COUNCIL ON CHIROPRACTIC
EDUCATION AUSTRALASIA

Accreditation Standards for Chiropractic Programs and Competency Standards for Chiropractors

2025

ACKNOWLEDGEMENT OF COUNTRY AND NATIONS' INDIGENOUS PEOPLES

The Council on Chiropractic Education Australasia (CCEA) acknowledges the Aboriginal and Torres Strait Islander Peoples as the original Australians; and the Māori People as the tangata whenua of Aotearoa New Zealand.

We acknowledge and pay our respects to the Traditional Custodians of all the lands on which the CCEA works, and their ongoing connection to the land, water and sky.

The CCEA acknowledges the past policies and practices that impact on the health and wellbeing of Aboriginal and Torres Strait Islander and Māori Peoples and commits to working together with communities to support healing and positive health outcomes through its work.

The CCEA is committed to improving outcomes for Aboriginal and Torres Strait Islander Peoples, Māori and the indigenous peoples of other Nations through its accreditation and assessment processes, including equitable access to health services.

We note that the language to refer to so many separate and diverse Nations is viewed differently and wish to note that the language choices made in these standards referring to these many Nations are not intended to diminish the individual and unique identities of these Nations. We acknowledge these differences, and our shared knowledge and experience.[1,2]

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ACKNOWLEDGEMENTS

These Accreditation and Competency Standards have been prepared for the Council on Chiropractic Education Australasia Ltd (CCEA) by Amanda Adrian of Amanda Adrian and Associates with the input, assistance and oversight of the Standards Review Steering Committee (the Steering Committee).

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Acknowledgement is also made of the contributions of Dr Melanie Jones (chiropractor and Senior Policy and Engagement Officer (CCEA)); Professor Asmi Wood (ANU College of Law); and the organisations and individuals who provided feedback during the consultation processes.

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

A SHORT HISTORY OF THE 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 secured local and international recognition of its role. In 2005, CCEA obtained the formal approval of the Australian Government as the gazetted authority responsible for skills assessment in respect of immigrants seeking to practise chiropractic in Australia. Internationally, in 2005, the CCEA was admitted to membership of the CCEI, as the replacement for ACCE.

With the introduction of the National Registration and Accreditation Scheme (NRAS) in Australia in July 2010, CCEA was appointed to exercise accreditation functions for the chiropractic profession under the *Health Practitioner Regulation National Law Act 2009*, as in force in each state and territory. CCEA has maintained this appointment since that time.

CCEA is currently the independent and nationally recognised accreditation authority responsible for developing and monitoring the competency and higher education standards for chiropractic in the Asia Pacific region, designed to protect the public by ensuring that only chiropractors who are suitably trained and qualified to practise in a competent and ethical manner are registered.[3]

CCEA is also the authority responsible for skills assessment on behalf of the Chiropractic Board of Australia (ChiroBA) and the New Zealand Chiropractic Board Te Poari Kaikorohiti o Aotearoa (NZCB), and for immigrants seeking to practise chiropractic and for others whose registration may have lapsed.

INTRODUCTION

CCEA is reviewing the two sets of standards relevant to the safe and professional practice of chiropractors and the Council's accreditation functions:

- Accreditation Standards for Chiropractic Programs
- Competency Standards for Graduating Chiropractors.[a]

These two key sets of standards are complementary and strongly interlinked. They are the mainstay of chiropractic practice and education in Australia and Aotearoa New Zealand, as well as for the education providers and programs adopting or using these standards in other jurisdictions.

ACCREDITATION AND COMPETENCY STANDARDS AND ACCREDITATION

ACCREDITATION

> *Accreditation in the health professions is the process of formal evaluation of an educational program, institution, or system against defined standards by an external body for the purposes of quality assurance and continuous enhancement.*[4]

The International Health Professions Accreditation Outcomes Consortium (IHPAOC) also adopted the following goal statement for health professional accreditation:

> *Accreditation contributes to ensuring high quality training for a competent workforce prepared to serve societal needs effectively.*[5]

There is evidence that accreditation is an important quality assurance and quality improvement mechanism for health practitioner education and training. It is the key quality assurance mechanism to ensure that graduates completing approved programs of study have the knowledge, skills and professional attributes to practise the relevant profession. Accreditation standards and the accreditation of programs of study against those standards are fundamental determinants of the quality of the education and training of health practitioners.[6]

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.[7] A primary aim of the accreditation system for health professionals is the facilitation of the provision of high-quality professional education and training[8] using the principles of quality assurance and continuous quality improvement to respond to evolving community needs and professional practice.

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

a The previous edition of these standards was published in 2017.

In Australia under the *Health Practitioner Regulation National Law Act 2009* (the National Law), CCEA is the assigned independent accreditation authority for chiropractic by the ChiroBA. As well as assessing and accrediting programs of study and education providers in Australia and Aotearoa 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 ChiroBA.

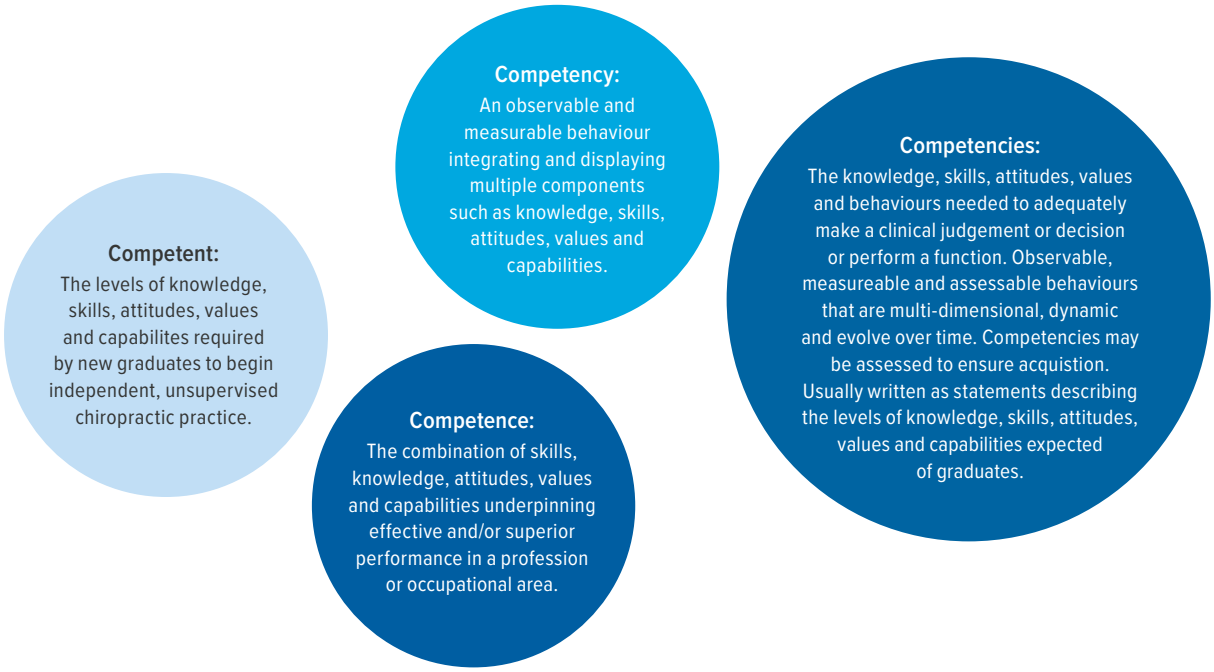
In Aotearoa New Zealand, under the provisions of the *Health Practitioners Competence Assurance Act 2003*, the NZCB has prescribed that the pathways to registration are in partnership with CCEA in their accreditation and standards development role. CCEA also perform assessments of the knowledge, clinical skills, professional attributes and overall competence of overseas qualified chiropractors seeking registration in Aotearoa New Zealand with the NZCB.

CCEA also currently accredits a chiropractic education program in Malaysia. The Accreditation and Competency Standards are used in the accreditation of this program.

COMPETENCE

The descriptions outlined in Figure 1 provide some guidance as to the purpose of the competency standards. It should be noted, there is much debate about the definitions of 'competence', 'competencies', 'competency', 'competent' and 'capability' across the health, education and workforce literature. The following descriptions have been adapted from an extensive array of literature exploring the concepts.[9]

