cultural Safety

As defined in the *Capabilities for osteopathic practice* (2019), cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families, and communities (Osteopathy Board of Australia, 2019). This is also reflected in the Ahpra's [Aboriginal and Torres Strait Islander Health Strategy 2020-2025](#) (Australian Health Practitioner Regulation Agency, 2020a). The draft revised Osteopathic standards contain criteria related to Aboriginal and Torres Strait Islander people's health, history, culture and cultural safety. The proposed criteria include key principles such as including input from Aboriginal and Torres Strait Islander people in the design and management of Osteopathic education programs. Aboriginal and Torres Strait Islander people should also be encouraged and supported to undertake and complete studies in Osteopathy. Teaching and learning about cultural safety should be integrated throughout the program supported by staff with specialist knowledge, expertise, and cultural capabilities. Including all these principles in the accreditation standards will

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<sup>1</sup> A summary of feedback to the Stage 1 consultation can be found on the AOAC website [\(LINK\)](#)

ensure that the student of osteopathic programs understands how to provide culturally safe care for Aboriginal and Torres Strait Islander people.

### **Evidence based practice and research.**

Research and evidence-based practice must underpin and support the curriculum to ensure that the student can develop a reflective and critical approach to learning and practice. This can be achieved by introducing the student to the hierarchy of evidence and drawing links between knowledge/research generation and the translation of evidence into practice early within the undergraduate program.

### **Safety and Quality and the inclusion of the National Safety and Quality Health Service Standards**

Safety of the public has been highlighted as the overarching principle of osteopathy education programs through the introduction of a dedicated domain. Principles of safety and quality have been integrated within all the Accreditation Standards to ensure safety of the public.

All the criteria in standard 1 of the draft standards have a nexus with safety providing a framework for graduates of accredited osteopathy programs to provide safe care to the public. Education providers will be expected to reference the National Safety and Quality Health Service Standards when demonstrating that a program meets the accreditation standards.

## **Consultation questions**

### **Accreditation Standards Framework**

#### **Question 1**

Do the draft accreditation standards cover the required knowledge, skills, and attitudes to enable new graduates to meet the OBA's Capabilities for osteopathic practice 2019 (Osteopathic Board, 2019)? Please provide an explanation for your answer.

#### **Question 2**

Are there any additional criteria that should be included?

#### **Question 3**

Are there any criteria that could be deleted or amalgamated with another criteria?

#### **Question 4**

Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

#### **Question 5**

Please provide any other feedback about the structure and/or content on the draft standards.

### **Cultural Safety**

#### **Question 6**

Do the proposed standards encompass all aspects of Cultural Safety?

#### **Question 7**

Should cultural safety be integrated within the five standards or have a dedicated domain (sixth standard)?

### **Evidence based practice and research.**

#### **Question 8**

How do the standards support research and evidence-based practice being included within the pre-registration curricula?

## Introduction

In 2010, AOAC was appointed by the Osteopathy Board of Australia (OBA) as the independent accrediting authority for osteopathic programs of study.

AOAC performs the following accreditation functions as defined in section 42 of the *Health Practitioner Regulation National Law Act 2009 (Qld)* (National Law) (Australian Government, 2009)

- developing accreditation standards for approval by a National Board; or
- assessing programs of study, and the education providers that provide the programs of study, to determine whether the programs meet approved accreditation standards; or
- assessing authorities in other countries who conduct examinations for registration in a health profession, or accredit programs of study relevant to registration in a health profession, to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by the authorities have the knowledge, clinical skills and professional attributes necessary to practise the profession in Australia; or
- overseeing the assessment of the knowledge, clinical skills and professional attributes of overseas qualified health practitioners who are seeking registration in a health profession under this Law and whose qualifications are not approved qualifications for the health profession; or
- making recommendations and giving advice to a National Board about a matter referred to in paragraph (a), (b), (c) or (d).

The OBA approved the current *Accreditation Standards for Osteopathic Courses in Australia 2016 (the standards)* and they are now due for review. Revised or new standards—once approved by the OBA—are the standards used by AOAC to assess and accredit programs that lead to eligibility to registration as an osteopath in Australia.

