



Accreditation Standards for Chiropractic Programs

Competency Standards for Graduating Chiropractors

2017

A detailed anatomical illustration of a human spine, showing the vertebrae and intervertebral discs. The spine is oriented vertically and runs down the left side of the page, with a slight curve. The illustration is in a light, faded style, blending into the background.

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

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

Introduction

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

- The accreditation standards (previously referred to as ‘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.

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.

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

Accreditation 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. 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.¹

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.² A primary aim of the accreditation system for health professionals is the facilitation of the provision of high quality professional education and training³ using the principles of quality assurance and continuous improvement to respond to evolving community needs and professional practice.⁴

Accreditation is the recognition by an independent accreditation authority of the achievement of agreed standards by an education provider, demonstrated through an independent external peer assessment of that organisation's level of performance in relation to the accreditation standards.⁵

In Australia and New Zealand, graduates of chiropractic education programs are not eligible to apply for registration and practise as a Chiropractor unless their program of study is accredited by CCEA. For graduates of Chiropractic programs in Australia to register and practise as a Chiropractor in Australia their program of study in Australia must be approved by Chiropractic Board of Australia (CBA).

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, accreditation functions include the development

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

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

3 Section 3(2)(c) National Law.

4 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.

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

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 perform assessments

of the knowledge, clinical skills, professional attributes and overall competence of overseas qualified chiropractors seeking registration in New Zealand with the NZCB.

CCEA also accredits chiropractic education programs in a number of Asian countries. The accreditation 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 Graduating Chiropractors
- Accreditation Standards for Chiropractic Programs.

These two sets of standards are complementary and inter-linked. Diagram 1 below represents the relationship between the accreditation standards, competency standards, the accreditation scheme and a key objective of these. That is, the health and protection of the public.

