



Draft Chiropractic Educational and Competency Standards

Consultation Paper 2

Final Version – 3.0

December 2015

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This second consultation paper has been prepared for the Council on Chiropractic Education Australasia Ltd (CCEA) Standards Review Steering Committee (the Steering Committee) by Amanda Adrian and Associates.

Acknowledgement is made of the expertise, time and commitment contributed by each member of the Steering Committee in the preparation of this second consultation paper. The membership comprises:

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Dr Mick Webb, Cert IV TAE, DipAppSc (Human Biology), BAppSc (Chiro), FACCS, GradDipEd(Tertiary)

Acknowledgement is also made of the significant contribution of Ms Kylie Woolcock, CCEA Executive Officer.

The generosity, openness and collegiality of the other national and international accreditation regulatory authorities and collaboratives is also recognised and gratefully acknowledged. These DRAFT Standards reflect the willingness to share the richness of the research, evidence and collective wisdom of these organisations in the development of the educational/accreditation and competency standards for the health professions they regulate and support.

Your feedback at this stage is critical and can be provided through a formal written submission that may be lodged:

1. By email: kylie.woolcock@ccea.com.au.
2. By mail: CCEA, GPO Box 622, Canberra ACT 2601

Written submissions are due by:

COB Friday 5 February 2016

INTRODUCTION

The Council on Chiropractic Education Australasia Ltd (CCEA) is reviewing the two sets of standards relevant to its accreditation functions:

- *The educational standards*
- *The competency standards*

These two key sets of standards are complementary and strongly inter-linked. They are the mainstay of chiropractic practice and education in Australia and New Zealand, as well as Asian programs adopting these standards.¹

After extensive consultation with stakeholders the following Draft Standards are presented for your comment and feedback. Rather than critique, we invite you to offer solutions if you have any concerns with the Draft Standards.

Council on Chiropractic Education Australasia (CCEA)

CCEA is currently the independent and nationally recognised body responsible for ensuring competency and higher education standards in chiropractic for the Australasian community.

Since 2005 CCEA is also the gazetted authority responsible for skills assessment in respect of immigrants seeking to practise chiropractic in Australia. Internationally, in 2005, the CCEA was admitted to membership of the Councils on Chiropractic Education International (CCEI).

Educational and Competency Standards and Accreditation

Accreditation

Accreditation is an important quality assurance and quality improvement mechanism for health practitioner education and training. It is also the key quality assurance mechanism to ensure that graduates completing approved programs of study have the knowledge, skills and professional attributes to practise the relevant profession in Australia. Accreditation standards and accreditation of programs of study against those standards are fundamental determinants of the quality of the education and training of health practitioners.²

¹ NOTE: Links to most references cited in this Consultation Paper are available in the References section of Consultation Paper 1, available at www.ccea.com.au/index.php/about/standards-review/

² Paper developed by the Australian Accreditation Liaison Group as background for the NRAS Review; July 2014.

High quality professional education has a critical role to play in protecting the community by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.³ A primary aim of the accreditation system for health professionals is the facilitation of the provision of high quality professional education and training⁴ using the principles of quality assurance and continuous improvement to respond to evolving community needs and professional practice.⁵

Accreditation is the recognition by an independent accreditation authority of the achievement of agreed educational standards by an education provider, demonstrated through an independent external peer assessment of that organisation's level of performance in relation to the standards.⁶

In Australia and New Zealand, graduates of chiropractic education programs cannot register as health professionals and practise unless their program of study is accredited by CCEA with accreditation approved by Chiropractic Board of Australia (CBA) or the New Zealand Chiropractic Board (NZCB).

In Australia under the *Health Practitioner Regulation National Law Act 2009* (the National Law) CCEA is the assigned independent accreditation authority for chiropractic. As well as assessing and accrediting programs of study and education providers in Australia and New Zealand, accreditation functions include the development and review of accreditation standards, the assessment of overseas assessing authorities, and performing assessments of the knowledge, clinical skills, professional attributes and overall competence of overseas qualified chiropractors seeking registration in Australia with the CBA.

In New Zealand, under the provisions of the *Health Practitioners Competence Assurance Act 2003*, the New Zealand Chiropractic Board (NZCB) has prescribed that the pathways to registration are in partnership with CCEA in their accreditation and standards development role.

CCEA also accredits chiropractic education programs in a number of Asian countries. The educational and competency standards are used in the accreditation of these programs.

Critical to the accreditation process is the availability of standards to measure a level of quality or attainment; providing a basis of comparison established in measuring or judging capacity, quantity, quality, content and value; or, criterion used as a model or pattern.

There are two discrete sets of standards relevant to CCEA's accreditation functions:

- *Competency Standards for Chiropractors*
- *Educational Standards for Programs in Chiropractic.*

³ Section 3(2)(a) *Health Practitioner Regulation National Law Act 2009* (the National Law) as in force in each state and territory in Australia.

⁴ Section 3(2)(c) National Law.

⁵ Professions Australia (June 2008) *Standards for Professional Accreditation Processes*, 3; Professions Australia (2008) *Standards for Professional Accreditation Processes*; cited in Forum of Australian Health Professions Councils and the Australian Health Practitioner Regulatory Authority (2013) *Quality Framework for the Accreditation Function*, 1.