This review seeks to refine and improve the accreditation standards through constructive and respectful engagement with stakeholders, so they continue to meet National Law objective (2a):

*... to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner. (Australian Government, 2009)*

### 1 Aim of the review.

The aim of this review is to develop a revised set of standards that are:

- contemporary and aligned with emerging research, policy, and best practice.
- able to ensure osteopaths are suitably educated and qualified to practice in a competent and ethical manner as required by the OBA, Capabilities for osteopathic practice (2019)
- acceptable to the profession and relevant stakeholders
- able to support continuous development of a flexible, responsive, and sustainable Australian health workforce.
- supportive of innovation in the education of osteopaths
- supportive of safe accessible quality care for consumers and the community

## 2 Review process

AOAC, as an independent accrediting authority, must comply with the National Law when reviewing and developing accreditation standards. The National Law states in section 46 (2):

*In developing an accreditation standard for a health profession, an accreditation authority must undertake wide-ranging consultation about the content for the standard [1].*

AOAC's review process ensures stakeholder feedback, expert opinion, relevant national or international benchmarks, and the best available evidence is used in developing standards. The iterative process for stakeholder consultation provides AOAC with an opportunity to:

- validate whether revised accreditation standards are accurate and relevant for a contemporary Australian healthcare system and education environment.
- evaluate whether the expectations upon education providers to meet revised standards are reasonable in terms of benefits and burdens.

Stakeholder-identified benefits and burdens are considered by the Office of Best Practice Regulation, Department of the Prime Minister and Cabinet, during the preliminary assessment of the regulatory impact of the revised standards.

A robust review process is essential if AOAC is to assure the OBA and community that a graduate of an accredited osteopathic program is eligible for registration and can practice in a safe and competent manner.

## 3 Purpose of Consultation Paper 2

This consultation paper identifies how the National Law underpins the aim of this review. It describes the consultation process, including how the next stage of feedback can be provided, and offers context to promote stakeholder understanding of key issues relating to the review process and engagement with it. This paper presents draft osteopathy accreditation standards for consideration and feedback. It also presents additional issues where further stakeholder consultation is sought to guide the development of the standards.

The questions included in this paper form the basis for consultation and discussion. For the review to achieve its aim, it is important that organisations and individuals with an interest in osteopathic education and practice provide critical input.

This paper has therefore been distributed to all identifiable organisations and individuals, inviting a written submission or a contribution to an online survey.

## 4 Consultation process

AOAC's Executive Officer (EO) convened a Professional Reference Group to guide the review. Membership comprised key stakeholders and osteopath professionals who could share insights into regulation, education, health policy and practice. Members were selected after the EO reviewed expressions of interest. The Professional Reference Group reports and provides advice to the EO.

Members of the PRG are:

- Ms Melanie Hunt, M.H.SC.(Osteo); B.Sc. (Clin.Sc.); Grad.Cert.Tert.Ed. Registered Practising Osteopath. AOAC Board Director, Member of Qualification and Skills Assessment Committee (QSAC) and Financial, Audit and Risk Committee (FAR). Ahpra Panel Member.
- Professor Brian Jolly, BSc(Hons), MA(Ed), PhD. Conjoint Professor of Medical Education, School of Medicine & Public Health, Faculty of Health and Medicine, University of Newcastle, Australia

and Adjunct Professor, School of Rural Medicine, University of New England. Previously Founding Chair Education Committee, and Founding Member, General Osteopathic Council, UK (1996-2002). Current Chair: Medical Radiation Practice Accreditation Committee (Ahpra)

- Ms Bimbi Gray, BNat BClinSci MOstMed Grad Cert Academic Practice. Course Coordinator, Lecturer Practitioner- Osteopathy, School of Health and Human Sciences, Southern Cross University
- Emily Jones, BSc (Clin Sci), MHS (Osteo), Grad Cert Neonatal & Infant Paed Man Thrpy, Grad Cert Tert Ed. Advanced Paediatric Osteopath in private practice, Member of the Osteopathy Australia Paediatric Clinical Interest Group Leadership Committee
- Clinical Professor Fiona Stoker, RN; BBUS Grad Dip (Public Sector Management), MBA, Executive Officer, AOAC (Chair)

### How stakeholders can participate

In stage 2 of consultation, stakeholders can provide feedback by:

1. Completing an online survey  
The questions in this consultation paper are reproduced in the online survey, which is accessible via this [link](#).
2. Preparing a written submission  
Written submissions must include the stakeholder's name and contact details (phone number, email, address). They can be emailed to AOAC: [standardsreview@osteopathiccouncil.org.au](mailto:standardsreview@osteopathiccouncil.org.au)  
Or posted to:  
Standards review  
Australian Osteopathic Accreditation Council  
GPO Box 400  
Canberra City ACT 2601

In the interest of transparency, all written submissions will be published on the AOAC's website, unless the stakeholder has asked for their submission to remain confidential.

Material supplied in confidence, should be clearly marked 'In Confidence' and be provided as a separate attachment to non-confidential material. Information that is confidential or submitted in confidence will be treated as such, if the stakeholder explains why such treatment is necessary.

The Stakeholders may be asked to provide an open summary of confidential material or explain why such a summary cannot be provided.

The AOAC will publish a summary of survey results on its website.