FOR THE HEALTH & PROTECTION OF THE PUBLIC

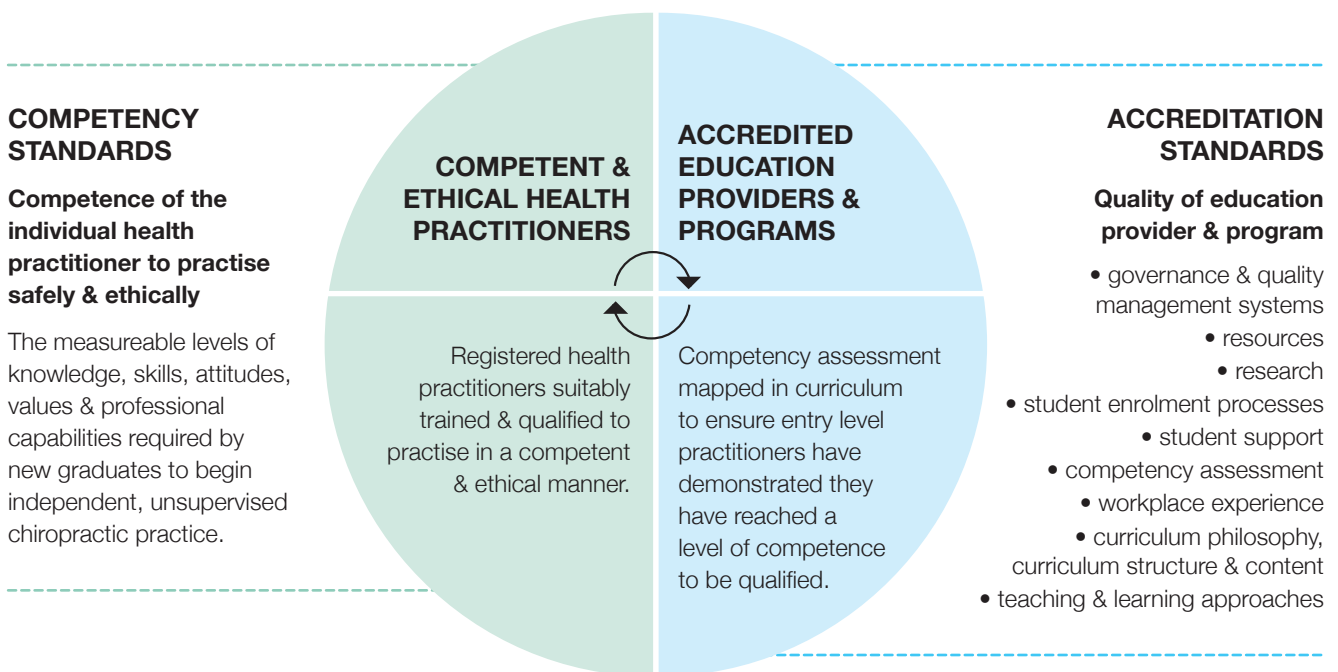


Diagram 1 – Relationship between accreditation and competency standards, accreditation objectives.

Review and consultation process

In reviewing and revising these standards the consultant worked 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 competency and educational standards used to date in the accreditation of chiropractic programs 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 to adopt much of this framework for the CCEA Accreditation Standards. 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 demonstrated 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.

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 the first round of extensive consultation with stakeholders, the first version of the draft standards were presented for comment and feedback. Submissions were received from key and interested agencies, organisations and individuals providing comment and offering advice on improvements that could be made. Amendments were made to the Standards based

on these submissions; and those suggestions and commentary not included will be used to form part of the accompanying explanatory statements and notes that are also key elements of the accreditation scheme.

It should be again 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.



Diagram 2 – The elements of the accreditation scheme

- **The explanatory statements and notes to the standards** – in the case of the accreditation standards these provide background information and guidance for education providers, assessors and others using the standards. This can 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, this can involve describing the specific ‘knowledge, skills and attributes’ that underpin the standards; or evidence of 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 are critical to the operations of accreditation and are reviewed and improved on an ongoing basis in light of comments received and

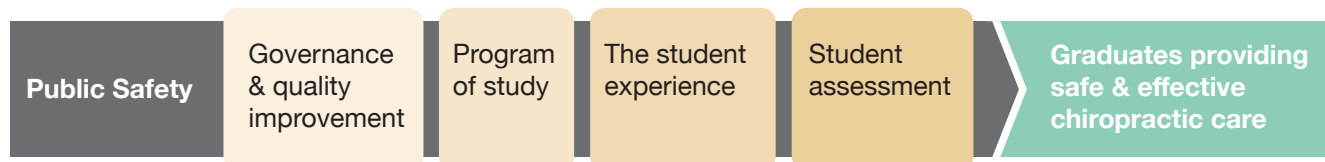
improvements suggested. The accreditation processes provide the infrastructure for the system of accreditation and assessment using the standards by trained site evaluation team members.

- **The competence of site evaluation team members** – is a vital ingredient in the accreditation system. 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, training in the process of evaluation using the standards and ongoing professional development.

These aspects of accreditation are reviewed and further developed alongside the revision of the accreditation and competency standards and are part of the implementation after the standards have been approved by the relevant registration authorities.

Accreditation Standards for Chiropractic Programs

Accreditation Standards Model



Accreditation Standards Statements

STANDARD 1

PUBLIC SAFETY

Public safety is assured.

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 and professional theory, evidence and practice and ensures students achieve the required competencies to practise in the chiropractic profession.

STANDARD 4

THE STUDENT EXPERIENCE

Students are provided with equitable and timely access to information and support.

STANDARD 5

STUDENT ASSESSMENT

Student assessment is comprehensive, fair, valid and reliable.

STANDARD 1 PUBLIC SAFETY

Public safety is assured.

