



Accreditation Standards
for Education Programmes leading to
Registration as an Osteopath

November 2021

Table of Contents

Overview.....	3
Review process	4
Stage 1: Analysis of national and international trends	4
Stage 2: Review of current OCNZ accreditation standards	6
Stage 3: Development of draft accreditation standards.....	6
Stage 4: Consultation.....	7
Stage 5: Approval of accreditation standards	7
The Accreditation Standards	8
Standard 1: Te Tiriti o Waitangi responsibilities.....	9
Standard 2: Public safety.....	10
Standard 3: Academic governance and quality assurance.....	11
Standard 4: Programme of study.....	12
Standard 5: Student experience	14
Standard 6: Assessment.....	15
The Accreditation Process.....	16
The Purpose.....	16
Possible Accreditation Outcomes	16
Operational Principles	23
Accreditation Procedures.....	26
APPENDIX 1: TIMETABLE EXEMPLAR.....	30
APPENDIX 2: EXPENSE CLAIM GUIDELINES.....	33
APPENDIX 3: ACCREDITATION APPLICATION FORM	34
APPENDIX 4: ACCREDITATION STANDARDS REVIEW FORM FOR INSTITUTES	42
APPENDIX 5: ACCREDITATION STANDARDS REVIEW SUGGESTED DOCUMENT LIST	60
References.....	62



Overview

The Osteopathic Council New Zealand (OCNZ) is a Health Regulatory Authority established under the Health Practitioners Competence Assurance Act 2003 (the Act). The OCNZ's accreditation function under Section 118 (a) of the Act is:

to prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes.

Accreditation standards are used to assess whether a programme of study and the education provider delivering the programme provide graduates with the knowledge, skills and professional attributes necessary to practise the profession in a competent and ethical manner. All programmes and education providers accredited by OCNZ are assessed and monitored against these accreditation standards.

The accreditation standards identify the minimum expected requirements and are designed to be read as an integrated whole. They are reviewed on a five-year cycle to ensure continuing public safety. This document is the culmination of the OCNZ review process undertaken during 2021.

Review process

Stage 1: Analysis of national and international trends

International osteopathic education policies and standards, and accreditation standards used by relevant health professions in New Zealand and Australia, were analysed to identify current trends applicable to New Zealand osteopathic education.

Osteopathic education: International search

The international search covered North America, Europe, the UK and Australia. It included the strategic involvement of the World Health Organisation (WHO) in osteopathic education and the combined effort of European countries towards standardisation. This is a response to the broad variation in programmes, the increase in globalisation of education and professional mobility and the resulting need to have a more reliable way to recognise qualifications across countries.^(1, 2, 3) The most relevant documents were from Australia.^(4, 5, 6)

Health professional education: New Zealand and Australia

The search of New Zealand and Australian education standards for other health professions provided a general context of health education standards. The search included nursing, medicine, dentistry, occupational therapy and physiotherapy. The most relevant documents were from nursing, physiotherapy and dentistry.^(7, 8, 9, 10, 11, 12, 13)

Analysis: Trends

Comparison of WHO, European and UK documents with those from Australia and New Zealand indicate a marked shift away from a focus on course content and outcomes to more strategically-focused accreditation standards in the second group.

A high degree of cross-linking is evident among health professions' accreditation standards in New Zealand and Australia. Some are jointly developed,^(12, 13) others appear to be based on those of another profession,⁽⁶⁾ or draw from those of the same profession in Australia.⁽¹⁰⁾

Analysis: Key themes

Analysis of all selected osteopathic and other health professional education documents revealed seven significant themes:

- the shift to 'higher level' accreditation standards, rather than prescriptive course content and curriculum outcomes. The most straightforward examples typically relate to five strategic domains – public safety, governance and quality improvement, programme of study, student experience, and assessment
- 'future-proofing' standards by simplifying them, enabling innovations in education design and delivery and timely responses to changing health and education contexts
- the need to address the importance of culture – for example, the inclusion of 'cultural safety' and the need to support culturally diverse students in their education experience
- in New Zealand professional education, the importance of recognising te Tiriti o Waitangi responsibilities, engaging with Māori in course design and review, and including te Ao Māori and Māori health in programmes
- the inclusion of evidence-based practice and research (research knowledge, scholarly activity and sometimes a dissertation or project)
- preparation for the independent yet inter-professional context of osteopathic practice, including ethics and, in the UK example, the inclusion of skills and ethics relating to business
- the need for continual learning, including graduate mentoring and continuing professional education and pathways

Stage 2: Review of current OCNZ accreditation standards

Themes identified in Stage 3 formed the framework for reviewing OCNZ's existing accreditation standards and process guide.

Review summary

The main points arising from the review that indicated areas to be considered in revising the standards were:

- shifting to fewer, higher level, more strategic standards to provide flexibility while maintaining quality
- future-proofing standards through simplification, enabling ease of use, flexibility, programme innovation and timely response to changing health and education contexts
- strengthening the focus on culture, cultural safety and support for a diverse student group, throughout the revised standards
- highlighting te Tiriti o Waitangi responsibilities by combining these in a separate standard

Stage 3: Development of draft accreditation standards

Accreditation standards were developed to reflect national and international trends, and to harmonise with the draft revised accreditation standards of the Australian Osteopathic Accreditation Council,⁽⁶⁾ and with the Nursing Council of New Zealand's education standard relating to Te Tiriti o Waitangi responsibilities.⁽⁸⁾

Stage 4: Consultation

The OCNZ consultation process sought views from the profession and relevant stakeholders, who were invited to complete a questionnaire in response to the draft standards. The consultation was conducted over October and November 2021. Seven responses were submitted.

Most respondents supported the draft accreditation standards. The main points from the analysis of responses were:

- Agreement that all education providers in Aotearoa New Zealand have responsibilities under Te Tiriti o Waitangi and that most were already fulfilling these. One respondent expressed the opinion that the standards should emphasise diversity rather than a divisive focus only on Te Titiri o Waitangi and Māori.
- Extending some standards to ensure active recruitment of and support for Māori, provide clear processes to support students during clinical experience, emphasise the need for quality programmes that are evidence-informed and that encourage critical self-reflection and lifelong learning, and ensure timely assessment feedback to students.
- Clarifying some terms and requirements.

Stage 5: Approval of accreditation standards

OCNZ considered the information from its consultation process. Some alterations to draft standards were made in response to this process, while other points raised by respondents were considered to be already addressed elsewhere in the standards or did not relate to the need for flexibility and durability in higher level standards. The OCNZ now confirms its revised accreditation standards.

Accreditation Standards

The Accreditation Standards

The accreditation standards identify the expected requirements for education programmes leading to registration as an osteopath and are used for the purpose of programme accreditation.

The standards currently required for education programmes leading to registration as an osteopath in Aotearoa New Zealand are outlined below.

The OCNZ accreditation standards address six areas:

1. Te Titiri o Waitangi partnership responsibilities
2. Public safety
3. Academic governance and quality assurance
4. Programme of study
5. Student experience
6. Assessment

The accreditation standards require that all programmes must prepare students to meet the OCNZ Capabilities for Osteopathic Practice, and OCNZ Code of Conduct.

The Capabilities for Osteopathic Practice outline the expected knowledge, skills and attitudes required of osteopaths at the point of completion of an entry-level programme of study. The Capabilities for Osteopathic Practice highlights the nature of osteopathic practice and have been arranged within 6 domains. These reflect the model that professional capability is an expression of integrated skills, knowledge and attributes.

The domains are not listed hierarchically or linearly but are designed to be reviewed as an integrated whole.