Figure 1. Related descriptions of competence



ACCREDITATION AND COMPETENCY STANDARDS

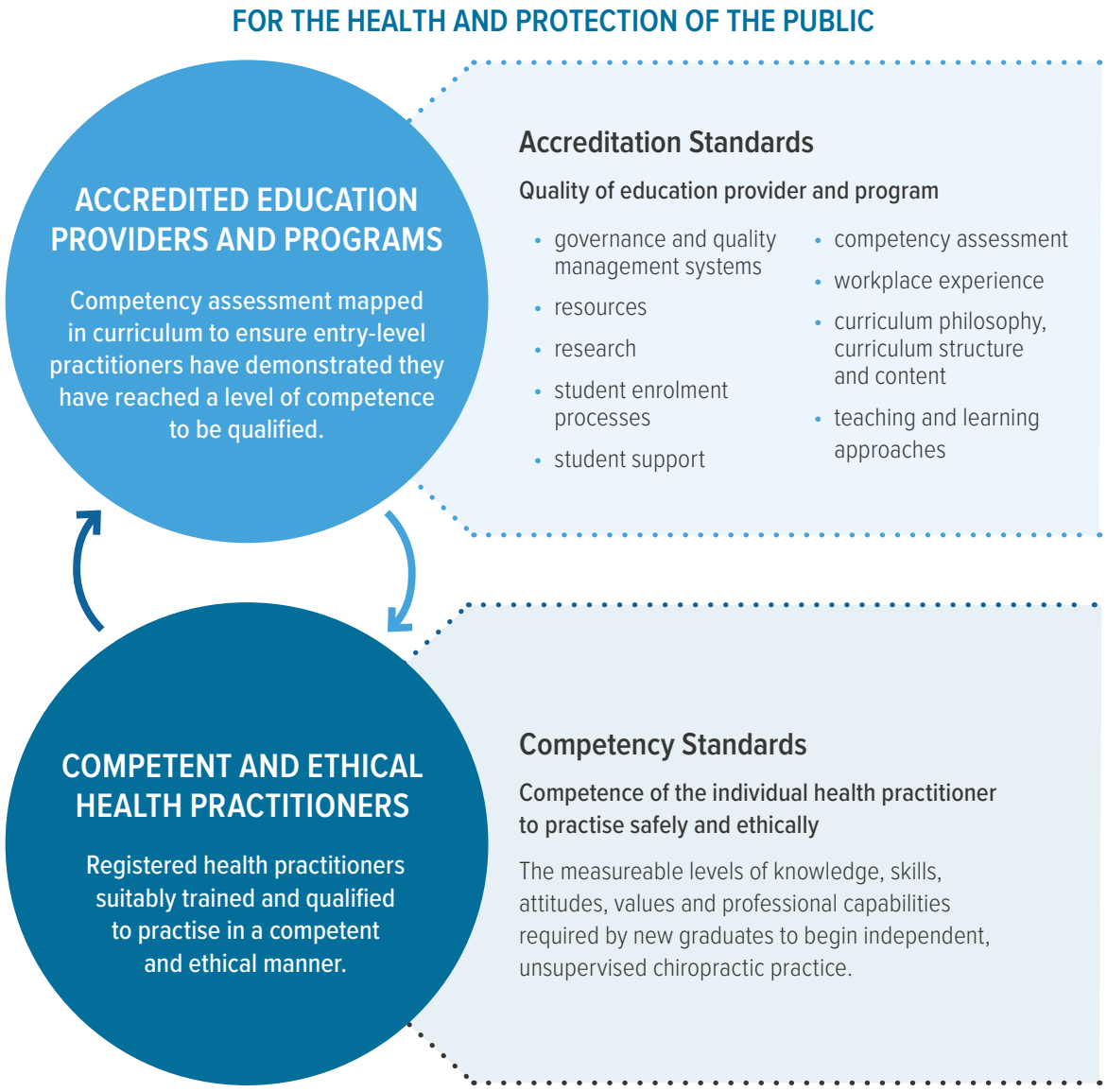
Critical to the accreditation process is the availability of evidence-based standards to measure a level of quality or attainment; providing a basis of comparison established in measuring or judging capacity, quantity, quality, content and value; or criterion used as a model or pattern.

Therefore, there are two discrete sets of standards relevant to CCEA's accreditation functions:

- Competency Standards for Chiropractors[10]
- Accreditation Standards for Chiropractic Programs.

These two sets of standards are complementary and interlinked. Figure 2 represents the relationship between the Accreditation Standards, Competency Standards, the accreditation scheme and a key objective of these. That is, the health and protection of the public.

Figure 2. Relationship between Accreditation and Competency Standards, accreditation objectives



REVIEW AND CONSULTATION PROCESS

The purpose of the review is to minimise risk and safeguard and promote the health, safety and wellbeing of those Australasians living in countries and those visitors to our shores receiving services provided by chiropractors, where these standards are applied. The review is also important for benchmarking of standards to maintain relevance in a changing health and educational environment.

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

The previous work in developing the Competency and Accreditation Standards used to date in the accreditation of chiropractic programs is recognised and valued. Also, significant work is being done internationally and by other health professional boards and accreditation authorities in Aotearoa New Zealand and Australia to reflect contemporary literature on health professional practice and education, and this work has also informed the review. The revised standards also build on the responsibilities of CCEA, ChiroBA and the NZCB under the National Law and the *Health Practitioners Competence Assurance Act 2003*.

Extensive consultation with key stakeholders occurred during the review and included:

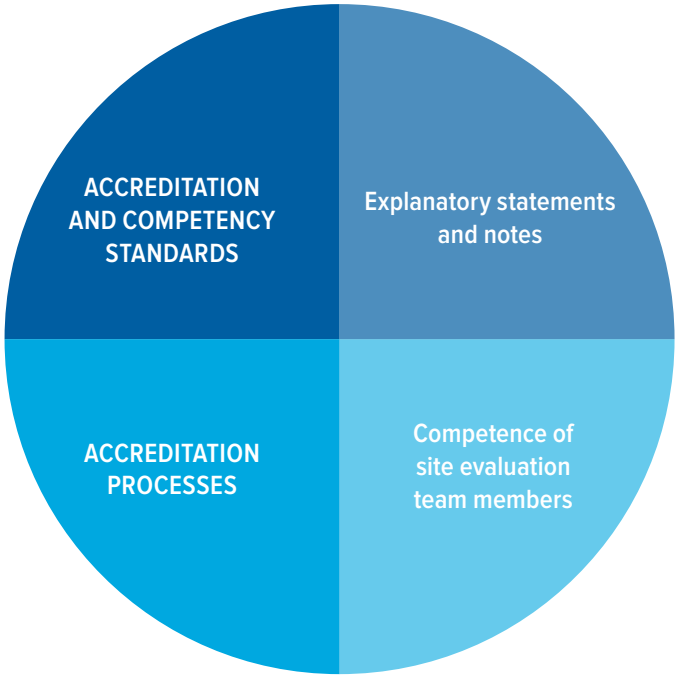
- Consultation workshops held at the Gold Coast on Sunday 15 and Monday 16 October 2023.
- Feedback submissions invited for Draft 7 of the standards from key stakeholders and invitation published on the CCEA website from December 2023 to end-February 2024.
- Survey published using the Survey Monkey application publicised and available publicly from December 2023 to end-February 2024.
- Feedback submissions invited for Drafts 8, 9, 10 and 11 of the standards from key stakeholders and invitation published on the CCEA website to June 2024.
- Community Consultation Forum via webinar on 9 May 2024.
- Profession Consultation Forum via webinar on 21 June 2024.

As well as the scheduled consultation sessions, stakeholders were encouraged to provide feedback as issues arose during the review and development of these standards.

ELEMENTS OF THE ACCREDITATION SCHEME

The standards are only one part of the accreditation scheme. During the consultation phase, stakeholders again provided the Steering Committee with feedback on a number of aspects of accreditation, captured in Figure 3.

Figure 3. The elements of the accreditation scheme



Three other key components of the accreditation scheme are:

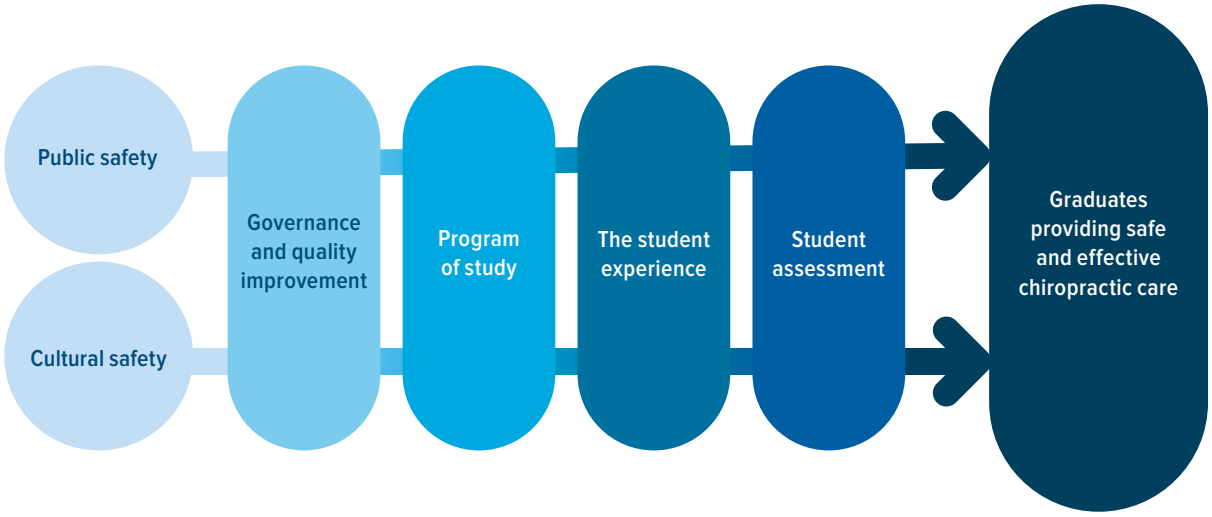
- **The explanatory statements and notes to the standards**
  In the case of the Accreditation Standards, these provide background information and guidance for education providers, assessors and others using the standards. This can involve describing examples of evidence that could be provided by education providers or guidelines that describe current expectations based on benchmarking or other reference points. For the Competency Standards, this can involve describing the specific 'knowledge, skills and attributes' that underpin the standards or evidence of examples to support education providers in the teaching and assessment of them.
- **The accreditation system and processes**
  The design of the accreditation system, the guidelines, timelines and the administration of the scheme are critical to the operations of accreditation and are reviewed and improved on an ongoing basis in light of comments received and improvements suggested. The accreditation processes provide the infrastructure for the system of accreditation and assessment using the standards by trained site evaluation team members.
- **The competence of site evaluation team members**
  This is a vital ingredient in the accreditation system. It is recognised that the site evaluation team members participating in the accreditation of a chiropractic education program require careful induction to the philosophy and functions of the scheme, training in the process of evaluation using the standards and ongoing professional development.

