Australian Osteopathic Accreditation Council
AOAC

Osteopathic
Accreditation Standards 2021

Essential Evidence

Contents

Acknowledgements

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Introduction

Essential Evidence

In collaboration with stakeholders, the Australian Osteopathic Accreditation Council (AOAC) developed the Osteopathic Accreditation Standards 2021—Essential Evidence. This is a companion document to the Osteopathic Accreditation Standards 2021.

The Essential Evidence provides information to education providers about the minimum evidence they need to submit to demonstrate that their program of study meets the accreditation standards.

Education providers applying for program accreditation are required to provide the stated essential evidence in conjunction with the Osteopathic Accreditation Standards 2021 Application Pack.

Use of the osteopathic accreditation standards

The osteopathic accreditation standards are principally designed for use by education providers seeking accreditation for an entry to practice osteopathy program (Bachelor's degree or master's degree).

The AOAC assesses these programs against the accreditation standards before notifying the Osteopathy Board of Australia (OsteoBA) of its decision as per section 48 of the National Law (2009)   . The OsteoBA may approve or refuse to approve the accredited program of study, as providing a qualification for the purposes of registration in Osteopathy, in accordance with section 49 of the National Law (2009).

The accreditation standards specify the minimum requirements education providers must meet for the AOAC to accredit their program of study. Graduates of Australian programs must complete a program of study accredited by the AOAC and approved by the OsteoBA to be eligible to apply for registration with the OsteoBA.

Glossary

A glossary is included in the Osteopathic Accreditation Standards 2021 and in the Essential Evidence. Glossary terms have been primarily derived from the National Law and the OsteoBA's *Capabilities for osteopathic practice'.*

Osteopathic Accreditation Standards (2021) and Essential Evidence

Standard 1: Safety of the public

STANDARD 1	ESSENTIAL EVIDENCE
1.1 **The program's guiding principles include protecting the public.**	• Curriculum document with a clear and detailed explanation of the principles of public safety in the program's conceptual framework. • Map of the current National Safety and Quality Health and Service Standards (Australian Commission on Safety and Quality in Health Care, 2017).
1.2 **The program's admission requirements are fair, equitable and transparent. Before making an offer for enrolment, education providers inform applicants of the need to:** **a.** **Meet the program's inherent requirements.**	• Admission policy. • Affirmative action strategies for enrolling, supporting, and retaining Aboriginal and Torres Strait Islander students. • Program application information. • Screenshot of the education provider's website showing program admission requirements. • Inherent requirements policy (or university equivalent).
b. **Demonstrate English language proficiency by providing a written declaration that English is their primary language or evidence that they have achieved the minimum English language requirement as specified in Australian Health Practitioner Regulation Agency's (Ahpra) English language skills registration standard.[1]**	• Information provided to students before enrolment, that clearly states English language entry requirements. • Policies and procedures for recording student's English and language abilities. • Template for student declaration where English is the primary language.
c. **Meet the requirements of student clinics, health services or organisations where professional placements occur.**	• Information provided to students before enrolment, that lists health service provider requirements for undertaking professional placements, such as immunisation and criminal history checking.
d. **Register with the OsteoBA on program completion.**	• Information provided to students before enrolment, that includes the OsteoBA's registration standards.
1.3 **The program is delivered to prepare graduates for safe and ethical practice.**	• Education provider's codes of conduct. • Evidence of where the OsteoBA's professional standards are introduced, included, and scaffolded across the