Accreditation Standards

Standard 1: Te Tiriti o Waitangi responsibilities

1.1 The education provider is committed to its Te Tiriti o Waitangi partnership with Māori

1.2 The education provider has policies and processes that assist it to assess its institutional culture and responsiveness to Māori, and takes action to address racism and unconscious bias within its institution

1.3 The education provider has authentic and active partnerships with Māori that support the co-design, co-delivery and co-review of the programme of study

Accreditation Standards

Standard 2: Public safety

2.1 Public safety is a key guiding principle of the programme of study, learning outcomes and students' clinical learning experience

2.2 The programme delivery prepares graduates for safe, legal and ethical practice and their professional responsibilities as a registered osteopath

2.3 Students demonstrate knowledge and skills required for safe practice before providing supervised client care during their clinical learning experience

2.4 Clients give informed consent to student provision of supervised care during students' clinical learning experience

2.5 Suitably qualified and experienced practitioners, who are prepared for their supervisory role, supervise and assess students during their clinical learning experience

2.6 Services and practices providing student clinical learning experience have appropriate health and safety, client safety, and quality policies and processes and meet all relevant regulations

2.7 The education provider has effective processes to identify and manage student impairment that might place the public at risk during student clinical learning experience

Accreditation Standards

Standard 3: Academic governance and quality assurance

3.1 The education provider meets all requirements of the relevant higher education authority

3.2 The education provider has robust academic governance arrangements for the programme of study, including systematic monitoring, review and improvement

3.3 The education provider's academic governance structure ensures the head of the programme of study is an osteopath registered with the OCNZ, with no conditions or undertakings on their registration relating to performance or conduct, and holds a current Annual Practising Certificate and a relevant postgraduate qualification

3.4 Student, client, service, Māori, academic, professional and other relevant stakeholder evaluations contribute to the design, management and review of the programme of study

3.5 Curriculum review processes ensure timely, evidence-based and effective response to contemporary developments in health and professional education

Accreditation Standards

Standard 4: Programme of study

4.1 The programme develops students' understanding of Te Tiriti o Waitangi's principles and their application to health and osteopathy

4.2 The education provider promotes and actively supports the recruitment, retention and completion of the programme by Māori and Pasifika

4.3 Coherent osteopathic and educational philosophies inform the programme's design and delivery

4.4 The programme's content and learning outcomes embed culture, diversity, inclusion, and cultural safety for all people

4.5 The programme's learning outcomes effectively prepare graduates for competent, culturally safe, ethical, evidence-informed and self-reflective osteopathic practice in a range of settings

4.6 The programme's design, delivery, environment and resources enable achievement of learning outcomes

4.7 The programme reflects contemporary osteopathic practice and responds effectively to changes and priorities in health and healthcare, evidence-based research, and professional education

Accreditation Standards

4.8 The programme fosters intra-professional and inter-professional collaborative learning and practice

4.9 The programme develops research literacy and capability relevant to the programme's level and supports integration of research evidence in practice

4.10 The programme includes a minimum of 1000 hours of clinical learning experience, exclusive of simulation and of sufficient range and quality to ensure graduates are competent to practise across the client lifespan and across osteopathic practice settings

4.11 The programme provides opportunities for students to undertake clinical learning experiences with Māori.

4.12 Teaching staff are appropriately qualified and experienced to deliver their educational responsibilities and use learning and teaching methods designed to support student achievement of learning outcomes

4.13 Contractual arrangements with relevant clinical services ensure access to quality clinical learning experience

4.14 The programme meets all requirements of the relevant higher education authority

Accreditation Standards

Standard 5: Student experience

5.1 Programme information is clear, relevant, timely, transparent and accessible
5.2 Admission and progression requirements, policies and processes are fair and transparent
5.3 The education provider identifies and provides support to meet students' academic learning needs and a quality educational experience
5.4 Students are informed of and have access to effective grievance and appeals processes and personal support services by qualified personnel
5.5 Students have effective representation in the programme's advisory and decision-making processes
5.6 Equity, diversity, inclusion and cultural safety principles are observed and promoted in the student experience
5.7 The education provider actively supports and encourages Māori students' participation, experience and achievement in the programme of study
5.8 The student experience is regularly evaluated and informs the programme's continual quality improvement

Accreditation Standards

Standard 6: Assessment

6.1 The programme's theoretical and clinical assessment of student learning is comprehensive, fair, valid, reliable and embodies principles of equity and cultural safety

6.2 The programme's learning outcomes and assessment strategies are clearly aligned and the scope of assessment is comprehensive

6.3 Multiple validated assessment tools, modes and sampling are used and include direct observation in the clinical setting

6.4 Moderation procedures are appropriate, robust, fair, consistent and transparent

6.5 Assessments enhance learning, provide clear, appropriate and timely feedback to the student, and inform student progression

6.6 The education provider exercises ultimate accountability for student assessment in relation to students' clinical learning experience

Accreditation Process

The Accreditation Process

The Purpose

The key objective of accreditation is to provide independent confirmation that an accredited osteopathy programme is producing graduates who have acquired the academic capabilities, competencies and understanding required of them to practise safely and competently in Aotearoa New Zealand

Possible Accreditation Outcomes

The range of possible outcomes is set out in Table 1. The table summarises the justification for each outcome (in terms of accreditation findings) and sets out consequential actions, such as the term to next accreditation/re-accreditation and the need for reporting and additional assessment.

UNCONDITIONAL ACCREDITATION

Unconditional accreditation is granted to programmes that meet all standards. Unconditional accreditation is granted for up to a five year period.

Unconditional accredited programmes are required to provide a yearly report summarising progress in respect of any recommendations made by the accreditation panel and developments with delivery of the programme(s). Institutes with accredited programmes must allow the OCNZ to visit the programme facility(ies) two times per year in order to undertake monitoring of the programme as required by Health Practitioners Competence Assurance Act, Section 118a.

CONDITIONAL ACCREDITATION

Conditional accreditation may be granted where the programme does not satisfy one or more standards. Depending on the nature of deficiencies, conditional accreditation may be granted for up to two years. Conditions may include, but are not limited to, changes in curriculum, clinical placements, reporting and/or required site visits.

Prior to the end of the period of conditional accreditation, the institution is required to provide a self-review or external monitoring report with supporting evidence to show how deficiencies identified by the accreditation panel have been addressed.

The OCNZ will determine the means to evaluate whether the requirements have been met.

Note: Deficiencies relating to the achievement of a graduate from the programme being fit to practise upon graduating are deemed serious and may result in a decline for new programmes seeking accreditation.

Accreditation Process

PROVISIONAL ACCREDITATION

Provisional accreditation may be granted to new or revised programmes, which have yet to have graduates emerge.

The overarching view of the OCNZ accreditation panel for provisional accreditation is that the development of the programme already undertaken, and the plans in place for further development of the programme, are collectively of a sufficient standard that it is assessed as likely (although not necessarily certain) that the programme can achieve the full standards.

In evaluating a programme for provisional accreditation standards are interpreted by the assessment. This is against the potential to achieve the requirement by the time students graduate, rather than the actual status of the programme at the time of assessment.

DECLINED ACCREDITATION

Programmes seeking accreditation may be declined if they fail to meet a number of standards upon review.