# Key areas for consideration

## Accreditation standards framework

Rationale for change:

- The current [Accreditation Standards for Osteopathic Courses in Australia \(2016\)](#) framework is structured around two fields and two standards.
- Arguments supporting a change to a five or six-standard structure includes reducing repetition and simplifying of the accreditation process for education providers with multiple accredited programs. The move is also congruent with initiatives undertaken by other accreditation councils including the Australian Dental Council and the Dental Council of New Zealand for 2021.
- The recommendations from the Independent Review of the National Registration and Accreditation Scheme for health professions discussed the importance of accreditation authorities standardising accreditation processes and avoiding duplication for education providers (Australian Health Minister's Advisory Council, 2014).

Stage 1 consultation sought feedback from stakeholders on the proposed move to a five-standard structure. All respondents were positive towards the change to five standards but with also the recommendation that a sixth standard, dedicated to cultural safety also be included, as undertaken by the Australian Dental Council in their [Accreditation standards for dental practitioner programs \(2021\)](#) (Australian Dental Council & Dental Council New Zealand, 2021).

Respondents acknowledged that changing from the two fields to the new structure would streamline the accreditation framework while also aligning with other health profession accreditation standards. This would improve consistency in the safety and competency of graduates across all professions that have transitioned to the new model. Mapping the new criteria to the new six domain framework was also recommended and this is provided in the Table 1 below.

The draft accreditation standards are presented in the two tables below. Table 1 includes a five-standard structure outlined in Consultation Paper 1 with an additional sixth standard dedicated to Cultural Safety. Table 2 presents a five-standard structure with the integration of Cultural Safety within the standards. Both tables are designed to reduce the level of detail, complexity, and duplication, to be flexible and responsive, and to support innovation while ensuring that the standards reflect core osteopath knowledge and skills. The draft standards comprise of five or six domains:

1. Safety of the public
2. Governance
3. Program of study
4. Student experience
5. Student assessment
6. Cultural Safety

These domains are expressed as statements and each is supported by a set of criteria. The criteria set out what is expected of an accredited program to meet each domain. A provider guide will be developed for education providers and assessment panels once the final standards are approved.

An extensive mapping exercise was undertaken to develop the draft standards. Criteria statements within the current accreditation standards have been mapped to the draft standards to ensure core osteopathy knowledge and skills continue to be reflected.

**Table 1** presents each domain with suggested criteria (Column 1), together with the criteria in the existing standard to which it is mapped (Column 2, Current Standards). Six accreditation standards are presented, with the sixth standard dedicated to cultural safety. Please note, though the Cultural Safety standard has been deemed Standard 6 for the purposes of this paper, if adopted as an additional standard it would be optimally placed as Standard 2 for a logical flow.

**Table 2** presents five accreditation standards with cultural safety integrated within each standard.

**Table 1: Draft Osteopathy Accreditation with a dedicated sixth standard on cultural safety.**

<b>Standard 1 Safety of the Public</b>	<b>Current Standards</b>
1.1 The program's guiding principles include the safety of the public, person-centred care principles, professional experience placements (PEP) and student learning outcomes	
1.2 The program's admission requirements are fair, equitable and transparent. Before making an offer for enrolment, education providers inform applicants of the requirements to: <ul style="list-style-type: none"> <li>a) meet the program's inherent requirements.</li> <li>b) demonstrate English language proficiency either by providing a written declaration that English is their primary language or evidence that they have achieved the minimum English language test results as specified in the Australian Health Practitioner Regulation Agency (Aphra) English language skills registration standard (Australian Health Practitioner Regulation Agency, 2015)</li> <li>c) meet the requirements of health services where clinical placements occur.</li> <li>d) register with the Osteopathy Board Australia (OBA) on program completion (Osteopathy Board of Australia)</li> </ul>	
1.3 The program prepares graduates for safe and ethical practice	
1.4 The student is registered with the Osteopathy Board Australia before commencing the first clinical placement.	
1.5 The education provider confirms that organisations in which the student undertakes clinical placements have: <ul style="list-style-type: none"> <li>a) evidence-based quality and safety policies and processes that meet relevant jurisdictional requirements and standards.</li> <li>b) osteopaths who are prepared for the supervisory role and able to supervise and assess students during all clinical placements.</li> <li>c) relevant registered health practitioners available to support collaborative teaching and learning opportunities in interprofessional settings.</li> </ul>	1.1 2.4
1.6 Health services providing the student with clinical experience has robust safety and quality policies and processes and meets relevant jurisdictional requirements and standards.	2.4

