Review of Chiropractic Standards for Accreditation in Australia and New Zealand

CONSULTATION PAPER 1
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Acknowledgement is made of the expertise, time and commitment contributed by each member of the Council on Chiropractic Education Australasia (CCEA) Standards Review Steering Committee (the Steering Committee) in the preparation of this first consultation paper. The membership comprises:

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

Written submissions are due by, and the survey will close:

COB Friday 10 July 2015
PART 1 – INTRODUCTION AND BACKGROUND

INTRODUCTION

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

- The educational standards currently used to assess and accredit the chiropractic programs of study are the Educational Standards for First Professional Award Programs in Chiropractic\(^1\).
- The competency standards relevant to CCEA’s accreditation and assessment functions are Competency Standards for Entry Level Chiropractors\(^2\).

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\(^3\).

Council on Chiropractic Education Australasia (CCEA)

CCEA was formally constituted and incorporated in South Australia in February 2002 and officially commenced operations on 25 August 2002. The organisation was formed to encompass the roles and operations of two separate accreditation bodies within Australia. These were the Australasian Council on Chiropractic Education Ltd (ACCE) and the Joint Education Committee of Participating Registration Boards (JEC). ACCE had been in operation since 1977 and was responsible for chiropractic education and program accreditation. ACCE also earned reciprocal international recognition of its accreditation with counterpart organisations in the United States of America, Canada and Europe, and was a foundation member of the Councils on Chiropractic Education International (CCEI). This membership was maintained until CCEA had become fully established and had secured local and international recognition of its role.

The JEC was established in 1994 by the NSW and Victorian Chiropractors Registration Boards. It was later joined by the Registration Boards of Queensland, ACT, Northern Territory and New Zealand and was therefore responsible for providing accreditation advice to the majority of Registration Boards in Australasia. It served the Boards from the time of legislative changes that removed the courses prescribed in inaugural chiropractic legislation until 1999.

In 2005 CCEA obtained the formal approval of the Australia Government as the gazetted authority responsible for skills assessment in respect of immigrants seeking to practise

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\(^3\) NOTE: A link to most references cited in this Consultation Paper are available in the References section at the end of the paper.
chiropractic in Australia. Internationally, in 2005, the CCEA was admitted to membership of the CCEI, as the replacement for ACCE.

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

**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. 4

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.5 A primary aim of the accreditation system for health professionals is the facilitation of the provision of high quality professional education and training6 using the principles of quality assurance and continuous improvement to respond to evolving community needs and professional practice.7

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.8

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.

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4 Paper developed by the Accreditation Liaison Group as background for the NRAS Review; July 2014.
5 Section 3(2)(a) *Health Practitioner Regulation National Law Act 2009* (the National Law) as in force in each state and territory in Australia.
6 Section 3(2)(c) National Law.
8 Adapted from: Australian Council on Health Care Standards Website (2015) What is Accreditation?
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 and providers in a number of Asian countries; and the educational and competency standards are also used is 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 Entry Level Chiropractors
- Educational Standards for First Professional Award Programs in Chiropractic.

However, 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 education 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](image)
Educational standards

Educational standards are used in an accreditation to assess whether a program of study, and the education provider that provides the program of study are capable of providing persons who complete the program with the knowledge, skills and professional attributes necessary to practise in the profession in Australia and New Zealand.\(^9\)

The educational standards detail the minimum requirements to be met by higher education providers seeking accreditation of their program of study by CCEA. Ongoing review of the educational and competency standards enables the continuous development of a flexible, responsive and sustainable Australian and New Zealand chiropractic health workforce and enables innovation in the education of, and service delivery by, chiropractors and other health professionals.\(^10\)

Accreditation therefore involves comprehensively examining both the conduct of education providers and the education program they offer through the lens of specific and transparent educational standards including those relating to governance and quality management systems; resources; student enrolment processes, student support, assessment and clinical experience; curriculum philosophy, curriculum structure and content; and teaching and learning approaches. Education providers must demonstrate they provide an educational program that ensures their graduates meet the relevant standards for the practice of their profession.

Further information on the educational standards is contained in Part 2 of this document.

Competency standards

Competency standards outline the measurable levels of knowledge, skills, attitudes, values and professional capabilities required by new graduates to begin independent, unsupervised chiropractic practice. They are used in an education curriculum for assessment purposes and should be able to be mapped to the curriculum content in the teaching and learning, simulated learning opportunities and clinical experience. They are also used for the assessment of internationally qualified practitioners; and provide guidance for assessing/monitoring the performance of health professionals in practice.

Competencies are observable and measurable behaviours that are multi-dimensional, dynamic, and evolve over time. Assessment of students using the competency standards is a fundamental mechanism for assuring the competence of those students across all areas of the professional practice in which they are seeking qualifications that should lead to registration.

Further information on the competency standards is contained in Part 2 of this document.

Review of the standards

Regular review of professional standards is an important means of ensuring the standards remain contemporary and aligned with current best practice and emerging research, policy and relevant industry and professional guidance in Australia, New Zealand and internationally.

In reviewing and revising these standards the consultant will work with the Steering Committee to synthesise and translate current evidence, expert opinion and stakeholder feedback to update

\(^9\) Adapted from Section 5 National Law.

\(^10\) Section 3(2)(f) National Law.
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 education 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 this will inform the review. Any
revised standards will also be built on the responsibilities of CCEA, CBA and the NZCB under the

An environmental scan of current research, policy and practice in health, education, the
profession and regulation in Australia and New Zealand is available in Appendix A – An
Overview of the Environment.

OBJECTIVES OF THE REVIEW

The review aims to achieve consensus on revised educational and competency standards that
are:

- Contemporary and aligned with current best practice and emerging research, policy
  and relevant industry and professional guidance – across Australia and New
  Zealand, and internationally.
- Designed to ensure that chiropractors are suitably educated and qualified to practise
  in a competent and ethical manner.
- Supportive of the continuous development of flexible, responsive and sustainable
  Australian and New Zealand health workforces.
- Acceptable to the community in supporting safe, accessible, quality care.
- Acceptable to the profession and relevant stakeholders.
- Consistent with relevant regulation.
- Able to retain currency and relevance over the period designated before next review.
- Written and presented in a manner which is logically coherent, factually correct,
  consistent with other related standards, and able to be clearly understood without
  further explanation.
- Inclusive of the range of indicators required to assure the community that the
  accredited program of study will produce graduates who meet or exceed the relevant
  competency/practice standards.
- Meaningful for students, particularly in relation to the expectations on them to
  graduate as competent and ethical chiropractors.
- Meaningful to education providers, particularly in relation to their continuous quality
  improvement effort.
- Reasonable in their expectations of the evidence to be provided by higher education
  providers indicating that they comply with the accreditation standard.
Discriminatory, in that they distinguish between students and education providers who meet the standard(s) and those who do not.

Objective, meaningful and measurable against for members of review teams and assessors.

REVIEW AND CONSULTATION PROCESS

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 and New Zealand.

This Consultation Paper outlines the aim, objectives and context of the review. It outlines the process of consultation, asks a number of questions and proposes a number of key areas for consideration by stakeholders.

Your feedback at this stage is critical and can be provided in a number of ways:

- Through the survey link available from late May at: https://www.surveymonkey.com/s/CCEA_Review_Chiropractic_Standards_for_Accreditation.
- 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
- By attending one of the three consultation workshops to be held:
  - Friday 12 June – Perth
  - Monday 29 June - Auckland
  - Friday 3 July - Sydney.

The survey will close on, and written submissions are due by:

COB Friday 10 July 2015

The standards will then be re-drafted based on the information obtained and circulated for a second time for stakeholder feedback.

A detailed outline of the widespread and ongoing research, consultation and development process for the review of the education and competency standards is available on the CCEA website at: www.ccea.com.au.

For the review to be effective, it is essential that the critical input of organisations and individuals with an interest in the education and practice of chiropractors is optimised. This paper will be available to organisations and individuals who may have an interest in the competency standards.
and the educational standards and who may wish to contribute in writing or attend consultation forums as key stakeholders.

