

## Osteopathic Education: the next half decade

This paper is an extension of a presentation by Antony Nicholas, Executive Director of the Australian Osteopathic Association (AOA), at the ACORB/ Australian Osteopathic Council (AOC) Conference in Perth, WA on 22 August 2009. Its intention is to generate debate and discussion on osteopathic education in the next half-decade.

### The Australian allied health workforce:

In Australia, there is no clear and consistent agreement; plus an array of different interpretations at the stakeholder, jurisdictional or national level on what comprises the allied health workforce.

It is apparent that there is a 'core' group of health professions generally recognised as constituting the allied health workforce. Equally, however, there are a number of health professions that particular stakeholders consider to be allied health professions that other do not recognise. The AOA is keen to ensure that osteopaths are always considered part of the allied health and only through quality education, evidence based research and training will this be achievable.

Interestingly, the Australian Health Workforce Advisory Committee suggested the need to consider innovative models of education - for example distance learning, consolidated courses across disciplines, multidisciplinary training venues, flexible entrance pathways, increased flexibility, outcomes based, recognition of existing skills/current competencies and better graduate entry options. Are our accreditation models flexible enough to allow such innovation?

Considering the shortage of health workers in Australia there should be a collaborative front from the profession, accreditation body, national registration board and universities to deliver more skilled, safe and competent osteopaths. The AOC should lead such discussion and debate on education.

### Planning and educating a modern health workforce:

The National Hospital and Healthcare Reform Commission (NHHRC) spent considerable time reviewing the needs for health workforce training. It considered that Australia has a world-class approach to the education and training of the health workforce. Nevertheless, there is room for improvement in how we plan for, and educate, our next generation of osteopaths. The Commission highlighted some options that should be considered in any review.

The review stated that efforts should also be made to improve inter-professional learning across the health professions. Inter-professional learning is seen as a particularly effective way of meeting contemporary health care needs through its capacity for encouraging interdisciplinary teamwork; improving collaboration between the professions and patients; increasing the skill mix and supporting innovative work practices and its attractive economies. Can this occur in our current universities and training models?

The writing is on the wall and the osteopathic profession would be foolish to ignore the plethora of advice being offered regarding where the government sees health education heading. The NHHRC has recommended that any reforms include the development of a new framework for the education and training of health professionals which -

- moves towards a flexible, multi-disciplinary approach to how we educate and train health professionals; and
- incorporates an agreed competency-based framework as part of a broad teaching and learning curriculum for all health professionals.

The NHHRC warned that while the adoption of a competency-based framework is supported not all graduate attributes can be reduced to competencies. While knowledge, understanding and skills attributes can be expressed as competencies, this is more difficult for attitudes and behaviours. Consequently, other assessment and evaluation methods for these must be utilised. However, there will be considerable benefit in developing a competency-based framework for osteopathic education where this can be achieved.

The proposed funding of the education and training of the health workforce with a dedicated funding stream for clinical placements for undergraduate and postgraduate students can be a life line to courses if osteopathy is included; however, currently it is not. If this funding is concentrated on supporting training in quality environments, we must ensure osteopathy is part of that funding. Unfortunately it is unclear if any university osteopathic program or the accreditation body or the various regulation bodies wrote submissions to achieve some recognition of clinical training costs.

The NHHRC also proposed the establishment of a National Clinical Education and Training Agency, and at the same time, the Council of Australian Governments agreed to establish a national health workforce agency to drive a more strategic long-term plan for the health workforce. It is still unclear whether one or two agencies will be established.

The suggested functions of this Agency(s) would include:

- advising on the education and training requirements at both a national and regional level, together with supporting the planning of clinical education infrastructure;

- purchasing, in partnership with universities, vocational education and training institutions and professional colleges, clinical education placements from health service providers. This would include using activity-based payments to pay for undergraduate clinical education and postgraduate training;
- promoting innovation in education and training, including as an aggregator and facilitator for the provision of modular competency-based programs for up-skilling of health professionals;
- fostering local implementation models and partnerships around educational teams; and
- reporting regularly on the appropriateness of professional accreditation standards.

The profession needs confidence that the universities and the AOC have kept abreast of these significant political changes and opportunities. We need strong, successful universities to drive innovation and improve collaboration, communication and planning between modalities. Only when flexibility and varied models can be achieved under the accreditation standards will this be possible.

### **The current educational environment:**

Currently in Australia the university sector is under considerable financial and political stress due to the impending change in structures and funding associated with the Bradley Report.

In March 2008, the Government initiated a Review of Higher Education to examine the future direction of the higher education sector, its fitness for purpose in meeting the needs of the Australian community and economy, and the options for ongoing reform. The Review was conducted by an independent expert panel, led by Emeritus Professor Denise Bradley AC. The Review of Australian Higher Education Final Report was released and the Government considered the report's recommendations and findings and provided an initial response in March 2009.