STANDARD 1	ESSENTIAL EVIDENCE
	program, including codes of conduct, standards for practice and codes of ethics. • Policies and procedures guiding student performance, conduct, ethical and professional behaviour in all settings.
1.4 The student is registered with the OsteoBA before starting their first professional placement.	• Documented procedures for reporting student details to the OsteoBA. • Documented information provided to students about OsteoBA student registration (for example, student handbook, program materials and website).
1.5 The education provider confirms that student clinics or other health services in which the student undertakes professional placements have: **a. Evidence-based quality and safety policies and processes that meet relevant jurisdictional requirements and standards.**	• Policies and procedures relating to risk management and safety in professional placements addressing: • Policies and procedures for setting standards and verifying placement safety and quality. • Examples of records kept regarding safety assessments. • Risk assessed clinical learning environments before student professional placements. • Reports on when a clinical learning environment or student practice is considered inappropriate or unsafe. • Minimum qualifications required of clinical staff supervising students. • Ratio of osteopath students to supervising registered osteopaths is appropriate
b. Osteopaths prepared for the supervisory role and able to supervise and assess the student during all professional placements.	• Documented processes for: • Preparing students to use appropriate organisational policies and procedures during professional placements. • Preparing and supporting preceptors (registered osteopaths supervising students) to engage students in organisational policies and evidence-based practice. • Providing students and clinical supervisors with relevant risk management, safety information and details of professional placement's supervision models (for example,

STANDARD 1	ESSENTIAL EVIDENCE
	professional placements handbook, log and/or portfolio, professional placements guide for clinical agencies and/or clinical facilitators). • Informing clinical facilitators about their roles and responsibilities on professional placements, if employed by the education provider (for example, position description).
c. Relevant registered health practitioners available to support collaborative teaching and learning opportunities in inter-professional settings.	• Policies and processes supporting inter-professional teaching and learning by relevant registered health professionals during professional placements.
1.6 The student is supervised by registered, appropriately qualified osteopaths and/or health practitioners during professional placements.	• Policies and procedures for verifying suitability of placement supervisors, plus evidence of supervisor application.
1.7 The education provider has processes in place to manage students with identified impairments that, during their professional placement, may place the public at risk. These processes include procedures for mandatory reporting where required.[2]	• Policies and procedures for managing identified or reported student impairments. • Documented procedures for mandatory reporting to the OsteoBA under the National Law.

1   Australian Health Practitioner Regulation Agency (2015). *Registration Standard: English Language Skills.* Melbourne: Australian Health Practitioner Regulation Agency. **https://www.ahpra.gov.au/Registration/Registration-Standards/English-language-skills/FAQ.aspx**

2   Australian Health Practitioner Regulation Agency (2020). *Mandatory notifications about registered students* Melbourne: Australian Health Practitioner Regulation Agency.

Standard 2: Academic governance and quality assurance

STANDARD 2	ESSENTIAL EVIDENCE
2.1 The academic governance arrangements for the program of study include current registration by the Tertiary Education Quality and Standards Agency (TEQSA), as an Australian university or other higher education provider.	• Details and diagrams of the academic governance arrangements for the program of study. • Screenshot of the education provider's registration on the TEQSA national register of higher education providers. • A response report addressing any conditions that TEQSA has applied.
2.2 The education provider conducting the program has a governance structure that ensures the head of discipline holds a relevant post-graduate qualification and is a registered osteopath, with the OsteoBA, with no	• Organisational charts of the education provider conducting the program with reporting lines encompassing program governance and oversight. • Head of discipline's position descriptions demonstrating:

STANDARD 2	ESSENTIAL EVIDENCE

conditions or undertakings on their registration relating to performance or conduct.
 	
The head of discipline is responsible for:
 	
a. **academic oversight of the program**
	• reporting relationships
	• roles and responsibilities.
	• Head of discipline's curriculum vitae with evidence of:
	  • OsteoBA registration, with no conditions or undertakings —screenshot
	  • relevant post graduate qualifications.
	• Head of discipline's details included in the AOAC Staff Matrix Template.

b. **Promoting high-quality teaching and learning experiences for the student, to enable graduate competence.**	• Details and diagrams of reporting relationships and committee structures demonstrating:
	  • academic oversight of the osteopathy program
	  • promotion of high-quality teaching and learning experiences for students
	  • staff performance and appraisal policy
	  • staff professional development policy.

c. **Ensuring staff and students are adequately indemnified for relevant activities undertaken as part of program requirements.**	• Insurance policy and indemnification certificate covering activities undertaken as part of program requirements.

