



# Review of the Osteopathic Accreditation Standards

Consultation paper 3

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## Executive summary

The proposed *Osteopathic Accreditation Standards* have undergone a further revision following the second consultation with stakeholders. This, the third consultation, provides you with a final opportunity to review the Accreditation Standards. They will then be presented to the Australian Osteopathic Accreditation Council (AOAC) for consideration before being considered by the Osteopathy Board of Australia (OsteoBA) for final approval.

### 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 OsteoBA, *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.

### 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 OsteoBA and the community that a graduate of an accredited osteopathic program is eligible for registration and can practice in a safe and competent manner.

## Purpose of Consultation Paper 3

This consultation paper contributes to stage 3, the final consultation undertaken by AOAC to gather any feedback from stakeholders. On completion of this stage, the draft Accreditation Standards will be considered by the AOAC Board before being presented to the OsteoBA for approval. The Osteopathic Accreditation Standards will be published within 30 days after approval by the OsteoBA.

## Consultation process

AOAC's Executive Officer (EO) convened a Professional Reference Group to guide the review. Membership comprised of 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.
- Clinical Professor Fiona Stoker, RN; BBUS Grad Dip (Public Sector Management), MBA, Executive Officer, AOAC (Chair)

## How stakeholders can participate

Stakeholders are invited to provide feedback on the final proposed Osteopathic Accreditation Standards via written submission. Written submission must include the stakeholders name and contact details (phone number, email, and address).

Submissions 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.

A summary of feedback to this consultation will be published on AOAC's website and a link emailed to stakeholders.

## Background

The proposed Osteopathic Accreditation Standards have undergone a further revision by AOAC and the PRG as a result of the feedback received from consultation Paper two. Synthesis of the feedback is presented on the AOAC website along with the published responses received. As there were minimal responses, changes to the criterion were minimal.

In response to the second consultation, stakeholders identified that there was some repetition within the criteria. These criteria were then modified or removed. Feedback was also received on the proposed integration of cultural safety within the five standards or by separation into a sixth, standalone standard. This proposal received a mixed response from stakeholders. The final choice was to have an integrated approach towards cultural safety which was affirmed with the development of the draft Essential Evidence Guide. The following standards are the final outcome of the process to contemporise the AOAC Accreditation Standards. The PRG are now interested in whether there are any major issues with the proposed Accreditation Standards.

The proposed Osteopathic Accreditation Standards are presented in Table 1.

The PRG also presents for your consideration a *Glossary of Terms* which have been derived from various sources including the *Health Practitioner Regulation National Law Act 2009* (National Law) and the Osteopathy Board of Australia (OsteoBA) *Capabilities for osteopathic practice*.

## Osteopathy Accreditation Standards (2021)

Standard 1 Safety of the Public
1.1 The program's guiding principles include the protection of the public, person-centered care, student professional experience placements 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: <ol style="list-style-type: none"> <li>Meet the program's inherent requirements.</li> </ol>
<ol style="list-style-type: none"> <li>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> </ol>
<ol style="list-style-type: none"> <li>Meet the requirements of student clinics, health services, or organisations where professional experience placements occur.</li> </ol>
<ol style="list-style-type: none"> <li>Register with the Osteopathy Board Australia (OsteoBA) on program completion (Osteopathy Board of Australia).</li> </ol>
1.3 The program is delivered to prepare graduates for safe and ethical practice.
1.4 The student is registered with the OsteoBA before commencing their first professional experience placement.
1.5 The education provider confirms that organisations in which the student undertakes professional experience placement has: <ol style="list-style-type: none"> <li>evidence-based quality and safety policies and processes that meet relevant jurisdictional requirements and standards.</li> </ol>
<ol style="list-style-type: none"> <li>osteopaths who are prepared for the supervisory role and able to supervise and assess the student during all professional experience placements</li> </ol>
<ol style="list-style-type: none"> <li>relevant registered health practitioners available to support collaborative teaching and learning opportunities in interprofessional settings.</li> </ol>
1.6 Student clinics, or other health services providing the student with clinical experience, have robust quality and safety policies and processes and meet relevant jurisdictional requirements and standards.
1.7 The student is supervised by registered, appropriately qualified and experienced Osteopaths and/or health practitioners during professional experience placements.
1.8 The education provider has processes in place to manage the student with identified impairments that, during professional experience placement may place the public at risk. These processes include procedures for mandatory reporting where required (Australian Health Practitioner Regulation Agency, 2020).