Many universities are still coming to terms with exactly how the proposed demand-driven funding will affect their courses. It is also unclear how this will affect small, expensive courses such as osteopathy; which although having high demand for the limited placements, are not seen as high demand in comparison to the number of applicants to other allied health courses.

Furthermore, the impact of the global financial crisis has hit universities (huge share and stock holders) hard resulting in decreased income, and so imposing tighter budgetary controls on program overruns.

In relation to universities, we are faced with further challenges. As we are all aware, osteopathy courses do not come cheap, particularly with the high cost of clinic training. University level osteopathy is no longer an infant, hopefully it is emerging through some rough teenage years; however, it still needs further development. Currently it -

- is unclear if it is accepted as a creditable mainstream health science, instead often co-housed or seen as a complementary (or worse alternative) health practice;
- is deprived of externally funded clinical placements as per most other allied health professions;
- needs more higher level academics to supervise PhD students, or who are capable of being awarded larger research grants; and
- is confined by an accreditation model that prevents diversity in course structures and flexible entrance pathways.

## Osteopathic education – the way forward to innovative health education.

The AOA has grave concerns for the fragile state of universities in Australia. New graduates, research and quality education are the lifeblood of the profession. With the closure of UWS in late 2009, and SCU not graduating students until 2011, we will see a significant drop in graduate numbers. Zero growth is political death in healthcare.

The AOA is also concerned that universities interpretation of the rigidity of the accreditation model has stifled innovative and/or flexible curricula. Further, this is a disincentive for new universities to commence new osteopathy courses. The AOA predicts that to be sustainable in the longer term the profession needs (at a minimum) a further two osteopathic courses across Australia.

The AOA firmly believes that the current mandatory 5 year, fulltime course model is killing osteopathic education. The required course structure has:

- little room to create flexible education models;
- has onerous graduate entry requirements;
- discourages uncertain students when choosing health course due to the length of the course, compared to similar allied health;
- forced many students to undertake research, when they entered a course on vocational desires; and worst
- due to its length; left most students so keen to depart university, the likelihood of returning for quality post graduate education appears limited.

Let us be clear; the quality and standard of graduating osteopaths in Australia is superb and this is a credit to the universities training them; however, most educationalists would agree that the accreditation course model is outmoded and resembles a 60's model of education, not education in the new millennium.

Innovative health education is blossoming in Australia. There has been significant change in the last few years in the health care environment both in Australia and internationally. Internationally, there is a trend towards Graduate

Entry Master's and Doctoral degrees being the entry point into professional practice.

The curricula for all osteopathic courses need to be designed to produce graduates, who will be job ready; who are able to work independently or as part of an interdisciplinary team; and who will have a strong understanding of their role and that of other health professionals in the health care system and who recognise that to further specialise their skills they need to undertake further study, e.g. paediatrics, gerontology or pharmacology. Applicants who already have a relevant degree (which meets eligibility requirements) should be able to do the Graduate Entry Masters programs to qualify them for professional practice as an osteopath.

Many universities have commenced significantly different, innovative models. La Trobe University is acknowledged as such an innovative health educator. Under their new health curriculum, students will be able to complete these double degrees in four years or opt out after three years with a non-accredited Bachelor degree. The difference between their previous structure and the new structure is an increased emphasis on professional practice in interdisciplinary settings and independence in the workforce.

In first year, students undertake common units and are introduced to the concepts of being a health professional through units in inter-professional practice. The second year builds on the foundation laid in first year and provides the student with the theoretical basis of their chosen profession as well as equipping the students with basic clinical skills. The final two years provide accelerated learning with a focus on professional practice and independent learning. The Masters degree enables graduates to contextualise theory and practice, producing a highly developed health professional. La Trobe is also building on its partnerships with industry, so that experts in the workplace assist in the provision of the skills required for entry into the workplace. Further, they are working on Graduate Entry Masters programs that will qualify those students with existing qualifications for professional practice.

Universities need the ability to be innovative in their program development (without the constraint of rigid accreditation models) while maintaining quality and standards, such as the examples given above. Further, they need to consider -

- the possibility of integrated Bachelors/Masters;
- options to support part-time students and flexible learning opportunities;
- increasing flexible pathways and the ability of students to move more easily between courses if necessary;
- better interaction with other courses, universities and/or professions;
- creating opportunities for better intra-school collaboration;
- building external partnerships to improve the diversity of clinical training and understanding;

- better use of interactive digital or distance learning opportunities;
- allowing better options for graduate entry; and
- providing more opportunities for further post graduate training.

Fundamentally, only through a review and change to the current accreditation standard and processes will any of these innovative models be possible.

