



Osteopathic Accreditation Standards 2021

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Contents

Acknowledgements	2
1. Preamble	4
2. Background	5
2.1 Review of the osteopathic accreditation standards	5
2.2 Consultation Stage One	6
2.3 Consultation Stage Two	8
2.4 Consultation Stage Three	9
2.5 Regulatory impact assessment	9
2.6 Ratification and approval	9
3. Introduction	10
3.1 Use of the Osteopathic Accreditation Standards 2021	10
3.2 Essential evidence	10
3.3 Glossary	10
4. Osteopathic Accreditation Standards 2021	11
Standard 1: Safety of the public	11
Standard 2: Academic governance and quality assurance	12
Standard 3: Program of study	13
Standard 4: The student experience	14
Standard 5: Student assessment is comprehensive, fair, valid and reliable	14
Glossary	15
Reference list	23
Bibliography	24

Acknowledgements

The Board of the Australian Osteopathic Accreditation Council (AOAC) gratefully acknowledges the expertise, time and commitment contributed by each member of the Professional Reference Group (PRG), AOAC Accreditation Committee and the AOAC secretariat, to review and update these Osteopathy Accreditation Standards.

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1. Preamble

To become an osteopath in Australia, an individual must first complete a program of study accredited by the Australian Osteopathic Accreditation Council (AOAC) and approved by the Osteopathy Board of Australia (OsteoBA).

The AOAC uses accreditation standards to accredit and assess programs of study leading to eligibility to apply to the OsteoBA for registration as an osteopath.

These Osteopathic Accreditation Standards (2021) replace the Accreditation Standards for Osteopathic Courses in Australia (2016).

Education providers who deliver AOAC accredited and OsteoBA-approved programs, must be registered with the Tertiary Education Quality and Standards Agency, as a university or higher education provider.

The Health Practitioner Regulation National Law Act 2009 (the National Law) legislates the National Registration and Accreditation Scheme for health practitioners [1].

Section 3(2) of Part 1 of the National Law sets out the Scheme's six objectives. These are:

- a. to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered; and
- b. to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practice in more than one participating jurisdiction; and

- c. to facilitate the provision of high-quality education and training of health practitioners; and
- d. to facilitate the rigorous and responsive assessment of overseas-trained health practitioners; and
- e. to facilitate access to services provided by health practitioners in accordance with the public interest; and
- f. to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.

These objectives (particularly a, c and f) and the Australian Health Practitioner Regulation Agency's (Ahpra) procedures for the development of accreditation standards underpinned the review of these standards [2].

Wide-ranging consultation was undertaken for the review. Stakeholders could contribute to three consultations. They could do so through an online survey, by written submission or face-to-face on a Zoom conference.

The National Cabinet Principles for Best Practice Regulation were considered during the review. The Office of Best Practice Regulation assessed the requirement for a regulatory impact statement and determined a full one was not required [3].

The OsteoBA approved the Osteopathic Accreditation Standards on 30 June 2021.

2. Background

2.1 Review of the osteopathic accreditation standards

The AOAC reviews accreditation standards based on:

- its protocol for the review and development of accreditation standards [4]
- Ahpra's procedures for the development of accreditation standards [2], which include the National Cabinet Principles for Best Practice Regulation [3].

Principle 6 of the National Cabinet Principles for Best Practice require that regulations remain relevant and effective over time. The current standards were published in 2016 after OsteoBA approval [5]. In keeping with Principle 6, a review began in 2020.

A Professional Reference Group was convened to oversee the review and provide advice to the AOAC Accreditation Committee and Board of Directors. The Professional Reference Group provided advice on project planning, developing consultation papers, developing standards, engaging with stakeholders and synthesising feedback.

Section 46(2) of the National Law requires that:

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

The AOAC has complied with this requirement by working with the Professional Reference Group to develop a list of stakeholders to participate in wide-ranging consultation about the content of these accreditation standards. Email invitations were sent for each consultation.

Three rounds of consultations were conducted. Stakeholders could contribute through an online survey, by written submission or face-to-face on a Zoom conference.