1. 7 The student is supervised by registered, appropriately qualified and experienced Osteopaths and/or health practitioners during clinical experience placements.	1.3.4
1.8 The education provider has processes in place to manage the student with identified impairments that, during clinical placement may place the public at risk. These processes include procedures for mandatory reporting where required (Australian Health Practitioner Regulation Agency, 2020b).	
<b>Standard 2 Academic Governance and Quality Assurance</b>	<b>Current Standards</b>
2.1 The academic governance arrangements for the program of study include current registration by the Tertiary Education Quality and Standards Agency as an Australian university or other higher education provider.	1.1 1.2
2.2 The education provider conducting the program has a governance structure that ensures the head of discipline is a registered osteopath with the OBA, with no conditions or undertakings on their registration relating to performance or conduct and holds a relevant post-graduate qualification. The head of discipline is responsible for: <ul style="list-style-type: none"> <li>a) academic oversight of the program</li> <li>b) promoting high-quality teaching and learning experiences for the student to enable graduate competence.</li> <li>c) ensuring staff and the student is adequately indemnified for relevant activities undertaken as part of program requirements.</li> </ul>	1.1
2. 3 The education provider has robust academic governance arrangements in place for the program of study; meeting all relevant jurisdictional regulatory requirements; or having equivalent mechanisms to assure the quality and integrity of the program of study.	1.1 1.2
2. 4 The program's safety and quality improvement mechanisms incorporate evaluation information from a variety of sources and address: <ul style="list-style-type: none"> <li>a) risk assessment of student learning environments</li> <li>b) student evaluations</li> <li>c) internal and external, academic and health professional evaluations</li> <li>d) evidence-based developments in health professional education</li> <li>e) evidence-based developments in health and health care.</li> </ul>	1.1.

2.5 There is relevant external input to the design and management of the program, including from representatives of the osteopathy profession, Aboriginal and Torres Strait Islander peoples, consumers, student, carers and other relevant stakeholders.	
2.6 The program's curriculum includes mechanisms for responding to contemporary developments in health professional education in a timely, evidence based, safe and effective manner	2.2.2
2.7 All program entry pathways for which the student receives block credit or advanced standing (other than on an individual basis) are identified, approved by AOAC and allow graduates to meet the OBA's Capabilities for osteopathic practice 2019 (Osteopathy Board of Australia, 2019)	
<b>Standard 3 Program of Study</b>	<b>Current Standards</b>
3.1 The program's curriculum document articulates the osteopathy and educational philosophies, and their practical implementation informs the program of study.	2.2.1
3.2 The program is developed at an Australian Qualification Framework Level 7 or above the award of a bachelor's degree, as a minimum.	2.3.5
3.3 The program's teaching and learning reflects contemporary practices in osteopathy, health, education, and responds to emerging trends based in research, technology, and other forms of evidence.	2.2.1
3.4 Program's resources enable achievement of learning outcomes to meet the OBA's Capabilities for osteopathic practice 2019, including human and physical resources supporting all teaching and learning environments	2.3.1
3.5 The program includes principles of inter-professional learning and practice. Diversity, inclusion, and cultural safety for all people are integrated within the program and clearly articulated as required disciplinary learning outcomes	2.3.4
3.6 The program provides the opportunity for professional experience placements to support the graduates to achieve competency of practice.	2.1.1 2.4.1 2.4.2
3.7 The program's content and subject learning outcomes support: <ul style="list-style-type: none"> <li>a) the achievement of the OBA's Capabilities for osteopathic practice 2019</li> <li>b) an integrated knowledge of safety and quality standards as they relate to health care.</li> <li>c) an integrated knowledge of care across the lifespan and across contexts of osteopathy practice</li> </ul>	2.2.3

d) the development of research skills that draw links between knowledge/research generation and the translation of evidence into practice	
3.8 Teaching and clinical staff are: a) suitably qualified and experienced to deliver the units that they teach and to supervise clinical experience. b) are registered osteopaths where the subject relates to osteopathy practice c) hold one qualification higher than the program of study being taught	1.3.4 2.4.1
<b>Standard 4 The Student Experience</b>	<b>Current Standards</b>
4.1 Program information provided to student is relevant timely, transparent, and accessible.	
4.2 The student admission, progression requirements and processes are fair, equitable and transparent.	
4.3 The student's academic and clinical learning needs are identified and supported by the education provider.	1.3.6
4.4 The student is informed and has access to personal support services, effective grievance, and appeals processes by qualified personnel	
4.5 The student is represented within program advisory, deliberative and decision-making processes.	
4.6 The program includes professional experience placements which are sufficient for developing a student to be a graduate competent to practice.	2.1.1 2.4.1 2.4.2
4.7 The student's experiences have equity and diversity principles that are observed and promoted.	
4.8 The student experiences across all teaching and learning environments is monitored and evaluated regularly with outcomes informing program quality improvement and safety.	