It is recognised that there are likely to be different groups of stakeholders with specific interest in one set of standards over the other and all efforts will be made to ensure they have the opportunity to consider and provide feedback in the most useful way. This may be through online surveys, written submissions and/or participation at workshops.

It is also a specific requirement under the National Law that in developing registration standards, codes, guidelines and accreditation standards for a health profession, that a National Board or an accreditation authority must undertake wide-ranging consultation about the content of the standards.\footnote{Section 40(1) – registration standards, codes and guidelines; section 46(2) – accreditation standards National Law.}

The revised educational and competency standards will reflect the feedback from stakeholders, the literature review and environmental scan that are part of this project.
PART 2 – EDUCATIONAL STANDARDS

EDUCATIONAL STANDARDS

Accreditation of Health Professional Education Providers and Programs


As noted above the educational standards are used in an accreditation assessment to assess whether a program of study, and the education provider that provides the program of study are capable of providing persons who complete the program with the knowledge, skills and professional attributes necessary to practise in the profession in Australia and New Zealand.12

The educational standards detail the minimum requirements to be met by higher education providers seeking accreditation of their program of study by CCEA. Ongoing review of the educational and competency standards enables the continuous development of a flexible, responsive and sustainable Australian and New Zealand chiropractic health workforce and enables innovation in the education of, and service delivery by, chiropractors and other health professionals.13

The accreditation process

Accreditation therefore involves comprehensively examining both the conduct of education providers and the education programs through the lens of specific and transparent educational standards including those relating to:

- governance
- quality management systems
- curriculum philosophy, curriculum structure and content
- teaching and learning approaches – including simulated learning and interdisciplinary learning
- resources - including staffing, library, laboratory and clinical learning facilities
- student enrolment processes, student support
- assessment against the competency standards mapped to curriculum content
- work place or clinical experience.

Accreditation of education programs is concerned with the quality of the profession and its work, from the perspective of the public interest and community safety. It is part of a broader process of assuring the community that, having completed an accredited program of study, beginning professional practitioners have achieved agreed professional outcomes and are able to practise in a safe and competent manner equipped with the necessary foundation knowledge,

12 Adapted from Section 5 National Law.
13 Section 3(2)(f) National Law.
professional attitudes, values, capabilities and essential skills. This process itself however, relies on three fundamental principles:

1. That the education providers themselves are authorised to issue the relevant qualification and are evaluated to assure continued quality learning outcomes for their graduates.

2. That there is a set of agreed and contemporary competency standards for the profession, against which the capability of students can be assessed prior to graduation and entry into the profession.\(^{14}\)

3. That while the education standards provide the minimum requirements for education programs and providers, quality improvement is an ongoing obligation.

The first principle relies on the quality assurance and review processes of the education system through the mechanisms of TEQSA in Australia, the New Zealand Qualifications Authority in New Zealand and the Qualifications Frameworks in both countries.

The second principle deals with the Competency Based Standards for Entry Level Chiropractors originally developed in 1991 and last reviewed in 2009. These Standards articulate the core competencies used to assess the performance of those wanting to obtain registration to practise as a registered chiropractor in Australia. They are used by higher education providers when developing chiropractic curricula and assessing student performance; and by employers evaluating a new graduate’s performance. As CCEA is the assessing authority, the standards are also important for establishing the benchmark for the assessment of internationally qualified chiropractors wanting to practise in Australia and/or New Zealand.

The third principle relates to the obligation for education providers and the programs being conducted to be constantly reviewed and improved based on contemporary research into health care delivery encompassing all elements of chiropractic practice, health professional practice more generally, education theory and practice and the analysis of the exit outcomes of students.

The accreditation process administered by CCEA is an efficient and effective proxy for externally assessing each graduate against relevant competency or practice standards. Accreditation of professional programs must ensure that professional standards are protected without inhibiting diversity and innovation or constraining continuous quality improvement. It is essential that both sets of standards are regularly reviewed to ensure relevance in the light of pertinent changes in health and education legislation, policy, delivery and ethos.\(^{15}\)

Increasingly, professional standards (both competency and educational standards) are developing an outcome focus and being simplified. Some have adopted a two tier approach – a high level statement of principle that is identified as the ‘standard’ and the outcome statements that are often identified as ‘criteria’.

**Educational standards for accreditation**

Recent work conducted as part of the Australian Dental Council and Dental Council (New Zealand) identified a number of findings that are useful in the context of the review of the chiropractic education standards. These are identified in the box below.


\(^{15}\) Ibid.
KEY MESSAGES FROM THE LITERATURE REVIEW, MAPPING AND BENCHMARKING

- No coherent body of evidence-based research on the effectiveness of accreditation standards on ensuring student outcomes or program quality.
- Many discussion/opinion statements from standards agencies and government regulatory bodies.
- Strong shift away from 'inputs' towards patient and learner centered ‘outcomes’ (eg new UK GDC standards; Australian RN standards and AMC).
- Professional capabilities/competencies may be embedded in the accreditation standards or used as a reference point within a standard. (Further research indicates there is a general trend towards using competency standards or statements as a reference point as they may need to be updated more frequently than the accreditation standards are formally reviewed and changed (eg as above and Canadian dental standards).
- Shift away from ‘must’ or ‘should’ to ‘the provider or program ensures’ or more recently to ‘the provider or program is/has/shows/maintains’. A Simple Perfect verb format. (Eg Australian RN, AMC and Medical Radiation standards).
- ‘Sufficient’, ‘equivalent’ or ‘adequate’ need to be clarified in accompanying guidelines/evidence documents to support consistency in judgments.
- Definitions of key terms need to be agreed.

In addition, information was identified addressing the nature of standards:

- Standards should inform consistent judgments by accrediting bodies, panels and internal institutional QA processes.
- Standards should reflect desirable public and patient outcomes.
- Standards should be unambiguous

It was noted that many newer standards are incorporating guiding principles, such as:

- The purpose of standards.
- Who uses them.
- How they are used.
- Why a particular structure and format is used.


As noted in the findings above, contemporary practice in the development of educational standards is increasingly moving to a model of outcomes based education. The learning
outcomes determine the curriculum content and its organisation, the teaching and learning methods and strategies, the assessment processes and the infrastructure of the educational environment that facilitates the whole process.\textsuperscript{18}

While the monitoring of progressive and sequential outcomes achieved throughout the course of an educational program will continue to be essential, so will the model’s increasing reliance on the monitoring of exit outcomes in the programs being accredited. Therefore, accreditors require chiropractic programs to identify and make explicit the exit outcomes, and communicate them to all concerned including students, faculty, the profession and other stakeholders.\textsuperscript{19}

This model requires the learning outcomes or competencies (output) and the educational processes (input) to be identified in the educational standards. A global set of core standards relating to outcomes (competencies) in terms of knowledge, skills, values and attitudes is not the same as a set of specific standards in terms of content of the curriculum. Therefore the educational standards do not prescribe detailed curriculum content. Instead, the curriculum of each education provider must provide the means to achieve the educational outcomes, as well as the systems for assessing whether students have achieved the required outcomes in terms of knowledge, skills, values and attitudes, and for evaluating and monitoring the effectiveness of the curriculum and educational environment in achieving those outcomes.\textsuperscript{20}

Under the National Law (and effectively under New Zealand law), graduates of Australian and New Zealand chiropractic programs cannot register in these two countries unless their program of study is accredited by CCEA. Therefore chiropractic education standards should assure that minimum requirements for the education and training of chiropractors are being met by the programs accredited by CCEA.\textsuperscript{21}

As with the competency standards, it is useful to build these on a comprehensive and coherent framework.

While the report is still being considered by Health Ministers, the feedback provided during the Review of the national registration and accreditation scheme in Australia included the need for collaboration, consistency, efficiency and contribution to health workforce reform. This specifically includes:

- Grappling with all the issues around collaboration across the education and health sectors in promoting and achieving interprofessional learning and practice.
- The collaborative work in reviewing and developing accreditation standards for contemporary best practice across health professions such as the recent work undertaken by the Australian Dental Council/Dental Council (New Zealand) and optometry, and the opportunities for other health professions to leverage from or adopt common standards.