**Commented [DB1]:** This might be picky, but I believe student learning outcomes should be before student professional experience placements. This is because the student learning outcomes are very important prior to the students being placed in a professional experience placement setting.

**Commented [DB2]:** Ahpra

**Commented [DB3]:** Is this a reference? If so, should it have the year with it, like in 1.2b?

If not, is it needed as the OsteoBA has already been mentioned within the sentence.

**Commented [DB4]:** I agree they must be experienced, but in the context of a document like this, what does 'experienced' mean? Especially if the supervision is provided by a health practitioner who is qualified and registered with AHPRA.

For example, in a tertiary setting, academics are able to teach the level below them (i.e. with a Masters degree, the academic can teach into a Bachelor degree) with, or without, 'experience'. If that makes sense?

I understand we may not want to quantify experience, so I guess the question is, do we need the word 'experienced' in this part?

<b>Standard 2 Academic Governance and Quality Assurance</b>
2.1 The academic governance arrangements for the program of study include current registration by the Tertiary Education Quality and Standards Agency (TESQA) as an Australian university or other higher education provider.
2.2 The education provider conducting the program has a governance structure that ensures the head of discipline is a registered osteopath with the OsteoBA, 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:
a) Academic oversight of the program.
b) Promoting high-quality teaching and learning experiences for the student to enable graduate competence.
c) Ensuring staff are adequately indemnified for relevant activities undertaken as part of program requirements.
d) Ensuring the student is adequately indemnified for relevant activities undertaken as part of program requirements.
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.
2.4 The program's safety and quality improvement mechanisms incorporate evaluation information from a variety of sources and address the following:
a) Risk assessment of all student learning environments.
b) Student evaluations.
c) Internal and external, academic and health professional evaluations.
d) Evidence-based developments in: <ul style="list-style-type: none"> <li>a. Osteopathy professional education</li> <li>b. Health professional education</li> <li>c. Health and health care</li> </ul>
2.5 The program includes relevant external input to its design and management, including from representatives of the osteopathy profession, consumers, student, carers, and other relevant stakeholders.
2.6 The program includes input to its design and management from Aboriginal and Torres Strait Islander peoples.
2.7 The program's curriculum includes mechanisms for responding to contemporary developments in health professional education in a timely, evidence based, safe and effective manner.
2.8 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 OsteoBA's <i>Capabilities for osteopathic practice 2019</i> (Osteopathy Board of Australia, 2019).