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

ACCREDITATION STANDARDS FOR CHIROPRACTIC PROGRAMS

ACCREDITATION STANDARDS MODEL

Figure 4. The Accreditation Standards Model



ACCREDITATION STANDARDS STATEMENTS

Standard 1 – Public safety

Public safety is the priority.

Standard 2 – Governance and quality improvement

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

Standard 3 – Program of study

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

Standard 4 – The student experience

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

Standard 5 – Student assessment

Student assessment is comprehensive, fair, valid and reliable.

Standard 6 – Cultural safety

Respect and cultural safety are foundational principles of the program development, content, delivery and outcomes.

Standard 1 – Public safety

Public safety is the priority.

1. Criteria

1.1. Protection of the public by minimisation of clinical safety risks, and the safe, high-quality care of patients[b] are prominent in the guiding principles of the educational program, clinical training and student learning outcomes.[11]

1.2. Patients or, if applicable, their substitute decision-maker give informed consent[c] to care provided by students.

1.3. Students achieve the relevant competencies before providing patient care as part of the program.

1.4. Students, staff and support personnel are held to high levels of ethical and professional conduct.[12]

1.5. Student clinics, community outreach, chiropractic practices and other health services providing students with professional practice experiences have robust quality and safety policies and processes and meet relevant jurisdictional requirements and standards.

1.6. Students are equipped to consider the specific needs of culturally and linguistically diverse people in their communities. This includes issues arising from their history, health and cultural identity, highlighting the need to foster open, honest and culturally safe professional relationships when providing care.[13]

1.7. Students are supervised by registered chiropractors and/or health professionals[d e] of good standing, having the appropriate skills, knowledge, judgement and experience during all clinical practice experiences and placements.

1.8. Students are registered with the relevant regulatory authorities where required.

1.9. Student impairment[14] screening and management processes are effective to establish their fitness to practise.

b Note: It is recognised that there are many names used for consumers of health care, for example, patient, consumer, client. The term 'patient' is used here reflecting the National Safety and Quality in Health Service Standards (NSQHS) – 'Partnering with Consumers Standard' use of the terminology recognising: *patients as partners in their own care, to the extent that they choose, and consumers as partners in planning, design, delivery, measurement and evaluation of systems and services.*

c 'Assent to care' may be required where the patient is not of an age or capacity to provide full informed consent but can participate in the decision-making process, fully or in part.

d Other health professionals may provide teaching and learning components in an educational program aligned with their professional background, for example, imaging, anatomy and physiology, public health.

e Registered or must meet the jurisdictional requirements of the country where the accredited education program is offered. In some jurisdictions, it is necessary also to be licensed or have a current annual practising certificate (APC).

Standard 2 – Governance and quality improvement

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

2. Criteria

2.1. The education provider is registered with the national higher education quality and standards regulatory authority for programs within that jurisdiction.[15]

2.2. The program is accredited by the national higher education quality and standards regulatory authority for programs within that jurisdiction **OR**, for education providers with self-accrediting authorisation, the program has been approved by the education provider's relevant board or committee responsible for program approval.

2.3. The provider conducting the program has a governance structure that ensures the head of discipline is a registered chiropractor[f] of good standing within the jurisdiction, with no history of or current conditions or undertakings on their registration relating to performance or conduct in any local, national or international jurisdiction, and holds relevant chiropractic, health and/or management postgraduate qualifications.

2.4. The head of discipline is responsible for, but not limited to:

a. academic oversight of the program
b. promoting high-quality, evidence-based teaching and learning, scholarly activities, research and ongoing evaluation experiences for students to enable graduate competence
c. negotiating access to sufficient financial, human and physical resources necessary to conduct the program
d. ensuring staff and students are adequately indemnified for relevant activities undertaken as part of program requirements.[16]

2.5. The provider evaluates and addresses risks to the program, program outcomes and students and has a primary focus on continually improving the quality of the teaching and learning experience for students and the competence of new graduates.

2.6. The quality assurance and quality improvement mechanisms for the program incorporate valid and reliable evaluation information from a variety of relevant sources including, but not limited to:

a. risk assessment of student learning environments
b. student evaluations
c. graduate profile and outcomes
d. internal and external, academic and health professional evaluations
e. program monitoring and reviews
f. curriculum benchmarking across providers
g. evidence-based developments in health professional education
h. evidence-based developments in health and health care.[17]

2.7. Early and ongoing consultation is undertaken into the design, development and management of the curriculum and program from external representatives of the chiropractic profession, culturally and linguistically diverse people, persons with disabilities and impairments, other consumers, students, carers and other relevant stakeholders.

f Also holding a current practising certificate or licensure in those jurisdictions requiring this to legally practise.

Standard 3 – Program of study

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

3. Criteria

3.1. The program of study is delivered at a level that leads to the award of a bachelor's degree, as a minimum.[18]

3.2. The curriculum document incorporates teaching, learning and outcomes that reflect:

a. the professional philosophies of chiropractic practice and their practical implementation into the program of study
b. competency in a diverse range of chiropractic techniques, including manual techniques, and their application in primary health care; this includes adapting care techniques to accommodate different age groups and diverse populations
c. the educational pedagogy of chiropractic education and its practical implementation into the program of study
d. foundation scientific principles that are clearly scaffolded towards the clinical sciences
e. contemporary practices in chiropractic, health and education, which respond to emerging trends based on research, technology and other forms of evidence
f. national quality and safety standards relevant to chiropractic practice.[19]

3.3. Learning outcomes are mapped to all the required chiropractic competency standards at program/course level and unit/subject level, demonstrating alignment between program content, assessment and the learning outcomes.

3.4. Principles of interprofessional education and practice are embedded in the curriculum with students working with and learning from both chiropractic and other health professions to foster interprofessional collaborative practice.

3.5. Cultural awareness, cultural competence and cultural safety (including history) is integrated, introduced and progressed within the program and there are clearly articulated required disciplinary learning outcomes.

3.6. Teaching and learning environments enable the achievement of the required learning outcomes. These include:

a. having the resources to sustain the quality of education to meet the relevant chiropractic competency standards (this may include a range of simulated learning methods and techniques)
b. using available technologies that align with the contemporary needs of learners[20]
c. facilities and equipment that are accessible, well-maintained, fit-for-purpose and support the achievement of learning outcomes
d. research skills appropriate to the academic level of the program that are appropriately assessed.

3.7. The program includes content and sequencing that may incorporate simulated learning experiences to prepare students for professional practice experiences.

3.8. The quality and quantity of professional practice experiences enable social, situated and experiential learning and are sufficient for developing competence.

3.9. Learning and teaching methods are explicitly designed and used to enable students to achieve the required learning outcomes.

3.10. Teaching and clinical staff are of good standing, suitably qualified and experienced with the requisite registration status[g], skills, knowledge, judgement and experience to deliver the units they teach and supervise professional practice experiences.

g Including holding a current practising certificate or licensure in those jurisdictions requiring this to legally practise.

Standard 4 – The student experience

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

4. Criteria

4.1. Program information is relevant, clear and accessible.

4.2. Admission and progression requirements and processes are fair, equitable and transparent.

4.3. There are strategies and infrastructure to support the attraction, retention and graduation of under-represented groups in chiropractic programs.[h]

4.4. Students have access to effective grievance and appeals processes.

4.5. The provider identifies and provides support to meet the academic learning needs of students.

4.6. Students are informed of and have access to culturally appropriate, personal support services provided by qualified personnel.

4.7. Students are represented within the deliberative and decision-making processes for the program.

4.8. Diversity, equity and inclusion principles are observed and promoted in the student experience.

4.9. Student experiences across all teaching and learning environments are monitored and evaluated regularly with outcomes informing program quality improvement.

h Including, but not limited to culturally and linguistically diverse students, students with disabilities (noting Criterion 1.9. requiring that student impairment screening and management processes are effective to establish their fitness to practise), students from rural and remote locations.

Standard 5 – Student assessment

Student assessment is comprehensive, fair, valid and reliable.

5. Criteria

5.1. There is a clear relationship between learning outcomes and student assessment strategies:

a. with the scope of student assessment covering all learning outcomes and competencies
b. that are clearly mapped to the relevant chiropractic competency standards and the assessment strategies used
c. with both formative and summative assessment types and tasks used across the program to enhance individual and collective learning as well as inform student progression.

5.2. Multiple validated assessment tools, modes and sampling are used including direct observation in clinical settings throughout the program.

5.3. There is clear policy on academic integrity, plagiarism and the use of automated content generators including other artificial intelligence (AI) tools in students' assessable work.

5.4. Program management and coordination, including moderation procedures, ensure consistent and appropriate assessment.

5.5. Timely feedback to students is provided during and after the conduct of assessments.

5.6. Suitably qualified and experienced staff assess students, with external input from the profession throughout the program where feasible, but at least in the final year.

Standard 6 – Cultural safety[21]

Respect and cultural safety are foundational principles of the program development, content, delivery and outcomes.