2.3 **The program's quality assurance mechanisms incorporate evaluation information from various sources and address:**
 	
a. **Risk assessment of all student learning environments.**
	• Program report (for example, an annual program dashboard).
	• Quality improvement framework including:
	  • risk assessment policy or processes for academic, simulated, and clinical (professional placements) learning and teaching environments
	  • terms of reference of any relevant school committee or group responsible for developing, monitoring, reviewing or quality improving the program.

b. **Student evaluations.**	• Analysis reports arising from surveys identifying outcomes and program quality improvements.
c. **Internal and external, academic and health professional evaluations.**	• Schedules for subject and professional placement surveys and/or evaluations (staff, students and industry partners) that may include, or be in addition to, TEQSA's student evaluation requirements.

STANDARD 2	ESSENTIAL EVIDENCE

d. Evidence-based developments in:
   i. osteopathy professional education
   ii. health professional education
   iii. health and healthcare.
	• Demonstrated staff opportunities for program quality improvement activities, including staff professional development.
	• Demonstrated staff access to research databases and/or journals to inform understanding of developments in:
	  • osteopathy professional education
	  • health professional education
	  • health and healthcare.
	• Demonstrated staff opportunities for program quality improvement activities, including staff professional development plan.

2.4 The program includes relevant external input to its design and management, including from representatives of the osteopathy profession, consumers, students, carers, and other relevant stakeholders.	• Program advisory committee meeting minutes. • Engagement activities with osteopathy profession, consumers, students, carers and other relevant stakeholders. • Feedback collection from employers, graduates, and placement supervisors.
2.5 The program includes input to its design and management from Aboriginal and Torres Strait Islander people.	• Program advisory committee meeting minutes. • Engagement activities with Aboriginal and Torres Strait Islander peoples. • Feedback collection from employers, graduates and placement supervisors.
2.6 The program entry pathways for which the student receives block credit or advanced standing, other than on an individual basis, are identified, approved by the AOAC, and allow graduates to meet the OsteoBA's Capabilities for osteopathic practice (2019).	• Curriculum document and program information identifying all program entry pathways and associated admission criteria. • Credit transfer and recognition of prior learning policy and procedure aligning with the Australian Qualifications Framework's Qualifications Pathway Policy. • Description of how staff will apply the credit policy to the program. • Rationale for block credits. • Mapping demonstrating how graduates from each pathway will meet the OsteoBA's Capabilities for osteopathic practice (2019).

Standard 3: Program of study

STANDARD 3	ESSENTIAL EVIDENCE
3.1 The program's curriculum document articulates osteopathy and educational philosophies, and their practical implementation informs the program of study.	• Curriculum document including clearly identified and referenced osteopathy and education philosophies and explaining how these will be practically implemented within the program.
3.2 The program is developed at an Australian Qualification Framework Level 7 or above for the award of a Bachelor's degree, as a minimum.	• Evidence of university accreditation of the program as an award of a Bachelor's Degree, as a minimum, or TEQSA approval for a non-self-accrediting higher education provider. • Curriculum document detailing how subject learning outcomes reflect Australian Qualifications Framework Level 7 or above, as applicable.

3.3 The program's teaching and learning reflects contemporary practices in osteopathy and other health profession's education. It responds to emerging health trends, evidence-based research, and technological advances.	• Curriculum document detailing and providing examples of how teaching and learning incorporates contemporary best practice and emerging trends in:
	  • osteopathy
	  • health
	  • education
	  • digital health
	  • leadership.
	• Documented process for ensuring teaching staff are informed about, and responsive to, contemporary practices and emerging trends in:
	  • osteopathy
	  • health
	  • education
	  • digital health
	  • leadership.

3.4 The program's resources enable achievement of learning outcomes to meet the OsteoBA's Capabilities for osteopathic practice (2019), including human and physical resources supporting all teaching and learning environments.	• Statement about the proposed annual student population across the five years of accreditation. • Program timetable demonstrating sufficient physical resources and classes for the proposed student population across the five years of accreditation. • Description of the online learning environment and how it will be used by students and staff: • List of health facilities and associated services where students will be placed for each scheduled professional placement.