\textsuperscript{19} Ibid.
\textsuperscript{20} Ibid.
\textsuperscript{21} Ibid.
• The interprofessional learning and competency work of O’Keefe\textsuperscript{22} and upcoming collaborative forum in June (titled \textit{Collaborating for Patient Care - Interprofessional Education for Interprofessional Practice}).

• The use of simulated learning as a potential proxy for clinical workplace placements, based on the work of Health Workforce Australia (HWA).\textsuperscript{23}

• The best practice in clinical placements work done by the Victorian Government.\textsuperscript{24}

There must be serious consideration of these issues during the review of these educational standards. Ignoring these is likely to attract universal criticism across the health and education sectors as they are being confronted with these challenges and it is clear they are not going away.

\textbf{Current Chiropractic Educational Standards}

The framework for the CCEA \textit{Educational Standards for First Professional Award Programs in Chiropractic} was based on the World Federation of Medical Education (WFME) Global Standards for Quality Improvement in Medical Education. The essence of the Standards is also derived from those established and applied by ACCE, and embraces and adheres to the International Chiropractic Accreditation Standards of the Councils on Chiropractic Education International (CCEI).

Global/international standards are important for demonstrating a level of equivalence between jurisdictions. They are also important for resource deficient countries in particular, and those with minimal (or no) higher education standards/systems/monitoring. In general, such standards cover general and specific aspects of professional education. They tend to be formulated in a way to acknowledge regional and national differences; allow for different profiles and developments; and respect reasonable autonomy of the accrediting agencies in different jurisdictions.

It is important that the reviewed Australasian standards are at least equivalent to international standards to allow the portability of qualifications internationally. However, the educational standards must also enable innovation and the adoption of contemporary best practice in health professional education and competencies more broadly. Currently, not all the educational standards reflect the contemporary movement towards more outcome based standards.

Embedding the imperative for quality improvement in education and professional practice generally is essential when developing and reviewing standards. There are a number of ways that this can be achieved and the chiropractic profession has already demonstrated their commitment to this goal. For example, the current CCEA standards specifically identify aspirational ‘standards for quality development’ under many of the mandatory ‘basic standards’ and providers and programs are also assessed and monitored against these.


Another way to ensure that quality management and quality improvement remain a key focus of a program includes having a specific overarching mandatory standard that requires an education provider to demonstrate they have an active quality improvement strategy across all aspects of the education program. This enables those undertaking subsequent accreditation assessments to identify and follow up the notable aspirations and ensuing demonstration by the education provider and program of evidence of development and quality improvement across all aspects of the program.

**Matters for Review and Questions Requiring Responses**

**Form and structure of the educational standards document**

The current Educational Standards are structured according to 5 areas with a total of 32 sub-areas.

**AREAS** are defined as broad components in the structure and process of chiropractic education and cover:

1. Governance, Structure and Administration
2. Students
3. Educational Resources
4. Curriculum
5. Program Evaluation

**SUB-AREAS** are defined as specific aspects of an area, corresponding to performance indicators.

**STANDARDS** are specified for each sub-area using two levels of attainment:

- **Basic standard** - means the standard must be met by every institution and fulfilment demonstrated during evaluation of the institution. Basic standards are expressed by a ‘must’.

- **Standard for quality development** - means the standard is in accordance with consensus about best practice for basic chiropractic education. Institutions should be able to demonstrate fulfilment of some or all of these or that initiatives to do so have been or will be taken. Fulfilment of these standards will vary with the stage of development of the institutions, their resources and educational policy. Even the most advanced institutions might not comply with all standards for quality development. Standards for quality development are expressed by a ‘should’.

Currently, each of the 38 Basic Standards is expressed in one or more sentences. Thirty one (31) of the Basic Standards are also followed by a Quality Development Standard. Twenty nine (29) of the Standards have Notes used to ‘clarify, amplify or exemplify expressions in the Standards’, followed by a Statement of Intent and between 5 - 10 supporting Criteria. An Evidence Guide is also provided for each criterion to guide education providers in the provision of documentation to demonstrate compliance with the Criterion. A discussion section is provided at

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the end of the document to more fully explain the rationale for each Standard and reference its supporting research.

**QUESTION 1:**

What are the strengths of the *form and structure* of the current educational standards?

**QUESTION 2:**

What are the weaknesses of the *form and structure* of the current educational standards?

**QUESTION 3:**

What improvements are required in the *form and structure* of the educational standards?

**QUESTION 4:**

Do the current educational standards have a coherent and comprehensive framework? If not what is required and why?

**Guidance on the use of evidence**

Given the dynamic nature of policy, politics and regulation, consideration should be given to the best ways of providing contemporary and useful guidance on potential evidence. Traditionally this information has been published with the standards and criteria but has tended to take on the authority of the standards and criteria statements; and been seen as mandatory. The other challenge arises when a change occurs and subsequent advice needs to be provided in relation to the interpretation of the standards and criteria. Alternatively, some accreditation authorities have published guidelines or explanatory statements separately, enabling these to be a flexible and living suite of information that can be updated more regularly than the higher level standards require.

**QUESTION 5:**

What is the best way to provide guidance to the standards and criteria, eg to ensure consistent interpretation of those concepts in the current environment and/or elaborate on important concepts?
Content, completeness, validity and rigour of the educational standards

It is critical that the educational standards are complete. They must cover the broad range of education and training elements for ensuring that an emerging graduate is competent to practise as a registered chiropractor.

Also, the current educational standards were developed around 2001 based on industry views and contemporary education and health care research, policy and practice in Australia and internationally of the time. It is recognised that a significant review is required to ensure contemporary educational standards aligned with current health and education research and policy and that benchmark well against other registered health professions. For example, consideration should be given to how a stronger outcome focus can be introduced.

Each of the Basic Standards and Standards for Quality Development set an expectation that education providers will provide evidence of research, policy, procedure, process or practice to demonstrate the achievement of a certain level of performance.

Consideration should be given to the use of the Standards for Quality Development. Given the passage of time since the development and evolution of the educational standards, it can be argued the current Standards for Quality Development should be considered as mandatory requirements rather that aspirational and discretionary.

QUESTION 6:
What are the strengths in terms of the content, completeness, validity and rigour of the current educational standards?

QUESTION 7:
What are the weaknesses in terms of the content, completeness, validity and rigour of the current educational standards? For example, what components are absent from, out of date or not consistent with contemporary education or health research, policy or practice in the current educational standards?

QUESTION 8:
What improvements are required in terms of the content, completeness, validity and rigour of the current educational standards? For example, outline any additional educational standards or criteria required and why. Should any components of the educational standards be deleted and why?

QUESTION 9:
Are any of the current educational standards insufficient (too low) to assure compliance with the competency standards expected of entry level registered chiropractors? Which standards concern you in this way and why?

QUESTION 10:
Are any of the current educational standards unreasonable in their expectations of education providers (too high) to assure compliance with the competency standards expected of entry level registered chiropractors? Which standards concern you in this way and why?
Clarity, expression and meaning

The educational standards must be written in plain English and in a manner ensuring they are understood in the same way, by most readers. It is critical that there is clarity of expression and meaning regarding the education standards. Where possible, they should be self-explanatory and require no or minimal additional guidance.

QUESTION 11:
What are the strengths of the current educational standards and the various components of these in relation to clarity, ease of understanding and resistance to misinterpretation?

QUESTION 12:
What are the weaknesses of the current educational standards and the various components of these in relation to clarity, ease of understanding or vulnerability to misinterpretation?

QUESTION 13:
What improvements can be made to the educational standards to ensure clarity, ease of understanding and resistance to misinterpretation?

Summary question

The following question provides an opportunity for you to comment on matters you believe have not been adequately dealt with above; not identified in your answers to the above questions; or where there is an overarching comment to be made.

QUESTION 14:
Do you have any further comments to in relation to the educational standards?