Each round included a consultation paper, published on AOAC's website and circulated to stakeholders. Consultation periods were 30 business days for the first two stages and 20 business days for the final stage.

Public submissions for each consultation were published on AOAC's website:

<https://osteopathiccouncil.org.au/>

2.2 Consultation Stage One

The first consultation stage involved writing and presenting a paper to inform the development of the standards. The consultation was open from 7 October to 18 November 2020.

The consultation paper outlined key areas for stakeholders to consider. It was researched and developed by the AOAC and reviewed by the Professional Reference Group before it was circulated to stakeholders. The consultation paper outlined relevant issues, including workforce characteristics and influences on osteopathic practice.

Stakeholders were asked to consider and respond to several issues to assist in developing the draft standards:

- 1. Importance of learning objectives as they relate to inter-professional learning in osteopathy pre-registration programs.**

Feedback was strongly positive that this should be mandated within the education accreditation standards.

- 2. Improvement of interdisciplinary collaboration between osteopathy and other health disciplines at entry program level.**

Feedback indicated that collaboration could be improved within the learning and clinical environments by sharing content of lectures and texts, simulation workshops, practicums, placements, patient rounds and extracurricular baseline activities.

- 3. Development and expansion of evidence-based practice within the pre-registration curriculum.**

Feedback included supporting undergraduate students to develop baseline technical skills, undertake small research projects and strengthen evidence-based practice in clinical learning.

- 4. Extent to which educational pathways in pre-registration programs prepare for areas of advanced practice.**

Feedback included a mix of responses with some concerned that such programs should prepare for general practice and not advanced practice. However, one comment was that ‘today’s advanced practice is tomorrow’s core practice’.

Feedback was that curriculums need to be regularly reviewed to ensure contemporaneous practice.

- 5. Key areas of advanced practice in the profession.**

Feedback indicated the following key areas of advanced practice—paediatrics, older populations, disability, pain management, exercise rehabilitation, post-surgery, stroke rehabilitation, occupational health and sports practice, pregnancy, and women’s health.

- 6. Introduction of an evidence guide to accompany the accreditation standards, to assist education providers in preparing for accreditation.**

All feedback was positive as this would provide transparency, increase public confidence, and could be used to benchmark between education providers.

- 7. Feedback on the proposed five accreditation standard structure.**

All feedback was positive to this proposed change. The option of a sixth standard dedicated to cultural safety was suggested.

- 8. Degree to which Aboriginal and Torres Strait Islander cultural safety was embedded in core-registration programs and practice of osteopaths.**

All feedback reflected that cultural safety was not included within the curriculum.

All feedback affirmed that such education and practices should be included within pre-registration education and osteopathic practice.

9. Cultural safety of Aboriginal and Torres Strait Islander students is embedded within educational programs.

Feedback included:

- » supporting Aboriginal and Torres Strait Islander students to gain entry to osteopathy programs
- » providing staff with access to specialist knowledge, expertise, and cultural capabilities to facilitate learning
- » aligning educational programs with Ahpra's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy.

10. Means by which the new accreditation standards include Aboriginal and Torres Strait Islander history, culture and health within the curriculum.

Feedback included:

- » seeking external input into the program design from Aboriginal and Torres Strait Islander people
- » incorporating within each accreditation standard and education program cultural safety, communication and treatment skills that are sensitive and appropriate to Aboriginal and Torres Strait Islander people
- » recognising the health gap for Aboriginal and Torres Strait Islander people.

11. Non-contact skills be included within the curricula.

Feedback included:

- » placing infection control modules early in the program
- » employing methods other than direct contact (for example, non-contact as telehealth), as used by other hands-on professions (for example, physiotherapy and podiatry).

12. Means to overcome clinical placement and clinical hour attainment issues.

Feedback included:

- » adopting new approaches as competency-based assessment, clinical observation (that is, using web-based communication platforms), clinical simulation, project work, and diversity in placements, including policy field work.

- » ensuring inter-professional placements collaborate with other tertiary institutions.