1. Criteria

- 1.1 Protection of the public 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 authorities 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

- | | | |
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| <p>2.1 The provider has robust 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.</p> | <p>2.3 The 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.</p> | <p>2.5 There is relevant external input to the design and management of the program, including from representatives of the chiropractic profession.</p> |
| <p>2.2 The governance structure for the provider and the school conducting the program ensures academic oversight of the program and promotes high-quality teaching and learning, scholarship, research and ongoing evaluation.</p> | <p>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.</p> | <p>2.6 Mechanisms exist for responding within the curriculum to contemporary developments in health professional education in a timely and effective manner.</p> |

STANDARD 3 PROGRAM OF STUDY

The program of study, including the curriculum and resourcing, is based on contemporary educational and professional theory, evidence and practice and ensures students achieve the required competencies to practise in the chiropractic profession.

3. Criteria

- | | | |
|--|--|--|
| <p>3.1 A coherent educational philosophy informs the program of study design and delivery.</p> | <p>3.6 Teaching and learning environments ensure the achievement of the required learning outcomes.</p> | <p>3.10 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.</p> |
| <p>3.2 Program content is informed by contemporary research and evidence based practice.</p> | <p>3.7 The quality and quantity of clinical experience are sufficient for developing a student to be a graduate competent to practise.</p> | <p>3.11 Teaching and clinical staff are suitably qualified and experienced to deliver the units they teach and supervise clinical experience.</p> |
| <p>3.3 Learning outcomes address all the relevant chiropractic competency standards.</p> | <p>3.8 Learning and teaching methods are explicitly designed and used to enable students to achieve the required learning outcomes.</p> | <p>3.12 Facilities and equipment are accessible, well-maintained, fit-for-purpose and support the achievement of learning outcomes.</p> |
| <p>3.4 Principles of inter-professional learning and practice are embedded in the curriculum.</p> | <p>3.9 Learning environments support the achievement of research skills appropriate to the academic level of the program.</p> | |
| <p>3.5 Cultural awareness and competence are integrated within the program and clearly articulated as required disciplinary learning outcomes.⁶</p> | | |

⁶ With guidance provided by relevant national standards and guidelines – for, example, *Aboriginal and Torres Strait Islander Health Curriculum Framework* (2016).

STANDARD 4

THE STUDENT EXPERIENCE

Students are provided with equitable and timely access to information and support.

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

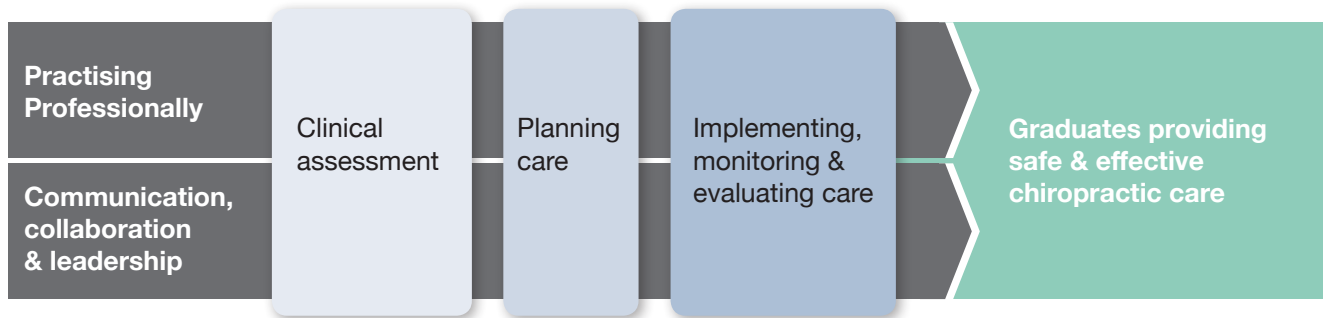
Student assessment is comprehensive, fair, valid and reliable.

5. 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, with external input in the final year.

Competency Standards for Graduating Chiropractors

Competency Standards Model



Competency Standards

UNIVERSAL COMPETENCY 1 PRACTISING PROFESSIONALLY

Practises professionally, ethically and legally with safety and efficacy with the application of evidence-based 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 patients and others.⁷

PRACTICE COMPETENCY 3 CLINICAL ASSESSMENT

Understands patients' health status and related circumstances⁸; critically analysing these and forms a clinical impression.