The questions above have been reproduced in an electronic survey for ease of stakeholder contribution to the consultation process. The survey can be accessed via: https://www.surveymonkey.com/s/CCEA_Review_Chiropractic_Standards_for_Accreditation.
PART 3 – COMPETENCY STANDARDS

COMPETENCY STANDARDS

Competency Standards in Health Professions

The current Competency Based Standards for Entry Level Chiropractors are available at: http://www.ccea.com.au/index.php/download_file/view/18/151/. It may be useful to refer to these before considering the following information.

As outlined above, competency standards outline the measurable levels of knowledge, skills, attitudes, values and professional capabilities required by new graduates to begin independent, unsupervised chiropractic practice. They are used in an education curriculum for assessment purposes and should be able to be mapped to the curriculum content in the teaching and learning, simulated learning opportunities and clinical experience. They are also used for the assessment of overseas trained practitioners, and guidance for assessing/monitoring the performance of health professionals in practice.

Competencies are observable and measurable behaviours that are multi-dimensional, dynamic, and evolve over time. Assessment of students using the competency standards is a fundamental mechanism for assuring the competence of that student across all areas of the professional practice in which they are seeking qualifications that lead to registration.

A review of the literature around competence, competencies and performance is complicated by the use of varied definitions and underlying concepts. The existence of such variation is no surprise given the multiple contexts in which the terms are used.26

Readers of this Consultation Paper 1 are urged to consider the notable meta-analysis on competency frameworks published in the recent consultation paper Background research and consultation to inform the review of pharmacy competency standards: Consultation Paper for the Pharmacy Practitioner Development Committee27. While that important work, is focusing on the use of competencies beyond the entry level practitioner, it provides a useful introduction to the current research and complexities of this area of learning outcomes and competencies.

Unlike pharmacy and medicine, where a stratum of competencies are necessary because of the internship requirements that follow on from graduation; and where the professions are exploring the competencies and performance requirements as practitioners move from novice to expert, graduates of a chiropractic entry level program are eligible to register and practise immediately following registration. Therefore the learning outcomes for the program ‘should at least be

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26 JustHealth Consultants (2014) Background research and consultation to inform the review of pharmacy competency standards: Consultation Paper for the Pharmacy Practitioner Development Committee, 8.

equivalent to the competencies defined for an entry level practitioner. To this end, the competency standards being reviewed as part of this project are those to be used in entry level education programs for assessing a student’s competence to practise as a beginning practitioner.

Other work that gives guidance in this area of competencies includes the work being undertaken by the Councils on Chiropractic Education International (CCEI). This includes the following descriptions:

- Competency: An observable and measurable behaviour that integrates multiple components such as knowledge, skills, attitudes and values.
- Competencies: Observable and measurable behaviours that are multi-dimensional, dynamic, and evolve over time. Competencies are able to be assessed to ensure acquisition.

CCEI has used the following characteristics of educational competencies, noting that these:

1. Focus on the performance of the end-product or goal-state of instruction.
2. Reflect expectations that are an application of what is learned in the immediate instructional program.
3. Are measurable.
4. Use a standard for judging competence that is not dependent upon the performance of other learners.
5. Inform learners, as well as other stakeholders, about what is expected of them.

Other definitions are used in this area, such as:

- Competence—the combination of skills, knowledge, attitudes, values and capabilities underpinning effective and/or superior performance in a profession or occupational area.
- Competent-The levels of knowledge, skills, attitudes, values and capabilities required by the new graduates to begin independent, unsupervised chiropractic practice.

However, it is the content of these statements of competence that is also a key focus of this paper. In examining the areas of the current standards that require review and updating, there is other important work to be considered for the purposes of this review. For example, the research and development of minimum threshold learning outcomes (TLOs) common across healthcare graduates at professional entry-level have been developed in Learning and Teaching Academic Standards Project: Health, Medicine and Veterinary Science - Learning and Teaching Academic Standards Statement.

Upon completion of their program of study, healthcare graduates at professional entry-level* will be able to: (*as defined by each individual discipline)

1. Demonstrate professional behaviours

2. Assess individual and/or population health status and, where necessary, formulate, implement and monitor management plans in consultation with patients/clients/carers/animal owners/communities

3. Promote and optimise the health and welfare of individuals and/or populations

4. Retrieve, critically evaluate, and apply evidence in the performance of health-related activities

5. Deliver safe and effective collaborative healthcare

6. Reflect on current skills, knowledge and attitudes, and plan ongoing personal and professional development.32

The competencies framework model used in the Competencies to prescribe medicines: putting quality use of medicines into practice is also worth considering as a framework for reviewing chiropractic competency standards. This is available at: http://www.nps.org.au/__data/assets/pdf_file/0004/149719/Prescribing_Competencies_Framework.pdf.

While the specific subject matter is not relevant to chiropractic, the Framework does have an intuitive attraction because of the comprehensive structure that is generic to most clinical practice in health care.

The suite of competencies prepared by the CCEI grouped in seven areas, also must be considered from the perspective of a framework for competencies. The groups are:

1. Foundational Knowledge
2. Clinical Skills
3. Professionalism
4. Communication Skills
5. The Chiropractor-Patient Relationship
6. Inter-professional Collaboration
7. Health Promotion and Disease Prevention.33

A coherent framework on which to build the standards is critical and in reviewing the current competency standards, this must be a consideration.

Current Competency Standards

The Competency Standards are aimed at entry level into the profession and were designed for the sole purpose of assisting competency based assessment of entrants to the profession. In the context of this document, the Standards represent what the public would reasonably expect of a chiropractor in Australasia.34

In October 1991, ACCE (then the Australasian Council on Chiropractic and Osteopathic Education) resolved to establish competency-based professional standards for chiropractors. The development of the first version of the competency-based professional standards in Australia was funded by the National Office of Overseas Skills Recognition (NOOSR) in the then Department of Employment, Education and Training.

The funding guidelines stipulated that the standards must be derived from work-place practice, be expressed as performance outcomes, have accompanying performance criteria and link entry-level education and training. The competency standards were developed in consultation with members of the profession and all other interested parties, in line with the NOOSR requirements. These competencies relate to the knowledge, skills and attitudes required of practitioners in performing their required practice roles and tasks.

Since their initial development, the competency standards have typically been reviewed following the release of Job analysis for chiropractic in Australia and New Zealand, a publication of the US National Board of Chiropractic Examiners, International division.35

The format is consistent with the format adopted in the Australian National Training Authority (ANTA) Training Package guideline (developed for use in the vocational education and training setting), and consistent with approach taken by many professions at the time. This approach describes professional practice by breaking down complex professional functions into a series of related tasks (Elements), with associated Performance Indicators providing observable behaviours or results.

The current structure has been reported as useful for supporting the description and measurement of practice. However, it is an approach that has been criticised for understating the inherent integration of tasks and the complex conceptual, analytical and behavioural functions that underpin professional service delivery. It has also been reported that describing general competencies in detail leads to bulky, fragmented documents that lose practical value.36

The competency standards were last updated in December 2009.

The current Competency Based Standards for Entry Level Chiropractors are (available at: http://www.ccea.com.au/index.php/download_file/view/18/151/) the Units of Competency are ‘described as the roles and tasks of a chiropractor’37 and under each of the Units of Competency

there are finer grained ‘Elements of Competency’ that have accompanying performance indicators.

**Matters for Review and Questions Requiring Responses**

**Form and Structure of the Competency Standards**

Currently, there are four Domains of Competency and eleven Units of Competency. Each Unit of Competency is expressed in a heading, followed by one or more Elements of Competency, each with between 3 - 20 Performance Indicators. The only place that the term Standard is used is as an overarching title for the above components.

**QUESTION 15:**

*What are the strengths of the form and structure of the current competency standards?*

**QUESTION 16:**

*What are the weaknesses of the form and structure of the current competency standards?*

**QUESTION 17:**

*What improvements are required in the form and structure of the competency standards?*

**QUESTION 18:**

*Do the current competency standards have a coherent and comprehensive framework? If not what is required and why?*

**Guidance on the use of evidence**

As noted in relation to the educational standards, given the dynamic nature of policy, politics and regulation, consideration should be given to the best ways of providing contemporary and useful guidance on potential evidence. Sometimes this information has been published with the standards and criteria but has tended to take on the authority of the standards and criteria statements; and been seen as mandatory. The other challenge arises when a change occurs and subsequent advice needs to be provided in relation to the interpretation of the standards and criteria. Alternatively, some regulatory authorities have published guidelines or explanatory statements separately, enabling these to be a flexible and living suite of information that can be updated more regularly than the higher level standards require.