⁶ Adapted from: Australian Council on Health Care Standards Website (2015) *What is Accreditation?*

These two sets of standards are complementary and inter-linked. These standards are those approved by the CBA in accordance with the *Health Practitioner Regulation National Law Act* as in force in each state and territory and the NZCB. Diagram 1 below represents the relationship between the educational standards, competency standards, the accreditation scheme and a key objective of these. That is, the health and protection of the community.

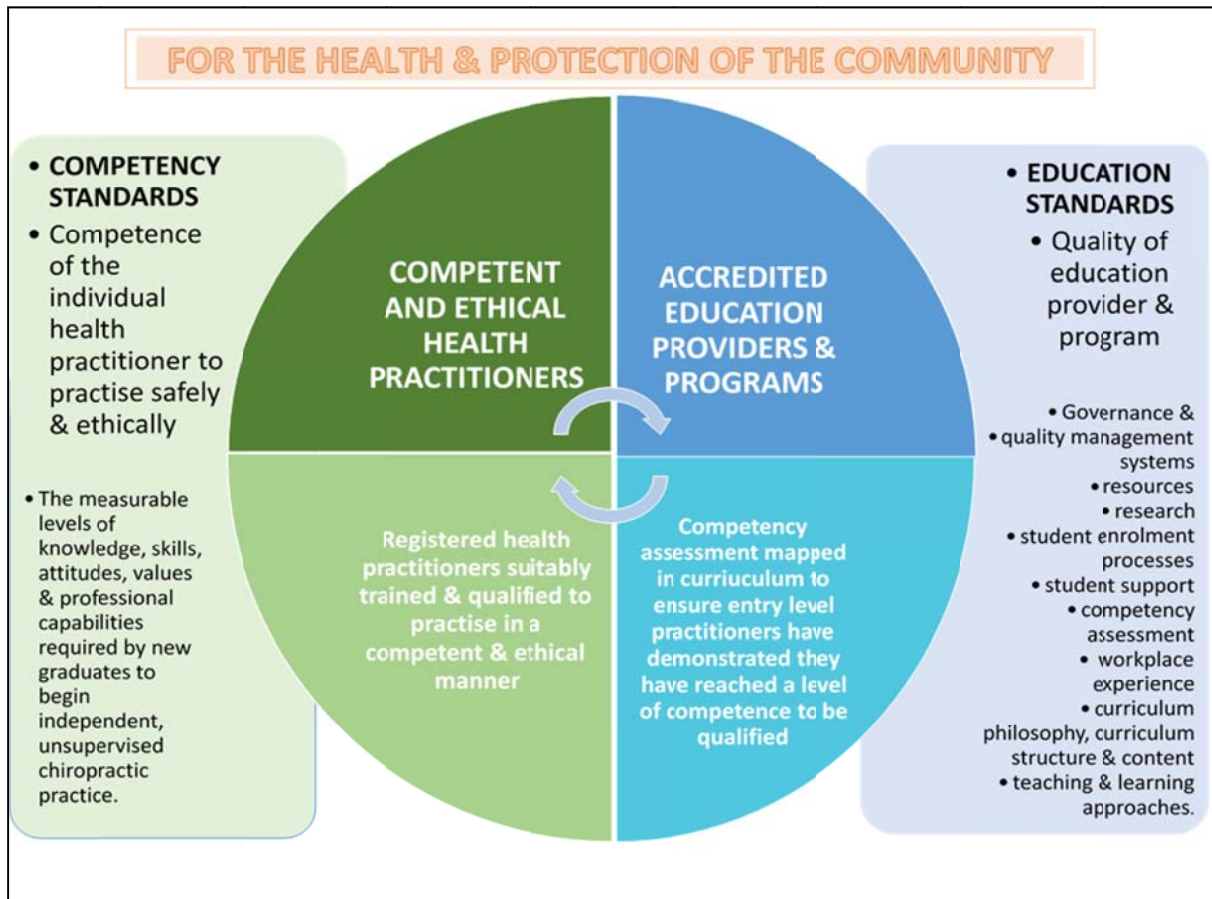


Diagram 1 – Relationship between educational and competency standards, accreditation objectives

REVIEW AND CONSULTATION PROCESS

In reviewing and revising these standards the consultant is working with the Steering Committee to synthesise and translate current evidence, expert opinion and stakeholder feedback to update and improve the current standards so they continue to safeguard and promote the health, safety and wellbeing of those Australians, New Zealanders and visitors to our shores receiving services provided by chiropractors.

The previous work in developing the current competency and educational standards is recognised and valued. Also, significant work has been done by other health professional boards and accreditation authorities in New Zealand and Australia and has informed the review. CCEA would particularly like to thank the Australian Dental Council for sharing their research and accreditation standards, and allowing the CCEA educational standards to adopt much of their

framework. The revised standards also build on the responsibilities of CCEA, CBA and the NZCB under the National Law and *the Health Practitioners Competence Assurance Act 2003*.

In reviewing these two seminal sets of standards, CCEA has a strong desire to engage with practising chiropractors, chiropractic educators and academics, students, regulators, the community at large, the other health professions and other key stakeholders with an interest in competent chiropractors providing safe, ethical chiropractic care to the communities in Australia New Zealand and the other Australasian countries where these standards are applied.