6. Criteria

6.1. The program content and delivery ensure that student chiropractors and supervising chiropractors model and provide respectful and culturally safe care.

6.2. In Australia, there is external input into the design and management of the program from Aboriginal and Torres Strait Islander Peoples.

6.3. In Aotearoa New Zealand, there is external input into the design and management of the program from Māori.

6.4. Cultural safety is integrated throughout the program and clearly articulated in required learning outcomes.

6.5. Clinical experience strives to provide students with experience of providing culturally safe care for:

- Aboriginal and Torres Strait Islander Peoples (in Australia)
- Māori (in Aotearoa New Zealand).

6.6. Clinical experience strives to provide students with experience of providing culturally safe care for other culturally and linguistically diverse people.

6.7. The program provider ensures students are provided with access to appropriate resources, and to staff with specialist knowledge, expertise and cultural capabilities, to facilitate learning about:

- Aboriginal and Torres Strait Islander Peoples (in Australia)
- Māori (in Aotearoa New Zealand).

6.8. The program provider ensures students are provided with access to appropriate resources, and to staff with specialist knowledge, expertise and cultural capabilities, to facilitate learning about culturally and linguistically diverse peoples in their communities.

6.9. The program provider ensures students have access to resources and guidelines articulating research principles for research among:

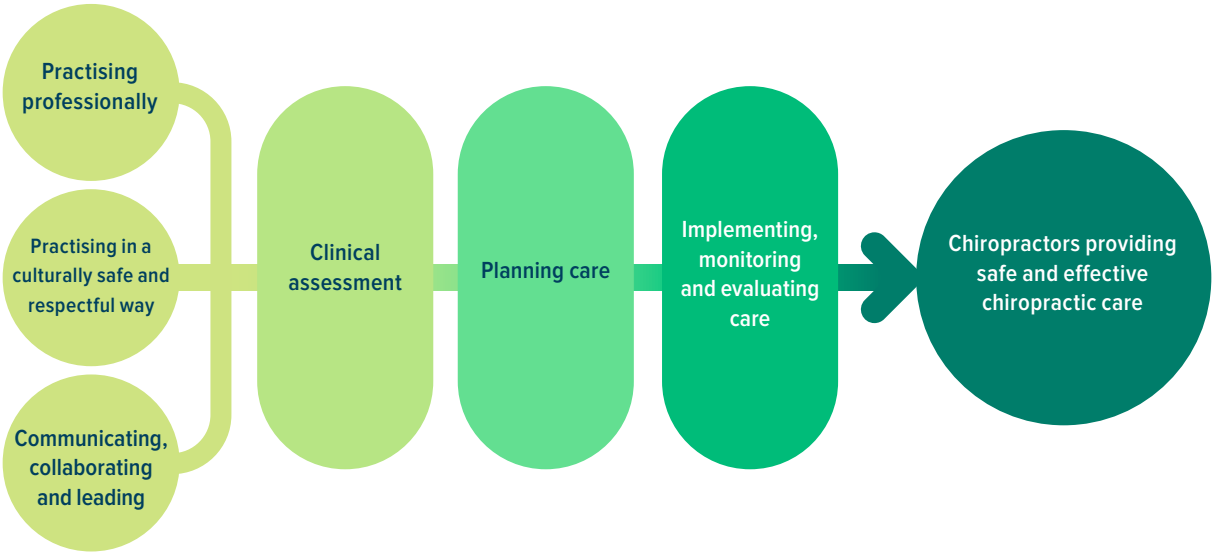
- Aboriginal and Torres Strait Islander Peoples (in Australia)[22]
- Māori (in Aotearoa New Zealand).[23]

6.10. Staff and students work and learn in a culturally safe environment.

COMPETENCY STANDARDS FOR CHIROPRACTORS

COMPETENCY STANDARDS MODEL

Figure 5. The Competency Standards Model



All the Competency Standards for Chiropractors are to be read in conjunction with the Ahpra and National Boards (2022) shared *Code of Conduct*, and the codes of ethics and conduct in other jurisdictions where these standards apply, and education providers and programs are being accredited.

COMPETENCY STANDARDS

Universal competency 1 – Practising professionally

Practises professionally, ethically, legally, safely and effectively with the application of evidence-based practice as the primary consideration in all aspects of chiropractic practice.

Universal competency 2 – Practising in a culturally safe and respectful way

Provides safe, accessible and responsive health care, free of racism and discrimination of any kind.[24]

Universal competency 3 – Communication, collaboration and leadership

Always communicates and collaborates effectively with patients and others.[i]

Practice competency 4 – Clinical assessment

Understands patients' health status and related circumstances[j]; critically analysing these to form a clinical impression.

Practice competency 5 – Planning care

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

Practice competency 6 – Implementing, monitoring and evaluating care

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

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

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

Universal competency 1 – Practising professionally

Practises professionally, ethically, legally, safely and effectively[25] with the application of evidence-based practice as the primary consideration in all aspects of chiropractic practice.

1.1 Complies with legal and ethical requirements

PERFORMANCE CRITERIA

A chiropractor:

- adheres to relevant legislation, common law, codes, standards and other policy regulating chiropractic conduct and practice
- applies the ethical principles of autonomy, beneficence, non-maleficence and justice
- applies the principles of confidentiality and privacy[26]
- establishes and maintains professional relationships and boundaries.

1.2 Applies a patient-centred approach to practice

PERFORMANCE CRITERIA

A chiropractor:

- recognises and responds to diversity in the population, including but not limited to gender, sexuality, gender identity, beliefs, experiences, age, religion, race, history, culture, language, disability and socioeconomic status[27]
- acknowledges and responds to the impact of culture, values, beliefs, education levels, cognitive ability[28] and life experiences on health status, health and illness and help-seeking behaviours and maintenance of health, within a biopsychosocial framework
- recognises and responds to patients' emotional and physical responses to information about their health status and care
- appreciates and demonstrates that patients are partners in own health care and their opinions are valued in designing and delivering their own health care to the extent that they choose[29]
- recognises and adapts their approach given the inherent power imbalance that exists between chiropractors and patients.

1.3 Applies an evidence-based approach to practice

PERFORMANCE CRITERIA

A chiropractor:

- uses an evidence-based approach to clinical diagnosis, planning, delivering and evaluating patients' responses to care
- applies critical thinking and problem solving to all aspects of care
- demonstrates ability to critically evaluate research and literature and the relevance and applicability of this to the clinical context.

1.4 Demonstrates professional integrity

PERFORMANCE CRITERIA

A chiropractor:

- demonstrates commitment and applies research skills to support continuing professional development and lifelong learning
- works within the bounds of their professional expertise and competence (scope of professional practice) and seeks professional support and peer review routinely and when necessary
- accepts responsibility and accountability as a professional and member of the chiropractic profession
- applies principles of risk management and quality improvement to practice.

1.5 Demonstrates capacity for self-reflection

PERFORMANCE CRITERIA

A chiropractor:

- demonstrates skill in self-assessment and critical evaluation of personal knowledge, skills and expertise, including awareness of personal bias and beliefs and how these might influence patient care; and has appropriate strategies in place to deal with this
- demonstrates awareness of factors affecting their health and wellbeing, including but not limited to fatigue, stress management, infection control and disease prevention, to mitigate health risks of professional practice and has skills to manage this.[30]

Universal competency 2 – Practising in a culturally safe and respectful way

Provides safe, accessible and responsive health care, free of racism and discrimination of any kind.[31]

2.1 Recognises the needs, values and beliefs of different cultural, religious, social and ethnic groups

PERFORMANCE CRITERIA

A chiropractor:

- recognises cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities
- recognises cultural safety is determined by Māori
- recognises cultural safety is determined by culturally and linguistically diverse people in their communities
- acknowledges colonisation and systemic racism, as well as social, cultural, behavioural and economic factors which impact individual and community health
- acquires cultural knowledge and skills relevant to their patient base
- recognises the importance of self-determined decsion-making, partnership and collaboration in health care which is driven by the individual, family and community.

2.2 Practices in a culturally competent way

PERFORMANCE CRITERIA

A chiropractor:

- practises critical reflection, demonstrating this in the knowledge, skills, attitudes, practising behaviours and power differentials
- values and adapts to diversity
- understands their own culture and its impact on their practice
- engages in self-assessment of their cultural competence, acknowledging and addressing individual racism, their own biases, assumptions, stereotypes and prejudices and provides care that is holistic, free of bias and racism
- views behaviour within a cultural context
- fosters a safe working environment through leadership to support the rights and dignity of:
  - Aboriginal and Torres Strait Islander Peoples (in Australia)
  - Māori (in Aotearoa New Zealand)
- fosters a safe working environment through leadership to support the rights and dignity of other culturally and linguistically diverse people in their communities and with colleagues.

2.3 Recognises and responds appropriately to the needs of patients with health inequities[32]

PERFORMANCE CRITERIA

A chiropractor:

- acquires knowledge and skills relevant to patients with intellectual disabilities, developmental disabilities, cognitive disabilities, other disabilities, impairments or diverse needs
- applies knowledge of the unique health status of people with disabilities and impairments to inform health care provision from prevention to recovery
- practises in a manner that recognises, respects and values the lived experience and lives of people with disabilities and impairments
- recognises and respects the importance of self-determined decision-making, partnership and collaboration in health care, which is driven by the individual and family
- develops effective communication channels and works with health care professionals and disability support providers to coordinate care
- works with other health care and aged care providers supporting older people with disabilities or impairment.