**QUESTION 19:**

*What is the best way to provide guidance to the standards and criteria, eg to ensure consistent interpretation of performance in the current environment or to elaborate on an important assessment concept?*

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Content, completeness, validity and rigour of the Competency Standards

It is critical that the competency standards are complete - they must cover the broad range of skills, knowledge, attitudes, values and capabilities that ensure that an emerging graduate is competent to practise as a beginning practitioner and registered chiropractor.

There are currently four Domains and eleven Units of Competency:

**DOMAIN: THE COMMUNITY**
1. Community Interaction
2. Health Care System

**DOMAIN: PROFESSIONAL DOMAIN**
3. Professional Interface

**DOMAIN: PROFESSIONAL MANAGEMENT DOMAIN**
4. Staff and Financial Management
5. Management of Practice Environment

**DOMAIN: PRACTITIONER – PATIENT INTERFACE DOMAIN**
6. Patient Assessment
7. Diagnostic Decision Making
8. Planning of Patient Care
9. Implementation of Care
10. Disease Prevention/Health Management
11. Professional Scientific Development

Also, the current competency standards were developed based on industry views and contemporary education and health care research, policy and practice in Australia and internationally of the time. It is recognised that some amendment will be required to bring the competency standards up to date with current health and education research and policy. For example consideration should be given to having a stronger outcome focus in the standards.

Each of the Units of Competency, Elements of Competency and Performance Indicators set an expectation that a student can demonstrate the skills, knowledge, attitudes, values and capabilities to assure their competence to be qualified and subsequently registered as a beginning practitioner. Consideration is required as to whether the current competency standards achieve this and if not why not.
QUESTION 20:
What are the strengths in terms of the content, completeness, validity and rigour of the current competency standards?

QUESTION 21:
What are the weaknesses in terms of the content, completeness, validity and rigour of the current competency standards? For example, what gaps are there in the requirements of what should be expected of a student to meet as a beginning practitioner; what components are inconsistent with contemporary education or health research, policy or practice in the current competency standards?

QUESTION 22:
What improvements are required in terms of the content, completeness, validity and rigour of the current competency standards? For example, outline any additional competency standards or criteria required and why. Should any components of the competency standards be deleted and why?

QUESTION 23:
Are any of the requirements in the current competency standards insufficient (too low) to assure the competence expected of entry level registered chiropractors? Which standards concern you in this way and why?

QUESTION 24:
Are any of the current competency standards unreasonable (too high) to assure the competence expected of entry level registered chiropractors? Which standards concern you in this way and why?

Clarity, expression and meaning

The competency standards must be written in plain English and in a manner ensuring they are understood in the same way, by most readers. It is critical that there is clarity of expression and meaning regarding the competency standards. Where possible, they should be self-explanatory and require no or minimal additional guidance.

QUESTION 25:
What are the strengths of the current competency standards and the various components of these in relation to clarity, ease of understanding and resistance to misinterpretation?

QUESTION 26:
What are the weaknesses of the current competency standards and the various components of these in relation to clarity, ease of understanding or vulnerability to misinterpretation?

QUESTION 27:
What improvements can be made to ensure clarity, ease of understanding and resistance to misinterpretation?
Summary question

The following question provides an opportunity for you to comment on matters you believe have not been adequately dealt with above; not identified in your answers to the above questions; or where there is an overarching comment to be made.

**QUESTION 28:**

_Do you have any further comments to in relation to the competency standards?_

As with the questions relating to the educational standards, the questions above have been reproduced in an electronic survey for ease of stakeholder contribution to the consultation process. The survey can be accessed via:

**PART 4 – REFERENCES AND RESOURCES**

### ABBREVIATIONS AND ACRONYMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACCE</td>
<td>Australasian Council on Chiropractic Education Ltd</td>
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<tr>
<td>ADC</td>
<td>Australian Dental Council</td>
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<tr>
<td>AHPRA</td>
<td>Australian Health Practitioner Regulation Agency</td>
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<tr>
<td>ALTC</td>
<td>Australian Learning and Teaching Council</td>
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<tr>
<td>AMC</td>
<td>Australian Medical Council</td>
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<tr>
<td>ANTA</td>
<td>Australian National Training Authority</td>
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<tr>
<td>ANMAC</td>
<td>Australian Nursing and Midwifery Accreditation Council</td>
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<tr>
<td>ANZSCO</td>
<td>Australian and New Zealand Standard Classification of Occupations</td>
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<tr>
<td>APHCRI</td>
<td>Australian Primary Health Care Research Institute</td>
</tr>
<tr>
<td>AQA</td>
<td>Academic Quality Agency for New Zealand Universities</td>
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<tr>
<td>AQF</td>
<td>Australian Qualifications Framework</td>
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<tr>
<td>CAA</td>
<td>Chiropractors’ Association Australia</td>
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<tr>
<td>CBA</td>
<td>Chiropractic Board of Australia</td>
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<tr>
<td>CCEA</td>
<td>Council on Chiropractic Education Australasia</td>
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<tr>
<td>CCEI</td>
<td>Councils on Chiropractic Education International</td>
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<tr>
<td>CCE-USA</td>
<td>Council on Chiropractic Education (USA)</td>
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<tr>
<td>CFCREAB</td>
<td>Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards</td>
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<tr>
<td>COAG</td>
<td>Council of Australian Governments</td>
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<tr>
<td>CT</td>
<td>Computed tomography</td>
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<tr>
<td>CUAP</td>
<td>Committee on University Academic Programmes (New Zealand)</td>
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<tr>
<td>ECCE</td>
<td>European Councils on Chiropractic Education</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>EMG</td>
<td>Electromyography</td>
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<tr>
<td>HESF</td>
<td>Higher Education Standards Framework</td>
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<td>HESP</td>
<td>Higher Education Standards Panel</td>
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<tr>
<td>HPAC</td>
<td>Health Professions Accreditation Councils' Forum</td>
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<tr>
<td>HWA</td>
<td>Health Workforce Australia</td>
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<tr>
<td>JEC</td>
<td>Joint Education Committee of participating Registration Boards</td>
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<tr>
<td>MRI</td>
<td>Magnetic resonance imaging</td>
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<tr>
<td>NBCE</td>
<td>National Board of Chiropractic Examiners</td>
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<tr>
<td>NOOSR</td>
<td>National Office of Overseas Skills Recognition</td>
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<td>NRAS</td>
<td>National registration and accreditation scheme</td>
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<td>NSQHS</td>
<td>National Safety and Quality Health Services Standards</td>
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<td>NZCA</td>
<td>New Zealand Chiropractic Association</td>
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<td>NZCB</td>
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<tr>
<td>NZQA</td>
<td>New Zealand Qualifications Authority</td>
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<tr>
<td>NZQF</td>
<td>New Zealand Qualifications Framework - Te Taura Here Tohu Mātauranga o Aotearoa</td>
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<tr>
<td>OBPR</td>
<td>Office of Best Practice Regulation</td>
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<tr>
<td>OCANZ</td>
<td>Optometry Council of Australia and New Zealand</td>
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<tr>
<td>RN</td>
<td>Registered nurse</td>
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<tr>
<td>SLE</td>
<td>Simulated Learning Environment</td>
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<tr>
<td>TEQSA</td>
<td>Tertiary Education Quality and Standards Agency</td>
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<td>TLOs</td>
<td>Threshold learning outcomes</td>
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<tr>
<td>WFC</td>
<td>World Federation of Chiropractic</td>
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<tr>
<td>WFME</td>
<td>World Federation for Medical Education</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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GLOSSARY

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.