<b>Standard 5 Student assessment is comprehensive, fair, valid, and reliable</b>	<b>Current Standards</b>
5.1 The program's learning outcomes and assessment strategies are aligned.	
5.2 The program's subject learning outcomes, with associated subject assessments are clearly mapped to the OBA's Capabilities for osteopathic practice 2019.	2.1.8
5.3 The program uses multiple validated assessment tools, modes and sampling including direct observation in the clinical setting.	2.1.7 2.4.1
5.4 The program's theoretical and clinical assessments use contemporary, validated assessment tools, modes of assessment, sampling, and moderation processes.	2.1.3 2.1.4 2.1.5
5.5 Program management and co-ordination, including moderation procedures, ensure consistent and appropriate assessment and feedback to the student.	2.1.3 2.1.4 2.1.5
5.6 The program has formative and summative assessments that enhance learning and inform student progression. The summative assessment appraises competence against the OBA's Capabilities for osteopathic practice 2019 before successful completion of the program.	2.1.2
5.7 The program has suitably qualified and experienced staff to assess the student, including the assessment of the student on professional experience placement.	2.1.6
<b>Standard 6 Cultural Safety</b>	<b>Current Standards</b>
6.1 The program includes relevant external input into the design and management of the program from Aboriginal and Torres Strait Islander Peoples.	
6.2 The program provider promotes and supports the recruitment, admission, participation, retention, and completion of the program by Aboriginal and Torres Strait Islander Peoples.	
6.3 The education provider has cultural safety integrated throughout the program and clearly articulated in required learning outcomes.	

6.4 The student's clinical experiences include provision of culturally safe care for Aboriginal and Torres Strait Islander people where possible.	
6.5 The program provider supports the student with access to appropriate resources, and to staff with specialist knowledge, expertise, and cultural capabilities, to facilitate learning about Aboriginal and Torres Strait Islander history, culture, and health.	
6.6 Staff and student work and learn in a culturally safe environment.	



**Table 2: Draft Osteopathy Accreditation Standards, integrating cultural safety within five standards.**

<b>Standard 1 Safety of the Public</b>	<b>Current Standards</b>
1.1 The program's guiding principles include the protection of the public, person-centered care, professional experience placements (PEP) and student learning outcomes	
1.2 The program's admission requirements are fair, equitable and transparent. Before making an offer for enrolment, education providers inform applicants of the requirements to: <ul style="list-style-type: none"> <li>a) meet the program's inherent requirements.</li> <li>b) demonstrate English language proficiency either by providing a written declaration that English is their primary language or evidence that they have achieved the minimum English language test results as specified in the Australian Health Practitioner Regulation Agency (Aphra) English language skills registration standard (Australian Health Practitioner Regulation Agency, 2015)</li> <li>c) meet the requirements of health services where clinical placements occur.</li> <li>d) register with the Osteopathy Board Australia (OBA) on program completion (Osteopathy Board of Australia)</li> </ul>	
1.3 The program is delivered to prepare graduates for safe and ethical practice.	
1.4 The student is registered with the OBA before commencing their first clinical placement.	
1.5 The education provider confirms that organisations in which the student undertakes clinical placement has: <ul style="list-style-type: none"> <li>a) evidence-based quality and safety policies and processes that meet relevant jurisdictional requirements and standards.</li> <li>b) osteopaths who are prepared for the supervisory role and able to supervise and assess the student during all clinical placements.</li> <li>c) relevant registered health practitioners available to support collaborative teaching and learning opportunities in interprofessional settings.</li> </ul>	1.1 2.4

1.6 Health services providing the student with clinical experience have robust quality and safety policies and processes and meet relevant jurisdictional requirements and standards.	2.4
1.7 The student is supervised by registered, appropriately qualified and experienced Osteopaths and/or health practitioners during clinical experience placements.	1.3.4
1.8 The education provider has processes in place to manage the student with identified impairments that, during clinical placement may place the public at risk. These processes include procedures for mandatory reporting where required (Australian Health Practitioner Regulation Agency, 2020b).	
<b>Standard 2 Academic Governance and Quality Assurance</b>	<b>Current Standards</b>
2.1 The academic governance arrangements for the program of study include current registration by the Tertiary Education Quality and Standards Agency as an Australian university or other higher education provider.	1.1 1.2
2.2 The education provider conducting the program has a governance structure that ensures the head of discipline is a registered osteopath with the OBA, with no conditions or undertakings on their registration relating to performance or conduct and holds a relevant post-graduate qualification. The head of discipline is responsible for: <ul style="list-style-type: none"> <li>a) academic oversight of the program</li> <li>b) promoting high-quality teaching and learning experiences for the student to enable graduate competence.</li> <li>c) ensuring staff and the student is adequately indemnified for relevant activities undertaken as part of program requirements.</li> </ul>	1.1
2.3 The education provider has robust academic governance arrangements in place for the program of study; meeting all relevant jurisdictional regulatory requirements; or having equivalent mechanisms to assure the quality and integrity of the program of study.	1.1 1.2
2.4 The program's safety and quality improvement mechanisms incorporate evaluation information from a variety of sources and address: <ul style="list-style-type: none"> <li>a) risk assessment of student learning environments</li> <li>b) student evaluations</li> <li>c) internal and external, academic and health professional evaluations</li> <li>d) evidence-based developments in health professional education</li> </ul>	1.1.