Universal competency 3 – Communication, collaboration and leadership

Communicates and collaborates effectively with patients and others.[k]

3.1 Recognises patients' rights to be fully informed[33]

PERFORMANCE CRITERIA

A chiropractor:

- gives patients the information they need, in a way they can understand, to support them in making decisions about their health care
- recognises every patients' right to the information that a reasonable patient, in that person's circumstances, would expect to receive, including:
  - an explanation of their condition
  - explanations of the options available, including assessment of the expected risks, side effects, benefits, and costs of each option
  - advice of the estimated times within which the services will be provided
  - notification of any proposed participation in teaching or research, including whether the research requires and has received ethical approval
  - any other information required by legal, professional, ethical, and other relevant standards
  - the results of tests
  - the results of procedures
- understands that before making a choice or giving consent, all patients have the right to the information that a reasonable patient, in that patient's circumstances, needs to make an informed choice or give informed consent
- appreciates that before making a choice or giving consent, all patients have the right to support to make an informed choice or give informed consent
- acknowledges all patients have the right to honest and accurate answers to questions relating to services, including questions about:
  - the identity and qualifications of the provider
  - the recommendation of the provider
  - how to obtain an opinion from another provider
  - the results of research
- appreciates all patients have the right to receive, on request, a written summary of information provided.

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

3.2 Communicates effectively with patients and others

PERFORMANCE CRITERIA

A chiropractor:

- communicates with patients in a way that supports effective partnerships in care[34]
- communicates effectively – verbally, non-verbally and in writing – providing clarity for safe and agreed examination, care and treatment
- invests time and resources to ensure that relationships are effective and sustainable
- uses communication strategies that are clear and interactive to enable culturally appropriate ways of working and sharing understandings, adapting communication style to acknowledge cultural safety and cultural and linguistic diversity
- recognises that relationships that are respectful of culture should:
  - respect the particular cultural experience and knowledge of Aboriginal and Torres Strait Islander Peoples and patients
  - respect the particular cultural experience and knowledge of Māori and Pacific Islander Peoples and patients
  - respect the particular cultural experience and knowledge of other indigenous people and patients, and others of varied national and cultural backgrounds
  - have clear and interactive communication to enable shared understandings
  - adhere to cultural protocols (for example, considerations of gender and boundaries)
- understands that only the patients and/or their families can determine whether or not care is culturally safe and respectful [35 36]
- meets language proficiency requirements established in regulation for the profession
- uses information and communications technology effectively to enhance communication.

3.3 Collaborates effectively with patients and others

PERFORMANCE CRITERIA

A chiropractor:

- demonstrates rapport, active listening, mutual respect and trust in developing professional relationships with patients and others
- expresses professional opinions competently, confidently and respectfully, avoiding discipline-specific language when necessary
- takes opportunities for interprofessional collaborative practice for improving patient-centred care and patient outcomes in treatment and care
- provides timely and sensitive feedback to colleagues in the chiropractic and other professions and responds professionally to feedback from these colleagues
- demonstrates ability to describe and respect the roles and expertise of other health care professionals
- demonstrates ability to learn and work effectively as a member of an interprofessional team or other professional group, including through delegation, supervision, consultation and referrals[37]
- recognises potential for disagreement and conflict in relation to care and management and responds to resolve issues in the interests of the patient.

3.4 Implements evidence-based health promotion and disease prevention strategies[38]

PERFORMANCE CRITERIA

A chiropractor:

- recognises responsibility to protect and advance the health and wellbeing of individuals, communities and populations[39]
- participates in and promotes evidence-based health education during patient consultations, and risk reduction programs to meet identified needs within the community
- integrates evidence-based prevention, early detection, health maintenance and chronic condition management strategies into practice[40]
- places the needs and safety of patients at the centre of the care process, demonstrating safety skills including infection control, adverse event reporting and effective co-management and referral.[41]

3.5 Manages information to meet legal obligations and professional standards

PERFORMANCE CRITERIA

A chiropractor:

- creates, maintains and manages full, accurate and contemporaneous records that comply with legal requirements, accepted professional standards, privacy and confidentiality
- understands and acts on obligations for mandatory reporting when indicated.[l]

3.6 Supervises administrative and other staff

PERFORMANCE CRITERIA

A chiropractor:

- demonstrates awareness of the legal and ethical obligations for providing a safe workplace in clinical practice
- defines activities that can be delegated to administrative or other staff
- explains responsibility for supervising and training administrative or other staff.

l For example, in matters relating to children's care and protection, domestic violence, professional misconduct of health professionals.

Practice competency 4 – Clinical assessment

Understands patients' health status and related circumstances[m]; critically analysing these to form a clinical impression.

4.1 Obtains and records a history

PERFORMANCE CRITERIA

A chiropractor:

- obtains and records history of patients' medical, social and health status, actively and respectfully listening at all times
- identifies and evaluates individual patient risk and prognostic factors
- maintains secure, accurate, consistent, legible and contemporaneous records of patients' previous management — electronic and/or written.

4.2 Performs a clinical examination with informed consent[42]

PERFORMANCE CRITERIA

A chiropractor:

- explains the need for and process of examination
- obtains informed consent and conducts physical examination with appropriate rapport, respect for cultural mores, preservation of modesty, consideration of any reported pain or disability, mental health and personal circumstances
- performs appropriate investigations and examinations of patients.

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

PERFORMANCE CRITERIA

A chiropractor:

- identifies existing investigation results and reports and considers how or if these will influence patient care
- determines clinical, laboratory, imaging and other diagnostic procedures relevant to patients' presentation and refers for, or conducts further procedures, where clinically indicated
- makes referrals or obtains further information, where indicated.

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

4.4 Recognises determinants of health

PERFORMANCE CRITERIA

A chiropractor:

- identifies and considers determinants of health, including psychological, biological, social, cultural, environmental, educational and economic determinants, as well as healthcare system factors
- demonstrates knowledge of aetiology, pathology, clinical features, natural history and prognosis for neuromusculoskeletal presentations and other clinical presentations
- recognises and responds to public health priorities.

4.5 Critically analyses information available to generate a clinical impression

PERFORMANCE CRITERIA

A chiropractor:

- demonstrates knowledge of diagnostic imaging techniques and procedures, including indications and limitations of available imaging modalities, including the ability to review and interpret X-ray imaging studies
- interprets and integrates results of clinical, laboratory and diagnostic procedures into care planning
- forms an understanding of patients' health status and/or identifies possible diagnoses within a culturally appropriate and biopsychosocial framework
- identifies and interprets cues from the clinical profile that raise suspicion of serious pathology (for example, 'red flags') then manages and/or refers for further diagnostic investigations as indicated
- generates a justifiable working diagnosis.

Practice competency 5 – Planning care

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

5.1 Identifies possible care and management options

PERFORMANCE CRITERIA

A chiropractor:

- integrates clinical practice knowledge of chiropractic and other health sciences to inform decisions about evidence-based care and management options
- obtains, interprets and applies current evidence and information to inform decisions about care and management options, analysing indications and contraindications
- identifies care and management options likely to be effective, acceptable and safe for patients
- adapts practice according to varying patient needs across the entire human lifespan, including need for care and management options to be tailored for patients, in collaboration with patients
- considers opportunities to enhance patients' care and management through the involvement of other health professionals.

5.2 Discusses care and management options

PERFORMANCE CRITERIA

A chiropractor:

- explains and discusses the outcomes and implications of the clinical assessment with patients and others, using language appropriate for them, recognising the history and prognosis for the condition
- discusses purpose, nature, benefits, risks and expected outcomes of care and management with patients and others
- discusses and seeks agreement with patients and others on patients' goals and priorities
- describes areas of practice of other health professions and explains interprofessional approaches to patients and others.

5.3 Formulates a care and management plan

PERFORMANCE CRITERIA

A chiropractor:

- formulates care and management plans in collaboration with patients and others, recognising personal limitations and professional scope of practice, referring patients to other practitioners when this is in the best interests of patients
- reaches agreement with the patient on their care plan, ensuring it is patient-centred and evidence-based, including chiropractic care, co-management or referral
- facilitates coordination and continuity of care for patients and establishes plans for review of care and management
- records the details of the care and treatment plan and advice provided
- arranges investigations and liaises with other treating practitioners, where relevant.[43]

Practice competency 6 – Implementing, monitoring and evaluating care

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

6.1 Obtains and records patient-informed consent regarding care

PERFORMANCE CRITERIA

A chiropractor:

- applies relevant legal requirements, professional standards and codes to obtain and record patients' consents, including:
  - providing care to patients only if patients make an informed choice and give informed consent, except where any legislation, or the common law, or any other provision of the code in their jurisdiction provides otherwise[44]
  - presuming patients are competent to make informed choices and give informed consent, unless there are reasonable grounds for believing that they are not competent[45]
  - providing patients with the support necessary to make and communicate decisions that affect their lives[46]
  - recognising that some people with an intellectual disability may need additional support to make their own decisions – Supported Decision Making[47]
  - understanding the jurisdictional requirements relating to obtaining informed consent for young people[48]
  - where patients may not be able to make informed choices and give informed consent, and no persons entitled to consent on behalf of the patients are available, the provider may provide services only in certain limited circumstances, consistent with jurisdictional requirements[49]
  - ensuring appropriate and effective safeguards against violence, abuse, neglect or exploitation for patients who may require decision-making support, including to prevent abuse and undue influence.