13. Long-term consequences of the COVID-19 Pandemic on osteopathic practice.

Feedback included the need to:

- » improve infection control teaching, the role and place of public health, and health promotion within the curriculum.
- » apply more innovative and flexible models of non-hands-on patient care (that is, telehealth)
- » apply social distancing when scheduling clinic appointments and placing students.

14. Changes likely to impact on the osteopathic profession in the future.

Feedback included:

- » increasing demand from aged care, disability, rehabilitation and out-of-home facilities
- » crossing over osteopathy and the popularity of physiotherapy and exercise physiology
- » increasing the use of telehealth and technology in non-contact clinical care.

15. How the accreditation standards guide the graduate osteopath, and the broader osteopathy profession, to meet the future healthcare requirements of individuals and communities.

Feedback included ensuring that accreditation standards that are flexible, innovative and encompass a wide range of approaches in treating patients.

16. Other issues to address.

Feedback included the need to:

- » align student learning outcomes with program accreditation criteria while minimising the regulatory burden on education providers
- » include regulatory requirements for practice within pre-registration programs as preparation for the workforce.

2.3 Consultation Stage Two

The second consultation stage was open from 2 February to 16 March 2021. The second consultation paper presented the first draft of the proposed standards and other areas for consideration.

The second consultation paper provided further detail on the rationale to move to a five or six-standard framework. It acknowledged that other accreditation bodies, such as the Australian Nursing and Midwifery Accreditation Council, Council on Chiropractic Education Australasia and Australian Dental Council/Dental Council (New Zealand), currently use a five-standard framework.

The proposed draft standards and criteria were mapped to the 2016 AOAC Accreditation Standards for Osteopathic Courses in Australia [5].

Stakeholders were asked to consider:

- If the draft accreditation standards prepared new graduates to meet the required knowledge, skills and attitudes of the OsteoBA's Capabilities for osteopathic practice (2019) and if changes to the criteria should be considered to reduce duplication (including through addition, deletion or amalgamation) [6].**

Feedback predominantly indicated that the draft accreditation standards met requirements and, with the five-standard framework, would reflect a similar approach used by other health disciplines (for example, physiotherapy and speech pathology).

Feedback indicated that two capabilities for osteopathic practice (2019) (6.2. and 7)—that may not have been represented within the draft accreditation standards—could be included within Standard 3, Criterion 5

The use of Feedback indicated that an evidence guide would be useful in mapping evidence against each criterion and further clarify human resource allocation, including through a staffing matrix.

Feedback indicated that when providing programs at a master's level, the requirement for lecturers to hold a PhD can be challenging as those who hold this qualification in osteopathy within Australia is very limited.

Feedback indicated some duplication within the accreditation standards, but this was acknowledged as required when interpretations of criterion also slightly differed.

- If the proposed accreditation standards encompass all aspects of cultural safety.**

One suggestion was to consider cultural safety for other cultures in addition to those for Aboriginal and Torres Strait Islander people.

Feedback was that critical reflection be included within the learnings and practice of cultural safety, Criteria 3.6.

- If cultural safety should be included in a sixth standard or integrated within the five-standard framework.**

Feedback was mixed. Some respondents indicated that a separate standard dedicated to cultural safety would provide more scope and relevance. If integrated within the five-standard framework, however, this might appear to be 'tacked on'. Other feedback affirmed that an integrated approach across the five standards would provide for better alignment.

One respondent identified that if an integrated approach to cultural safety was chosen, then criteria 2.5 and 3.5 could be split into two additional criteria. This would clearly identify the elements of cultural safety and reduce the risk of education providers not meeting these criterion requirements.

The definition of cultural safety, as defined and adopted by the National Registration and Accreditation Scheme and OsteoBA's Capabilities for Osteopathic Practice (2019), be included prominently in the introduction of the revised accreditation standards.

4. If research and evidence-based practice should be included in the accreditation standards, to ensure it is reflected in pre-registration curricula.

The draft accreditation standards supported research and evidence-based practice as an important graduate skill. This would be achieved by ensuring graduates have access to evidence-based health education, learn evidence-based clinical skills relevant to osteopathy and produce and translate research into clinical practice. These were all reflected within the criterion 2.6, 3.3, 3.5, 3.9 (d).