e) evidence-based developments in health and health care.	
2.5 The program includes relevant external input to the design and management, including from representatives of the osteopathy profession, Aboriginal and Torres Strait Islander peoples, consumers, student, carers, and other relevant stakeholders.	
2.6 The program's curriculum includes mechanisms for responding to contemporary developments in health professional education in a timely, evidence based, safe and effective manner	2.2.2
2.7 All program entry pathways for which the student receives block credit or advanced standing (other than on an individual basis) are identified, approved by AOAC and allow graduates to meet the OBA's Capabilities for osteopathic practice 2019 (Osteopathy Board of Australia, 2019)	
<b>Standard 3 Program of Study</b>	<b>Current Standards</b>
3.1 The program's curriculum document articulates the osteopathy and educational philosophies, and their practical implementation informs the program of study.	2.2.1
3.2 The program is developed at an Australian Qualification Framework Level 7 or above the award of a bachelor's degree, as a minimum.	2.3.5
3.3 The program's teaching and learning reflects contemporary practices in osteopathy, health, education, and responds to emerging trends based in research, technology, and other forms of evidence.	2.2.1
3.4 Program's resources enable achievement of learning outcomes to meet the OBA's Capabilities for osteopathic practice 2019, including human and physical resources supporting all teaching and learning environments.	1.3 2.3.1
3.5 The program includes principles of inter-professional learning and practice, diversity, inclusion, and cultural safety for all people are integrated within the program and clearly articulated as required disciplinary learning outcomes	2.3.4
3.6 The program provider supports the student with access to appropriate resources, and to staff with specialist knowledge, expertise, and cultural capabilities, to facilitate learning about Aboriginal and Torres Strait Islander history, health, culture, and cultural safety.	
3.7 The education provider promotes and supports the recruitment, admission, participation, retention, and completion of the program by Aboriginal and Torres Strait Islander Peoples.	

3.8 The program includes sufficient professional experience placements for developing graduates competent to practice.	2.1.1 2.4.1 2.4.2
3.9 The program's content and subject learning outcomes support: a) the achievement of the OBA's Capabilities for osteopathic practice 2019. b) an integrated knowledge of safety and quality standards as they relate to health care. c) an integrated knowledge of care across the lifespan and across contexts of osteopathy practice d) the development of research skills which draws links between knowledge/research generation and the translation of evidence into practice	2.1.7 2.2. 2.3.3
3.10 Teaching and clinical staff are: a) suitably qualified and experienced to deliver the units that they teach and supervise clinical experience. b) are registered osteopaths where the subject relates to osteopathy practice. c) hold one qualification higher than the program of study being taught	1.3.3 1.3.4 2.4.1 2.4.2
3.11 The program's resources are sufficient to facilitate student achievement of the OBA's Capabilities for osteopathic practice 2019 with attention to human and physical resources supporting all teaching and learning environments.	1.3
<b>Standard 4 The Student Experience</b>	<b>Current Standards</b>
4.1 Program information provided to student is relevant is relevant, timely, transparent, and accessible.	
4.2 The student's admission, progression requirements and processes are fair, equitable and transparent.	
4.3 The student's academic and clinical learning needs are identified and supported by the education provider.	1.3.6
4.4 The student is informed and has access to personal support services, effective grievance, and appeals processes by qualified personnel.	1.3.5
4.5 The students are represented within program advisory, deliberative and decision-making processes.	

4.6 The program includes professional experience placements which are sufficient for developing a student to be a graduate competent to practice.	2.1.1 2.4.1 2.4.2
4.7 The student's clinical experiences include the provision of culturally safe care for Aboriginal and Torres Strait Islander peoples where possible.	
4.8 The student experience is across all teaching and learning environments which are monitored and evaluated regularly with outcomes informing program quality improvement and safety.	
<b>Standard 5 Student assessment is comprehensive, fair, valid, and reliable</b>	<b>Current Standards</b>
5.1 The program's learning outcomes and assessment strategies are aligned.	
5.2 The program's subject learning outcomes, with associated subject assessments, are clearly mapped to the OBA's Capabilities for osteopathic practice 2019.	2.1.8
5.3 The program utilises multiple validated assessment tools, modes and sampling including direct observation in the clinical setting.	2.1.7 2.4.1
5.4 The program's theoretical and clinical assessments are supported using contemporary, validated assessment tools, modes of assessment, sampling, and moderation processes.	2.1.3 2.1.4 2.1.5
5.5 Program management and co-ordination, including moderation procedures, supports consistent and appropriate assessment and feedback to the student.	2.1.3 2.1.4 2.1.5
5.6 The program has formative and summative assessments that enhance learning and inform student progression. The summative assessment appraises competence against the OBA's Capabilities for osteopathic practice 2019 before successful completion of the program.	2.1.2
5.7 The program's theoretical and clinical assessments use contemporary, validated assessment tools, modes of assessment, sampling, and moderation processes.	2.1.3 2.1.4 2.1.5



