

In reply please quote : C14

Ms T Phillips  
Executive Officer  
National Health Workforce Taskforce  
Level 12  
120 Spencer Street  
MELBOURNE VIC 3000  
sent via email : taskforce@nhwt.gov.au

Dear Ms Phillips

**Re: Interprofessional Health Education in Australia – Future Research and Development**

The Council on Chiropractic Education Australasia Inc (CCEA) is pleased to provide a follow up submission in relation to the above Discussion Paper.

**GENERAL COMMENT**

The health care sector is incurring increased need and demand at increasing cost. A significant challenge is to ensure that health demands are able to be adequately catered and serviced. To this end it is imperative that there are sufficiently trained health care professionals to meet this demand. It is essential that health care professionals receive adequate clinical training obtaining proficiency and competence. A necessary requirement is the need for sufficient clinical training placements.

The National Health Workforce Taskforce (NHWT) must indeed explore delivery models for the development of education and training including the building of cross sectoral collaboration with all stakeholders.

The Council on Chiropractic Education Australasia (CCEA) is an agency that provides accreditation services for first professional programs in chiropractic. Our website [www.ccea.com.au](http://www.ccea.com.au) demonstrates our competencies document and standards of accreditation.

CCEA noted from the discussion paper that there is no mention of some health profession groups e.g. chiropractic, psychology, optometry, osteopathy and no clinical training data.

CCEA takes the indulgence to remind the taskforce of the demand for musculoskeletal disorders e.g:

- that these disorders are the leading cause of pain and disability in Australia;
- that these disorders are the second most common cause of G.P. presentation;
- that these disorders are an enormous cause of expenditure, hospital admissions and prescriptions.

## **SUPERVISED CLINICAL PRACTICE**

The following represents an overview of the approach taken in Chiropractic Programs in current Australian tertiary based Schools of Chiropractic:

- supervised clinical practice occurs in external student clinics or placements over 1.5 to 2 years of the course;
- such placements are scheduled in the final 2 years of the 5 year chiropractic education;
- on average, students generally work approximately 8 hours per week in patient care shifts;
- there are minimum requirements to perform 300 patient treatment sessions from a minimum of 40-50 new patients;
- treatment sessions are expected to incorporate examination, diagnosis, Management and health counselling and advice.

## **CCEA STANDARDS**

CCEA requirements in relation to its accreditation include:

### **3.1 Academic Staff**

#### Basic Standard

Each program **must** have adequate and stable staff whose complement **must** be suitable for the curriculum, in terms of the mix of qualifications, experience, aptitudes, status, gender, etc.

#### Quality Development

All staff **should** regularly undertake appropriate staff development related to identified needs: induction, in-service training, secondments, consultancy, research and other scholarly activities.

#### Notes

Teaching staff in the basic sciences must have qualifications and experience well in excess of the level at which they are teaching (Masters or PhD level). These persons must have their degree in a basic science discipline closely related to their primary instructional assignment.

Teaching staff in the clinical sciences must have a first professional award granted by an institution accredited by a nationally recognised agency or its foreign equivalent and be registered in the country in which the institution is domiciled. In addition, such persons should have one of the following: a relevant Fellowship or similar, be enrolled in a relevant postgraduate speciality program, three years full time practice experience, two years teaching experience at a first professional degree granting institution as a staff member in that degree program.

Teaching staff in the disciplines of clinical psychology and nutrition must hold appropriate qualifications from accredited institutions.

Each person supervising clinical experiences that include patient care must have 3 years practical chiropractic experience and be appropriately registered to practise chiropractic in the jurisdiction in which the educational activity and/or clinical experience is offered. Each person supervising other clinical experiences must be appropriately credentialed as a healthcare provider and registered to practise in the jurisdiction in which the educational activity and/or clinical experience is offered.

It is highly desirable that no more than eighty percent (80%) of the academic staff holding chiropractic awards who teach in the clinical sciences or clinic shall hold such qualifications from the Institution in which they are teaching.

Qualifications in higher education are strongly encouraged for all staff teaching in chiropractic programs.