### Accreditation – the need for change:

Often universities tell the AOA that the rigid accreditation standards and inflexible timelines associated with accreditation processes have contributed to the stifling of innovation in course development or flexible learning pathways, and the AOA strongly agrees.

Frequently education, university or clinic training environments can change quickly, as do the budgetary constraints within universities. The lead in time to allow and approve changes to curriculum needs to be more responsive to the realities that exist within the university sector, yet without compromising quality. 12 months turnaround is too long.

The accreditation policy and standards are intended to provide the profession with a benchmark for the knowledge, skills and attributes of a safe and effective osteopath. The standards should be a guide to the learning outcomes required for completion of an osteopathy program and subsequent registration.

In the context of curriculum development; however, it should be recognised that osteopathic programs will –

- design and develop their own curricula that incorporate the standards and, as such, each program may differ significantly in its model;
- will have its own emphasis and methods of demonstrating achievement of the Standards.

The process of accreditation should recognise the diverse and unique character and strengths of individual programs. The AOC needs to recognise that new and innovative approaches to delivery and structure of osteopathy education programs will emerge. It is important that the accreditation requirements are such that the quality of osteopathy graduates is achieved and maintained without stifling these new approaches.

The unfortunate fact is that the accreditation process and standards document is relatively current and well written; however, just a few odd or archaic clauses stifle the ability for modernisation, improvement or change. These clauses include:

- Standard 2 - Research
- Standard 7 - Length of course
- Standard 8 - Pre-requisites for entry into the course

- Standard 11 - Clinical training
- Standard 16 - The clinical facility

### **Standard 2 - Research**

The course is taught in the context of research and scholarly enquiry, as demonstrated by the active pursuit of research by the provider Institution and by the academic staff teaching in the osteopathic course, so that students learn the importance of evidence in determining views and acquire the attitudes and skills necessary to continually re-evaluate established ideas and critically assess new ideas.

The AOA wholeheartedly endorses this standard, applauds the desire to achieve more osteopathic research and the need for osteopathy to be taught in the context of research and evidence based best practice; however, the students should not be forced to undertake research to compensate for the lack of osteopathic research completed previously.

Graduates must have a good understanding of the importance of evidence in determining their views and should acquire the attitudes and skills necessary to continually re-evaluate established ideas and/or critically assess new ideas throughout their career. No – students should not be forced to undertake lengthy, unnecessary research projects to have these skills assessed; unless, they choose to follow a research based career and then it is arguable that such research should be conducted within a post graduate environment, not an undergraduate one.

### **Standard 7 - Length of course**

**The course requires successful completion of at least 5 years of full time tertiary level/university education.**

The AOA understands that the AOC recognises that student engagement in learning over a minimum period is necessary to achieve the graduate outcomes required for accreditation; however, we dispute that quality graduates cannot be trained within 4 years. The development of 4 year courses appear to be achievable in producing safe and competent practitioners for almost every other allied health profession.

Simple time-based educational strategies went out of fashion sometime in the early 1990's and moved towards a competencies/capacities framework. As stated above, the standards should be a guide to the learning outcomes required for completion of an osteopathy program and subsequent registration.

Furthermore, a shorter or more flexible course structure assists in strategically fostering the development of post-graduate courses to facilitate greater levels of understanding in particular areas of interest. Undergraduate osteopathic courses appear to aim at educating the student about every possible skill they will need for almost every possible situation, rather than ensure that newly graduated osteopaths have the knowledge, skills and attitudes for safe and competent practice.

This over education effectively stifles the desire of many students to continue with lifelong learning or to return for further post graduate training in areas of special interest, or for those students who actually want to foster a research career.

### **Standard 8 - Pre-requisites for entry into the course**

**The academic pre-requisites and other criteria for entry into the course are clearly stated and are compatible with the academic requirements of the course.**

Under this standard the AOC has established that the university must have established policies, defined criteria and follow its own recognition of prior learning procedures; yet then goes further to dismiss their policies by establishing its own criteria.

Universities are best placed to develop and assess prior learning of any applicant, if the policies and procedures are rigorous and accredited; ultimately it is then the universities responsibility to ensure students meet the graduate attributes. If the process of accepting prior learning is in place, a successful graduate of an osteopathic course is a successful graduate, without provisos.

It appears evident that all professions have post graduate entry into specific registrable health professions. A Masters or doctorate would enable other professions such as nurses or other allied health workers to gain entry and fast track into the osteopathic program. This makes educational sense, but also encourages the inter-professional relationships that the government has acknowledged results in better outcomes for patients (standard 11 if you wish). This also encourages a diverse populous to train as osteopaths broadening our skill base.

The AOA calls on the AOC to amend Standard 8 to reflect current educational practice in prior learning at the nearest opportunity and remove the additional conditions placed on universities that ignore their expertise, skills and assessment of student's prior learning.