Table 1
Accreditation Result – Quick
Reference

Accreditation Process

Accreditation Status	Term to next assessment	Accreditation Findings	OCNZ Obligations	Possible Outcome of Review Report	Graduate Credit Applies to
Unconditional accreditation	Up to 5 years	All accreditation standards are met, and no requirements are set, but the panel may make recommendations.	Mid-term report on responses to any recommendations is required. Monitoring of the programme may be required. External monitoring reports may also be required.	No change to unconditional accredited programme is needed, however additional recommendations may be placed on the programme when a report is received.	Graduates of unconditionally accredited programmes are deemed to have graduated from an approved programme of osteopathy from an Aotearoa New Zealand based education provider.
Conditional accreditation	Up to 2 years	One or more accreditation standards are not met, however any deficiencies relating to the achievement of graduate outcomes are assessed as relatively minor and not putting the public at risk of substantial harm. Requirements to fix each deficiency will be made.	Self-review and supporting evidence showing how the requirements have been addressed is required prior to the end of the conditional term subscribed. It is recommended that programme directors who believe they may be in breach of the requirements discuss this as early as possible with the OCNZ or	Should all the requirements be met, the programme is given unconditional accreditation status and date of next review is set to be up to 5 years from previous full review done. <i>Example: review done in 2018 with condition placed for 2 year period. In 2019 report is given and unconditional status is received, the date of next full review is 2023.</i>	Graduates of conditionally accredited programmes are deemed to have graduated from an approved programme of osteopathy from an Aotearoa New Zealand based education provider.

Accreditation Process

			the Accreditation Panel Chair.	Should requirements not be met, removal of accreditation at end of the last year within the conditional accreditation period term will result. <i>Example: review done in 2018 with condition placed for 2 year period. In 2020 report is received and requirements not met, the date of removal will be Dec 31st, 2020.</i>	
Provisional accreditation	Two years post the first graduates are awarded degrees	There is reasonable evidence that accreditation standards can be achieved, but the panel may summarise (in the form of recommendations.)	Monitoring of the programme may be required. External monitoring reports may also be required.	No outcomes to note.	Provisional accreditation lapses if conditional or unconditional accreditation is not gained within 2 years of the first graduates completing or at next scheduled accreditation visit (whichever is later)
Decline Accreditation	Two years from decline	There is substantial concern in the programme's ability to meet the standards and to produce graduates who are competent and fit to practice in accordance with the Osteopathic Competence Standards.	No reporting is required.	The programme will be declined, and the school will be advised that it cannot offer the programme as a pathway to registration.	Not applicable.

Accreditation Process

REQUIREMENTS

Requirements will be set to address any areas where an accreditation panel identifies that standard(s) are not being met. All requirements will be time bound as they will lead to a decision on accreditation status.

Where requirements are identified, accreditation may be conditional. Requirements must be addressed for accreditation to continue beyond the period of conditional accreditation.

RECOMMENDATIONS

A key objective of the accreditation process is continuous improvement. The accreditation panel may list recommendations which are not mandatory, but which will, in the opinion of the accreditation panel, improve the programme.

Recommendations are defined as specific suggestions for improvement and while education programmes are not required to act on them, they are expected to report on their consideration of the recommendation and any subsequent action taken.

BENEFITS TO GRADUATES

Only graduates from accredited programmes in Aotearoa New Zealand are eligible to practise in Aotearoa New Zealand and be registered with the OCNZ.

Programmes accredited by the OCNZ are deemed to be educating students in the most contemporary, current and internationally known practices in osteopathy that meet the OCNZ's Osteopathic Competence Standards.

DECLINED OR REMOVED ACCREDITATION

In cases where accreditation is terminated, a further application will not be considered for two years, when a new panel is formed to undertake the new review.

In making a decision to terminate accreditation, a decision on the extent to which students currently enrolled on the programme can be recognised by the OCNZ will be made by the Council.

MULTIPLE CAMPUS PROVISION

If a programme is offered from an education provider from more than one permanent location, the accreditation panel will visit each location to gain assurance of the standard of provision and achievement of graduate outcomes. If the programme award is undifferentiated, the provision at every campus must satisfy the standard for the programme as a whole to be accredited.

Accreditation Process

The panel will assess the impacts of such aspects as:

- any differences in physical and staffing resources
- any differences in programme structure
- the effectiveness of moderation processes across sites to ensure consistent assessment of common courses.

DISTANCE LEARNING

Panels evaluating programmes that are substantially delivered in some form of distance learning will ensure that the nature of delivery overall provides students with an appropriate learning experience and does not compromise the achievement of graduate outcomes. The panel is expected to consider the adequacy by considering the “student experience”. *Does the way of facilitating learning by the student through the use of various aids to teaching including block courses, condensed laboratory programmes, transportable equipment facilities etc. create an equivalent learning experience to that experienced by students undertaking an on-campus educational experience?*

The evaluation will consider whether the provider is taking reasonable steps to ensure the adequacy of:

- any part-time or occasional physical resources such as teaching or laboratory facilities
- instructional design in the development of distance (electronic or hard-copy) learning materials
- laboratory activities, which might include mobile laboratories, laboratory access agreements, use of site visits, virtual laboratory experiments
- online learning management systems
- mechanisms for staff-student, staff-staff and student-student interaction
- all accreditation standards are met.

IN-TERM PROGRAMME DEVELOPMENT

Accredited programmes which undergo substantial changes to structure, content, delivery, or staffing, and/or experience a significant decline in student numbers or institutional support arrangements during the period of their accreditation may be required to undergo re-evaluation prior to the expiry of the current accredited period. It is the responsibility of the education provider to advise the OCNZ of any such changes. The OCNZ will determine the accreditation status of the programme and, in conjunction with the provider, decide if a reaccreditation process is required earlier than the period originally granted as well as the form an assessment will take.

Accreditation Process

Substantial changes may include, but are not limited to, the following:

- change of qualification title
- changes to regulations concerning entry requirements and cross-crediting arrangements
- changes to the level or credits necessary to gain the qualification
- changes to overall programme objectives
- significant changes to the structure of the qualification
- significant changes to staffing
- significant changes in student numbers that brings the financial or academic viability of a programme into question, or lead to concern as to whether the graduate attributes can be consistently delivered
- changes to the mode of delivery
- a programme being offered at a new site
- introduction of a new major or programme strand.

DISCONTINUED PROGRAMMES

When a provider makes a decision to discontinue delivery of an accredited programme, the provider must advise the OCNZ who will determine the run-out period of accreditation of the programme.

PUBLIC REPORTING

After an accreditation decision is made, the OCNZ updates the list of accredited programmes on its website. The list shows the initial and current period of accreditation. Where a programme is no longer accredited the previous period of accreditation is shown. Provisional or conditional accredited programmes are identified as such.

Programme providers are expected to ensure that current and prospective students are aware of the current accreditation status of their programme(s).

Accreditation Process

Operational Principles

CONFIDENTIALITY

The OCNZ will not divulge details of investigation, documentation, correspondence and discussions between the OCNZ, the accreditation panel and the institution concerned to third parties or those not involved in the accreditation process without the approval of the institution.

LINKS TO OTHER PROCESSES

New Zealand Qualifications Authority

When reviewing proposed new osteopathy programmes offered within Aotearoa New Zealand the OCNZ will work in co-operation with the New Zealand Qualification Authority (NZQA) as stipulated within their memorandum of understanding. This includes collaboration, parallel processes for institutes, sharing of information and representations of NZQA on the OCNZ accreditation panel where appropriate.

Universities New Zealand

Osteopathy programmes offered by New Zealand universities must be accredited by the Committee of University Authority Programmes (CUAP).

Requests for academic approval from CUAP must be accompanied by written evidence of consultation with, and acceptability to, the appropriate professional registration or licensing bodies.

In order to respond to this CUAP requirement, for new programmes, the OCNZ will assess new programme proposals to ensure they have a systematic programme development process that suggests:

- alignment to a coherent and recognised body of osteopathy knowledge consistent with the proposed programme title
- engagement with, and consideration of feedback with key stakeholders
- constructive alignment of the proposed curriculum with a set of programme graduate outcomes

QUALITY ASSURANCE PROCESSES

Institutions may have an internal review system or be monitored through the NZQA accreditation process. The OCNZ may consider the reporting and records of these processes during their accreditation process of the programme.