Standard 3 Program of Study	
3.1	The program's curriculum document articulates the osteopathy and educational philosophies, and their practical implementation informs the program of study.
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.
3.3	The program's teaching and learning reflects contemporary practices in osteopathy and other health profession's education. <u>It also</u> responds to emerging health trends, evidence-based research, and technological advances.
3.4	The Program's resources enable achievement of learning outcomes to meet the OsteoBA's <i>Capabilities for osteopathic practice</i> 2019, including human and physical resources supporting all teaching and learning environments.
3.5	The program includes: <ul style="list-style-type: none"> <li>a) Aboriginal and Torres Strait Islander peoples history, health, culture, and cultural safety based on the <i>Aboriginal and Torres Strait Islander Health Curriculum Framework</i> (Commonwealth of Australia, 2014)</li> <li>b) Content relevant to health outcomes of Aboriginal and Torres Strait Islander peoples is embedded throughout the program.</li> </ul>
3.6	The education provider promotes and supports the recruitment, admission, participation, retention, and completion of the program by Aboriginal and Torres Strait Islander peoples.
3.7	The program includes principles of diversity and inclusion for all people that are representative of the Australian community including the aged, disabled, lesbian, gay, bisexual, transgender, and intersex people (LGBTI). These principles are clearly articulated as required disciplinary learning outcomes.
3.8	The program's content and subject learning outcomes embed diversity, culture, inclusion, and cultural safety for all people.
3.9	The program includes a broad range of student professional experience placements for developing graduates to meet the OsteoBA's <i>Capabilities for osteopathic practice</i> 2019.
3.10	The program's content and subject and disciplinary learning outcomes support: <ul style="list-style-type: none"> <li>a) The achievement of the OsteoBA's <i>Capabilities for osteopathic practice</i> 2019.</li> <li>b) An integrated knowledge of as they relate to global, national, and regional health priorities.</li> <li>c) An integrated knowledge of safety and quality standards as they relate to osteopathy practice in Australian primary health care services.</li> <li>d) An integrated knowledge of care across the lifespan and across contexts of osteopathy practice.</li> <li>e) The development of research skills which draw links between knowledge/research generation and the translation of evidence into practice.</li> <li>f) Principles of intraprofessional and inter-professional learning and practice.</li> </ul>
3.11	Teaching and clinical staff: <ul style="list-style-type: none"> <li>a) Are registered health practitioners.</li> <li>b) Are suitably qualified and experienced to deliver the units that they teach and supervise professional experience placements.</li> </ul>

Deleted: R

Commented [DB5]: Integrated knowledge of..? the Capabilities?

Standard 4 The Student Experience
4.1 Program information provided to the student is relevant, timely, transparent, and accessible.
4.2 The student's academic and clinical learning needs are identified and supported by the education provider.
4.3 The student is informed and has access to personal support services, effective grievance, and appeals processes by qualified personnel.
4.4 The students are represented within program advisory, deliberative and decision-making processes.
4.5 The student's clinical experiences include the provision of culturally safe care for Aboriginal and Torres Strait Islander peoples where possible.
4.6 Student experiences have equity and diversity principles observed and <u>promoted</u> .
4.7 The student experience is across all teaching and learning environments which are monitored and evaluated regularly with outcomes informing program quality improvement and safety.

**Deleted:** promoted .

**Commented [DB6]:** This part of the sentence reads a little awkwardly.

Could this be edited to:

'The student experience is *considered* across all teaching and learning environments...'

Or something similar? Just to provide clarity for the reader

Standard 5 Student assessment is comprehensive, fair, valid, and reliable
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 OsteoBA's <i>Capabilities for osteopathic practice 2019</i> .
5.3 The program's theoretical and clinical assessments are supported using: <ul style="list-style-type: none"> <li>a) Contemporary, validated assessment tools, modes of assessment, sampling, and moderation processes.</li> <li>b) Multiple validated assessment tools, modes and sampling including direct observation in the clinical setting.</li> </ul>
5.4 Program management and co-ordination including moderation procedures, supports consistent and appropriate assessment and feedback to the student.
5.5 The program has formative and summative assessments that enhance learning and inform student progression. The summative assessment appraises competence against the OsteoBA's <i>Capabilities for osteopathic practice 2019</i> before successful completion of the program.
5.6 The education provider is ultimately accountable for the assessment of the student in relation to their student professional experience placements.

## Glossary

The definitions provided are sourced from the *Health Practitioner Regulation National Law Act 2009* (National Law) and the Osteopathy Board of Australia (OsteoBA) *Capabilities for osteopathic practice* (Australian Government, 2009; Osteopathy Board of Australia, 2019).

### Accreditation

Form of program evaluation in which the quality of an education program is judged against defined accreditation standards through a combination of self-assessment and external peer review. Accreditation of program ensures that the education and training leading to registration as a health practitioner is rigorous and prepares the graduates to practise the health profession safely.

Health Professions Accreditation Council's Forum/Australian Health Practitioner Regulation Agency, (2015) Communication between Accreditation Authorities and National Boards about accreditation and program approval decisions and changes to accreditation standards – a guidance document about good practice

Retrieved from: <https://www.ahpra.gov.au/Publications/Accreditation-publications.aspx>

### Accreditation expiry date

The date the program ceases to be accredited for the purpose of enrolling new students. Accreditation expiry dates are stipulated by AOAC upon accreditation approval.