6.2 Implements interventions safely and effectively

PERFORMANCE CRITERIA

A chiropractor:

- performs ethical, safe and effective intervention procedures, including restricted therapies such as manipulation of the cervical spine[50] and other adjusting and manual therapies, within the scope of chiropractic training and practice
- provides evidence-based information and advice to patients for health promotion, self-management and lifestyle options for better health, within a culturally appropriate biopsychosocial framework
- adapts plan of management to account for factors such as age, condition, health status, any disability, cultural influences, response to care and patients' preferences.

6.3 Monitors and evaluates progress of care and health outcomes

PERFORMANCE CRITERIA

A chiropractor:

- regularly monitors patients' progress towards achieving planned health outcomes using valid and reliable measures where available
- considers alternative options when indicated
- modifies patients' care plans as indicated following thorough explanation and obtaining informed consent, with all changes documented
- recognises possible complications/adverse events arising from patients' management and has appropriate procedures in place to be able to effectively manage these including referral for emergency care when appropriate
- regularly monitors management and care for adverse events and changes in patients' lives that may affect care.

6.4 Adapts plans based on monitoring and evaluation

PERFORMANCE CRITERIA

A chiropractor:

- collaborates with patients and other health professionals, where indicated, to address issues arising from monitoring and evaluation
- adapts interventions accounting for factors such as age, condition, health status, response to care and patients' preferences.

APPENDIX 1
ACRONYMS AND ABBREVIATIONS

ABS	Australian Bureau of Statistics
AC	Accreditation Committee – CCEA
ACCE	Australasian Council on Chiropractic Education Ltd
ACSQHC	Australian Commission on Safety and Quality in Health Care
Ahpra	Australian Health Practitioner Regulation Agency
AI	Artificial Intelligence
AIATSIS	Australian Institute of Aboriginal and Torres Strait Studies
AMC	Australian Medical Council
ANMAC	Australian Nursing and Midwifery Accreditation Council
ANZSCO	Australian and Aotearoa New Zealand Standard Classification of Occupations
APC	Annual practising certificate
AQF	Australian Qualifications Framework
ChiroBA	Chiropractic Board of Australia
CCEA	Council on Chiropractic Education Australasia
CCEI	Councils on Chiropractic Education International
COAC	Chiropractic Overseas Assessment Committee – CCEA
ETSC	Evaluation Team Selection Committee – CCEA
FLAQ	(Spanish – Federación Latino Americana de Quiropráctica) Latin American Federation of Chiropractic
FRAC	Finance, Risk and Audit Committee – CCEA

HRCNZ	Health Research Council Aotearoa New Zealand
IHPAOC	International Health Professions Accreditation Outcomes Consortium
IPL	Interprofessional learning
JEC	Joint Education Committee of Participating Registration Boards
MQA	Malaysian Qualifications Agency
NHMRC	National Health and Medical Research Council (Australia)
NRAS	National Registration and Accreditation Scheme
NSQHS	National Safety and Quality Health Services Standards
NZCB	New Zealand Chiropractic Board Te Paori Kaikorohiti o Aotearoa
NZQA	New Zealand Qualifications Authority Mātauranga o Aotearoa
NZQF	Aotearoa New Zealand Qualifications Framework
NZQCF	New Zealand Qualifications and Credentials Framework – Te Taura Here Tohu Mātauranga o Aotearoa
SLE	Simulated learning environment
TEQSA	Tertiary Education Quality and Standards Agency
WHO	World Health Organization

APPENDIX 2 GLOSSARY OF TERMS[n]

Aboriginal, Torres Strait Islander Peoples and Māori

- Aboriginal refers to the First People and Traditional Custodians of the Australian mainland and many of its islands, such as Tasmania, K'gari, Hinchinbrook Island, the Tiwi Islands, and Groote Eylandt, but excluding the Torres Strait Islands.
- Torres Strait Islander refers to the First People and Traditional Custodians of the Torres Strait Islands.
- Māori refers to the tangata whenua, or the original people of Aotearoa New Zealand.

Aotearoa New Zealand Qualifications Framework (NZQF)

The definitive source for accurate and current information on quality assured qualifications in Aotearoa 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 Aotearoa New Zealand qualifications
- contribute to the strengthening of Māori as a people by enhancing and advancing Mātauranga Māori (Māori knowledge)
- be sustainable and robust.

Biopsychosocial framework – 'The biopsychosocial model has become the orthodox overarching model for health, disease and health care… it recommends to health care to take into account all three aspects, the biological, the psychological and the social.

…[It] emphasises the importance of a comprehensive management plan. In all these contexts the biopsychosocial model easily wins, facilitating identification and integration of different aspects of care aimed at different aspects of the patient's life, disease and management. To illustrate further good fit with much current practice, the biopsychosocial model obviously aligns with the rationale of multidisciplinary teams, and with the increasing recognition of the value of the service user's views in providing good and effective health care.'[51]

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

Collaborative practice – happens when multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care. It allows health workers to engage any individual whose skills can help achieve local health goals.[52]

Competence – the combination of skills, knowledge, attitudes, values and capabilities underpinning effective and/or superior performance in a profession or occupational area.[53]

n See also: Ahpra Board Accreditation Committee (2023) *Glossary of Accreditation Terms*.

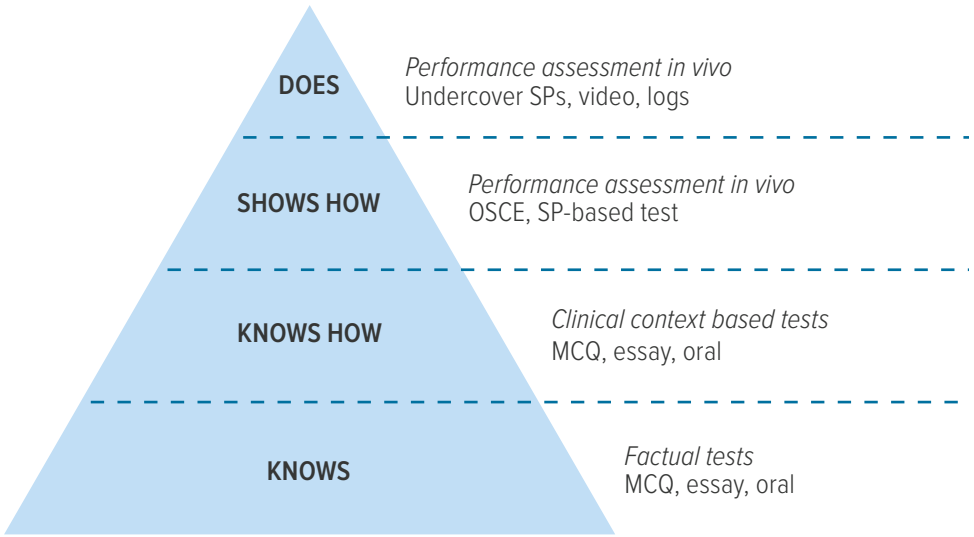
Competencies – the knowledge, skills, attitudes, values and behaviours needed to consistently and adequately make a clinical judgement or decision or perform a function. Observable, measurable and assessable behaviours that are multi-dimensional, dynamic and evolve over time. Competencies may be assessed to ensure acquisition. Usually written as statements describing the levels of knowledge, skills, attitudes, values and capabilities expected of graduates.[54]

Competency – an observable and measurable behaviour that integrates and displays multiple components such as knowledge, skills, attitudes, values and capabilities.[55]

Competent – the levels of knowledge, skills, attitudes, values and capabilities required by the new graduates to begin independent, unsupervised chiropractic practice.[56]

Capability – it has been argued that 'Capabilities are higher order representations of effective practice whereas competencies [see below] and their underpinning knowledge and skills tend to be lower order components on Miller's triangle'.[57] See Figure 6.

Figure 6. Miller's triangle/pyramid of clinical competence



SP=simulated patient; OSCE=objective structured clinical examination; MCQ=multiple choice questions[58]

'Miller's pyramid of clinical competence was developed specifically for assessing students in health care settings. It is useful for aligning learning outcomes (or clinical competencies) with what learners should be able to do at any stage of the learning process.'[59]

Council on Chiropractic Education Australasia (CCEA) – is the independent accreditation authority for chiropractic under the National Registration and Accreditation Scheme in Australia and the Aotearoa 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 Aotearoa New Zealand is also undertaken by CCEA.

Criteria – rules or tests on which a judgement or decision in relation to compliance with the accreditation standards can be based.

Cultural safety – 'Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive health care, free of racism.'[60]

'In the Aotearoa New Zealand context, cultural safety begins with the recognition and integration of the principles of Te Tiriti o Waitangi into care. Upholding Te Tiriti o Waitangi is central to cultural safety and ensuring the health and disability system delivers more equitable outcomes for Māori. Achieving Māori wellbeing goals and aspirations in a mana enhancing way, are priorities across the whole health and disability system. Shifting cultural and social norms is key to reducing health inequities and health loss for Māori.'[61]

Culturally safe practise — 'is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive health care, free of racism.