PRACTICE COMPETENCY 4 PLANNING CARE

Works in collaboration with patients, exploring the care options available and developing agreed, evidence-based care and management plans.

PRACTICE COMPETENCY 5 IMPLEMENTING, MONITORING AND EVALUATING CARE

Coordinates the safe and effective implementation, monitoring and evaluation of patients' care and management plans.

⁷ 'Others' includes any agencies and individuals relevant to practising professionally such as carers, families, students, 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 with the application of evidence-based practice as the primary consideration in all aspects of chiropractic practice.

1.1 Complies with legal and ethical requirements

PERFORMANCE CRITERIA

On graduation, a chiropractor:

- Adheres to relevant legislation, common law, codes, standards and other policy regulating chiropractic conduct and practice.
- Applies the ethical principles of autonomy, beneficence, non-maleficance and justice.
- Applies principles of confidentiality and privacy.
- Establishes and maintains professional relationships and boundaries.

1.2 Applies a patient-centred approach to practice

PERFORMANCE CRITERIA

On graduation, a chiropractor:

- Recognises and responds to diversity in the population, including but not limited to gender, age, religion, race, disability, socioeconomic status and sexual orientation.
- Recognises and responds to the impact of culture, values, beliefs, education levels and life experiences on health status, health and help-seeking behaviours and maintenance of health.
- Recognises and responds to a patient's emotional response to their health status.

1.3 Applies an evidence-based approach to practice

PERFORMANCE CRITERIA

On graduation, a chiropractor:

- Uses an evidence-based approach in planning, delivering and evaluating care.
- Applies critical thinking and problem solving to all aspects of care.

1.4 Demonstrates professional integrity

PERFORMANCE CRITERIA

On graduation, a chiropractor:

- Demonstrates commitment to continuing professional development and lifelong learning.
- Applies research skills to support professional development and lifelong learning.
- Works within the bounds of their professional expertise and competence and seeks professional support and peer review when necessary.
- Accepts responsibility and accountability as a professional and member of the chiropractic profession.
- Applies principles of risk management and quality improvement to practice.

1.5 Demonstrates capacity for self-reflection

PERFORMANCE CRITERIA

On graduation, a chiropractor:

- Demonstrates skill in self-assessment and critical evaluation of personal knowledge, skills and expertise, including awareness of personal bias and beliefs and how these might influence patient care; has appropriate strategies in place to deal with this.
- Demonstrates awareness of factors affecting their health and wellbeing, including fatigue, stress management, infection control and disease prevention, to mitigate health risks of professional practice.⁹

9 Australian Medical Council (2012) 'Graduate outcome statement 4.4', *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012*, p 4.

UNIVERSAL COMPETENCY 2 COMMUNICATION, COLLABORATION AND LEADERSHIP

Communicates and collaborates effectively at all times with patients and others.¹⁰

2.1 Communicates effectively with patients and others

PERFORMANCE CRITERIA

On graduation, a chiropractor:

- Communicates effectively – verbally, non-verbally and in writing – providing clarity for safe and agreed care and treatment.
- Meets language proficiency requirements established in regulation for the profession.
- Adapts communication style to acknowledge cultural safety, and cultural and linguistic diversity.
- Uses information and communications technology effectively to enhance communication.

2.2 Collaborates effectively with patients and others

PERFORMANCE CRITERIA

On graduation, a chiropractor:

- Demonstrates rapport, active listening, mutual respect and trust in developing professional relationships with patients and others.
- Expresses professional opinions competently, confidently and respectfully, avoiding discipline-specific language when necessary.

- Gives timely, sensitive and instructive feedback to colleagues in the chiropractic profession and other professions, and responds professionally to feedback from these colleagues.
- Demonstrates ability to describe and respect the roles and expertise of other health care professionals.
- Demonstrates ability to learn and work effectively as a member of an inter-professional team or other professional group, including through delegation, supervision, consultation and referrals.
- Recognises potential for disagreement and conflict in relation to care and management, and responds to resolve issues.