Accreditation Process

ACCREDITATION VISIT COSTS

Direct costs associated with individual accreditation and monitoring visits are the responsibility of the institution seeking accreditation. This includes all travel and accommodation costs associated with the OCNZ accreditation process. Panel members are reimbursed expenses. Refer to Appendix 2 for expense claim guidelines.

The OCNZ will make the travel and accommodation arrangements for the accreditation process.

The amount to be recovered is Gazetted and is currently capped at \$22,222.00.

ROLES AND APPOINTMENTS

GUIDELINES FOR SELECTION OF PANELS

Accreditation panels are led by a Chair selected by the OCNZ and may be supported by a Quality Manager. The panel members are selected by the OCNZ and may include representation from NZQA and/or OCNZ. The institution being accredited is asked to comment on the composition of the panel. The accreditation panel are responsible for the review of an individual programme. The panel will, whenever possible, have one member who has previously been part of the OCNZ accreditation panel or re-accreditation panel.

Accreditation Process

ACCREDITATION PANEL ROLES

Chair

The Accreditation Chair is responsible for the accreditation report and for leadership of the panel. This person is appointed by the Registrar of the OCNZ.

The Chair has the following responsibilities:

- chairing all plenary sessions
- general co-ordination and problem solving during all plenary sessions and meetings
- reviewing high-level considerations such as institutional and school/deperatment governance, strategy, finance and culture
- liaison with representatives of the programme being accredited or re-accredited
- providing verbal feedback of accreditation outcomes at the end of meetings
- approving final reports before submission to the OCNZ
- providing the OCNZ with feedback on the contributions of panel members to assist with future accreditation panel selection
- provide feedback on the accreditation process.

Quality Manager

The Quality Manager (if required) will be selected by the Register of the OCNZ following confirmation by the Chair of the accreditation panel.

Quality Manager responsibilities are:

- collecting and collating evidence from the institutions
- ensuring that all necessary information to support the panel's findings is verified
- ensuring that any concerns are reported to the Accreditation Chair
- collating panel member submissions for plenary sessions
- producing a panel report, within three (3) weeks of the accreditation meetings.

In the absence of a Quality Manager, these tasks will be the responsibility of the Chair.

Accreditation Process

Accreditation Procedures

The accreditation procedure for a programme comprises the steps set out below:

THE REQUEST FOR ACCREDITATION

The institute submits a request along with the Accreditation Application Form (Appendix 3) to the Registrar of the OCNZ for a programme to be accredited.

SCHEDULING OF ACCREDITATION VISIT

The OCNZ will acknowledge the request and schedule a date for the accreditation visit in consultation with the institution. A date will be established by which the institution must submit its documentation to the OCNZ; the OCNZ estimates a date by which it will make a decision on accreditation following consideration of the panel's report.

APPOINTMENT OF ACCREDITATION PANEL

The accreditation panel will be selected as described above.

FINALISATION OF VISIT TIMETABLE (accreditation)

The OCNZ, with assistance from the accreditation panel, will finalise the accreditation dates with the institution.

A visit will be scheduled and notification of at least four weeks before the visit will be made. Visits will normally extend over one and a half days but may take longer.

The institution should propose a timetable for the visit, ensuring key members of staff, students and associated stakeholders are available.

A sample timetable of the visit is given in Appendix 1.

SUBMISSION OF DOCUMENTATION

At least eight weeks prior to the accreditation the institute is required to submit an Accreditation Standard Review for Institutes (seen in appendix 4) and supporting documentation setting out how the programme address(es) the standards. A suggested list of documents can be found in appendix 5.

INITIAL REVIEW OF DOCUMENTATION

On receipt of the documentation, the OCNZ will send them to the Chair/Quality Monitor who will review the adequacy of the documentation. If the documentation is considered seriously deficient the institute will be advised and the accreditation process will be delayed until adequate documentation is received, or the visit cancelled. All costs of rescheduling are the responsibility of the institute.

Accreditation Process

REVIEW OF DOCUMENTATION BY PANEL

The panel will receive and review the documentation from the institute once it is deemed sufficient by the Chair/Quality Manager. The panel will have at least one (1) month to review the documentation.

PRE-VISIT TELECONFERENCE BY PANEL

Approximately two weeks prior to the visit the panel will confer to discuss any preliminary findings and to particularly identify any concerns for which additional information is required from the institute. The institute will be advised accordingly and requested to provide a formal response, either prior to, or at the time of, the accreditation visit.

The chair will use the outcomes of the panel's discussion(s) to develop a set of targeted (and generic) questions to guide the accreditation panel during the visit.

PANEL ORIENTATION AND TRAINING

The accreditation panel normally convenes the afternoon before they visit the institute. Most of this session is treated as an orientation and briefing session, where panel members are given advice on their role, responsibilities and procedures during the visit. The objective is to ensure that the panel is consistent in their standards and approach across all programmes being accredited in Aotearoa New Zealand.

Panel members are expected to have reviewed all documentation before arriving at the orientation session.

Prior to the orientation session each panel member will send their evaluation to the Chair/Quality Monitor who will collate the forms and have a collated form available at the orientation session for the panel to review and consider questions for the institute's representatives.

Accreditation Process

ON-SITE VISIT

The visit will focus principally on:

- verifying the documents supplied
- verifying that the stated programme objectives and graduate competency profiles are being met
- evaluating factors that cannot readily be described in, or verified from, documentation provided by the institute.
- auditing quality systems and processes of the institution or meeting with the institution's quality manager.
- meeting with the Dean, Heads of Departments or their equivalents and representative samples of students, academic staff, technical support staff, alumni and industry advisory group members.
- reviewing and discussing assessment procedures and examining representative samples of assessment tasks of the programme, students' work (both marginal and highly capable students), focusing particularly on whether all aspects of the graduate capability profiles are being proficiently and comprehensively assessed.
- evaluating factors such as the professional culture in the institute, the morale and calibre of the staff and students, and the general awareness of current developments in osteopathy education and practice.
- reviewing facilities, particularly simulation laboratories and independent study facilities, including the library and information technology.
- examining and discussing evidence of how well the quality processes are functioning.

THE EXIT MEETING

The exit meeting should be confined to:

- Stating the likely outcome of the visit. The Chair will note what they will be recommending to the OCNZ, who will make the final decision
- stating any requirements and, if possible, the method and timing of any follow up
- noting any recommendations.

The purpose of the exit meeting is to report findings; it is not the place to conduct open or detailed discussions of any of the recommendations or requirements outlined.

FINAL DRAFT REPORT AND RESPONSE FROM THE INSTITUTE

As soon as possible after the visit, normally within three weeks, a draft report is prepared and sent to the institute.

Accreditation Process

The institute has two weeks from the date of receipt of the report to provide a written response if it so wishes. The response is normally limited to correcting any errors of fact, but it may comment on any issue which the institute feels the panel has misunderstood.

REPORT AND COUNCIL DECISIONS

The report and recommendations are then finalised by the panel noting any response from the institute and forwarded to the OCNZ for review and consideration at their next Council meeting.

The Council formally accepts the report and considers the recommendations outlined in it. The Chair of the accreditation panel is invited to attend the Council meeting at which the visit report is considered.

NOTIFICATION OF OUTCOME

The outcome of the accreditation process is then communicated to the Dean or Head of Department and the OCNZ listing of Accredited Programmes is updated, as appropriate. A copy of the final accreditation report will be attached to the notification letter.