STANDARD 3	ESSENTIAL EVIDENCE
	• Staffing models for academic and clinical learning environments, including simulation. • Outline of available simulated learning environments and list of available simulation equipment. • Process by which the supply of consumables will support requirements of the proposed student population. • Library resources available to the student population and how the library is managed. • Affirmative action strategies for recruiting, employing, supporting and retaining Aboriginal and Torres Strait Islander staff engaged with program delivery. Completed AOAC Staff Matrix Template supporting assessment of the quality and quantity of human resources allocated to program delivery.
3.5 The program includes: **a. Aboriginal and Torres Strait Islander peoples' history, health, culture, and cultural safety based on the Aboriginal and Torres Strait Islander Health Curriculum Framework.[3]**	• Subject outlines including learning outcomes, subject content and assessment addressing Aboriginal and Torres Strait Islander people's history, health, culture and cultural safety and referencing Aboriginal and Torres Strait Islander Health Curriculum Framework (Australian Government, 2014). • Completed AOAC Staff Matrix Template identifying staff teaching into this subject and their qualifications and experience.
b. Embedded content relevant to health outcomes of Aboriginal and Torres Strait Islander peoples is embedded throughout the program.	• Mapping across the program of content relevant to health outcomes of Aboriginal and Torres Strait Islander people based on the national health priorities. Example, National Aboriginal and Torres Strait Islander Health Plan 2013–2023 (Australian Government, 2013).
3.6 The education provider promotes and supports the recruitment, admission, participation, retention, and completion of the program by Aboriginal and Torres Strait Islander people.	• Affirmative action strategies for recruiting, employing, supporting, and retaining Aboriginal and Torres Strait Islander students.
3.7 The program includes principles of diversity and inclusion for all people that represent the Australian community. These principles are clearly articulated as required disciplinary learning outcomes.	• Completed AOAC Content Mapping Template, incorporating subject learning outcomes and program content (with examples) that prepares students to work with people from diverse backgrounds including the aged, disabled, lesbian, gay, bisexual, transgender, intersex and queer people.
3.8 The program's content and subject learning outcomes embed diversity, culture, inclusion, and cultural safety for all people.	• Curriculum document including a definition and explanation of cultural diversity and cultural safety principles and how this understanding

STANDARD 3	ESSENTIAL EVIDENCE
	translates into relevant subject learning outcomes and program content.
3.9 **The program includes a broad range of student professional placements for developing graduates to meet the OsteoBA's Capabilities for osteopathic practice (2019).**	• Professional placements policy, procedures, plans and documented processes that record how placements achieve required capabilities. • Curriculum document explaining how professional placements facilitate student transition to practice as a registered osteopath.
3.10 **The program's content, subject, and disciplinary learning outcomes support:** **a.** **The achievement of the OsteoBA's Capabilities for osteopathic practice (2019).**	• Completed AOAC Content Mapping Template linking subject learning outcomes and subject assessments to the OsteoBA's Capabilities for osteopathic practice 2019.
b. **An integrated knowledge of global, national, and regional health priorities as they relate to osteopathic practice.**	• Completed AOAC Content Mapping Template linking subject learning outcomes and program content (with examples) to support integrated knowledge of regional, national and global health properties relevant to the osteopathic context.
c. **An integrated knowledge of safety and quality standards as they relate to osteopathy practice in Australian primary healthcare services.**	• Completed AOAC Content Mapping Template linking subject learning outcomes and program content (with examples) to support integrated knowledge of: • current National Safety and Quality Health Services Standards.
d. **An integrated knowledge of care across the lifespan and contexts of osteopathy practice.**	• Completed AOAC Content Mapping Template linking subject learning outcomes and program content (with examples) to support integrated knowledge: • across the lifespan • of osteopathy practice contexts.
e. **The development of research skills which draw links between knowledge and/or research generation and the translation of evidence into practice.**	• Completed AOAC Content Mapping Template linking subject learning outcomes and program content (with examples) to support the student development research skills in: • conducting literature searches • reviewing research and other evidence • translating research and other evidence into practice • using research in practice.