... to ensure culturally safe and respectful practice, health practitioners must:

- acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health
- acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism
- recognise the importance of self-determined decision-making, partnership and collaboration in health care which is driven by the individual, family and community
- foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.'[62]

In Aotearoa New Zealand — a chiropractor who provides culturally safe care uses their awareness and skills to ensure that chiropractic care is accessible, and beneficial for patients and family/whānau from all cultural backgrounds. A chiropractor must recognise the impact of their own culture on the interactions they have with patients and recognise where power imbalances may exist to enable a more accurate picture of the patient and family/whānau health needs. Culturally safe practice means delivering chiropractic care in line with the patients' values and beliefs.[63]

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
- a professional practice experiences 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 Aotearoa New Zealand Chiropractic Board or Chiropractic Board of Australia, or other national regulator for chiropractic registration. The education provider has control of what qualification can be awarded, as well as sign off on the structure, assessment methods used and so on (through an academic board or council, teaching and learning specialists).

Ethical principles of autonomy, beneficence, non-maleficence and justice

- *Autonomy* — the principle of respect for autonomy has variously been described as self-determination, liberty, free-will, independence and the capacity for rational action. John Stuart Mill (1859) describes it as: 'over himself [sic] over his own body and mind, the individual is sovereign'.[64]

- *Beneficence* — conduct aimed at the good and wellbeing of others. One of the principles outlined in the Hippocratic Oath is based upon this principle of beneficence: 'I will use treatment for the benefit of the sick, according to my ability and judgement'.[65]
- *Non-maleficence* — 'above all do no harm' reflects the intent of this principle.[66]
- *Justice* — '...refers to the standards and expectations that society holds concerning relations between members of that society; the rights and services that are due to any member of that society... suggests concepts such as fairness, rightness and equity.'[67]

Evidence-based practice

'Evidence-based practice is an approach to care that integrates the best available research evidence with clinical expertise and patient values.'[68]

'Integrating evidence to clinical-based practice is necessary for all health professionals.

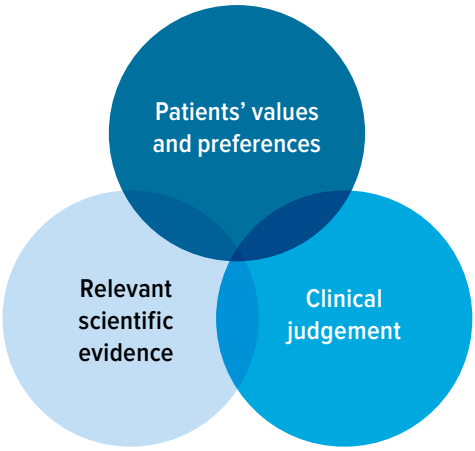
Evidence-based practice as it relates to a practitioner's clinical decision-making relies on the integration of three critical elements:

1. the current best available evidence
2. the clinical expertise of the practitioner
3. the patient's values and expectations.

Clinical decision-making is a complex process that involves gathering and interpreting data from a number of sources and collaborating with the patient in order to choose a course of treatment. Evidence-based practice involves the practitioner considering the available research, other sources of information including clinical experience and the patient's values during their clinical decision-making process.'[69]

The model of evidence-based practice outlined in Figure 7 is based on the seminal article, 'Evidence-based medicine: what it is and what it isn't' by Sackett, Rosenberg, Gray, Haynes and Richardson.[70] It shows the integration of clinical expertise, patient values, and the best research evidence into the decision-making process for patient care. Clinical expertise refers to the clinician's cumulated experience, education and clinical skills. The patient brings to the encounter their own personal and unique concerns, expectations, and values. The best evidence is usually found in clinically relevant research that has been conducted using sound methodology.[71]

Figure 7. Basics of evidence-based medicine – cochrane.org



'Current best evidence is up-to-date information from relevant, valid research about the effects of different forms of health care.

There is a wide range of evidence about chiropractic health care. This evidence includes randomised controlled trials, non-randomised controlled studies, descriptive studies, qualitative research and other evidence. Not all evidence is equally convincing. Some types of evidence are considered more reliable than others... It's important to note when the research was undertaken to ensure that evidence used for clinical decision-making is current.'[72]

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

Head of discipline — the administrative leader of a professional discipline (for example, chiropractic) in an academic setting. The term 'discipline is commonly used to denote particular areas of knowledge, research and education'.[73] It was also noted that, 'Disciplines have emerged as an alternative administrative structure to departments or schools in Australian universities... especially within faculties of sciences, engineering and medicine'.[74]

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

Section 3 – Purpose of Act

1. The principal purpose of this Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions.

2. This Act seeks to attain its principal purpose by providing, among other things—

a. *for a consistent accountability regime for all health professions; and*
b. *for the determination for each health practitioner of the scope of practice within which he or she is competent to practise; and*
c. *for systems to ensure that no health practitioner practises in that capacity outside his or her scope of practice; and*
d. *for power to restrict specified activities to particular classes of health practitioner to protect members of the public from the risk of serious or permanent harm; and*
e. *for certain protections for health practitioners who take part in protected quality assurance activities; and*
f. *for additional health professions to become subject to this Act.*

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

Higher education provider — tertiary education provider that meets the Higher Education Standards Framework (Threshold Standards) as prescribed by the *Tertiary Education Quality and Standards Agency Act 2011* and is currently registered with TEQSA or NZQA (or equivalent).

Impairment — Section 5 of the National Law – *'impairment', in relation to a person, means the person has a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect—*

a. *for a registered health practitioner or an applicant for registration in a health profession, the person's capacity to practise the profession; or*
b. *for a student, the student's capacity to undertake clinical training—*

    (i) as part of the approved program of study in which the student is enrolled; or

    (ii) arranged by an education provider.

Practitioners and education providers only need to notify us when they have a 'reasonable belief' that a student has an impairment that, when undertaking clinical training, may place the public at substantial risk of harm (a very high threshold for reporting risk of harm to the public).[75]

Informed consent — is a person's voluntary decision about health care that is made with knowledge and understanding of the benefits and risks involved.[76]

Interprofessional learning (IPL) or education — interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.[77]

Interprofessional learning competency statements have been identified as:

'The principles of interprofessional learning encompass understanding, valuing and respecting individual discipline roles in health care. Interprofessional practice places the interests of patients and populations at the centre of health care delivery. A key element of interprofessional practice is the recognition and use of the skills of other health professionals in health care delivery. It is supported by interactions that clarify perspectives and enable insights and learning from other health professions.

On completion of their program of study, graduates of any professional entry-level health care degree will be able to:

- explain interprofessional practice to patients, clients, families and other professionals
- describe the areas of practice of other health professions
- express professional opinions competently, confidently, and respectfully avoiding discipline specific language
- plan patient/client care goals and priorities with involvement of other health professionals
- identify opportunities to enhance the care of patients/clients through the involvement of other health professionals
- recognise and resolve disagreements in relation to patient care that arise from different disciplinary perspectives
- critically evaluate protocols and practices in relation to interprofessional practice
- give timely, sensitive, instructive feedback to colleagues from other professions, and respond respectfully to feedback from these colleagues.'[78]

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

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

Person-centred care — '...is care that is respectful of, and responsive to, the preferences, needs and values of the individual patient. Person-centred care involves seeking out, and understanding what is important to the patient, fostering trust, establishing mutual respect and working together to share decisions and plan care.

Key dimensions of person-centred care include respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of carers and family, and access to care.'[79]

'Person-centred care is globally recognised as the gold standard approach to health care delivery. It is a diverse and evolving practice, encompassing concepts such as patient engagement and patient empowerment. Partnering with patients in their own care is an important pillar of person-centred care. It focuses on the relationship between a consumer and a clinician, and recognises that trust, mutual respect and sharing of knowledge are needed for the best health outcomes.'[80]

Primary health care — is the entry level to the health system and, as such, is usually a person's first encounter with the health system. It includes a broad range of activities and services, from health promotion and prevention to treatment and management of acute and chronic conditions.

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

Provider — is used in standards for consistency and includes education provider, higher education provider and program provider.

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

Research and experimental development — creative and systematic work undertaken in order to increase the stock of knowledge – including knowledge of humankind, culture and society – and to devise new applications of available knowledge.[81]

Scaffold learning or scaffolding — 'Through scaffolding, educators support students' learning by breaking down tasks and providing "just-in-time" strategies to enhance learning. ...Scaffolding [is] defined as temporary support provided by an educator to aide students in completing a learning task that would prove difficult without such support. The concept has broadened to include scaffolding support that is presented as a designed or pre-planned structure applied at macro and meso-curriculum, in addition to dynamic, contingent, adjustable support commonly described as instructional scaffolding, critical to enhance learning during educator–student(s) interactions. Scaffolding is an essential element of student-centred learning approaches.'[82]

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's degree in chiropractic as a minimum. However, it is the education provider that has control of what qualification can be awarded and has to sign off on matters including the structure, assessment methods used and so on (through an academic board or council, teaching and learning specialists and/or other mechanisms).

Simulated learning — simulation is an instructional method that educators create to imitate or replicate actual events, problems, procedures, or skills to achieve the desired learning outcomes. Students experience the situation and apply learned skills and knowledge, think critically, and gather meaning from the practice.[83]

Simulation learning is the process where trainees practise a procedure or routine in a simulated learning environment (SLE) before treating actual patients. These environments use different scenarios and equipment and vary in realism.

Repeating the practice of simulated scenarios and actions in a controlled environment enables a realistic and flexible alternative to traditional clinical training methods, and aids in improved learning and knowledge gained from theoretical studies.

SLEs are classified into 3 levels of complexity – low, medium or high fidelity:

- **Low fidelity:** simulations use strategies such as basic written case studies and/or role playing, for example, simulated administration of injections.
- **Medium fidelity:** simulation involves the use of more realism, but without automatic cues such as the rise of the chest to simulate breathing. This type of simulation may involve the use of a mannequin or actors trained to demonstrate a condition.