### Accreditation Standard

For a health profession, means a standard used to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program with the knowledge, skills, and professional attributes necessary to the practice the profession in Australia.

### Across the lifespan

Osteopaths are expected to assess and treat people of all ages including children, babies, adolescents, and the elderly.

### Agreement

A shared formal agreement, or deed of agreement, between the education provider and any health service providers where students gain their professional experience.

### Approved Program of Study

For a health profession or for endorsement of registration in a health profession, means an accredited program of study –

- a) approved under section 49(1) by the National Board established for the health profession.
- b) included in the list published by the National Agency under section 49(5) (APoS)

### Assessment mapping

Mapping across all curriculum elements showing how each program's assessments fit, and how they are used to evaluate the program's learning outcomes. These learning outcomes should also map to the relevant OsteoBA *Capabilities for Osteopathic Practice* (2019). Mapping supports decisions about the number, type, and context of a program's assessments as well as identifying whether and when formative or summative assessments are needed (see assessment types as below).

### Assessment types

Formative assessment (intended to provide feedback for future learning, development, and improvement) and summative assessment (that indicates whether certain criteria have been met or certain outcomes have been achieved). See also formative and summative definitions.

**Australian Health Practitioner Regulation Agency (Ahpra)**

The organisation responsible for the implementation of the Australian National Registration and Accreditation Scheme (NRAS). Ahpra supports the National Health Practitioner Boards in implementing NRAS. Ahpra manages the registration and renewal processes for registered health practitioners and students around Australia.

**Australian Health Practitioner Regulation National Law Act 2009 (National Law).**

An Act providing for the adoption of a national law to establish a national registration and accreditation scheme.

**Australian Qualifications Framework (AQF)**

The national policy for regulated qualifications in Australian education and training. It incorporates the qualifications from each education and training sector into a single comprehensive national qualifications framework.

Retrieved from: <https://www.aqf.edu.au/>

**Australian University**

A higher education provider that is established by the Commonwealth or a state or territory government as a university and registered with the Tertiary Education Quality Standards Agency (TEQSA) in the 'Australian University' provider category.

Retrieved from: <https://www.aqf.edu.au/>

**Capabilities**

Capabilities describe the personal and professional expertise and underpinning behavioural skills that characterise work being performed well. Capability is normally inferred from evidence of performance on the job. It represents the demonstrable abilities necessary to perform a type or level of work activity. Professional capability specifies the expected behaviours and attributes of clinicians. Capabilities reflect the expanding sphere of influence and control expected of individuals of a higher grading (Osteopathic International Alliance, 2013)

**Competence**

Competence is the consistent and judicious application of knowledge, skills, clinical reasoning, attitudes, and reflection to the standard of performance required in the workplace. It embodies the ability to transfer and apply knowledge, skills and behaviours to new situations and environments.

**Consent / valid consent**

Consent is valid if the treatment is agreed to by the patient/client after they have been fully informed of the nature of the treatment, the reason for its recommendation, how it relates to presenting problems and other information they would consider as relevant to their decision such as inherent risks of the treatment and alternative treatment options. Consent is only valid if the patient/client is competent to understand and authorise the intervention and makes a voluntary decision to undergo the treatment. Consent obtained by coercion or undue influence is not valid (see the Osteopathy Board of Australia's [Code of conduct](#) and [guidelines](#)).

**Consultation or consult**

Consultation refers to the meeting between an osteopath and a patient/client for the purpose of providing osteopathic healthcare. It normally includes assessment and intervention. It is also referred to as the 'therapeutic encounter'.

**Continuing professional development**

Means by which members of the professions maintain, improve, and broaden their knowledge, expertise, and competence, and develop the personal and professional qualities required throughout their professional lives.

**Course**

See Program, Approved program

**Criminal history**

Defined in the National Law as:

- Every conviction of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law.
- Every plea of guilty or finding of guilt by a court of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law and whether or not a conviction is recorded for the offence.
- Every charge made against the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law.
- Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements.