Australian Health Practitioner Regulation Agency (AHPRA)—the organisation responsible for the implementation of the National Registration and Accreditation Scheme across Australia. Supports the national health practitioner boards (such as the Chiropractic Board Australia) in implementing the scheme.

Australian Qualifications Framework (AQF)—the national policy for regulated qualifications in Australian education and training. It incorporates the qualifications from each education and training sector into a single comprehensive national qualifications framework.

AQF qualification—the result of an accredited complete program of learning leading to formal certification that a graduate has achieved learning outcomes as described in the AQF.

AQF national register—a register of all AQF qualifications and the organisations authorised to issue them.

Australian university—a higher education provider registered with TEQSA in the ‘Australian University’ provider category.

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 Australian 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 and 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—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.

**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).

**Equivalent professional experience**—successful completion of a qualification equivalent to that being taught and competence assessed; and sufficient post-graduate professional experience in the discipline being taught to demonstrate competence in applying the discipline’s principles, theories and evidence.

**Governance**—framework, systems and processes supporting and guiding the organisation towards achieving its goals and the mechanisms by which it, and its people, are held to account. Ethics, risk management, compliance and administration, understanding of and compliance with current legislation pertinent to professional registration and regulation are all elements.

**Head of school, department or discipline**—lead chiropractic academic/educator responsible for the design and delivery of the program of study on behalf of the education provider.

**Health Practitioners Competence Assurance Act 2003**—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—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.

In-depth—a thorough knowledge of concepts and theories and evidence for the purpose of critical analysis and the synthesis of more complete understanding (highest level of knowledge).

Instruction—describes any teaching, lesson, rule or precept; details of procedure; directives.

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

Must—is mandatory language where there is no discretion; indicates an imperative need or a duty; an essential or indispensable requirement or item.

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.
Primary health care— is socially appropriate, universally accessible, scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multi-disciplinary teams supported by integrated referral systems in a way that: gives priority to those most in need and addresses health inequalities; maximises community and individual self-reliance, participation and control; and involves collaboration and partnership with other sectors to promote public health. Comprehensive primary health care includes health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and rehabilitation.39

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.

Recognition of prior learning—an assessment process for the students formal and informal learning to determine the extent to which that they have achieved required learning outcomes, competency outcomes or standards for entry to and/or partial or total completion of a qualification.

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.40

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).

Should—is discretionary language; indicates a situation or condition that is desirable, recommended but not mandatory.

39 Definition developed by the Australian Primary Health Care Research Institute (2009) and cited in Primary Health Care Reform in Australia: Report to Support Australia’s First National Primary Health Care Strategy, September.

Standard—level of quality or attainment. Offers a rule or basis of comparison established in measuring or judging capacity, quantity, quality, content and value; criterion used as a model or pattern. Standards are specified using two levels of attainment:

**Basic standard**—means that the standard must be met by every institution and fulfilment demonstrated during evaluation of the institution. Basic standards are expressed by a 'must'.

**Quality development standard**—means that the standard is in accordance with consensus about best practice for chiropractic education. Institutions should be able to demonstrate fulfilment of some or all of these or that initiatives to do so have or will be taken. Fulfilment of these standards will vary with the stage of development of the institutions, their resources and educational policy. Even the most advanced institutions might not comply with all quality development standards. Standards for quality development are expressed by a ‘should’.

**Subject**—unit of study, also known as courses, units or papers taught within a program of study.

**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’.

**Wānanga**—are recognised as tertiary institutions under section 162 of the *Education Act 1989* (New Zealand). As such, wānanga are regarded as the peers of universities, polytechnics, and colleges of education. Under the Act:

> A wānanga is characterised by teaching and research that maintains, advances, and disseminates knowledge and develops intellectual independence, and assists the application of knowledge regarding ahuatanga Maori (Maori tradition) according to tikanga Maori (Maori custom).
REFERENCES


APPENDICES

APPENDIX A – AN OVERVIEW OF THE ENVIRONMENT

Current Policy Environment

Health

Health care policy in Australia remains a turbulent and changing landscape. Despite the creation and dissolution of a number of agencies and authorities over recent time, it is clear that there is an increasing emphasis on a number of themes.

There is a definite mandate for all health professionals to be more involved in physical and mental health promotion and early intervention to prevent the progression of illness. A greater emphasis on primary and sub-acute care settings will also be required along with the need for stronger inter-professional awareness, collaboration and communication to better support people with complex illness and those who have the capacity to self-care. Facilitating transition from one health care setting to another will be critical to the success of the reforms, as will familiarity with health informatics including person-controlled and electronic health care records.

Superior communication and teamwork, delegation and supervision capabilities will be essential pre-requisites in the emerging health care environment, along with the capacity to innovatively use information technology and electronic resources to research the growing evidence base for improved care and treatment methods with valid and reliable research supporting clinical practice.

Other prevalent themes are:

- Accountability for the quality and cost of health services delivered by health service providers
- A capable and sustainable health workforce for the whole community
- Closing the gap in the health outcomes for Aboriginal and Torres Strait peoples
- Improving Maori health through He Korowai Oranga, New Zealand’s Maori Health Strategy.

Education

Like healthcare policy, higher education has been undergoing major policy change in recent times. The Australian Government’s response to the Review of Australian Higher Education (the Bradley Review)\(^41\) in December 2008 heralded the beginning of a period of transformation in post-secondary education in this country. The report highlighted the importance of the education sector as a key determinant in Australia’s ability to compete effectively in a global context and it called for an ‘outstanding, internationally competitive higher education system\(^42\). The review


\(^{42}\) Australian Government (2008) Op cit, xi
pointed to the need for structural reform and increased funding as well as improved quality, equity and access.

**Tertiary Education Quality and Standards Agency (TEQSA)**

The Australian Government’s response to the Bradley Review included an increased focus on quality to build Australia’s reputation in tertiary education. On 12 May 2011, the Government announced the establishment of an independent national body to regulate and assure the quality of all types of higher education - The Tertiary Education Quality and Standards Agency (TEQSA). This national body commenced on 1 July 2011 to:

> ...accredit providers, evaluate the performance of institutions and programs, encourage best practice, simplify current regulatory arrangements and provide greater national consistency.43

The Government of the time also committed to ensuring that growth in the higher education sector will be underpinned by a robust quality assurance and regulatory framework, placing a renewed emphasis on student outcomes and the quality of the student experience.

In Australia, despite many changes to the organisation, TEQSA remains the national regulator of the higher education sector.44 Higher education providers are required to comply with the *Higher Education Standards Framework (Threshold Standards)* 2011.

The *Threshold Standards* have recently been reviewed by the Higher Education Standards Panel (HESP), an independent advisory body established under the TEQSA Act 2011. The HESP has now provided the *Final Proposed Higher Education Standards Framework (The Framework)*45 to the Commonwealth Minister for Education who, following consultation with the state and territory Ministers responsible for higher education, will make decisions in relation to The Framework.

The section of the review that is key to the review of the education/accreditation standards is Part A - Standards for Higher Education, including standards under the domains:

1. Student Participation and Attainment
2. Learning Environment
3. Teaching
4. Research and Research Training
5. Quality Assurance
6. Governance
7. Representation, Information and Information Management.

In the revised *Higher Education Standards Framework* the focus has moved from inputs and processes, to outputs and outcomes.

It is important to understand the difference between the focus of the TEQSA review/accreditation and professional accreditation. The focus of the TEQSA review is on the ‘macro’. The capacity of an education provider to provide for all the programs they are offering. Professional accreditation

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44 TEQSA was established under the *Tertiary Education Quality and Standards Agency Act* 2011.

is aimed at the more specific question of whether the education provider and program is designed to ensure a student meets all the competency standards in order to attain a qualification that makes them competent to practise as a registered health professional in a particular area of professional practice. TEQSA may use professional accreditation as a reference point for many of the standards, eg 'Reference Point: The requirements for professional accreditation of the course of study and registration of graduates where applicable.'\textsuperscript{46}

**New Zealand Quality Authority**

The New Zealand tertiary sector covers private training establishments, institutes of technology and polytechnics, wānanga, universities and workplace training.