APPEALS

If the institute wishes to appeal against a refusal to accredit a programme, an appeal must be lodged with the Registrar of the OCNZ within twenty working days of receipt by the institute of the accreditation decision and must state the grounds on which it is based. Grounds for the appeal are normally limited to errors of fact or breach of the policy, standard and/or procedures set out in this manual. The OCNZ Council shall consider the appeal and may appoint an appeals panel of no fewer than one experienced academic and one experienced practising osteopath to investigate the appeal and advise the Council. The Council's decision, which is final, will be given within eight (8) weeks of receipt of the appeal.

ASSISTANCE TO INSTITUTE

GUIDANCE AND ADVICE REPORTS

Institutes of osteopathy programmes can request that the OCNZ nominate an advisory panel to review new programmes or proposed programmes prior to applying for accreditation. The panel then provides a Guidance and Advice Report indicating the readiness of the programme in question for accreditation.

Institutes are expected to meet the full costs associated with Guidance and Advisory Reports, and to make their own arrangements with advisory panel members.

Guidance and Advisory Reports should be taken as advisory only and cannot be taken as assurance that the programmes reviewed will necessarily be granted accreditation.

Accreditation Guide Appendices

APPENDIX 1: TIMETABLE EXEMPLAR

A possible accreditation visit agenda is given below.

A specific visit programme will be developed for each institute to ensure the accreditation panel has the time necessary to assess each new programme.

Notes

- There is some flexibility in the order and timing of activities, but the general aim is to consider the information presented in a logical order.
- Experience has shown that some presentations tend to repeat material already provided. Care should be taken to avoid this where practical.
- Timetables should ensure there is sufficient time for panel members to take breaks, and to discuss material during the day.

Period	Venue	Team activity
Two to three weeks prior to visit		
1-2 hours	Teleconference	Accreditation panel teleconference to identify gaps in documentation and key areas of focus for visit
Afternoon or evening before visit		
At least 4 hours	Off campus	Panel introductions and advice on role and functions if not done previously. Discuss gaps in documentation and list specific questions for the

Accreditation Guide Appendices

Day one of the Visit

Period	Venue	Team activity
1 hour	Central Campus	Opening session: panel meets with senior departmental staff Introductions. (10 mins) Overview presentation by Dean on recent developments and strategic directions. (30 mins)
1.5 hours	Departments	The panel meet with relevant programme leaders. Objective: opportunity for further discussion at programme level. Areas for discussion should include: curriculum developments within individual programmes, coverage of the OCNZ competence standards, staffing, departmental research activity, and stakeholder input.
1 hour	Departments	Meet with Head of School and their most senior staff (this should be limited to 1 to 3 people and should be focused on academic quality systems).
1 hour (Lunch)	Central	Lunch with Programme Advisory Group (or like) members and stakeholders. Objective: review level of engagement with industry and consumers and level of stakeholder support.
1 hour	Departments	The Panel meet with relevant academic staff. Objective: Consideration of issues relating to: curriculum development, teaching and learning approaches, assessment, programme objectives, graduate profile, workloads, and resourcing, technical support, research, professional culture
1.5 hours	Departments	The Panel reviews samples of student work, examination scripts, projects, and assessment tasks Objective: Review learning outcomes against course descriptors and the OCNZ Capabilities for Registration and Continuing Practice.
1 hour	Departments	Panel meets with selection of undergraduate students.
30 Minutes	Central	Private session for panel.
45 minutes		The Panel meets with recent alumni and/or postgraduate students.
Later	Off campus	Working dinner for the Panel while reviewing the days findings.

Accreditation Guide Appendices

DAY 2

Period	Venue	Team Activity
1 Hour	Central	Private session for Panel. Objective: consolidate initial findings. Note: Programme leaders available to discuss issues arising from day 1, as required.
1 hour	Departments	The Panel tour facilities, focusing on classrooms, laboratories and independent study facilities.
1 hour	Central	The Panel meets with the Head of School. Objective: Review matters relating to institutional strategy, governance and support.
	Potential Session	Staff research, teaching and learning support initiatives.
	Potential Session	Student learning support initiatives.
	Potential Session	Work experience support initiatives.
1 hour	Departments	The Panel reviews student work and assessment tasks. Objective: Further opportunity to review samples of student work, examinations/projects.
30 Minutes	Departments	The Panel meet with technical staff. Objective: Consideration of levels of administrative and technical support and associated systems.
2 hours	Central	Private session for the Panel. Objective: Consolidate findings and begin to draft report.
30 min	Central	Exit Meeting. Objective: Present verbal report on findings to senior management.

Note: the institution is expected to provide lists of names and titles/affiliations of attendees at panel sessions with academic staff, students, alumni and advisory group members. Where possible, name badges should be provided to assist with interaction.

Accreditation Guide Appendices

APPENDIX 2: EXPENSE CLAIM GUIDELINES

Institutions seeking accreditation of osteopathy programmes by the OCNZ are expected to cover all direct costs associated with the accreditation process. The following guidelines have been developed to ensure consistency across accreditation costs.

1.1 Overseas Representatives

The OCNZ considers possible Australian panel members and the travel costs against the advantages the representative brings to the panel. The OCNZ considers the opportunity to develop networks, and the ability to benchmark standards to those used in Australia.

Australian representatives have direct costs associated with their participation in the accreditation process that will be reimbursed. They would be expected to travel economy class if the flight time is less than five hours. The OCNZ will arrange travel. They will normally have their accommodation costs met for one day either side of the actual accreditation visit, for example, if the visit required two nights' stay, then overseas representatives would be accommodated for up to four nights.

1.2 Travel within New Zealand

Travel within New Zealand will be economy class. Bookings will be made at least one month in advance so advantages can be taken of airfare discounts. If panel members use their own vehicle when travelling to participate in an accreditation visit, they will be reimbursed at the OCNZ standard mileage rate. A claim form will be provided.

1.3 Hotel Accommodation

The OCNZ will make all accommodation and meeting room bookings.

1.4 Meals

Morning and afternoon teas and lunches are arranged by the institute during visits and evening meals are organised by the OCNZ unless other arrangements are requested.

1.5 General Expenses

Panel members receive a set fee which is agreed upon in the service agreement signed by the panel member and the Registrar of the OCNZ. If a panel member is coming as a representative of an institution, the institution will be paid the invoiced amounts.

Accreditation Guide Appendices

APPENDIX 3: ACCREDITATION APPLICATION FORM

INSTITUTE DETAILS	
Institution Name:	
Head Office Mailing Address:	
Head Office Physical Address	
Does the institute have a constitution or principal purpose?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If yes, please attach it to your application or cut and paste below:</i>	
Dean or Head of School:	
CONTACT DETAILS	
<i>Will the person noted above be the lead contact for OCNZ:</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>If you answered NO above, who will be the lead contact:</i> _____	
Lead Contact Details	Landline: _____
	Mobile: _____
	Email: _____
Lead Contact Mailing Address:	

Accreditation Guide Appendices

PROGRAMME DETAILS			
Programme Name:			
<i>When is the programme scheduled to be part of the institute's curriculum if accredited?</i>			
SUGGESTED DATE: _____			
Student capacity:	TOTAL: : _____	Overseas: _____	Domestic: _____
<i>Please list all physical locations the programme will be delivered:</i>			
Delivery Site 1	Physical Address:		
	Mailing Address:		
	Site Website:		
	<i>Does the institute own this site:</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		
	If leased please include tenancy agreement with application.		
	Contact Person:		
	Contact Phone:		
Student Capacity:			
Delivery Site 2	Physical Address:		
	Mailing Address:		
	Site Website:		
	<i>Does the institute own this site:</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		
	If leased please include tenancy agreement with application.		
	Contact Person:		
	Contact Phone:		
Student Capacity:			

Accreditation Guide Appendices

Delivery Site 3	Physical Address:	
	Mailing Address:	
	<i>Does the institute own this site:</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
	If leased, please include tenancy agreement with application.	
	Contact Person:	
	Contact Phone:	
	Student Capacity:	
<p><i>Will you be contracting other providers for any part of the programme?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes for each provider, please provide the following. If additional spaces are needed, please cut and paste the required cells below the three provided.</p>		
Name of Provider 1	Their Role:	
	Their Responsibilities:	
	What pre-enrolment contact, if any, do they have with students?	
	Planned care and/or service to students.	
	<p>If the students will be going to the providers' place of work, please list their address</p> <p>_____</p> <p>_____</p>	
	Please include a copy of your contract with the provider in your application.	