A Consultation Paper was prepared and circulated with an environmental scan of current research, policy and practice in health, education, the profession and regulation in Australia, New Zealand and other international loci and widely circulated. This remains available on the CCEA website at: <http://www.ccea.com.au/index.php/about/standards-review/#Consultation>.

Considerable feedback was received through submissions based on this medium, an on-line survey and three stakeholder forums held in Perth, Sydney and Auckland.

After this first round of extensive consultation with stakeholders the following Draft Standards are presented for your comment and feedback. Rather than critique, we invite you to offer solutions if you have any concerns with the Draft Standards.

It should be noted that the Standards are only one part of the accreditation scheme. During the consultation phase, stakeholders provided the Steering Committee with feedback on a number of aspects of accreditation that are captured in Diagram 2 below.

EDUCATIONAL AND COMPETENCY STANDARDS	EXPLANATORY STATEMENTS AND NOTES
ACCREDITATION PROCESSES	COMPETENCE OF SITE EVALUATION TEAM MEMBERS

Diagram 2 – the elements of the accreditation scheme

- **The explanatory statements and notes to the Standards** providing background information for education providers, assessors and others using the Standards – these will be further developed after the Standards have been finalised. For the educational standards, these might involve describing examples of evidence that could be provided by education providers, or guidelines that describe current expectations based on benchmarking or other reference points. For the competency standards, these might involve describing the specific ‘Knowledge, Skills and Attributes’ that underpin them, or evidence examples to support education providers in the teaching and assessment of them.
- **The accreditation system and processes** – the design of the accreditation system, the guidelines, timelines and the administration of the scheme – these will also be reviewed in light of the comments received and improvements suggested.

- **The competence of site evaluation team members** was an area that was highlighted during the consultation and it is recognised that the site evaluation team members participating in the accreditation of a chiropractic education program require careful induction to the philosophy and functions of the scheme and ongoing professional development.

These other aspects of accreditation will be reviewed and developed as we progress towards a defined implementation date for the revised Standards. It is anticipated that this implementation date will be approximately 12 months after the Standards have been approved by the relevant registration authorities).

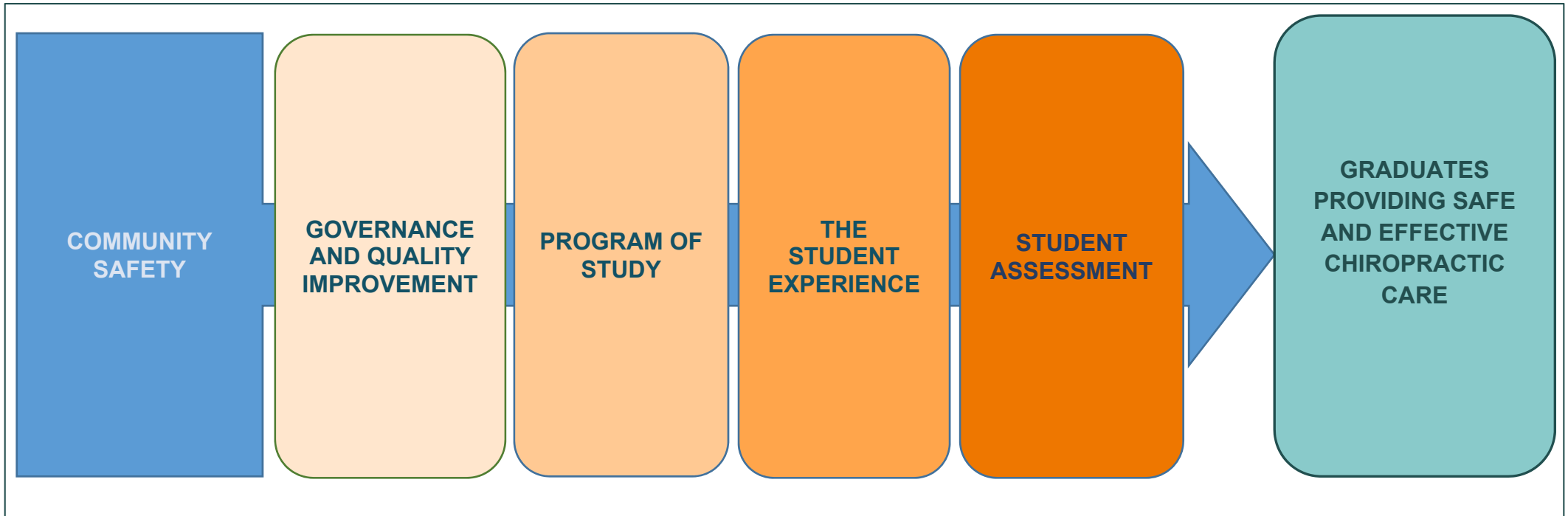
Once again, your feedback at this stage is critical and can be provided through a formal written submission that may be lodged:

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- By mail: CCEA, GPO Box 622, Canberra ACT 2601

Written submissions are due by COB Friday 5 February 2016

DRAFT CHIROPRACTIC EDUCATIONAL STANDARDS

Chiropractic Educational Standards Model



Chiropractic Educational Standards Statements

STANDARD 1 – COMMUNITY SAFETY

Community safety is prioritised.