**Question 1**

Do the draft accreditation standards cover the required knowledge, skills, and attitudes to enable new graduates to meet the OBA's Capabilities for osteopathic practice 2019 (Osteopathic Board, 2019)? Please provide an explanation for your answer.

**Answer:**

Yes, I believe they do generally cover the OBA Capabilities. There are two Capabilities that I think may be lacking throughout the standards: Collaborative practitioner (Capability 6.2) and Leader and Manager (both 7.1 and 7.2). These could be amalgamated within Standard 3.5 if the general consensus from this review is that these elements are missing.

**Question 2**

Are there any additional criteria that should be included?

**Answer:**

No, I think the draft accreditation standards provide a clear and thorough set of criteria for osteopathic programs to reach to ensure graduates meet the OBA Capabilities (2019).

**Question 3**

Are there any criteria that could be deleted or amalgamated with another criteria?

**Answer:**

3.4 and 3.11 could be amalgamated as they are very similar

**Question 4**

Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

**Answer:**

As above. Although, generally the draft structure reduce duplication within the standards

**Question 5**

Please provide any other feedback about the structure and/or content on the draft standards.

**Answer:**

Generally, the structure is easy to read and follow. There are just a couple of additional points I have:

- Section 4.1 has an error in the sentence (repeat of the words 'is relevant')
- Section 5.2 (*The program's subject learning outcomes, with associated subject assessments, are clearly mapped to the OBA's Capabilities for osteopathic practice 2019*) and the second sentence of Section 5.6 (*The summative assessment appraises competence against the OBA's Capabilities for osteopathic practice 2019 before successful completion of the program*) have similar connotations in terms of the outcome. If the program and subject learning outcomes are mapped to the OBA Capabilities and then adequately aligned to the individual subject assessment (i.e. section 5.2), then theoretically it would ensure that the assessment adequately evaluates whether students meet the OBA Capabilities (i.e. Section 5.6). This will be particularly evident if the mapping is sufficiently scaffolded across the program through all the years, and therefore, the graduate will be deemed competent in relation to the Capabilities before successful completion of the program. This may be rectified by removing the second sentence in Section 5.6.

## Cultural Safety

Cultural safety is a key standard within the proposed domains and is included as a recommendation from the first consultation paper. While this paper included four specific questions assigned to cultural safety, all respondents acknowledged that a strong focus on cultural safety was critical, also advising that accreditation can be an enabler and lever for change. It was also recognised there was a variance in the embedding of cultural safety in pre-registration projects provided by current education providers.

The alignment of Apha's [Aboriginal and Torres Strait Islander Health Strategy](#) was also acknowledged, with the recommendation that advice be sought from such organisations as [The National Aboriginal Community Controlled Health Organisation \(NACCHO\)](#), [Indigenous Allied Health Australia \(IAHA\)](#) or the [National Aboriginal and Torres Strait Islander Health Workers Association \(NAATSIHWP\)](#) for guidance, direction and the embedding of cultural safety within the education programs. Professional development in cultural safety for teaching staff was also acknowledged as critical to support cultural awareness and recognition of the traditional history, values, and beliefs of Aboriginal and Torres Strait Islanders. Clinical placements of the student in Aboriginal led health services, inclusion in the curriculum of men's, women's, sorry business and the ongoing intergenerational impact of colonisation on Aboriginal and Torres Strait Islanders also needs to be included within cultural safety teaching.

Feedback from respondents also identified that pre-registration programs should demonstrate evidence of incorporating cultural values into the design, delivery and evaluation of curriculum and pedagogy. Consultation with Aboriginal and Torres Strait Islanders will create an inclusive learning environment through incorporating their support and advice in the development of pre-registration programs. Staff and



the student actively identify issues relating to cultural inclusion within the cultural safety program which is also critical for its relevance and success.

### Question 6

Do the proposed standards encompass all aspects of Cultural Safety?

#### Answer:

Yes, they do.

In addition, there may be a chance to emphasise the ongoing critical reflection required in learning about all aspects of Cultural Safety, as well as identifying potential opportunity for the *practitioner delivery* of those components.