#### 4.4.3 Clinical Sciences

##### Basic Standard

The institution **must** ensure that students have adequate patient experiences and opportunities to acquire sufficient clinical knowledge, skills, and attitudes to assume appropriate clinical responsibility upon graduation.

##### Quality Development

Students **should** have early patient contact leading to participation in patient care. The different components of clinical skills training **should** be structured according to the stage of the study program.

##### Notes

*The Clinical Sciences* include physical, clinical and lab diagnosis, orthopaedics, gynaecology, obstetrics, paediatrics, geriatrics, dermatology, otolaryngology, ophthalmology, diagnostic imaging procedures and interpretation, nutrition, rehabilitation, ergonomics, pharmacology (a working knowledge of commonly used medications and pharmaceuticals), and other appropriate subjects.

*Clinical skills* include history taking, physical examination, spinal analysis, first aid and emergency procedures, manual techniques, physical therapies (such as heat, cold, bracing, electrical therapies, etc.), and other treatment procedures, communication, leadership skills, etc.

*Appropriate clinical responsibility* would include health promotion, disease prevention and patient care, for the child, adolescent, adult, geriatric and medically compromised patient.

*Participation in patient care* would include relevant community experience and teamwork with other health professions.

#### 5.3 Student Competencies

##### Basic Standard

The Institution **must** define and state the competencies that students should exhibit on graduation in relation to their future roles in the health care system. The competencies **must** be focused on educational outcomes. Competencies **must** incorporate the requirements listed in the Competency-Based Standards for Entry Level Chiropractors. (Appendix A)

##### Quality Development

Measures of, and information about, competencies of the graduates **should** be used as feedback to program development.

## Notes

*Competencies* within chiropractic at the level of a primary contact practitioner include knowledge and understanding of the basic, clinical, behavioural and social sciences, including public health, and ethics relevant to the practice of chiropractic; attitudes and clinical skills (with respect to establishment of diagnoses, practical procedures, communication skills, health promotion and disease prevention, patient care, rehabilitation, referral to other health care providers, clinical reasoning and problem solving); and the ability to undertake lifelong learning and professional development.

*Competency-Based Standards for Chiropractors* are aimed at entry level into the profession and represent a reasonable expectation of the public of an applicant for registration as a chiropractor in Australia and New Zealand. See appendix for details.

## 5.4 Student Performance

### Basic Standard

Student performance **must** be analysed in relation to the curriculum and the mission and objectives of the chiropractic program.

Each Institution would be expected to provide evidence that candidates for graduation have:

- performed at least fifty (50) individual, patient clinical assessments, including a comprehensive case history and examination for each patient for the purpose of developing a diagnosis or clinical impression and an appropriate case management regime,
- performed at least five (5) examinations of each of the specific systems:- cardiovascular, respiratory, genitourinary, digestive, EENT and a minimum of forty (40) appropriate neuro musculoskeletal examination,
- interpreted and provided written reports on sixty (60) X-ray studies, at least thirty (30) of which were performed by the student on different patients;
- performed at least three hundred (300) chiropractic care sessions, directed toward the alleviation of an identifiable ailment,
- adequately demonstrated a comprehensive understanding of which clinical laboratory examinations should be undertaken and what should be their interpretive significance to relevant cases.

No more than 10% of the above services should be administered to students enrolled in the program.

### Quality Development

Student performance **should** be analysed in relation to student background, conditions and entrance qualifications, and **should** be used to provide feedback to the committees responsible for student selection, curriculum planning and student counselling.

## Notes

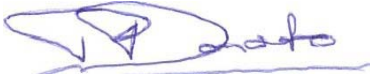
Measures of *student performance* would include information about average study duration, scores, pass and failure rates at examinations, success and attrition rates, student reports about conditions in their courses, as well as time spent by the students on areas of special interest.

**DISCUSSION**

CCEA wishes to reaffirm that chiropractic practitioners are very well trained and positioned to assist with current and future health care.

CCEA would be pleased to assist the Taskforce in relation to data gathering and any other discussions pertaining to the topic of clinical placements.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'P Donato', with a horizontal line underneath.

Dr Phillip Donato, Chairperson, CCEA  
26/2/2009