NZQA acts as a quality assurance body and approves all qualifications for the above institutions, apart from universities.

There are no fixed divisions between the types of courses offered by each sort of provider. The focus is on their ability to offer education to the required quality standards, rather than based on their type.

Higher, degree-level education is mainly offered at universities. Programmes are research-led and generally academic, as distinct from vocational. Vocational degree level education is offered at institutes of technology and polytechnics, wānanga and a few larger private training establishments. Such degrees tend to be specific and applied.

**The Australian Qualifications Framework (AQF)\textsuperscript{47} and the New Zealand Qualifications Framework (NZQF)\textsuperscript{48}**

In 1992, New Zealand developed one of the first qualifications frameworks in the world – the *National Qualifications Framework* (NQF). Since then, many other countries have developed national frameworks, including Australia.

In July 2010, the *New Zealand Qualifications Framework* (NZQF) replaced both the NQF and the New Zealand Register of Quality Assured Qualifications. The NZQF is structured to be consistent with other mature national qualifications frameworks around the world.

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


\textsuperscript{47} Australian Qualifications Framework (2\textsuperscript{nd} edition) 2013.

\textsuperscript{48} New Zealand Qualifications Authority (2011) *New Zealand Qualifications Framework*. 
contribute to the strengthening of Māori as a people by enhancing and advancing Mātauranga Māori (Māori knowledge)

be sustainable and robust.

Entry-level chiropractic degrees in New Zealand are currently offered at Bachelor - Level 7

Similarly, the Australian Qualifications Framework (AQF) is a national policy, first introduced in 1995 that sets out the specifications for qualifications in terms of the complexity and depth of achievement and the autonomy required of graduates with qualifications from level 1 (Certificate I) to level 10 (Doctoral Degree). At each level the AQF specifies the learning outcomes in terms of knowledge, skills and application of knowledge and skills as well as the duration expected for each qualification.

Entry-level chiropractic degrees in Australia are offered at the following AQF levels:

- Bachelor - Level 7
- Masters- Level 9
- Masters (Extended) – Level 9

Relevant policy issues going across health and education

As far as the priorities going across education and health policy, those that are of great interest to this project are:

- Funding of the education of health professionals
- Interprofessional learning including in simulation and clinical/workplace placement
- The high cost of clinical placements for health professional students and the divided views about who should pay
- The use of simulation for professional learning and whether it can replace clinical placement.

Current Practice Environment

Chiropractic profession

A health profession concerned with the diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system, and the effects of these disorders on the function of the nervous system and general health. There is an emphasis on manual treatments including spinal adjustment and other joint and soft-tissue manipulation.49

Like any of the health professions requiring registration in Australia and New Zealand, the very nature of chiropractic practice has the potential to cause harm. Therefore, to provide for the protection of the public, regulation is in place ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered50.

50 Section 3(2)(a) National Law.
It was recognised early that regulation is necessary for persons managing the various physiological and biomechanical problems of people, including the

...structural, spinal, musculoskeletal, neurological, vascular, nutritional, emotional, somatic, and environmental relationships that may include, but is not limited to, such procedures as adjustment and manipulation of the articulations and adjacent tissues of the human body, particularly the spinal column… [and that such persons] must meet stringent educational and competency standards before being granted a license to practice.\(^{51}\)

Chiropractors have been registered in New Zealand since the *Chiropractors Act* was introduced in 1960. Western Australia was the first of the Australian states to introduce legislation in 1964. The other States and Territories introduced legislation progressively throughout the 1970s.

Registration as a chiropractor is the means of regulating who can enter and remain in the profession. That is, to protect the public by ensuring that only those chiropractors who are suitably trained and qualified to practise in a competent and ethical manner are registered.

As with many of the health professions, in the chiropractic profession there has been an increasing focus on ensuring that research and evidence are the foundations of safe chiropractic practice. Professional education in higher education facilities where scholarship, research and innovation are valued and required builds confidence in the community and the reputation of the profession. The establishment of a strong research profile across the profession is becoming an identifiable imperative.\(^{52}\)

**Current Regulatory Environment**

**The national registration and accreditation scheme (NRAS) - Australia**

On 14 July 2006, The Council of Australian Governments (COAG) agreed to establish a single national registration scheme for health professionals, beginning with the nine professional groups then registered by states and territories (the scheme has been extended to a number of other health professions). COAG further agreed to establish a single national accreditation scheme for health education and training, to simplify and improve the consistency of current arrangements.\(^{53}\)

At its 26 March 2008 meeting, COAG agreed to establish the scheme by 1 July 2010. Bills were put before state and territory parliaments, starting with Queensland, to enact the *Health Practitioner Regulation National Law Act 2009* (the National Law) to establish the scheme. The Act provides for a national law to be adopted to establish a national registration and accreditation scheme for health practitioners.

The scheme has six objectives, with the first of primary importance:

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52 Adams A, Steel A, Chang S and Sibbritt D (2015) ‘Helping address the national research and research capacity needs of Australian chiropractic: introducing the Australian Chiropractic Research Network (ACORN) project’. 

The other five objective are also important to the review of the two sets of standards and these are:

b. to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction

c. to facilitate the provision of high quality education and training of health practitioners

d. to facilitate the rigorous and responsive assessment of overseas-trained health practitioners

e. to facilitate access to services provided by health practitioners in accordance with the public interest

f. to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.

Under Division 3 of the National Law, National Boards must develop registration standards and may develop codes and guidelines. The Chiropractic Board of Australia (the Board) has developed a Code of Conduct for Chiropractors. To date the competency or practice standards for chiropractors have been managed under the auspices of CCEA.

The Competency Based Standards for Entry Level Chiropractors had been developed by CCEA and were last reviewed in 2009, prior to the introduction of the NRAS. They “were designed for the sole purpose of assisting competency based assessment of entrants to the profession.”

Under Section 49(1) of the National Law, graduates of entry to practice chiropractic programs of study are not eligible to register unless the program of study undertaken is accredited by an approved accreditation authority and that such accreditation is approved by the Chiropractic Board of Australia as meeting the educational requirements for registration as a registered chiropractor.

CCEA responsibilities and legislated roles

After the National Law was introduced, CCEA was appointed under the National Registration and Accreditation Scheme as the independent accreditation authority (the “external accreditation body”) for chiropractic education providers and programs of study leading to registration and

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54 Section 3(2)(a) National Law.
55 Section 3(2) National Law.
56 Section 38 National Law.
57 Section 39 National Law.
61 Section 43(a) National Law.
endorsement in Australia. Section 46 of the National Law provides for the development of accreditation standards by “an external accreditation body”. The Educational Standards for First Professional Award Programs in Chiropractic were developed in 2002/2003 and updated in 2009 and subsequently approved by the Board at the commencement of the NRAS.

CCEA is also the independent and nationally recognised body responsible for ensuring competency and high education standards in chiropractic for the Australasian communities.

This responsibility provides evidence to support:

Registration in Australia as a Chiropractor

CCEA is the assigned accreditation authority for chiropractic under the National Law. Accreditation functions include the development and review of accreditation standards, the accreditation of programs of study and education providers, the assessment of overseas assessing authorities, and performing assessments of the knowledge, clinical skills and professional attributes of overseas qualified chiropractors seeking registration in Australia with the Chiropractic Board of Australia. (CBA), is supported by the Australian Health Practitioners Regulation Agency (AHPRA).

Registration in New Zealand as a Chiropractor

Section 12 of the Health Practitioners Competence Assurance Act 2003 states that the New Zealand Chiropractic Board (NZCB) must prescribe the qualification or qualifications for every Scope of Practice that it has gazetted under Section 11. The NZCB has prescribed, to meet this requirement, the following:

1. Bachelor of Chiropractic from the New Zealand College of Chiropractic, Auckland; or
2. A pass in an examination set by the Chiropractic Board for chiropractors trained overseas in a chiropractic program that has accreditation status as recognised by the CCEA (Board Registration Examination); or
3. Registration with the Chiropractic Board of Australia.

In regard to requirement 2, the NZCB has adopted the CCEA qualification and skills assessment process for overseas qualified chiropractors seeking registration in New Zealand.