STANDARD 3	ESSENTIAL EVIDENCE
f. **Intra-professional and inter-professional learning and practice**	• Curriculum document including a definition and explanation of intra-professional and inter-professional learning and practice and how this translates into relevant subject learning outcomes and program content of inter-professional learning and practice.
3.11 **Teaching and clinical staff are:** a. **registered health practitioners where the subjects relate to osteopathic practice.**	• Completed AOAC Staff Matrix Template supporting assessment of teaching staff's registration, credentials, and ongoing professional development. • Documented process for verifying and monitoring academic and professional credentials and OsteoBA registration, including ongoing currency of clinical experience.
b. **suitably qualified to supervise professional placements**	• Position descriptions for staff teaching into the program and supervising clinical experience.
c. **from other professions suitably qualified and experienced to deliver the units being taught**	• Policy and/or process to support and monitor professional and academic development for staff teaching into the program and evidence of implementation.

3   Commonwealth of Australia. (2013). *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*. Canberra: Commonwealth of Australia

Standard 4: The student experience

STANDARDS 4	ESSENTIAL EVIDENCE
4.1 **Students receive program information that is relevant, timely, transparent, and accessible.**	• Information provided to students and how it can be accessed, including: ● admission and enrolment information ● student or program handbook ● subject outlines ● professional placements information, including immunisation, police checks, inherent requirements, and fitness to practice ● policies and procedure relating to assessment, professional placements, student progression and appeals information ● examples of student journeys.

4.2	**Students academic and clinical learning needs are identified and supported by the education provider.**	• Mechanisms for early identification and monitoring of students at academic risk.
		• Documented process and/or flowchart offering guidance to staff on:
		  • early detection of students at risk of poor academic performance
		  • referral of students to appropriate support services.
		• Samples of learning contracts used to identify and support student learning needs.
		• Information provided to students about:
		  • the types of academic support services and how they can be accessed
		  • how to access academic staff support (for example, in subject outlines, student handbook, Learning Management System).

4.3	**Students are informed and have access to personal support services, and effective grievance, and appeals processes provided by qualified personnel.**	• Mechanism for informing students about the policies and procedures for grievances and appeals. • Description of how students can access the policies and procedures for grievances and appeals.
4.4	**Students are represented within program advisory, deliberative and decision-making processes.**	• Terms of reference for relevant committees, including student membership and meeting schedules. • Examples of student consultation and collaboration, decisions made and implementation into the program. • Policy and process for recruiting and preparing students for a representative role.

4.5	**Students clinical experiences include the provision of culturally safe care for Aboriginal and Torres Strait Islander people where possible.**	• Evidence that the curriculum provides students with understanding of:
		  • culturally safe care
		  • of the impact of their own cultural identity on professional practice.

4.6	**Students experiences have equity and diversity principles observed and promoted.**	• Demonstration of how enrolment, assessment and progression policies promote equity and diversity principles. • Information promoting equity and diversity principles provided to students (for example, in a subject guide or outline, student handbook, Learning Management System, professional placement handbook or log). • Policies and procedures addressing equity and diversity principles and examples of implementation and monitoring by staff.

STANDARD 5	ESSENTIAL EVIDENCE
4.7 **Students experience is considered across all teaching and learning environments, which are monitored and evaluated regularly with outcomes informing program quality improvement and safety.**	• Feedback on provision of professional placement venues—outcomes of feedback obtained from student and clinical facilitator evaluations. • Feedback from student evaluations—circulated, gathered, collated, and reported on (including to academics). • Evaluation loops closed.