An online Zoom consultation forum with key stakeholders, including the three education providers and representatives of Osteopathy Australia, was undertaken in response to the low number of responses to the second consultation. The forum included discussions on the proposed accreditation standards and the questions presented in the second consultation paper. Eight responses to the consultation, including from the online Zoom consultation, were incorporated into the second synthesis paper.

2.4 Consultation Stage Three

The third and final online consultation of the draft accreditation standards was open from 12 April to 10 May 2021.

This consultation provided an opportunity for stakeholders to respond to the draft standards and the new glossary.

A small cohort of eight stakeholders provided feedback, including submissions from an osteopath, Queensland Allied Health Profession's Office, AOAC Accreditation Council, Osteopathy Australia, and the OsteoBA. A key Zoom stakeholder consultation was held with the three education providers and Osteopathy Australia. No responses to the third consultation were received from students or consumers.

Responses to the accreditation standards included refining criterion by modifying, removing or relocating selected criterion. The third synthesis paper defining these changes was published on AOAC's website.

2.5 Regulatory impact assessment

The AOAC took into account, when reviewing the accreditation standards, the National Cabinet Principles for Best Practice Regulation [3]. The AOAC presented the draft accreditation standards to the Office of Best Practice Regulation during the review for preliminary assessment and consideration of the advantages, disadvantages and burdens of introducing the accreditation standards, as well as the potential impact for stakeholders.

The Office of Best Practice Regulation considered the standards as presented and determined that a regulatory impact statement was not required.

2.6 Ratification and approval

Section 47 of the schedule in the National Law [1] requires the OsteoBA to approve, refuse to approve or ask the AOAC to review the accreditation standards.

AOAC's Executive officer reviewed them before presenting them to AOAC's Board to ratify. After ratification, the AOAC presented the accreditation standards to the OsteoBA for approval.

The OsteoBA approved the accreditation standards on 30 June 2021.

3. Introduction

3.1 Use of the Osteopathic Accreditation Standards 2021

The Osteopathic Accreditation Standards 2021 are principally designed for education providers seeking accreditation for an entry to practice osteopathy program (bachelor's degree or master's degree).

The AOAC evaluates education programs against the accreditation standards before making recommendations on their acceptance to the OsteoBA, in line with sections 48 and 49 of the schedule in the National Law [1].

The accreditation standards specify the minimum requirements education providers must meet for their program of study to be accredited by the AOAC. 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.

3.2 Essential evidence

In collaboration with stakeholders, the AOAC has developed an essential evidence companion guide to support the accreditation standards. It is given to education providers with the Osteopathic Accreditation Standards 2021. The companion guide provides information to education providers about the minimum evidence they need to submit to demonstrate their program of study meets the accreditation standards. Education providers applying for program accreditation are required to provide all essential evidence in conjunction with their Osteopathic Accreditation Standards Application Pack.

3.3 Glossary

Glossary terms are included within the Osteopathic Accreditation Standards 2021 and in the essential evidence companion guide.

4. Osteopathic Accreditation Standards 2021

Standard 1: Safety of the public

- 1.1** The program's guiding principles include protecting the public.
- 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.
 - 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 requirements as specified in the Ahpra English language skills registration standard.¹
 - c. Meet the requirements of student clinics, health services or organisations where professional placements occur.
 - d. Register with the OsteoBA on program completion.
- 1.3** The program is delivered to prepare graduates for safe and ethical practice.
- 1.4** The student is registered with the OsteoBA before starting their first professional placement.
- 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.
 - b. Osteopaths prepared for the supervisory role and able to supervise and assess the student during all professional placements.
 - c. Relevant registered health practitioners available to support collaborative teaching and learning opportunities in inter-professional settings.
- 1.6** The student is supervised by registered, appropriately qualified osteopaths and/or health practitioners during professional placements.
- 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

¹ Australian Health Practitioner Regulation Agency (2015). *Registration Standard: English Language Skills*. Melbourne: Australian Health Practitioner Regulation Agency.