  Low and medium fidelity simulations are the most cost-effective, and usually focus on tasks and discrete situations. Most simulation learning takes place at these levels, using low-technology equipment.

  These courses are most appropriately delivered in the hospitals where health professionals work, as learning can be tailored to meet the needs of the individual workplace.
- **High fidelity:** simulation provides the most realistic experience, primarily using computer-based mannequins, and may use cadavers or animal tissue.

  These techniques are needed for situations that cannot be replicated safely using living patients or lower fidelity mannequins. They are used to teach advanced clinical skills, such as, surgery and anaesthetics.[84 85]

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 Aotearoa New Zealand, and vice versa, without the need for further testing or examination'.

APPENDIX 3 REFERENCES

LEGISLATION

Australia

Health Practitioner Regulation National Law Act 2009 (the National Law) as in force in each state and territory in Australia

Higher Education Standards Framework (Threshold Standards) 2021 (Cth)

Tertiary Education Quality and Standards Agency Act 2011 (Cth)

Aotearoa New Zealand

Education and Training Act 2020

Health Practitioners Competence Assurance Act 2003

Malaysia

Traditional and Complementary Medicine Act 2016

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APPENDIX 4 SUBMISSIONS RECEIVED AND CONSIDERED

SUBMISSIONS FROM ORGANISATIONS

- Australian Chiropractors Association
- Australian Commission on Safety and Quality in Health Care
- Australian Pharmacy Council
- Chiropractic Board of Australia
- Health and Disability Commissioner TeToihau Hauora, Hauātanga (New Zealand)
- New Zealand Chiropractic Board Te Poari Kaikorohiti o Aotearoa

SUBMISSIONS FROM INDIVIDUAL PERSONS

- Dr Sandeep (Sandy) **Bansal** – Chiropractor, CCEA Accreditation Committee member, CCEA Site Evaluation Team register member, BSc (Human Anatomy), Dip Pre-clinical Chiro, BSc (Chiropractic), PG (Ergonomics)
- Dr Phillip **Donato** OAM OSI, Chiropractor – BAppSc (Chiro), CCSP, PGDip (NMS Rehab), FACC, FICC, FCCEA (Hon)
- Professor Phillip **Ebrall** – Curator, Chiropractic Education, CDC; Research: History and Philosophy – Chiropractic, AusGov field 220299; Editor, Asia Pacific Chiropractic Journal – *Submission (15 January 2024) and Supplementary Submission (24 January 2024)*
- Dr Kelly **Holt** – President New Zealand College of Chiropractic, BSc, BSc (Chiro), PGDipHSc, PhD
- Dr Genevieve **Keating** – BAppSc (Chiro), DACNB, FAICE (Paed), PhD Infant and Early Childhood Development

SURVEY USING SURVEY MONKEY

13 December 2023 to 5 February 2024

- 35 responses received to the survey
- 31% of respondents completed the survey

ENDNOTES

1 Adapted from the AMC Standards Australian Medical Council (2023) *Standards for Assessment and Accreditation of Primary Medical Programs,* 3.

2 United Nations (2007) *United Nations Declaration on the Rights of Indigenous Peoples*, Resolution 61/295.

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

4 Frank JR, Taber S, et al (2020) "The role of accreditation in 21st century health professions education: report of an International Consensus Group", 4.

5 Ibid.

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

7 Section 3(2)(a) National Law.

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

9 Including in: Department of Health and Human Services (Victoria) (2016) *Allied health: credentialling, competency and capability framework, Revised Edition*.

10 In New Zealand the relevant competency standards are the *Competence Standards for Chiropractors Practising in Aotearoa New Zealand* (2024).

11 Australian Commission on Safety and Quality in Health Care (2021) *National Safety and Quality Primary and Community Healthcare Standards*.

12 See: Ahpra and National Boards (2022) (Shared) *Code of Conduct; Code of Conduct;* New Zealand Chiropractic Board – Te Poari Kaikorohiti o Aorearoa (2013) *Code of Ethics*.

13 Adapted from Principle 2: Ahpra and National Boards (2022) Shared *Code of Conduct;* New Zealand Chiropractic Board – Te Poari Kaikorohiti o Aorearoa (2013) *Code of Ethics*.

14 Section 5 of the National Law – *'impairment', in relation to a person, means the person has a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence)* – see Glossary for complete definition.

15 For example: New Zealand Qualifications Authority (NZQA); Tertiary Education Quality and Standards Agency (TEQSA) – Australia; and the Malaysian Qualifications Agency (MQA).

16 Adapted from: Australian Nursing and Midwifery Accreditation Council (2019) 'Standard 2 Governance', *Registered Nurse Accreditation Standards 2019*, 15.

17 Ibid.

18 That is: Australian Qualifications Framework Level 7; Bachelor's Degree – New Zealand Qualifications Framework; Malaysian Qualifications Framework – Level 6 (120 graduating Credit); or above.

19 For example, jurisdictional standards, such as: Australian Commission on Safety and Quality in Health Care website (2023) *Standards*.

20 World Federation of Chiropractic (2022) *The 2022 WFC ACC Education Conference consensus statement – No 3*.

21 Adapted from the: Australian Dental Council and Dental Council of New Zealand (2021) *Accreditation Standards for dental practitioner programs; and ADC and optometry Accreditation standards*; and, Optometry Council of Australia and New Zealand (2023) *Accreditation Standards and Evidence Guide for Entry-Level Optometry Programs*.

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23 Health and Research Council of New Zealand (HRCNZ) (2024) *Māori health research* webpage.

24 The content of this Universal Standard is adapted primarily from: Ahpra and National Boards (2020) *The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025*; Principle 2 of the Shared Code of Conduct; New Zealand Chiropractic Board (2024) "Cultural Safety" in *Competency Standards for Chiropractors Practising in Aotearoa New Zealand*.

25 Burches E, Burches M (2020) "Efficacy, Effectiveness and Efficiency in the Health Care: The Need for an Agreement to Clarify its Meaning": 1-3.

26 See: '3.3 Confidentiality and privacy' – Ahpra and National Boards (2022) (Shared) *Code of Conduct*, 10.

27 '3– Respectful and culturally safe practice for all' – Ahpra and National Boards (2022) (Shared) *Code of Conduct*, 10-11.

28 See Recommendations 6.27 and 6.28 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023) *Executive Summary, Our vision for and inclusive Australia and Recommendation*s, 228.

29 Australian Commission on Safety and Quality in Health Care (2021) "Partnering with Consumers Standard", *National Safety and Quality Primary and Community Healthcare Standards*: 17-24.

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

31 The content of this Universal Standard is adapted primarily from: Ahpra and National Boards (2020) *The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025*; "Principle 2 – Aboriginal and Torres Strait Islander health and cultural safety"; and "Principle '3– Respectful and culturally safe practice for all' – Ahpra and National Boards (2022) Shared *Code of Conduct*; New Zealand Chiropractic Board (2024) "Cultural Safety" in *Competency Standards for Chiropractors Practising in Aotearoa New Zealand*.

32 Content adapted from: Department of Health and Aged Care (2024) *Draft: Intellectual Disability Health Capability Framework*.

33 This Statement and the Performance Criteria are adapted from: Health and Disability Commissioner, Te Toihau Hauora Hauatanga (NZ) (2023) *Code of Health and Disability Services Consumers' Rights – Right 6 – Right to be fully informed*; and Australian Commission on Safety and Quality in Health Care (2021) "Partnering with Consumers Standard", National Safety and Quality Primary and Community Healthcare Standards: 17-24.

34 Australian Commission on Safety and Quality in Health Care (2021) "Partnering with Consumers Standard", *National Safety and Quality Primary and Community Healthcare Standards*: 18.

35 See: '2 – Aboriginal and Torres Strait Islander health and cultural safety', 9; and '3– Respectful and culturally safe practice for all' – Ahpra and National Boards (2022) Shared *Code of Conduct*, 10-11.

36 Adapted from: Australian Commission on Safety and Quality in Health Care (2017) *National Safety and Quality Health Service Standards: User Guide for Aboriginal and Torres Strait Islander Health,* 7.

37 World Health Organization (2010) *Framework for Action on Interprofessional Education and Collaborative Practice;* Van Diggele C, Roberts C, Burgess A, Mellis C (2020) "Interprofessional education: tips for design and implementation"; O'Keefe M, Henderson A, Chick R (2017) "Defining a set of common interprofessional learning competencies for health profession students", 466.

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40 Ibid.

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43 Adapted from: Ahpra and National Boards (2022) "Principle 1: Providing good care", Shared *Code of Conduct,* 7.

44 Adapted from: Health and Disability Commissioner, Te Toihau Hauora Hauatanga (NZ) (2023) *Code of Health and Disability Services Consumers' Rights* – 'Right 7 – Right to make an informed choice and give informed consent'; and National Disability Insurance Agency (NDIA) (2023) "Principles", *NDIS Supported Decision Making Policy*, April: 6-7.

45 Adapted from: Health and Disability Commissioner, Te Toihau Hauora Hauatanga (NZ) (2023) *Code of Health and Disability Services Consumers' Rights* – 'Right 7 – Right to make an informed choice and give informed consent'; and National Disability Insurance Agency (NDIA) (2023) "Principles", *NDIS Supported Decision Making Policy,* April: 6-7.

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