STANDARD 2 – GOVERNANCE AND QUALITY IMPROVEMENT

Governance and quality improvement strategies, policies and procedures are effective in developing and delivering sustainable, high-quality education.

STANDARD 3 – PROGRAM OF STUDY

The program of study, including the curriculum and resourcing, is based on contemporary educational theory and practice.

STANDARD 4 – THE STUDENT EXPERIENCE

The program provides equitable and timely access to information and support for students.

STANDARD 5 – STUDENT ASSESSMENT

Student assessment is comprehensive, fair, valid and reliable.

STANDARD 1 – COMMUNITY SAFETY

Community safety is prioritised.

1. Criteria

- 1.1. Protection of the community and the care of patients are prominent in the guiding principles of the educational program, clinical training and student learning outcomes.
- 1.2. Patients give informed consent to care provided by students.
- 1.3. Students achieve the relevant competencies before providing patient care as part of the program.
- 1.4. Students and staff are held to high levels of ethical and professional conduct.
- 1.5. Student clinics, chiropractic practices and other health services providing students with clinical experience have robust quality and safety policies and processes and meet relevant jurisdictional requirements and standards.
- 1.6. Students are supervised by registered, suitably qualified and experienced chiropractors and/or health practitioners during clinical experience placements.
- 1.7. Students are registered with the relevant regulatory authority/ies where required.
- 1.8. Student impairment screening and management processes are effective.

STANDARD 2 – GOVERNANCE AND QUALITY IMPROVEMENT

Governance and quality improvement strategies, policies and procedures are effective in developing and delivering sustainable, high-quality education.

2. Criteria

- 2.1. The education provider has robust academic governance arrangements in place for the program of study; meeting all relevant jurisdictional regulatory requirements; or having equivalent mechanisms to assure the quality and integrity of the program of study.
- 2.2. The academic governance structure for the higher education provider and the school conducting the program (program provider) ensures academic oversight of the program and promotes high-quality teaching and learning, scholarship, research and ongoing evaluation.
- 2.3. The program provider assesses and addresses risks to the program, program outcomes and students; and has a primary focus on continually improving the quality of the teaching and learning experience for students and the competence of new graduates.
- 2.4. Quality improvement processes use valid and reliable student and other evaluations, internal and external academic and professional peer review to improve the program.
- 2.5. There is relevant external input to the design and management of the program, including from representatives of the chiropractic profession.
- 2.6. Mechanisms exist for responding within the curriculum in a timely and effective manner to contemporary developments in health professional education.

STANDARD 3 – PROGRAM OF STUDY

The program of study, including the curriculum and resourcing, is based on contemporary educational theory and practice.

3. Criteria

- 3.1. A coherent educational philosophy informs the program of study design and delivery.
- 3.2. Learning outcomes address all the relevant chiropractic competency standards.
- 3.3. Principles of inter-professional learning and practice are embedded in the curriculum.
- 3.4. Cultural awareness and competence is integrated within the program and clearly articulated as required disciplinary learning outcomes.
- 3.5. Teaching and learning environments support the achievement of the required learning outcomes.
- 3.6. The quality and quantity of clinical experience are sufficient for developing a student to be a graduate competent to practise.
- 3.7. Learning and teaching methods are explicitly designed and used to enable students to achieve the required learning outcomes.
- 3.8. Learning environments support the achievement of research skills appropriate to the academic level of the program.
- 3.9. The chiropractic program has the resources to sustain the quality of education that is required to facilitate the achievement of the relevant chiropractic competency standards.
- 3.10. Teaching and clinical staff are suitably qualified and experienced to deliver the units they teach and supervise clinical experience.
- 3.11. Facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.

STANDARD 4 – THE STUDENT EXPERIENCE

The program provides equitable and timely access to information and support for students.

4. Criteria

- 4.1. Program information is relevant, clear and accessible.
- 4.2. Admission and progression requirements and processes are fair, equitable and transparent.
- 4.3. Students have access to effective grievance and appeals processes.
- 4.4. The provider identifies and provides support to meet the academic learning needs of students.
- 4.5. Students are informed of and have access to personal support services provided by qualified personnel.
- 4.6. Students are represented within the deliberative and decision making processes for the program.
- 4.7. Equity and diversity principles are observed and promoted in the student experience.