Accreditation Guide Appendices

Name of Provider 2	Their Role:
	Their Responsibilities:
	What pre-enrolment contact, if any, do they have with students?
	Planned care and/or service to students.
	If the students will be going to the providers' place of work, please list their address
	Please include a copy of your contract with the provider in your application.
Name of Provider 3	Their Role:
	Their Responsibilities:
	What pre-enrolment contact, if any, do they have with students?
	Planned care and/or service to students.
	If the students will be going to the providers' place of work, please list their address
	Please include a copy of your contract with the provider in your application.

PROVIDER STANDING

Has the programme been assessed for accreditation through NZQA? YES NO

If yes when? _____ Please provide evidence of this.

List any conditions or attach them to this application.



Accreditation Guide Appendices

Please list below the key personnel for this programme. For each person listed you will need to attach proof of their qualifications to this application.

NAME	Title/Responsibility

Accreditation Guide Appendices

BUSINESS AND FINANCIAL STANDING

Please provide a business plan for the next three years. The plan should include financial resourcing that demonstrates the capacity to provide education of a satisfactory standard.

Attach a copy of the business plan to this application.

Please provide audited general financial statements for the last two recent years for the institute. Attach audited general purpose financial statements to this application.

Projected Student and Staff Numbers

	Year 1		Year 2		Year 3	
	EFTSL	Head Count	EFTSL	Head Count	EFTSL	Head Count
Commencing						
Overseas Students						
Returning						
Overseas Students						
Total						
	FTE	Head Count	FTE	Head Count	FTE	Head Count
Academic Staff						
Supporting Staff						
Total						

Accreditation Guide Appendices

EDUCATION RESOURCES	
<p>For each delivery site, describe the library and learning resources available to staff and students for this programme.</p> <p>Cut and paste additional rows as needed below the three provided.</p>	
	RESOURCES
Delivery Site 1	
Delivery Site 2	
Delivery Site 3	
Are these resources available currently? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>If yes, please attach a list of the relevant library holdings to this application.</p> <p>If no, please attach evidence on the planned approach to acquire the resources</p>	

Accreditation Guide Appendices

For each delivery site describe the facilities for education and learning available to staff and students for this programme.

Cut and paste additional rows as needed below the three provided.

	RESOURCES
Delivery Site 1	
Delivery Site 2	
Delivery Site 3	

For each delivery site describe the teaching and learning equipment available to staff and students for this programme.

Cut and paste additional rows as needed below the three provided.

	RESOURCES
Delivery Site 1	
Delivery Site 2	
Delivery Site 3	



Accreditation Guide Appendices

APPENDIX 4: ACCREDITATION STANDARDS REVIEW FORM FOR INSTITUTES

Institution Name:

Programme Name:

Lead contact details for queries in regard to this form	Landline: _____
	Mobile: _____
	Email: _____

Please ensure that your responses include reference(s) to the document(s) with specific sections or pages that you believe hold evidence on how the programme meets the standard.



Accreditation Guide Appendices

In instances where you believe a similar reference can be used in a subsequent standard you may place a reference to the previous standard for the accreditation panel to view.

To receive accreditation from the OCNZ an educational provider must prove they meet the Accreditation Standard. To do this the following evidence is suggested.

Please add sources of evidence provided to the third column. Hyperlinks may be used for digital documents if practicable.

<i>Standard 1: Te Tiriti o Waitangi responsibilities</i>		
Standard	Suggested Evidence	Evidence Provided
1.1 The education provider is committed to its Te Tiriti o Waitangi partnership with Māori	Provide the relevant documents that demonstrate this philosophy; for example: Institutional strategy Evidence of commitment to partnership	
1.2 The education provider has policies and processes that assist it to assess its institutional culture and responsiveness to Māori, and takes action to address racism and unconscious bias within its institution	Institutional policy and process documents	
1.3 The education provider has authentic and active partnerships with Māori that support the co-design, co-	Evidence of formal, ongoing relationships with Māori to inform programme development, delivery and review. (e.g. minutes of relevant meetings) Provide evidence of the way this partnership has shaped the curriculum	



Accreditation Guide Appendices

delivery and co-review of the programme of study		
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Accreditation Guide Appendices

<i>Standard 2: Public safety</i>		
Standard	Suggested Evidence	Evidence Provided
2.1 Public safety is a key guiding principle of the programme of study, learning outcomes and students' clinical learning experience	Programme documents that demonstrate the programme incorporates public safety as a key guiding principle	
2.2 The programme delivery prepares graduates for safe, legal and ethical practice and their professional responsibilities as a registered osteopath	Provide programme documents that indicate how and where legal, ethical and professional conduct is taught and assessed throughout the programme and how and where graduates are made aware of their responsibilities	
2.3 Students demonstrate knowledge and skills required for safe practice before providing supervised client care during their clinical learning experience	Describe the processes and methods used to evaluate a student's performance prior to clinical practice	
2.4 Clients give informed consent to student provision of supervised care during students' clinical learning experience	Provide programme documents that identify the process for obtaining informed consent	

Accreditation Guide Appendices

<p>2.5 Suitably qualified and experienced practitioners, who are prepared for their supervisory role, supervise and assess students during their clinical learning experience</p>	<p>Outline the process to ensure all supervisors of clinical practice are osteopathic practitioners with at least two (2) years' experience, or an experienced osteopathic educator and supervision requirements match the student's learning level (e.g. close direct supervision progressing to more independent practice)</p> <p>Indicate how the quality of supervision is promoted, and comment on: strategies used to respond to student feedback about their supervision; strategies used to ensure all supervisors of clinical practice are adequately trained, supported and mentored.</p>	
<p>2.6 Services and practices providing student clinical learning experience have appropriate health and safety, client safety, and quality policies and processes and meet all relevant regulations</p>	<p>Outline the legal agreements in place, and include examples of contracts, memoranda of understanding.</p> <p>Provide evidence that indicates affiliation and/or placement agreements are in place for all clinical placement locations.</p> <p>Provide evidence that agreements indicate arrangements for public and student protection (e.g. Working with Children checks, police checks, immunisation, safe food handling, first aid, public liability insurance/indemnity for practice education/fieldwork experiences, work health and safety legislation). .</p> <p>Provide evidence of process for managing students raising concerns about clinical placements.</p> <p>Identify the process for managing concerns raised by students about another health practitioner.</p>	

Accreditation Guide Appendices

<p>2.7 The education provider has effective processes to identify and manage student impairment that might place the public at risk during student clinical learning experience</p>	<p>Provide evidence of process to record and report fitness to practise concerns.</p>	
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Accreditation Guide Appendices