Retrieved from <https://www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation.aspx>

Retrieved from <https://www.ahpra.gov.au/Registration/Registration-Standards/Criminal-hi...>

**Criteria / criterion**

Specific statements against which a program is to be evaluated, and which are designed to be addressed by an education provider when undergoing accreditation.

Retrieved from <https://www.pharmacycouncil.org.au/standards-review/june19-accreditation...>

**Cultural safety**

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families, and communities. Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible, and responsive healthcare free of racism.

To ensure culturally safe and respectful practice, osteopaths must:

- a) Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health.
- b) Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism.
- c) Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare, which is driven by the individual, family, and community.
- d) Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

*Capabilities for osteopathic practice (2019)*. Definition of cultural safety, page 7.

**Curriculum or program document**

Contains the program philosophy, educational strategy, and professional theoretical framework. This includes program structure and sequencing, content, delivery strategies, forms of and regulations pertaining to assessment and program evaluation processes.

**Delivery mode**

Means by which programs are made available to students: e.g., on-campus or in blended mode, by distance or by e-learning methods.

**Direct supervision**

When the supervisor is **actually present** and personally observes, works with, guides and directs the person who is being supervised.

**Commented [DB7]:** The person can be 'actually present' in the virtual sphere too.

It's tricky wording. Perhaps:  
'When the supervisor is present *within the same building* and personally observes....' etc

**Disability**

Disability is an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with the health condition) and that individual's contextual factors (environmental and personal factors) (World Health Organisation, 2013)

**Diverse population groups**

Diverse population groups in this document are used to refer to people of all education levels; ethnic, cultural, and socio-economic backgrounds; geographic regions; and living with impairment, activity limitations and participation restrictions. Adopted from the Osteopathy Board of Australia *Capabilities for Osteopathic Practice* (2019) glossary.

**Duty of care / standard of care**

Responsibility or relationship recognised in law. For example, it may exist between health professionals and their clients. Associated with this duty is an expectation that the health professional will behave or act in a particular way. This is called the standard of care, which requires that a person act toward others and the public with watchfulness, attention, caution, and the prudence that would be made by a reasonable person in those circumstances. If a person's actions do not meet this standard of care, whereby they fall below the acceptable standards, any damages resulting may be pursued in a lawsuit for negligence.

Retrieved from <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Pro...>

**Education provider**

Organisational entity responsible for the design and delivery of a program of study from which graduates are eligible to apply for nursing or midwifery registration or endorsement.

**Expertise**

Clinical expertise refers to the clinician's cumulated experience, education, and clinical skills.

**Expiring / expired accredited program.**

An accredited program that has reached its accreditation expiry date.

**Formative assessment**

Provides feedback for future learning, development, and improvement.

**Full-time equivalent**

Based on a full-time working week in Australia of 38 hours per week.

**General health**

General health in this document includes the use of the bio-psychosocial model of healthcare.

**Governance**

Framework, systems, and processes supporting and guiding an organisation towards achieving its goals and the mechanisms by which it, and its people, are held to account. Ethics, risk management, compliance and administration are all elements.

**Graduates**

Those who, having successfully undertaken a program of study that enables them to apply for registration or endorsement with the OsteoBA.

**Head of discipline / school**

Lead academic responsible for the design and delivery of the program on behalf of the education provider.

**Health informatics and Health Technology**

Appropriate and innovative application of the concepts and technologies of the information age to improve health care and health.

**Commented [DB8]:** I recommend maintaining consistency with the way the references are displayed so refs are clear to the reader. This ref has italicised the title of the document, whereas above (for example in cultural safety) it is not

**Commented [DB9]:** Osteopathy?

**Health Practitioner Regulation National Law Act 2009 (the national Law)**

Adopted in each state and territory, setting out the provisions of the Health Practitioner Regulation National Law. The National Law has been adopted by the parliament of each state or territory through adopting legislation. The National Law is generally consistent in all states and territories. New South Wales did not adopt Part 8 of the National Law.