STANDARD 5 – STUDENT ASSESSMENT

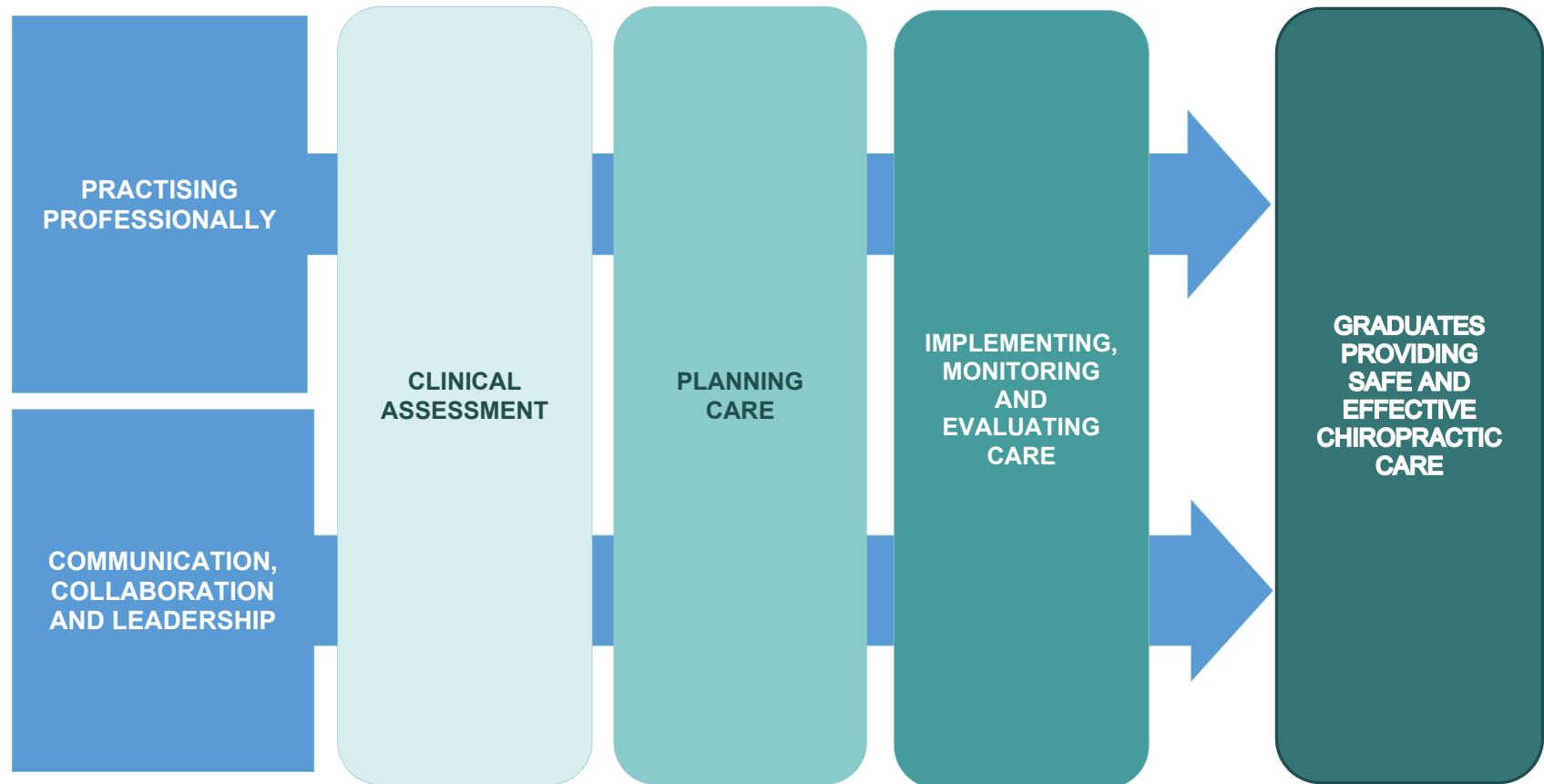
Student assessment is comprehensive, fair, valid and reliable.

Criteria

- 5.1 There is a clear relationship between learning outcomes and student assessment strategies.
- 5.2 The scope of student assessment covers all learning outcomes and competencies and is clearly mapped to the relevant chiropractic competency standards and the assessment strategies used.
- 5.3 Multiple validated assessment tools, modes and sampling are used including direct observation in the clinical setting.
- 5.4 Program management and co-ordination, including moderation procedures, ensure consistent and appropriate assessment and feedback to students.
- 5.5 Both formative and summative assessment types and tasks are used across the program to enhance individual and collective learning as well as inform student progression.
- 5.6 Suitably qualified and experienced staff assess students, including external experts in the final year.

DRAFT CHIROPRACTIC COMPETENCY STANDARDS

Competency Standards Model



Draft Chiropractic Competency Standards

UNIVERSAL COMPETENCY 1 – PRACTISING PROFESSIONALLY

Practises professionally, ethically and legally with safety and efficacy achieved through the application of best practice as the primary consideration in all aspects of chiropractic practice.

UNIVERSAL COMPETENCY 2 – COMMUNICATION, COLLABORATION AND LEADERSHIP

Communicates and collaborates effectively at all times with the patient and others.⁷

PRACTICE COMPETENCY 3 – CLINICAL ASSESSMENT

Understands the patient's health status and related circumstances⁸; critically analysing these and forming a clinical impression.

PRACTICE COMPETENCY 4 – PLANNING CARE

Works in collaboration with the patient, exploring the care options available and developing an agreed, evidence based care and management plan.

PRACTICE COMPETENCY 5 – IMPLEMENTING, MONITORING AND EVALUATING CARE

Coordinates the safe and effective implementation, monitoring and evaluation of the patient's care plan.

⁷ 'Others' includes any agencies and individuals relevant to practising professionally such as carers, families, other health professionals, judicial officers and courts, regulatory agencies and the community.

⁸ 'Related circumstances' refers to the person's social, cultural and economic situation that may influence the care and treatment options available.

UNIVERSAL COMPETENCY 1 – PRACTISING PROFESSIONALLY

Practises professionally, ethically and legally with safety and efficacy achieved through the application of best practice as the primary consideration in all aspects of chiropractic practice.