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

- 2.1** The academic governance arrangements for the program of study include current registration by the Tertiary Education Quality and Standards Agency as an Australian university or other higher education provider.
- 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 conditions or undertakings on their registration relating to performance or conduct.
- The head of discipline is responsible for:
- academic oversight of the program
 - promoting high-quality teaching and learning experiences for the student to enable graduate competence
 - ensuring staff and students are adequately indemnified for relevant activities undertaken as part of program requirements.
- 2.3** The program's quality assurance mechanisms incorporate evaluation information from various sources and address:
- risk assessment of all student learning environments
 - student evaluations
 - internal and external, academic and health professional evaluations
 - evidence-based developments in:
 - osteopathy professional education
 - health professional education
 - health and healthcare.
- 2.4** 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.
- 2.5** The program includes input to its design and management from Aboriginal and Torres Strait Islander people.
- 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).

Standard 3: Program of study

- 3.1** The program's curriculum document articulates 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 professions education. It responds to emerging health trends, evidence-based research, and technological advances.
- 3.4** The program's resources enable the achievement of learning outcomes that meet the OsteoBA's Capabilities for osteopathic practice (2019), including human and physical resources supporting all teaching and learning environments.
- 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
 - b. Embedded content relevant to health outcomes of Aboriginal and Torres Strait Islander peoples is embedded throughout the program.
- 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.
- 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.
- 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 placements for developing graduates to meet the *OsteoBA's Capabilities for osteopathic practice* (2019).
- 3.10** The program's content and subject and disciplinary learning outcomes support:
- a. The achievement of 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.
 - c. An integrated knowledge of safety and quality standards as they relate to osteopathy practice in Australian primary healthcare services.
 - d. An integrated knowledge of care across the lifespan and contexts of osteopathy practice.
 - e. The development of research skills which draw links between knowledge and/or research generation and the translation of evidence into practice.
 - f. Intra-professional and inter-professional learning and practice.
- 3.11** Teaching and clinical staff are:
- a. registered health practitioners where the subjects relate to osteopathic practice
 - b. suitably qualified to supervise professional placements
 - c. from other professions suitably qualified and experienced to deliver the units being taught.

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

Standard 4: The student experience

- 4.1** Students receive program information that is relevant, timely, transparent and accessible.
- 4.2** Students academic and clinical learning needs are identified and supported by the education provider.
- 4.3** Students are informed and have access to personal support services and effective grievance, and appeals processes provided by qualified personnel.
- 4.4** Students are represented within program advisory, deliberative and decision-making processes.
- 4.5** Students clinical experiences include the provision of culturally safe care for Aboriginal and Torres Strait Islander people where possible.
- 4.6** Students experiences have equity and diversity principles observed and promoted.
- 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.

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 Capabilities for osteopathic practice (2019).
- 5.3** The program's theoretical and clinical assessments are supported using:
 - a. contemporary, validated assessment tools, modes of assessment, sampling and moderation processes.
 - b. multiple validated assessment tools, modes and sampling, including direct observation in the clinical setting.
- 5.4** The program's management and coordination, include moderation procedures, that support 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. Summative assessments appraise competence against the OsteoBA's Capabilities for osteopathic practice (2019) before successful completion of the program.

² Except as it relates to criteria 2.4 and 3.1.

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 structured 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,p.7).

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 <https://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/olia-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	Template
Taught within a program of study.	Document pre-filled with information and fields that require population with specific details.
Summative assessment	The AOAC provides templates to assist education providers in preparing documentation for accreditation assessment including:
Indicates whether certain criteria have been met or certain outcomes have been achieved.	<ul style="list-style-type: none"> 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.
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:	
<ul style="list-style-type: none"> 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	Tertiary Education Quality and Standards Agency
May evidence some systemic matter that could signify a failure of a program or provider to meet accreditation standards.	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.
Targeted monitoring	Threshold competence
Addresses a specific concern relating to a program or education provider.	Describes the minimum requirements for initial and continuing registration as an osteopath.
Teaching staff	Trans-Tasman Mutual Recognition
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.	Agreement between New Zealand and Australia that enables mutual recognition of professional registration.
Telehealth	Transcript
Provision of healthcare remotely by means of telecommunications technology.	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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