Retrieved from <https://www.ahpra.gov.au/Support/Glossary.aspx#N>

**Higher education provider**

Tertiary education provider who meets the Higher Education Standards Framework (Threshold Standards) as prescribed by the Tertiary Education Quality and Standards Agency Act 2011 and is registered with TEQSA.

**Commented [DB10]:** Could this be abbreviated as it was introduced earlier in the Glossary section?

**Inherent requirements**

The ability to perform tasks which are essential to perform a job productively and to the required quality.

The ability to work effectively in a team or other organisation.

The ability to work safely.

Retrieved from: <https://www.humanrights.gov.au/quick-guide/12052>

**Interprofessional learning**

Occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.

**Intervention**

Intervention refers to the therapeutic content applied for the patient's/client's condition and general healthcare which is usually multimodal, including manual therapy, exercise and lifestyle prescriptions that promote health. Lifestyle prescriptions may include recommendations for healthy day-to-day behaviours and functions at work and leisure and include diet.

**Commented [DB11]:** Would patient education be useful to add here? It is not quite a prescription, but an important aspect of the consult (particularly with chronic pain patients).

**Commented [DB12]:** Unsure if 'diet' should be specified. Could that be seen within the 'healthy day-to-day behaviours'? Or is it an example?

**Deleted:**

**Learning outcomes**

Skills, knowledge, and professional attributes identified as the requirements for satisfactory program completion including, but not limited to, the OsteoBA *Capabilities for osteopathic practice*.

**Lifelong learner**

Lifelong learner refers to the ongoing formal and informal education, self-directed and directed or recommended by an external party undertaken throughout an osteopath's practice career for improving the quality of healthcare provided to patients/clients.

**Management plan**

Management plan refers to the complete therapy plan for the patient/client including additional assessment outside the consultation, referral, and health promotion strategies.

**Mandatory notification / reporting**

Requirement under the National Law (section 143) for registered health practitioners, employers, and education providers to report notifiable impairment.

Retrieved from <https://www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation.aspx>

**Modification of a program**

Change to an accredited program.

**NRAS**

National Registration and Accreditation Scheme

**Commented [DB13]:** Could a reference be added to this?

**Osteopath**

Osteopath is defined as a practitioner registered with the Osteopathy Board of Australia able to use the title 'osteopath' under the National Law.

**Osteopathic**

Osteopathic, in the context of these capabilities, is applied to theoretical, practical, and abstract material that is pertinent to the daily practice of osteopaths. The term 'osteopathic', and what it implies, has been a source of some discussion for a considerable time. This term is dynamic and responds to professional osteopathic practices and identity as it evolves over time.

**Osteopathic manual therapy**

According to the Osteopathic International Alliance, 'Osteopathic practitioners use a wide variety of therapeutic manual techniques in the diagnosis and management of disease and the maintenance of health. These are based upon a highly developed sense of touch (palpation), physical manipulation, soft tissue treatment and stretching. Such techniques are used to: assess, evaluate, and diagnose; increase the mobility of joints; relieve muscle tension; enhance blood and optimise nerve supply to tissues; and to help the body's own self-regulating and self-healing mechanisms. The different elements of osteopathic manipulative treatment (OMT) include short precise impulses, rhythmic mobilising and stretching techniques, joint positioning techniques and very gentle specifically applied pressures. The treatments are designed to strengthen unstable joints and address areas of tissue strain, stress or dysfunction that may impede normal nerve function, circulation and biochemical mechanisms (Osteopathic International Alliance, 2013).

**Osteopath Board of Australia (OsteoBA)**

The National body responsible for the regulation of osteopaths in Australia.

**Office of Best Practice Regulation (OBPR)**

Administers the Australian Government's regulatory impact analysis requirements. It has a number of roles, including assisting agencies in preparing regulation impact statements through training and guidance; monitoring and reporting on the Government's regulatory impact analysis requirements; and administering COAG guidelines for regulation making by national bodies.