ELEMENTS	PERFORMANCE CRITERIA
<p>1.1 Complies with legal and ethical requirements</p>	<p>On graduation, a chiropractor:</p> <ul style="list-style-type: none"> • Adheres to relevant legislation, common law, codes, standards and other policy regulating chiropractic conduct and practice. • Understands and applies the principles of confidentiality and privacy. • Establishes and maintains professional relationships and boundaries.
<p>1.2 Applies a patient-centred approach to practice</p>	<ul style="list-style-type: none"> • Recognises and responds to diversity in the population, including but not limited to gender, age, religion, race, disability, socioeconomic status and sexual orientation. • Understands the impact of culture, values, beliefs and experiences on health status, health-seeking behaviour and maintenance of health. • Recognises and responds to a patient’s emotional response to their health status.
<p>1.3 Demonstrates professional integrity</p>	<ul style="list-style-type: none"> • Understands the responsibility for continuing professional development and lifelong learning. • Uses an evidence-based approach in planning, delivery and evaluation of care. • Applies critical thinking and problem solving to all aspects of care. • Understands and works within the bounds of one’s own professional expertise and competence. • Accepts responsibility and accountability for membership in the profession. • Understands and applies the principles of risk management and quality improvement to practice.

UNIVERSAL COMPETENCY 2 – COMMUNICATION, COLLABORATION AND LEADERSHIP

Communicates and collaborates effectively at all times with the patient and others.⁹

ELEMENTS	PERFORMANCE CRITERIA
<p>2.1 Communicates effectively with the patient and others</p>	<p>On graduation, a chiropractor:</p> <ul style="list-style-type: none"> • Communicates effectively verbally, non-verbally and in writing, providing clarity for safe and agreed care and treatment. • Meets any language proficiency requirements established in regulation for the profession. • Adapts communication style recognising cultural safety, and cultural and linguistic diversity. • Uses information and communications technology effectively to enhance communication.
<p>2.2 Collaborates effectively with the patient and others</p>	<ul style="list-style-type: none"> • Establishes a therapeutic relationship with patients and others demonstrated by rapport, active listening, mutual respect and trust. • Establishes and maintains professional relationships including delegation, supervision, consultation and referrals. • Expresses professional opinions competently, confidently and respectfully, avoiding discipline specific language when necessary. • Gives timely, sensitive and instructive feedback to colleagues from the chiropractic profession and other professions, and responds professionally to feedback from these colleagues • Recognises the potential for disagreement and conflict in relation to care and management, and responds to resolve issues.
<p>2.3 Implements health promotion and disease prevention strategies</p>	<ul style="list-style-type: none"> • Understands the basis for prevention and early detection initiatives. • Participates in health education and risk reduction programs to meet identified needs within the community.

⁹ 'Others' includes any agencies and individuals relevant to practising professionally such as carers, families, other health professionals, judicial officers and courts, regulatory agencies and the community.

ELEMENTS	PERFORMANCE CRITERIA
2.4 Manages information to meet legal obligations and professional standards	<p>On graduation, a chiropractor:</p> <ul style="list-style-type: none"> • Creates, maintains and manages accurate and complete records that comply with legal requirements, accepted professional standards and confidentiality.
2.5 Supervises administrative and other staff	<ul style="list-style-type: none"> • Defines activities that can be delegated to administrative or other staff. • Explains responsibility for supervision of administrative or other staff.

PRACTICE COMPETENCY 3 – CLINICAL ASSESSMENT

Understands the patient's health status and related circumstances¹⁰; critically analysing these and forming a clinical impression.

ELEMENTS	PERFORMANCE CRITERIA
<p>3.1. Obtains and records a relevant history</p>	<p>On graduation, a chiropractor:</p> <ul style="list-style-type: none"> • Obtains and records a relevant history of the patient's medical, social and health status. • Evaluates individual patient risk factors. • Maintains accurate, consistent, legible and contemporaneous records of patient management.
<p>3.2. Performs an examination</p>	<ul style="list-style-type: none"> • Explains the need for and process of the examination. • Performs examinations relevant to the patient's presentation. • Obtains consent and conducts physical examination with appropriate rapport.
<p>3.3 Obtains the results of clinical, laboratory and other diagnostic procedures necessary to inform care</p>	<ul style="list-style-type: none"> • Identifies existing investigation results and reports. • Determines clinical, laboratory and other diagnostic procedures relevant to the patient's presentation. • Refers for, or takes radiographs where clinically indicated. • Makes referrals to obtain further information.
<p>3.4 Recognises determinants of health</p>	<ul style="list-style-type: none"> • Identifies determinants of health, including psychological, biological, social, cultural, environmental, educational, and economic determinants, as well as health care system factors. • Understands public health priorities.
<p>3.5 Critically analyses information available to generate a clinical impression</p>	<ul style="list-style-type: none"> • Interprets results of clinical, laboratory and diagnostic procedures. • Forms an understanding of the patient's health status and/or identifies possible diagnoses. • Identifies 'red flags'.

¹⁰ 'Related circumstances' refers to the person's social, cultural and economic situation that may influence the care and treatment options available.

PRACTICE COMPETENCY 4 – PLANNING CARE

Works in collaboration with the patient and others to explore the care options available and develop an agreed, evidence based care and management plan.