<i>Standard 3: Academic governance and quality assurance</i>		
Standard	Suggested Evidence	Evidence Provided
3.1 The education provider meets all requirements of the relevant higher education authority	Provide the relevant documents that demonstrate the education provider meets these requirements	
3.2 The education provider has robust academic governance arrangements for the programme of study, including systematic monitoring, review and improvement	<p>Provide an overview of the institute's teaching and learning policies and procedures of direct relevance to the development, implementation, monitoring and review of the osteopathy programme.</p> <p>Describe educational institution processes for making changes to programmes; tracking of programme changes e.g. Terms of reference and minutes of programme committee or similar</p> <p>Provide documented evidence of the quality improvement/assurance processes that are used to review and revise the programme.</p>	
3.3 The education provider's academic governance structure ensures the head of the programme of study is an osteopath registered with the OCNZ, with no conditions or undertakings on their	<p>Provide the name, title, qualifications, CV and contact details of the head of the programme.</p> <p>Provide evidence of registration and current practising certificate with the OCNZ.</p>	

Accreditation Guide Appendices

<p>registration relating to performance or conduct, and holds a current Annual Practising Certificate and a relevant postgraduate qualification</p>		
<p>3.4 Student, client, service, Māori, academic, professional and other relevant stakeholder evaluations contribute to the design, management and review of the programme of study</p>	<p>Provide evidence of adequate and appropriate consultation with key stakeholders on programme design and delivery, including curriculum content and clinical practice arrangements.</p> <p>Provide details and examples of the manner in which stakeholder feedback and perspectives are obtained and incorporated into the design, delivery and evaluation of the programme</p>	
<p>3.5 Curriculum review processes ensure timely, evidence-based and effective response to contemporary developments in health and professional education</p>	<p>Provide evidence that the programme meets the standard (e.g. outline the theories and research used, collaborative relationships with other osteopathy programmes, peer review processes, faculty exchange and involvement of international educators in programme review and development.)</p> <p>Provide evidence that the academic staff members responsible for new curriculum have demonstrated capacity to develop innovative and contemporary osteopathy education programmes</p>	

Accreditation Guide Appendices

<i>Standard 4: Programme of study</i>		
Standard	Suggested Evidence	Evidence Provided
4.1 The programme develops students' understanding of Te Tiriti o Waitangi's principles and their application to health and osteopathy	Provide a detailed outline of the philosophy, content, and graduate outcomes of the programme as they pertain to Te Tiriti o Waitangi.	
4.2 The education provider promotes and actively supports the recruitment, retention and completion of the programme by Māori and Pasifika	Provide details of admission policy documents. Outline specific initiatives for Māori and Pasifika, and strategies to support the recruitment, retention and success of these students within the programme.	
4.3 Coherent osteopathic and educational philosophies inform the programme's design and delivery	<p>Provide the relevant documents that demonstrate and outline the rationale for these philosophies</p> <p>Provide programme documents that demonstrate that these philosophies are embedded throughout the curriculum and inform graduate outcomes.</p> <p>Demonstrate how the osteopathic philosophy of the programme informs and shapes the curriculum content, the sequence and delivery of the programme</p>	
4.4 The programme's content and learning outcomes embed	Identify how the curriculum incorporates principles or standards relevant to these topics	

Accreditation Guide Appendices

<p>culture, diversity, inclusion, and cultural safety for all people</p>		
<p>4.5 The programme's learning outcomes effectively prepare graduates for competent, culturally safe, ethical, evidence-informed and self-reflective osteopathic practice in a range of settings</p>	<p>Outline the strategies and learning outcomes used to prepare graduates in these areas.</p> <p>Provide a detailed curriculum map to indicate where and how the units and elements map to the Capabilities for Osteopathic Practice</p> <p>Provide evidence of stakeholder feedback and review mechanisms used to determine the preparedness of graduates to practise safely and competently in initial employment and in the early years of their practice.</p> <p>Indicate how feedback about graduate performance (e.g. from graduate destination survey, survey of employers and graduates, advisory group feedback) is incorporated into and informs the ongoing development of the programme.</p>	
<p>4.6 The programme's design, delivery, environment and resources enable achievement of learning outcomes</p>	<p>Provide evidence that demonstrates the programme currently, and will continue to be, adequately resourced to deliver its intent</p> <p>Comment on any strategies used to manage limitations.</p> <p>Outline how the educational facilities and resources (including administrative support) are consistent with the programme's philosophy and purpose, and strategies to ensure these resources will remain up-to-date and support curriculum development.</p>	

Accreditation Guide Appendices

<p>4.7 The programme reflects contemporary osteopathic practice and responds effectively to changes and priorities in health and healthcare, evidence-based research, and professional education</p>	<p>Provide evidence that the programme content is responsive to international and national specific practice standards that have been developed by the profession, and indicate how these inform the curriculum.</p> <p>Indicate how knowledge gained directly from the osteopathy practice field informs the delivery of the curriculum.</p> <p>Provide detail of how the curriculum incorporates and updates current health priority policy directions set by the government, consumer bodies and advocacy organisations.</p>	
<p>4.8 The programme fosters intra-professional and inter-professional collaborative learning and practice</p>	<p>Outline the activities used to support development of knowledge of the role and contribution of the other professionals involved in delivering client services, and to develop cooperative and collaborative working relationships with other members of a team.</p>	
<p>4.9 The programme develops research literacy and capability relevant to the programme's level and supports integration of research evidence in practice</p>	<p>Provide evidence of the way the institution supports osteopathic scholarship and research, or has the structures in place to do this as the programme develops</p> <p>Provide evidence of curriculum content focusing on research literacy and capability</p> <p>Demonstrate how students are prepared to integrate research evidence into practice</p>	

Accreditation Guide Appendices

<p>4.10 The programme includes a minimum of 1000 hours of clinical learning experience, exclusive of simulation and of sufficient range and quality to ensure graduates are competent to practise across the client lifespan and across osteopathic practice settings</p>	<p>Provide documentation which outlines the strategies used to ensure a minimum of 1000 hours of clinical practice which will be completed by students in the programme.</p> <p>Provide detail of all activities contributing to student clinical practice experiences</p> <p>Outline the systems and processes in place to ensure students are exposed to a range of clinical experiences including both emerging and more traditional practice</p> <p>Provide evidence that demonstrates all students have the range of clinical practice experiences required.</p>	
<p>4.11 The programme provides opportunities for students to undertake clinical learning experiences with Māori.</p>	<p>Provide detail of all activities and opportunities that allow clinical learning experiences with Māori</p> <p>Demonstrate the degree to which students engage with these opportunities</p>	
<p>4.12 Teaching staff are appropriately qualified and experienced to deliver their educational responsibilities and use learning and teaching methods designed to support student achievement of learning outcomes</p>	<p>Provide the name, title, qualifications, CV and (if appropriate) current practising certificate for teaching staff.</p> <p>Provide detail of the teaching and learning qualifications and achievements of the staff, as well as strategies used to support their ongoing development as educators. Describe the management strategies implemented to support, supervise and mentor sessional and less experienced osteopathy academic staff.</p>	

Accreditation Guide Appendices

	Describe the range of educational/teaching and learning strategies used within the programme including the underlying premise for their inclusion. Outline the evidence which supports the choice of teaching and learning approaches used, including key references.	
4.13 Contractual arrangements with relevant clinical services ensure access to quality clinical learning experience	<p>Outline the legal agreements in place, and include examples of contracts, memoranda of understanding.</p> <p>Provide evidence that indicates affiliation and/or placement agreements are in place for all clinical placement locations.</p> <p>Provide evidence that agreements indicate arrangements for public and student protection.</p> <p>Provide evidence of processes for managing quality assurance, and for students raising concerns about clinical placements.</p> <p>Identify the process for managing concerns raised by students about another health practitioner.</p>	
4.14 The programme meets all requirements of the relevant higher education authority	Provide the relevant documents that demonstrate the programme meets these requirements	