Retrieved from: <https://www.pmc.gov.au/regulation>

**Patient / client**

Both 'patient' and 'client' are used to refer to consumers of osteopathic care. Patients/clients is used in this document to reflect this usage. The term 'patients/clients and relevant others' has been used to denote all those who could be involved in patient/client care, including family, carers and other healthcare providers.

**Practice**

Any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.

**Primary health care provider**

Primary healthcare provider refers to a clinician who is the initial contact for a patient/client and who may screen for pathological conditions and/ or need for referral.

**Commented [DB14]:** This has been abbreviated previously in the Glossary part of the document. Recommend either abbreviating here, or spelling out for the other times for consistency.



**Procedural fairness**

Involves the following principles:

- The decision-maker must be impartial and unbiased regarding the matter to be decided, and must have no pecuniary or [proprietary] interest in the outcome;
- Those who may be adversely affected by a decision must be given prior notice of the case and a fair opportunity to prepare for and answer the case and present their own case;
- The decision must be based on sound argument and evidence; and
- Those affected must be given the reasons for the decision.

**Professional experience placement**

Component of osteopathic education that endeavours to provide a forum (or context) for students to put theoretical knowledge into practice within the consumer care environment. It includes, but is not limited to, the hospital setting, and may include general practice, remote and rural health clinics, and community care environments. It excludes simulation.

**Program Changes**

Change to an approved program of study against the relevant standard the program is accredited against.

**Program Monitoring Report**

Report (completed by the education provider) designed to confirm that a program continues to be delivered as accredited, against the relevant accreditation standards. This report is required to be submitted to AOAC routinely on the anniversary of the program's accreditation. If the document is not submitted, it may place the ongoing accreditation of the program in jeopardy.

**Program or program of study**

Full program of study and experiences that are required to be undertaken before a qualification, statement of completion or attainment can be awarded (see also approved program of study).

**Program provider**

A school or faculty responsible for the design and delivery of a program leading to the registration of the osteopath.

**Prospective Program Change**

Change that must be notified to AOAC BEFORE it is implemented.

**Qualification**

Official completion of a course that is eligible for registration.

**Quality**

Refers to characteristics and grades with respect to excellence.

**Quality Framework**

Quality Framework for the Accreditation Function (Quality Framework). Accreditation authorities, National Boards and AHPRA have agreed to the Quality Framework as the principal reference document to assess the work of accreditation authorities.

**Recognition of prior learning**

Assessment process for the students formal and informal learning to determine the extent to which they have achieved required learning outcomes, competency outcomes or standards for entry to and/or partial or total completion of a qualification.

**Regulation**

Any rule endorsed by government where there is an expectation of compliance. This includes legislation, regulations, quasi-regulations, and any other aspect of regulator behaviour which can influence or compel

specific behaviour by business, community organisations or individuals. This includes red tape burden imposed by the Commonwealth's procurement, grants, and cost recovery frameworks.

Retrieved from [http://cuttingredtape.gov.au/sites/default/files/files/Australian\\_Govern...](http://cuttingredtape.gov.au/sites/default/files/files/Australian_Govern...)

#### **Regulation Impact Statement (RIS)**

A statement that Commonwealth agencies must produce as part of the policy making process when a decision is likely to have a regulatory impact on business, community, organisation, or an individual.

#### **Research**

Creation of new knowledge and/or the use of existing knowledge in a new and creative way so as to generate new concepts, methodologies and understandings. This could include synthesis and analysis of previous research to the extent that it leads to new and creative outcomes. Consistent with a broad notion of research and experimental development comprising of creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of humanity, culture and society, and the use of this stock of knowledge to devise new applications. This definition encompasses pure and strategic basic research, applied research, and experimental development.

#### **Retrospective Program Change**

A change that may be notified to AOAC after it occurs via the Program Monitoring Report.

#### **Risk assessment**

Risk assessment applies a set of risk determinants and measurable indicators to all osteopathy education programs. It is based on the principles of ISO 31000:2009 Risk Management Standard.

#### **Risk management**

An effective risk management system is one incorporating strategies to:

- identify risks/hazards,
- assess the likelihood of the risks occurring and the severity of the consequences if the risks do occur, and
- prevent the occurrence of the risks or minimise their impact.