2.3 Implements health promotion and disease prevention strategies

PERFORMANCE CRITERIA

On graduation, a chiropractor:

- Recognises responsibility to protect and advance the health and wellbeing of individuals, communities and populations.¹¹
- Participates in evidence-based health education and risk reduction programs to meet identified needs within the community.

- Integrates prevention, early detection, health maintenance and chronic condition management, where relevant, into practice.¹²
- Places the needs and safety of patients at the centre of the care process, demonstrating safety skills including infection control, adverse event reporting and effective co-management and referral.¹³

2.4 Manages information to meet legal obligations and professional standards

PERFORMANCE CRITERIA

On graduation, a chiropractor:

- 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

PERFORMANCE CRITERIA

On graduation, a chiropractor:

- Defines activities that can be delegated to administrative or other staff.
- Explains responsibility for supervising and training administrative or other staff.

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

11 Adapted from Australian Medical Council (2012) 'Graduate outcome statement 3.1', *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012*, p 3.

12 Ibid, 'Graduate outcome statement 2.10', p 3.

13 Ibid, 'Graduate outcome statement 2.14', p 3.

PRACTICE COMPETENCY 3 CLINICAL ASSESSMENT

Understands patients' health status and related circumstances¹⁴; critically analyses these and forms a clinical impression.

3.1. Obtains and records a history

PERFORMANCE CRITERIA

On graduation, a chiropractor:

- Obtains and records history of patients' medical, social and health status.
- Evaluates individual patient risk factors.
- Maintains secure, accurate, consistent, legible and contemporaneous records of patient management—electronic and/or written.

3.2. Performs a clinical examination

PERFORMANCE CRITERIA

On graduation, a chiropractor:

- Explains need for and process of examination.
- Performs examinations relevant to patients' presentation.
- Obtains consent and conducts physical examination with appropriate rapport, respect and preservation of modesty.

3.3 Obtains the results of clinical, laboratory and other diagnostic procedures necessary to inform care

PERFORMANCE CRITERIA

On graduation, a chiropractor:

- Identifies existing investigation results and reports.
- Determines clinical, laboratory and other diagnostic procedures relevant to patients' presentation.
- Refers for or conducts imaging where clinically indicated.
- Makes referrals or obtains further information, where indicated.

3.4 Recognises determinants of health

PERFORMANCE CRITERIA

On graduation, a chiropractor:

- Identifies and considers determinants of health, including psychological, biological, social, cultural, environmental, educational, and economic determinants, as well as health-care system factors.
- Demonstrates knowledge of aetiology, pathology, clinical features, natural history and prognosis for common and important presentations.
- Recognises and responds to public health priorities.

3.5 Critically analyses information available to generate a clinical impression

PERFORMANCE CRITERIA

On graduation, a chiropractor:

- Demonstrates knowledge of diagnostic imaging techniques and procedures, including indications and limitations of available imaging modalities.
- Interprets and integrates results of clinical, laboratory and diagnostic procedures into care planning.
- Forms an understanding of patients' health status and/or identifies possible diagnoses.
- Identifies 'red flags' and manages and/or refers as appropriate.

¹⁴ '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 patients, exploring the care options available and developing agreed, evidence-based care and management plans.

4.1 Identifies possible care and management options

PERFORMANCE CRITERIA

On graduation, a chiropractor:

- 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 likely to be therapeutically effective and safe for patients.
- Adapts practice according to varying patient needs across the human lifespan, including need for care and management options to be tailored for patients.
- Considers opportunities to enhance patients' care and management through the involvement of other health professionals.

4.2 Discusses care and management options

PERFORMANCE CRITERIA

On graduation, a chiropractor:

- Explains and discusses the outcomes and implications of the clinical assessment with the patients.
- Discusses purpose, nature, benefits, risks and expected outcomes of care and management with patients and others.
- Discusses and seeks agreement with patients and others on patients' goals and priorities.
- Describes areas of practice of other health professions and explains interprofessional approaches to patients and others.