ELEMENTS	PERFORMANCE CRITERIA
4.1 Identifies possible care and management options	<p>On graduation, a chiropractor:</p> <ul style="list-style-type: none">• Integrates knowledge of chiropractic and other health sciences to inform decisions about care and management options.• Obtains, interprets and applies current evidence and information to inform decisions about care and management options.• Identifies care and management options that are likely to be therapeutically effective and safe for the patient.• Understands varying patient needs across the human lifespan, including the need for care and management options to be tailored for the patient.• Considers opportunities to enhance the care and management of the patient through the involvement of other health professionals.
4.2 Discusses care and management options	<ul style="list-style-type: none">• Explains and discusses the outcomes and implications of the clinical assessment with the patient.• Discusses the purpose, nature and expected outcomes of care and management with the patient and others.• Discusses and seeks agreement with the patient and others on the patient's goals and priorities.• Describes the areas of practice of other health professions and explains interprofessional approaches to patients and others.
4.3 Formulates a care plan	<ul style="list-style-type: none">• Reaches agreement on a patient-centred, evidence-based care plan including chiropractic care, co-management or referral.• Establishes plans for review of management and care.

PRACTICE COMPETENCY 5 – IMPLEMENTING, MONITORING AND EVALUATING CARE

Coordinates the safe and effective implementation, monitoring and evaluation of the patient's care plan.

ELEMENTS	PERFORMANCE CRITERIA
5.1 Obtains and records patient informed consent regarding care	On graduation, a chiropractor: <ul style="list-style-type: none"> • Applies relevant legal requirements, professional standards and codes to obtain and record patient consent.
5.2 Implements interventions safely and effectively	<ul style="list-style-type: none"> • Performs safe and effective adjustive, manipulative, manual and other procedures. • Provides information and advice to the patient for health promotion and self-management. • Adapts interventions taking into account such factors as age, condition, health status, response to care and patient preferences.
5.3 Monitors and evaluates the progress of care and health outcomes	<ul style="list-style-type: none"> • Monitors patient's progress towards achieving planned health outcomes. • Monitors management and care for any adverse events. • Evaluates alternative options.
5.4 Modifies/adapts plans based on monitoring and evaluation	<ul style="list-style-type: none"> • Collaborates with the patient and other health professionals to address issues arising from the review.

GLOSSARY

Chiropractic Board of Australia—(CBA or the Board) is the national regulator for the chiropractic profession in Australia. It is established under the Health Practitioner Regulation National Law, as in force in each state and territory. Its primary role is to protect the public and set standards and policies that all chiropractors registered within Australia must meet.

Council on Chiropractic Education Australasia—CCEA is the independent accreditation authority for chiropractic under the National Registration and Accreditation Scheme in Australia and the New Zealand Chiropractic Board. CCEA sets standards for accreditation and accredits chiropractic programs leading to registration; and the providers of those programs. CCEA is also responsible for the development and review of the competency or practice standards used to assess the competence of students undertaking entry level education programs. The assessment of internationally qualified chiropractors seeking to be registered in Australia, New Zealand is also undertaken by CCEA.

Competence—the combination of skills, knowledge, attitudes, values and capabilities underpinning effective and/or superior performance in a profession or occupational area.

Competencies—the knowledge, skills, attitudes, values and behaviours needed to adequately perform a function. Observable, measurable and assessable behaviours that are multi-dimensional, dynamic, and evolve over time. Competencies may be assessed to ensure acquisition. Usually written as statements describing the levels of knowledge, skills, attitudes, values and capabilities expected of graduates.

Competency—an observable and measurable behaviour that integrates and displays multiple components such as knowledge, skills, attitudes, values and capabilities.

Competent—the levels of knowledge, skills, attitudes, values and capabilities required by the new graduates to begin independent, unsupervised chiropractic practice.

Criteria—rules or tests on which a judgement or decision in relation to compliance with the Accreditation Standards can be based.

Cultural competence—A set of congruent behaviours, attitudes, and policies that enable an individual to work effectively in cross-cultural situations.

Curriculum—the full outline of a program of study, usually built around a conceptual framework with the educational and professional chiropractic philosophies underpinning the curriculum and includes: the philosophy for the program; the program structure and delivery modes; subject outlines; linkages between subject objectives, learning outcomes and their assessment, and national competencies or standards of practice; teaching and learning strategies; and a clinical experience plan. A curriculum covers both explicit curriculum and the implicit curriculum components (the latter is important in developing professional attitudes, values and beliefs of the learners).

Education provider—university, or other higher education provider, recognised by government, responsible for a program of study, the graduates of which are eligible to apply to the New Zealand Chiropractic Board or Chiropractic Board of Australia for chiropractic registration. It is the education provider who has control of what qualification can be awarded, has to sign off on the structure, assessment methods used etc (through an academic board or council, teaching and learning specialists etc).

Evidence-based health care—is the integration of the best available evidence with professional expertise, in conjunction with patient preference, values and circumstances, to make health care decisions.

Governance—encompasses the system by which an organisation is controlled and operates, and the mechanisms by which it, and its people, are held to account. Ethics, risk management, compliance and administration are all elements of governance.