Standard 5: Student assessment is comprehensive, fair, valid, and reliable

STANDARD 5	ESSENTIAL EVIDENCE
5.1 **The program's learning outcomes and assessment strategies are aligned.**	• Curriculum document explaining the alignment between program learning outcomes and assessment strategies. • Completed AOAC Assessment Mapping Template demonstrating the links among OsteoBA's Capabilities for osteopathic practice (2019), subject learning outcomes and subject assessments.
5.2 **The program's subject learning outcomes, with associated subject assessments, are clearly mapped to OsteoBA's Capabilities for osteopathic practice (2019).**	• Curriculum document explaining how learning outcomes and assessments will prepare students for practice as an osteopath. • Completed AOAC Assessment Mapping Template demonstrating the links among OsteoBA's Capabilities for osteopathic practice (2019), subject learning outcomes and subject assessments.
5.3 **The program's theoretical and clinical assessments are supported using:** a. **Contemporary, validated assessment tools, modes of assessment, sampling, and moderation processes.**	• Curriculum document explaining the strategies in place to ensure assessment integrity. • Assessment policy addressing assessment moderation and progression rules. • Completed AOAC Assessment Mapping Template showing all modes and contexts of assessments. • Documented processes for: ◦ moderating and sampling assessments at subject and/or program level, including across teaching sites where relevant ◦ validating assessment tools. • Examples of: ◦ Theoretical assessments and marking rubrics. ◦ Simulated assessments and marking rubrics (for example, for Objective Structured Clinical Examinations).

STANDARD 5	ESSENTIAL EVIDENCE
	• Validated professional placements assessment tools. • Evidence of security measures (including information technology security) used to protect the integrity of all modes of assessment (for example, documented policy, processes, screenshots, and software used).
b. Multiple validated assessment tools, modes, and sampling, including direct observation in the clinical setting.	• Completed AOAC Assessment Mapping template. • Validated professional placements assessment tools (and how these have been validated). • Rationale for choice of assessment tools.
5.4 The program's management and co-ordination, include moderation procedures, that support consistent and appropriate assessment and feedback to the student.	• Assessment guidelines and validation processes. • Procedures for, and examples of, student feedback.
5.5 The program has formative and summative assessments that enhance learning and inform student progression. Summative assessments appraise competence against the OsteoBA's Capabilities for osteopathic practice (2019) before successful completion of the program.	• Curriculum document explaining how formative and summative assessments will be used to enhance learning and informs student progression. • Completed AOAC Assessment Mapping Template showing formative and summative assessments used across the program. • Documented processes ensuring early detection and responsiveness to students experiencing difficulties. • Examples of formative and summative assessments and associated marking rubrics. • Process to inform students about formative and summative assessments and how they will be used to support and evidence student learning.

Glossary

These definitions are sourced from the *Health Practitioner Regulation National Law Act 2009* (National Law) and the Osteopathy Board of Australia's 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. Program accreditation ensures that education and training leading to registration as a health practitioner is rigorous and prepares 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

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

Accreditation standard

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

Across the lifespan

Osteopaths treat people of all ages, including children, babies, adolescents and the elderly.

Agreement

Shared formal agreement, or deed of agreement, between the education provider and any health service provider through which 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) of the National Law by the National Board established for the health profession

b. included in the list published by the National Agency under Section 49(5) of the National Law (approved programs of study list).

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 map to the relevant capabilities in the OsteoBA's Capabilities for Osteopathic Practice (2019). Mapping supports decisions about the number, type and context of a program's assessments. It also identifies whether and when formative or summative assessments are needed. See assessment types.

Assessment types

Formative assessments provide feedback for future learning, development and improvement. Summative assessments indicate whether certain criteria have been met or certain outcomes achieved. See Formative Assessment and Summative assessments.

Australian Health Practitioner Regulation Agency (Ahpra)

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

Australian Health Practitioner Regulation National Law Act 2009 (the National Law)

Act providing for the adoption of the National Law to establish a national registration and accreditation scheme.

Australian Osteopathic Accreditation Council (AOAC)

Council that helps protect the health and safety of the Australian community by establishing high-quality standards of osteopathy education, training and assessment. The AOAC is the independent organisation that assesses and accredits osteopathic education programs leading to eligibility for registration as an osteopath in Australia. It also assesses the suitability of overseas qualified osteopaths to practice in Australia.