For example, the following section may be appropriate to integrate the above point:

*Section 3.6 'The program provider supports the student with access to appropriate resources, and to staff with specialist knowledge, expertise, and cultural capabilities, to facilitate learning about Aboriginal and Torres Strait Islander history, health, culture, and cultural safety.'*

### Question 7

Should cultural safety be integrated within the five standards or have a dedicated domain (sixth standard)?

Answer:

## Evidence based practice and research.

Evidence based practice and the application of research should underpin the curriculum and be included within the learning outcomes. Respondents acknowledged a current paucity of teaching on the review of research, critique, and the best available research within osteopathic courses of study. There is also a clear current need for the critical appraisal of curriculum and the subsequent removal of unsubstantiated interventions and 'low value' care, where a patient receives no net benefit from treatment, and it is not evidence based.

Respondents also advised that building the body of evidence to support practice through ongoing research and translating that evidence into practice should also be explicit within the standards. Clearly defining evidence within the context of the hierarchy of evidence and drawing links between knowledge/research generation also needs to be included within the curriculum.

Student learning objectives and assessments should include base skills in analysis and synthesis of research findings as applied to their clinical practice. Using an established approach in developing skills of evidence-based practice includes developing basic skills in academic writing, through critical appraisal, and using tools like PICO (Patient / Problem, Intervention, Comparison and Outcome) searches in clinical years.

Osteopathy also requires motivated researchers, and this begins with the student's learning about the process of creating evidence. The student can also be involved in team based small research projects or in larger projects. They also need to be taught how to be critical thinkers and use problem solving for complex cases, not just specific interventions for given conditions which is a limited form of teaching. The use and development of case studies, the roles, limitations and linking these to best available evidence was also advised.

To facilitate newly registered osteopaths to prepare for future advanced practice, the means to undertake

critical analysis, develop rigorous case studies, will depend on foundational training received from education providers. This is fundamental to the practice of the newly registered osteopath and the future of the profession.

### Question 8

How do the standards support research and evidence-based practice being included within the pre-registration curricula?

#### Answer:

The Standards support research and evidence-based practice as an important graduate skill by ensuring the graduate has access to evidence-based health education, is able to learn evidence based clinical skills relevant to osteopathy and can produce and translate research into clinical practice.

These are reflected in the following Sections:

2.6– Requirements that the program includes mechanisms for responding to contemporary developments in **evidence-based health professional education**

3.3– The program’s teaching and learning reflects contemporary practices in osteopathy, health, education, and responds to **emerging trends based in research, technology, and other forms of evidence.**

3.5– Ensures that the program supports the achievement of the **OBA Capabilities** (which includes a key feature of osteopathy in Australia- **evidence-based person-centred care**).

3.9.d– the **development of research skills which draws links between knowledge/research generation and the translation of evidence into practice**

## 5 Summary

Consultation Paper 2 presents issues identified in the first round of consultation for revising the Accreditation Standards for Osteopathic Courses in Australia 2016. Stage 2 presents draft accreditation standards for further consideration. The paper includes feedback from the first consultation stage, responding to the challenges of developing accreditation standards for education providers to develop innovative and future-directed osteopathic programs and addressing the identified areas of cultural safety and evidence-based practice and research.

## References

- Australian Dental Council, & Dental Council New Zealand. (2021). *Accreditation standards for dental practitioner programs*. Melbourne Australian Dental Council, Dental Council New Zealand, Retrieved from [https://www.adc.org.au/sites/default/files/Media\\_Libraries/ADC\\_DCNZ\\_Accreditation\\_Standards\\_FINAL.pdf](https://www.adc.org.au/sites/default/files/Media_Libraries/ADC_DCNZ_Accreditation_Standards_FINAL.pdf).
- Australian Government. (2009). *Health Practitioner Regulation National Law Act 2009*. Australia Government of Australia
- Australian Health Minister's Advisory Council. (2014). *Independent Review of the National Registration and Accreditation Scheme for health professionals*. Canberra: Australian Health Minister's Advisory Council, Retrieved from <http://www.coaghealthcouncil.gov.au/Projects/Independent-Review-of-NRAS-finalised>.
- Australian Health Practitioner Regulation Agency. (2015). *Registration Standard: English Language Skills*. Melbourne: Australian Health Practitioner Regulation Agency.
- Australian Health Practitioner Regulation Agency. (2020a). *Aboriginal and Torres Strait Islander Health Strategy*. Retrieved from <https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx>
- Australian Health Practitioner Regulation Agency. (2020b). *Mandatory notifications about registered students* Melbourne: Australian Health Practitioner Regulation Agency,.
- Osteopathy Board of Australia. *Who needs to be registered* Melbourne: Osteopathy Board of Australia.
- Osteopathy Board of Australia. (2019). *Capabilities for Osteopathic Practice (2019)*. Melbourne: Osteopathy Board of Australia.