Health Practitioners Competence Assurance Act 2003 (NZ)—The New Zealand legislation regulating the conduct, health and competence of health professionals.

Section 3 - Purpose of Act

- 1) *The principal purpose of this Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions.*
- 2) *This Act seeks to attain its principal purpose by providing, among other things,—*
 - a) *for a consistent accountability regime for all health professions; and*
 - b) *for the determination for each health practitioner of the scope of practice within which he or she is competent to practise; and*
 - c) *for systems to ensure that no health practitioner practises in that capacity outside his or her scope of practice; and*
 - d) *for power to restrict specified activities to particular classes of health practitioner to protect members of the public from the risk of serious or permanent harm; and*
 - e) *for certain protections for health practitioners who take part in protected quality assurance activities; and*
 - f) *for additional health professions to become subject to this Act.*

Health Practitioner Regulation National Law Act 2009 (National Law)—contained in the Schedule to the Act. This second stage legislation provides for the full operation of the National Registration and Accreditation Scheme for health professions from 1 July 2010 and covers the more substantial elements of the national scheme, including registration arrangements, accreditation arrangements, complaints, conduct, health and performance arrangements, and privacy and information-sharing arrangements. The purpose is to protect the public by establishing a national scheme for regulating health practitioners and students undertaking programs of study leading to registration as a health practitioner. The National Law is legislated in each state and territory. The Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008 outlines the administrative arrangements established under the first stage of the National Registration and Accreditation Scheme for the Health Professions (Act A).

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 currently registered with TEQSA or NZQA (or equivalent).

Informed consent—Informed consent is a person's voluntary decision about healthcare that is made with knowledge and understanding of the benefits and risks involved. A useful guide to the information that chiropractors need to give to patients is available in the National Health and

Medical Research Council (NHMRC) publication *General guidelines for medical practitioners in providing information to patients*.¹¹

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

New Zealand Qualifications Framework—(NZQF) is the definitive source for accurate and current information on quality assured qualifications in New Zealand. It covers senior secondary school qualifications and tertiary education qualifications. The NZQF is designed to:

- provide information about the skills, knowledge and attributes a graduate gains by completing a qualification
- provide a clear education pathway, to establish what further education the qualification leads to
- enable and support the development of integrated and coherent qualifications
- give confidence in the quality and international comparability of New Zealand qualifications
- contribute to the strengthening of Māori as a people by enhancing and advancing Mātauranga Māori (Māori knowledge)
- be sustainable and robust.

Notes—are used to clarify, amplify or exemplify expressions in the standards.

Patient—refers to the person requiring or receiving health care, treatment, advice or other related services. It includes the full range of alternative terms such as client, resident and health consumer.

Primary health care—is the first level of contact individuals, families and communities have with the health care system.¹²

Program or program of study—the full program of study and experiences that must be completed before a qualification recognised under the AQF or NZQF, such as a Bachelor or Masters Degree of Chiropractic, can be awarded.

Red flags—are findings which indicate a potentially more serious condition that should attract a clinician's attention as a matter of priority.

Research—comprises:

- Creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications.
- Any activity classified as research which is characterised by originality; it should have investigation as a primary objective and should have the potential to produce results that are sufficiently general for humanity's stock of knowledge (theoretical and/or practical) to be recognisably increased. Most higher education research work would qualify as research.
- Pure basic research, strategic basic research, applied research and experimental development¹³

¹¹ Code of conduct for chiropractors. Chiropractic Board of Australia. March 2014.

¹² Primary Health Care Research and Information Service (2015). PHCRIS Getting Started Guides: Introduction to... Primary Health Care. From http://www.phcris.org.au/guides/about_phc.php (accessed 8 Dec 2015)

Scholarship—application of systematic approaches to acquiring knowledge through intellectual inquiry. Includes disseminating this knowledge through various means such as publications, presentations (verbal and audio-visual), professional practice and the application of this new knowledge to the enrichment of the life of society.

School—organisational entity of an education provider responsible for the design and delivery of a program of study in chiropractic. Where the school of chiropractic is part of a larger faculty, the school is regarded as the program provider for the purposes of these standards. This may be the school, department or faculty of an education provider responsible for the design and delivery of a program of study in chiropractic leading to the award of a Bachelor Degree in chiropractic as a minimum. However, it is the education provider who has control of what qualification can be awarded, and has to sign off on matters including the structure, assessment methods used etc (through an academic board or council, teaching and learning specialists and/or other mechanisms).

Student assessment—formative and summative processes used to determine a student's achievement of expected learning outcomes. May include written and oral methods and practice or demonstration.

Tertiary Education Quality and Standards Agency—(TEQSA) regulates and assures the quality of Australia's large, diverse and complex higher education sector. Its function is to register and evaluate the performance of higher education providers against the Higher Education Standards Framework and to undertake compliance and quality assessments.

Trans-Tasman Mutual Recognition Arrangement—The Trans-Tasman Mutual Recognition Agreement, under the *Trans-Tasman Mutual Recognition Act 1997*, provides that 'a person registered to practise an occupation in Australia is entitled to practise an equivalent occupation in New Zealand, and vice versa, without the need for further testing or examination'.

¹³ Department of Innovation, Industry, Science and Research (2010) *Review of the Category 2 Research Income under the Higher Education Research Data Collection*, 2.



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