### **Standard 11 - Clinical training**

**The course provides students with extensive clinical experience in osteopathic diagnosis and treatment for a representative range of patients and clinical conditions under the supervision of experienced osteopathic practitioners, the extent of which is such that all students completing the course are able to independently practise osteopathy safely and competently and to recognise when referral to other practitioners is necessary. The course should provide exposure to the practice of other health workers including mental health professional to allow students to understand their respective roles.**

The AOA wholeheartedly endorses this standard; however, we find it hard to distinguish how any university could meet this standard in regard to knowledge of other modalities, due to the restrictive requirements of the other standards. The AOA is aware that private practise for the graduates provides a diverse clinical experience, significantly different to the university based student

clinic. The AOA would like to encourage institutions to explore the use of this resource to better meet the standard.

Opportunities have arisen for osteopathic placements within community based clinics; the AOA would further potentially envisage practises in conjunction with state health departments as possible training facilities. Clinical training of osteopaths needs to be addressing and developed to enable osteopaths to work in a variety of clinical practise settings or within public health.

#### **Standard 16 - The clinical facility**

**The clinical facility is adequate in size for the number of patients attending and the number of students rostered and is well organised and equipped and able to draw on a patient group with physical and mental health status equivalent to the general population.**

This standard, once again, requires or stipulates a rigid model in what a clinical facility should be. The AOA is of the firm opinion that requirements placed on clinical training facilities should be flexible to allow facilities as varied as osteopathic practices are. We clearly understand the need for suitable educational facilities for clinical practice; however, this standard should also reflect the need for students to practice in external environments being either private clinics or within public facilities, within osteopathy or with other modalities.

#### **The role of the AOC:**

The recent Inter Government Agreement regarding National Health Practitioner Registration and Accreditation Scheme is a process that has been debated for nearly a decade. The combined health workforce, peak bodies, regulators, accreditation bodies and health departments at both state and national levels displayed the greatest combined bureaucratic effort in recent time. The AOA appreciates the AOC is not empowered until 1 July 2010; however, policy changes or amendments can be prepared for submission to COAG at the earliest possibility after that date.

The AOC is newly formed and likely to undertake a major restructure within the next 12 months to comply with the needs of the COAG Health Ministerial Council and the standards established by the Australian Health Practitioner Regulation Agency. It unfortunately is also suffering from the hangover of being formed by consensus and a committee, of member organisations - their volunteer representatives and often competing or conflicting agendas. Under national registration; however, that can cease and then need for swift constitutional and governance reform is vital to ensure a modern and efficient accreditation council is in place.

To be efficient the AOC needs further strategic development in five key areas:

- **Funding** – 1, as the AOC is newly formed it needs considerable extra funding over the next twelve months to ensure processes are current and in place. 2, as the AOC accredits a small profession therefore its cost per registrant are likely to be higher than other professions and this

should be acknowledged by COAG and the Australian Health Practitioner Regulation Agency, when meeting their requirements.

- **Governance** – the AOC needs to dramatically reduce the size of its Board; while at the same time ensuring that it increases the percentage of Directors (probably to a majority) who have current knowledge and extensive experience in the university and/or clinical education training environment. This would be preferable if they were osteopaths; however, it is not essential.
- **Clarity of Role** – perhaps related to its unwieldy governance structure, the AOC appears to be afflicted with an overly sensitive preoccupation with conflict of interest. This preoccupation prevents it from having any open and meaningful dialogue with key stakeholders. Clearly the AOC needs to maintain its independence and transparency, this should not; however, prevent it from giving advice or entering into discussion with a university around curriculum development or the accreditation standards, as long as they are transparent and willing to offer any university the same information, time and/or advice. Many larger and longer established accreditation bodies actually see this as a core part of their work.
- **Staffing** – although the AOC has a skilled staff member, the further development and organisational requirements of the AOC will require additional hours of staff support. The reliance on volunteers to achieve quality accreditation functions and policy development is unsustainable.
- **Accreditation Processes** – as highlighted above, accreditation processes need to be less rigid and more flexible to encourage diverse and innovative education models; the approval processes need to be responsive and timely when minor curriculum changes are needed; accreditation teams need to consist mainly of members with university sector experience and the AOC needs to be able to offer advice on policy interpretation, give guidance and act in a collegiate and supportive fashion prior to and through the accreditation process.

In conclusion this is the perfect time for the AOC to move from a membership driven collective, to the new, stronger, national body. The AOC must be modern, progressive Council overseeing nationally consistent standards; with better ability to communicate, consult and plan for future education needs. The AOC must provide advice and support while maintaining transparency to excel as a peak educationalist body that ensures quality and standards of innovative, creative and adaptive osteopathic education is maintained in Australia.

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