4.3 Formulates a care and management plan

PERFORMANCE CRITERIA

On graduation, a chiropractor:

- Formulates care plan in collaboration with patients, recognising personal and professional limitations.
- Reaches agreement on patient-centred, evidence-based care plan, including chiropractic care, co-management or referral.
- Establishes plans for review of care and management.

PRACTICE COMPETENCY 5 IMPLEMENTING, MONITORING AND EVALUATING CARE

Coordinates the safe and effective implementation, monitoring and evaluation of patients' care and management plans.

5.1 Obtains and records patient-informed consent regarding care

PERFORMANCE CRITERIA

On graduation, a chiropractor:

- Applies relevant legal requirements, professional standards and codes to obtain and record patients' consents.

5.2 Implements interventions safely and effectively

PERFORMANCE CRITERIA

On graduation, a chiropractor:

- Performs safe and effective adjustive, manipulative, manual and other procedures.
- Provides information and advice to patients for health promotion, self-management and lifestyle options for better health.
- Adapts interventions accounting for factors such as age, condition, health status, response to care and patients' preferences.

5.3 Monitors and evaluates progress of care and health outcomes

PERFORMANCE CRITERIA

On graduation, a chiropractor:

- Recognises possible complications/ adverse events arising from patients' management and has appropriate procedures in place in order to be able to effectively manage these including referral for emergency care when appropriate.
- Monitors patients' progress towards achieving planned health outcomes using valid and reliable measures where available.
- Monitors management and care for adverse events and changes in patients' lives that may affect care.
- Considers alternative options when indicated.

5.4 Adapts plans based on monitoring and evaluation

PERFORMANCE CRITERIA

On graduation, a chiropractor:

- Collaborates with patients and other health professionals, where indicated, to address issues arising from monitoring and evaluation.

Appendix 1

ACRONYMS AND ABBREVIATIONS

ACCE	Australasian Council on Chiropractic Education Ltd
ADC	Australian Dental Council
AHPRA	Australian Health Practitioner Regulation Agency
AMC	Australian Medical Council
AQF	Australian Qualifications Framework
CAA	Chiropractors' Association Australia
CBA	Chiropractic Board of Australia
CCEA	Council on Chiropractic Education Australasia
CCEI	Councils on Chiropractic Education International
COAG	Council of Australian Governments
HPAC	Health Professions Accreditation Councils' Forum
NRAS	National registration and accreditation scheme
NSQHS	National Safety and Quality Health Services Standards
NZCA	New Zealand Chiropractic Association
NZCB	New Zealand Chiropractic Board
NZQA	New Zealand Qualifications Authority
NZQF	New Zealand Qualifications Framework – Te Taura Here Tohu Mātauranga o Aotearoa
TEQSA	Tertiary Education Quality and Standards Agency

Appendix 2

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 practice – is the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care. Clinical expertise refers to the clinician's cumulated experience, education and clinical skills. The patient brings to the encounter their own personal and unique concerns, expectations, and values. The best evidence is usually found in clinically relevant research that has been conducted using sound methodology.¹⁵

Evidence informed practice – is used synonymously with evidence based practice.

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.

15 Sackett DL, Straus SE, Richardson WS *et al.* (2000) Evidence-Based Medicine. *How to practice and teach EBM*. Edinburgh: Churchill Livingstone, 1.

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*.¹⁶

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.¹⁷

¹⁶ Code of conduct for chiropractors. Chiropractic Board of Australia. March 2014.

¹⁷ 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)

Program or program of study

– the full program of study and experiences that must be completed before a qualification recognised such as a Bachelor or Masters Degree of Chiropractic, under the AQF or NZQF (in the case of Australia and New Zealand), can be awarded.

Provider – is used in Standards for consistency and includes education provider, higher education provider and program provider.

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 development.¹⁸

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'.

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

Appendix 3

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