Australian Qualifications Framework (AQF)

National policy for regulated qualifications in Australian education and training. The AQF 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

Higher education provider established by the Australian Government or a state or territory government as a university and registered with the Tertiary Education Quality Standards Agency in the 'Australian University' provider category.

Retrieved from **https://www.aqf.edu.au/**

Capabilities

Describe the personal and professional expertise and underpin the 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).

Clinical Expertise

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

Clinical placement

Authorised block of time during which students attend a clinical setting for a structure clinical experience as part of their program.

Competence

Consistent and judicious application of knowledge, skills, clinical reasoning, attitudes and reflection to the standard of performance required in the workplace. Embodies the ability to transfer and apply knowledge, skills and behaviours to new situations and environments.

Consent and/or valid consent

Consent is valid if the treatment is agreed to by the patient or 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 or 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 OsteoBA's **Code of conduct** and **guidelines.**

Consultation or consult.

The meeting between an osteopath and a patient or client for the purpose of providing osteopathic healthcare. Normally includes assessment and intervention. Is also referred to as the 'therapeutic encounter'.

Continuing professional development

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

Course

See Program or program of study and Approved program of study.

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.osteopathyboard.gov.au/**

Criteria or 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.

Cultural safety

The Osteopathy Board of Australia has adopted the following definition for cultural safety from the *National Schemes Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025* (Capabilities for Osteopathic practice (2019))

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.

Curriculum or program document

Contains the program philosophy, educational strategy and professional theoretical framework. 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. Examples: on-campus or in blended mode, by distance or by e-learning.

Direct supervision

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

Disability

Umbrella term for impairments, activity limitations and participation restrictions. 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 Organization, 2013).

Diverse population groups

In these standards, 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 OsteoBA's Capabilities for Osteopathic Practice (2019)—glossary.

Education provider

Organisational entity responsible for the design and delivery of a program of study from which graduates are eligible to apply for registration as an osteopath.

Expiring or expired accredited program.

Accredited program that is reaching or 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

In these standards, 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 have successfully undertaken a program of study enabling them to apply for registration with the OsteoBA.

Head of discipline or 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 and healthcare.

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 legislation. It is generally consistent in all states and territories. New South Wales did not adopt Part 8.

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 the Tertiary Education Quality and Standards Agency.

Inherent requirements

Ability to perform tasks which are essential to perform a job productively and to the required quality. Ability to work effectively in a team or other organisation. Ability to work safely.

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

Inter-professional learning

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

Intra-professional learning

Learning that occurs within the profession and is supported with effective collaboration between practitioners.

Intervention

Therapeutic content applied for the patient's or client's condition and general healthcare. It is usually multimodal and includes manual therapy, exercise, education and lifestyle prescriptions that promote health. Lifestyle prescriptions include recommendations for healthy day-to-day behaviours and functions at work and leisure. They include healthy day-to-day behaviours.

Learning outcomes

Skills, knowledge and professional attributes identified as the requirements for satisfactory program completion including, but not limited to, the OsteoBA's Capabilities for osteopathic practice (2019).

Lifelong learner

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 or clients.

Management plan

The complete therapy plan for the patient or client and includes additional assessment outside the consultation, referral and health promotion strategies.

Mandatory notification and reporting

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

Retrieved from h**ttps://www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation.aspx**

Modification of a program

Change to an accredited program.

National Registration and Accreditation Scheme

Scheme for registered health practitioners, established by the Council of Australian Governments. It began in 2010, established under the National Law, with each profession nationally regulated by a corresponding National Board. The National Registration and Accreditation Scheme now covers 16 professions.

Osteopath

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

Osteopathic

In these standards, osteopathic is applied to theoretical, practical and abstract material that is pertinent to the daily practice of osteopaths. The term 'osteopathic' is dynamic, and responds to research, professional osteopathic practice and identity as it evolves.

