



# Osteopathic Accreditation Standards Feedback Synthesis – Consultation 2

## Summary

The Australian Osteopathic Accreditation Council (AOAC) recently completed the second consultation of the Accreditation Standards Review. Feedback was received from a small cohort of eight stakeholders. This included four written submissions including an Osteopath, the Osteopathy Board of Australia (OsteoBA), and Osteopathy Australia. A one online consultation with stakeholders including three University education providers and Osteopathy Australia was held in March 2021. No responses to the consultation survey were received from students or consumers.

The feedback received from all stakeholders will inform the final draft of the standards. The third public consultation on the draft Accreditation Standards will continue for a further four weeks.

### Question 1

**Do the draft accreditation standards cover the required knowledge, skills, and attitudes to enable new graduates to meet the OsteoBA's Capabilities for osteopathic practice 2019?**

- Most of the feedback positively indicated that the draft accreditation standards met requirements and, with the five-standard structure, would reflect a similar approach used by other health disciplines (e.g., physiotherapy and speech pathology).
- Two Capabilities: 6.2 (Collaborative practitioner) and 7 (Leader and manager) were not included within the draft standards. These Capabilities could be amalgamated within the Accreditation Standard 3.5.
- Osteopathy Australia related concern regarding the OsteoBA's *Capabilities of for osteopathic practice* not having a future focus for student's graduating in half a decade's time. Education providers needed then to be flexible in addressing course curricula without jeopardising their own accreditation.

### Question 2

**Are there any additional criteria that should be included?**

- The use of an *Evidence Guide* would be useful in mapping evidence against each criterion. The Guide also needs to provide clarity on the required human resource allocations within the university program (e.g., teachers and administrators) through templates such as a Staffing Matrix.

### Question 3

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

- When providing entrance programs at a master's level, the requirement for lecturers to hold a PhD may be very challenging. Those who hold this advanced Osteopathy qualification in Australia is very limited.
- That 3.4 and 3.11 be amalgamated as they are very similar.



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## Question 4

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

- There is some duplication within the standards, but it was also acknowledged that this duplication may be required when the criterion can also represent different interpretations.

## Question 5

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

- Criterion 5.2 and 5.6 (second sentence) have similar outcomes so the latter (5.6 second sentence) could be removed.

With appropriate mapping and scaffolding between the program, subject learning outcomes and student assessment would support the meeting the OsteoBA *Capabilities for Osteopathic Practice (Osteopathy Board of Australia, 2019)*.

- The development of an Evidence Guide would be essential to streamline accreditation reporting and processes.
- It is preferred that the standards and accreditation processes are as consistent as possible with other registered or self-regulated professions. This allows further streamlining across health sciences school, courses, and the development of documentation.
- The need for some flexibility around delivery models and some accreditation standards due to the ongoing implications of the COVID 19 pandemic and its impact on course or content delivery, particularly in face-to-face clinical components.
- Osteopathy Australia related their concerns against the following standards and criterion:
  - 1.5, 1.6, 1.7 - some education providers do not provide adequate systems for quality control, resourcing and training for student placements and educational experience. Guidance (as in utilising an Evidence Guide) may be needed to ensure Universities are implementing quality control measures and appropriate resourcing for student placements.
  - 2.2 - that the head of discipline should not be the only education provider required to be the only registered osteopath with no conditions or undertakings with the regulator but should also include all academic and clinical supervisors. That all clinical supervision staff, regardless of employment or voluntary private practice placement models, be indemnified by the university for clinical supervision.
  - 3.3 - that the program's teaching and learning requires flexibility to address the ever changing, emerging or future needs and priorities in healthcare.
  - 3.4 - that the education provider be given more detail on the expected human and physical resources, or benchmarking and an evidence guide to ensure that the quality of clinical education can be maintained.



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## Question 6

**Do the proposed standards encompass all aspects of Cultural Safety?**

- One suggestion was to also consider cultural safety for other cultures, in addition to Aboriginal and Torres Strait Islander people.
- Consider integrating in 3.6 *critical reflection* by the practitioner on any cultural safety learning and practice.

## Question 7

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

- The responses were mixed, with some stakeholders indicating that a separate standard dedicated to cultural safety would provide more scope and relevance. Alternatively, if cultural safety was integrated within the five standards this might appear as 'added on'. Other responses affirmed that an integrated approach across the five standards would provide better alignment.
- One respondent also identified that if an integrated approach to cultural safety was chosen then criteria 2.5 and 3.5 could be split into a further two criteria. This would clearly identify the elements of cultural safety and reduce the risk of education providers not seeing the prominence and not meeting these criterion requirements.
- Cultural safety as defined and adopted within the National Registration and Accreditation Scheme (NRAS) and recently included the *Capabilities for Osteopathic Practice (2019)* to be prominently incorporated within the revised Accreditation Standards. This is a preferred action rather than referring to other documents such as the Capabilities and Ahpra's Aboriginal and Torres Strait Islander Health Strategy 2020-2025 (Osteopathy Board of Australia, 2019).

## Question 8

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

- The draft Accreditation Standards support research and evidence-based practice as an important graduate skill. This ensures that the graduate has access to evidence-based health education, can learn evidence based clinical skills relevant to osteopathy, and produce and translate research into clinical practice. As reflected within the criterion 2.6, 3.3, 3.5, 3.9 (d).



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## References

Osteopathy Board of Australia. (2019). Capabilities for Osteopathic Practice (2019). Melbourne: Osteopathy Board of Australia.