Review of National Scheme

An independent three-year review of the NRAS is now in its final stages. The review was established in accordance with the intergovernmental agreement that underpins the NRAS with the Australian Health Workforce Ministerial Council (Ministerial Council) commissioned the review following the first three years of operation. The Review is considering the NRAS as a whole, including the work of the National Boards, AHPRA, accrediting entities and the role of government.

The Review undertook broad-ranging consultations that were guided by a Consultation Paper released in August 2014. The Review included a cost effectiveness, efficiency and economic

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62 Section 46(1)(a) National Law.
63 Section 47(2)(a) National Law.
assessment of the NRAS undertaken by the Professional Standards Authority in the United Kingdom.

Health Ministers have considered the final report of the Independent Reviewer at the April 2015 meeting of the Ministerial Council.

The final report is expected to be publicly released following consideration by the Ministerial Council and work will then commence on the implementation of recommendations accepted by the Health Ministers.64

Migration to Australia as a Chiropractor

In accordance with the Migration Regulations 1994, CCEA is specified by the Minister for Immigration and Border Protection as the assessing authority for the Department of Immigration and Border Protection (DIBP) General Skilled Migration program for the occupation Chiropractor (ANZSCO 252111). Therefore there is a need to ensure consistency in the competency and education standards and their application in relation to the assessment of equivalence of education, competence and qualifications of internationally qualified chiropractors seeking to register in Australia.

Trans-Tasman Mutual Recognition Arrangement

The Trans-Tasman Mutual Recognition Agreement, under the Trans-Tasman Mutual Recognition Act 1997, provides for free movement between Australia and New Zealand for registered health professionals, among other industry occupations - ‘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’65.

It is therefore very important that there is consensus and consistency in the quality of the education programs and the competence of the graduates from these education programs in both countries as those qualified and registered as chiropractors in New Zealand are free to seek registration in Australia and Australian registered chiropractors must be registered in New Zealand. Developing common standards and having a single accrediting authority for chiropractic entry level education programs is certainly a key means of ensuring that consistency and quality across both countries.

Standards and regulation

The National Law is not the only legislation governing a chiropractor’s practice. The federal system of government in Australia involves six states, two territories and the federal government; and the national government in New Zealand; each have law-making functions. Through federal and state/territory government there is regulation of other legal and professional obligations (eg privacy, confidentiality, consent to care and treatment, occupational health and safety, funding of services, employment practices), where a beginning practitioner may also require competencies to practise; and education providers may need to include relevant content in a chiropractic curriculum.

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The principal role of CCEA is as an accrediting authority under the National Law. CCEA is also responsible for monitoring education providers of chiropractic programs of study leading to registration. In addition it regularly reviews and improves the education standards underpinning accreditation for programs of study under its mandate.

Accreditation of education programs is concerned with the quality of the profession and its work, from the perspective of the public interest and community safety. It is part of a broader process of assuring the community that, having completed an accredited program of study, beginning professional practitioners have achieved agreed professional outcomes and are able to practise in a safe and competent manner equipped with the necessary foundation knowledge, professional attitudes, values, capabilities and essential skills. This process itself however, relies on three fundamental principles:

1. That the education providers themselves are authorised to issue the relevant qualification and are evaluated to assure continued quality learning outcomes for their graduates.
2. That there is a set of agreed and contemporary competency standards for the profession, against which the capability of students can be assessed prior to graduation and entry into the profession.66 67
3. That while the education standards provide the minimum requirements for education programs and providers, quality improvement is an ongoing obligation.

The first principle relies on the quality assurance and review processes of the education system through the mechanisms of TEQSA in Australia, the New Zealand Qualifications Authority and the Qualifications Frameworks in both countries. As noted above the TEQSA accreditation role is different to the profession specific accreditation role of the health professional accreditation councils.

The second principle deals with the Competency Based Standards for Entry Level Chiropractors originally developed in 1991 and last reviewed in 2009. These Standards articulate the core competencies used to assess the performance of those wanting to obtain registration to practise as a registered chiropractor in Australia. They are used by higher education providers when developing chiropractic curricula and assessing student performance; and by employers evaluating new graduate’s performance. As CCEA is the assessing authority, the standards are also important for establishing the benchmark for the assessment of internationally qualified chiropractors wanting to practise in Australia and/or New Zealand.

The third principle relates to the obligation for education providers and the programs being conducted to be constantly reviewed and improved based on contemporary research into health care delivery encompassing all elements of chiropractic practice, health professional practice more generally, education theory and practice and the analysis of the exit outcomes of students.

The accreditation process administered by CCEA is an efficient and effective proxy for externally assessing each graduate against relevant competency or practice standards. Profession specific program accreditation must ensure that professional standards are protected without inhibiting diversity and innovation or constraining continuous quality improvement.

67 NOTE: This is not the case for professions that are not eligible for registration on graduation (eg have further intern/exam requirements, such as pharmacists and medical practitioners).
As with the Competency Based Standards for Entry Level Chiropractors, the Educational Standards for First Professional Award Programs in Chiropractic will be regularly reviewed to ensure relevance in the light of pertinent changes in health and education legislation, policy, delivery and ethos.68

Domains, standards, criteria and explanatory statements

Increasingly, professional standards (both competency and education standards) are developing an outcome focus and being simplified. Some have adopted a two tier approach – a high level statement of principle that is identified as the ‘standard’ and the outcome statements that are often identified as ‘criteria’. These are the elements that generally fit under the rubric of the standards approved by the National Boards under sections 39 (codes and guidelines) and 47 (accreditation standards) of the National Law and have authority that requires the formal consultation and approval processes to apply as dictated under the legislation.

Explanatory notes, evidence guides, performance indicators that accompany the ‘standards’ and ‘criteria’ are developed if the standards and criteria are not adequately clear to be interpreted by the users and are increasing not being published as part of the authorised set of standards but as clearly associated guidelines easily available on websites published alongside the standards. Where they are published in the same document as the standards, they tend to take on the authority of the standards. Additionally, if these are published with the standards, it is very difficult to add, update, amend or delete these examples of evidence outside the life of the approved suite of standards without causing confusion.

As useful, dynamic advice they can be provided ‘as an indication of the types of information or documents that could be used to show that the Standards and particular Criteria are being met… [they] are not intended to be exhaustive or prescriptive’.69 The increasing reliance on organisations’ websites as the means of publishing enables the easy editing and amendment of such explanatory notes as the environment or evidence changes.

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APPENDIX B – KEY STAKEHOLDERS FOR CONSULTATION

- Australian Health Ministers Advisory Council (AHMAC)
- Australian Health Practitioner Regulation Agency (AHPRA)
- Australian Health Professions Accreditation Councils’ Forum (HPAC Forum)
- Australian Ministerial Council
- Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards (CFCREAB)
- Central Queensland University (CQU), School of Medical and Applied Sciences, Discipline of Chiropractic
- Chiropractors’ Association of Australia (CAA)
- Chiropractic Board of Australia (CBA)
- Chiropractic Council of NSW
- Chiropractic and Osteopathic College of Australasia (COCA)
- Consumer Health Forum of Australia (CHF)
- Council on Chiropractic Education Australasia (CCEA)
- Council on Chiropractic Education – USA (CCE-USA)
- The Councils on Chiropractic Education International (CCEI)
- European Council on Chiropractic Education (ECCE)
- HanSeo University South Korea, Graduate School of Health Promotion, Department of Chiropractic
- International Medical University (IMU) – Malaysia, School of Health Sciences
- Macquarie University, Faculty of Science, Department of Chiropractic
- Murdoch University, School of Health Professions, Discipline of Chiropractic
- New Zealand Chiropractic Board (NZCB)
- New Zealand Chiropractors’ Association (NZCA)
- New Zealand College of Chiropractic
- New Zealand Qualifications Authority (NZQA)
- RMIT University, School of Health Sciences, Discipline of Chiropractic
- Tertiary Education Quality and Standards Agency (TEQSA)
- Tokyo College of Chiropractic Japan
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