Osteopathic manual therapy

According to the Osteopathic International Alliance, 'osteopaths use palpation and manual techniques to influence muscles, joints, nerves, connective tissue, circulation and internal organs to support the body's ability of restoring and maintaining health'. The different elements of osteopathic manual therapy (OMT) include mobilisation of joints and tissues using manipulation, range of motion, massage, stretching and corrective positioning of tissues and joints. The techniques are designed to improve nerve function, circulation and biochemical mechanisms by reducing strain and strengthening weak and unstable musculoskeletal areas.

Retrieved from: **https://oialliance.org/resources/oia-brochure/**

Osteopathy Board of Australia (OsteoBA)

National body responsible for the regulation of osteopaths in Australia.

Office of Best Practice Regulation

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

Retrieved from **https://www.pmc.gov.au/regulation**

Patient or client

Consumers of osteopathic care. The term 'patients/clients and relevant others' has been used to denote all who could be involved in patient or client care, including family, carers and other healthcare providers.

Practice

Any role 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 healthcare provider

A clinician who is the initial contact for a patient or client and who may screen for pathological conditions and/or need for referral.

Procedural fairness

Involves these 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.

- Those affected must be given the reasons for the decision.

Professional 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. Includes, but is not limited to, the hospital setting. May include general practice, remote and rural health clinics, and community care environments. Excludes simulation.

Program changes

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

Program monitoring report

Completed by the education provider and 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 the AOAC routinely on the anniversary of the program's accreditation. If not submitted, this may place the ongoing accreditation of the program in jeopardy.

Program or program of study

Full program of study and experiences required to be undertaken before a qualification, statement of completion or attainment can be awarded. See approved program of study.

Program provider

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 the AOAC before it is implemented.

Qualification

Official completion of a course that is eligible for registration.

Quality

Characteristics and grades with respect to excellence.

Quality framework

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

Recognition of prior learning

Assessment process for 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

Regulation is any rule, endorsed by Government, where there is an expectation of compliance on an individual, business and/or community organisation. Examples of regulation or quasi-legislation include legislation, standards, codes, contracts, forms, records keeping and reporting requirements.

Effective regulation is an essential part of well-functioning economies and supports the achievement of economic, social or environmental protections.

Regulation impact statement

Statement that Australian Government 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. It is a tool designed to encourage rigour, innovation and better policy outcomes from the beginning.

Retrieved from: **https://www.pmc.gov.au**

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. 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 creative work undertaken on a systematic basis 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. Definition encompasses pure and strategic basic research, applied research and experimental development.

Retrospective program change

Change that may be notified to the AOAC after it occurs by way of the program monitoring report.

Risk assessment

Applies a set of risk determinants and measurable indicators to all osteopathy education programs. Based on the principles of the ISO 31000:2009 Risk Management Standard.

Risk management

An effective risk management system incorporates strategies to:

- identify risks and/or hazards
- assess the likelihood of the risks occurring and severity of consequences if the risks do occur
- 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, it is regarded as the program provider for these standards.

Scope of practice

Professional role and services an individual health practitioner is educated in and competent to perform under the terms of the prevailing legislation.

Standard

Level of quality or attainment.

Statement of attainment or completion

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

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

Student

For the purposes of these standards' 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

Taught within a program of study.

Summative assessment

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

Superseded accreditation standards

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

Supervision or supervise.

Can be 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 depends on the context, the needs of the person receiving care and the needs of the person being supervised.

Systemic complaint

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

Targeted monitoring

Addresses a specific concern relating to a program or education provider.

Teaching staff

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

Telehealth

Provision of healthcare remotely by means of telecommunications technology.

Template

Document pre-filled with information and fields that require population with specific details.

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

- Application pack—provides details 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. This includes experience, scholarship, research, professional development, registration details and student: teacher ratios.

- Assessment mapping—maps across all subjects to show how each subject's assessments is 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

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

Threshold competence

Describes the minimum requirements for initial and continuing registration as an osteopath.

Trans-Tasman Mutual Recognition

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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