#### **Routine Annual Monitoring**

Monitoring of an approved program undertaken annually in the program monitoring report.

#### **School**

Organisational entity of an education provider responsible for designing and delivering a program of study in osteopathy. Where the school is part of a larger faculty, the school is regarded as the program provider for these standards.

#### **Scope of practice**

Scope of practice refers to the professional role and services that an individual health practitioner is educated in and competent to perform under the terms of the prevailing legislation.

#### **Standard**

A level of quality or attainment.

#### **Statement of attainment / completion**

A statement issued by an education provider to a person confirming that the person has satisfied the requirements of the program specified in the statement.

#### **Statutory declaration**

A written statement that has been signed and declared to be true before an authorised witness.

**Student**

Any person enrolled in a program leading to registration as an osteopath.

**Student assessment**

Process to determine a student's achievement of expected learning outcomes. May include written and oral methods and practice or demonstration.

**Subject / unit / course / topic**

Subject/unit/course/topic of study taught within a program of study.

**Summative assessment**

Indicates whether certain criteria have been met or certain outcomes have been achieved.

**Superseded accreditation standards**

Accreditation standards are reviewed on a cyclical basis. When new accreditation standards are introduced the previous accreditation, standards become superseded.

**Supervision / supervise.**

Supervision can be either direct or indirect:

- Direct supervision is when the supervisor is present and personally observes, works with, guides and directs the person who is being supervised.
- Indirect supervision is when the supervisor works in the same facility or organisation as the supervised person but does not constantly observe their activities. The supervisor must be available for reasonable access. What is reasonable will depend on the context, the needs of the person receiving care and the needs of the person who is being supervised. Also see Direct supervision and Indirect supervision.

**Systemic Complaint**

May evidence some systemic matter that could signify a failure of a program or provider to meet accreditation standards.

**Targeted Monitoring**

Monitoring that addresses a specific concern relating to a program or education provider.

**Teach- out.**

Describes the timeframe allocation to an expiring/expired accredited program for current students to complete the program they initially enrolled in (see also transition and teach-out policy).

**Teaching staff**

Education provider staff who teach into the program of study, meet the relevant standard's requirements, and are engaged in teaching, supervising, supporting and/or assessing students for acquiring required skills, knowledge, attitudes, and graduate competency outcomes.

**Telehealth**

The provision of healthcare remotely by means of telecommunications technology.

**Template**

A document that is pre-filled with information and fields that require population with specific details.

AOAC provides templates to assist education providers in preparing documentation for accreditation assessment including:

- Application pack – details are provided in this document of how the program meets the standards.

- Curriculum or program document – contains the program philosophy, education and professional theoretical framework, program structure and sequencing, content, delivery strategies, assessment descriptors and evaluation processes.
- Staff matrix – describes the population of teaching, clinical and support staff, including experience, scholarship, research, professional development, registration details; student: teacher ratios.
- Assessment mapping – mapping across all subjects showing how each subject's assessments are used to evaluate the subject's learning outcomes. Supports assessment of the number, type and context of subject assessments as well as formative and summative assessments.

**Tertiary Education Quality and Standards Agency (TEQSA)**

Organisation responsible for regulating and assuring the quality of Australia's large, diverse and complex higher education sector. TEQSA registers and evaluates the performance of higher education providers against the Higher Education Standards Framework and undertakes compliance and quality assessments.

**Threshold competence**

Threshold competence describes the minimum requirements for initial and continuing registration as an osteopath.

**Trans-Tasman Mutual Recognition (TTMR)**

An agreement between New Zealand and Australia that enables mutual recognition of professional registration.

**Transcript**

Inventory of the courses completed, and grades earned throughout a course of study.

**Verification of registration**

Confirms registration status and history, also known as a certificate of good standing.

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**Commented [DB16]:** Spelling error. Although I am not sure whether it has been a published error or not, so didn't want to change it.

registered

**Commented [DB17]:** Should this be italicised as well?

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