Accreditation Guide Appendices

<i>Standard 5: Student experience</i>		
Standard	Suggested Evidence	Evidence Provided
5.1 Programme information is clear, relevant, timely, transparent and accessible	<p>Provide an overview of the curriculum content and sequence for each semester of the programme.</p> <p>Provide individual subject/course outlines as provided to the students, including an abstract; objectives /learning outcomes; content overview; prescribed textbooks; details of assessment; teaching and learning strategies.</p> <p>Provide copies of current timetables, or outlines of teaching activities in each subject, for all years of the programme, in a format that indicates the time and study demands for students.</p>	
5.2 Admission and progression requirements, policies and processes are fair and transparent	<p>Provide details of admission and progression policy documents.</p> <p>Provide information on student success and retention</p>	
5.3 The education provider identifies and provides support to meet students' academic learning needs and a quality educational experience	<p>Describe the support systems available to students, and how students in need may be identified</p> <p>Provide policy documents relevant to Māori, Pasifika, international and culturally and linguistically diverse students, students with disabilities, students with academic performance issues and any other priority learner groups.</p> <p>Outline strategies used to manage poorly performing and failing students</p>	

Accreditation Guide Appendices

	Include examples of student learning agreements.	
5.4 Students are informed of and have access to effective grievance and appeals processes and personal support services by qualified personnel	Describe student grievance and advocacy processes and policy Demonstrate how students are informed of, and supported to access, these processes	
5.5 Students have effective representation in the programme's advisory and decision-making processes	Provide evidence of adequate and appropriate consultation with students on programme matters (for example, minutes of applicable meetings)	
5.6 Equity, diversity, inclusion and cultural safety principles are observed and promoted in the student experience	Outline the methods by which these principles are observed and promoted in the student experience (for example, specific communications, student handbook content)	
5.7 The education provider actively supports and encourages Māori students' participation, experience and achievement in the programme of study	Outline specific initiatives and strategies to support the participation, experience and achievement of these students within the programme.	
5.8 The student experience is regularly evaluated and informs the programme's continual quality improvement	Describe how the student experience is monitored, and how this supports development of the programme	

Accreditation Guide Appendices

	Provide evidence of how current research on the experiences of new/recent graduates informs the curriculum and facilitates their integration into the workforce.	
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Accreditation Guide Appendices

<i>Standard 6: Assessment</i>		
Standard	Suggested Evidence	Evidence Provided
6.1 The programme's theoretical and clinical assessment of student learning is comprehensive, fair, valid, reliable and embodies principles of equity and cultural safety	Describe the range of assessment strategies used and outline the research evidence for the assessment processes used including key references	
6.2 The programme's learning outcomes and assessment strategies are clearly aligned and the scope of assessment is comprehensive	Indicate how assessment items ensure students meet the subject and the programme learning objectives	
6.3 Multiple validated assessment tools, modes and sampling are used and include direct observation in the clinical setting	<p>Comment on the overall assessment process and rationale for the use of various assessment tools</p> <p>Describe the processes and methods used to evaluate a student's performance in clinical practice (e.g. learning agreements, reflective assignments).</p>	
6.4 Moderation procedures are appropriate, robust, fair, consistent and transparent	Indicate the strategies used to assure the quality of the assessment process (e.g. committee review of exam questions, documentation of expected answers, and moderation between markers).	

Accreditation Guide Appendices

<p>6.5 Assessments enhance learning, provide clear, appropriate and timely feedback to the student, and inform student progression</p>	<p>Provide evidence of assessment feedback and how the assessment process enhances student learning</p> <p>Comment on how assessment informs student progression</p>	
<p>6.6 The education provider exercises ultimate accountability for student assessment in relation to students' clinical learning experience</p>	<p>Describe the processes and methods used to evaluate a student's performance in clinical practice, including the role of clinical placements</p>	

Accreditation Guide Appendices

APPENDIX 5: ACCREDITATION STANDARDS REVIEW SUGGESTED DOCUMENT LIST

Below is a list of suggested documents to accompany your Accreditation Standards Review Form. This is only a suggested list and we encourage you to include additional documentation if you feel it evidences how the programme meets the standards.

Programme Information

- Programme prospectus
- Research programmes planned and/or already merited along with their findings programme planning for next 3 years
- List of all clinical programmes and their staff
- Programme documents
- Programme review Reports
- Programme outcomes and assessments
- Programme structure (mapping) documents
- Completion rates for the programme (APER Summary)
- Publicity material/information about the programmes

Staff Information

- Staff list
- Suggested staffing numbers for accreditation
- Staff performance plans (appraisal programme)

Accreditation Guide Appendices

Course and Student Information

- Student guides and instructions (may include assessment outlines)
- Course schedule
- Topic schedules for courses
- Study pathways

Other

- Policies both student and staff related
- All procedure and process documents
- Staff and student handbooks
- Budget guidelines
- Templates of certificates, diplomas and/or degrees
- Monitoring reports
- Documents in regards to internal or external monitoring groups (terms of reference, guides, minutes, etc.)
- Clinical placement documents including assessments, guidelines, agreements
- Information to Supervisors such as handbooks, assessments forms
- Framework documents for programmes, courses, process such as cultural strategy, research
- Lists of resources including books, equipment, etc. held by the institute for students and staff
- Organisational chart
- Legal agreements
- Clinical placement logs
- Organisation's annual report

Accreditation Guide

References

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- (2) Forum for Osteopathic Regulation in Europe (FORE), *European Framework for Standards of Osteopathic Education and Training*, FORE, London, 2008
- (3) General Osteopathic Council [UK], *Guidance for Osteopathic Pre-Registration Education*, General Osteopathic Council, London, 2015
- (4) Australian Osteopathic Accreditation Council (AOAC), *Review of the Osteopathic Accreditation Standards: Synthesis of Responses to Consultation Paper 1*, AOAC, [Canberra], 2021
- (5) Australian Osteopathic Accreditation Council (AOAC), *Review of the Osteopathic Accreditation Standards: Consultation Paper 2*, AOAC, [Canberra], 2021
- (6) Australian Osteopathic Accreditation Council (AOAC), *Review of Osteopathic Accreditation Standards: Consultation Paper 3*, AOAC, [Canberra], 2021
- (7) Nursing Council of New Zealand (NCNZ), *Towards Updated Education Standards for Nursing Education Standards leading to Registration as a Registered Nurse – Consultation Document*, NCNZ, Wellington, 2020
- (8) Nursing Council of New Zealand (NCNZ), *RN Education Programme Standards (2021)*, NCNZ, Wellington, April 2021
- (9) Australian Nursing and Midwifery Accreditation Council (ANMAC), *Registered Nurse Accreditation Standards*, ANMAC, Canberra, 2019
- (10) Physiotherapy Board of New Zealand (PBNZ), *Accreditation Standard for Physiotherapy Practitioner Programmes in Aotearoa New Zealand*, PBNZ, Wellington, 1919
- (11) Australian Physiotherapy Council (APC), *Guidelines for Accreditation: Entry-Level Physiotherapy Practitioner Programs of Study*, APC, Richmond VIC, 2021
- (12) Dental Council New Zealand (DCNZ), *New Zealand Accreditation Standards for Oral Health Practitioner Programmes*, DCNZ, Wellington, January 2021
- (13) Australian Dental Council/Dental Council New Zealand, *Accreditation Standards for Dental Practitioner Programs*, Australian Dental Council/Dental Council New Zealand, [Melbourne and Wellington], 2021