



AOAC QUALIFICATION AND SKILLS ASSESSMENT CANDIDATE GUIDE

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Qualification and Skills Assessment Candidate Guide

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Abbreviations

AQF: Australian Qualifications Framework

AHPRA: Australian Health Professional Regulation Agency

AOAC: Australasian Osteopathic Accreditation Council

ANZSCO: Australian and New Zealand Standard Classification of Occupations

CAP: Competent Authority Pathway

DOPS: Direct observed procedural skills

GOsC: General Osteopathic Council

GSM: General Skilled Migration

IELTS: International English Language Testing System

NRAS: National Registration and Accreditation Scheme

OsteoBA: Osteopathy Board of Australia

OBE: Open book examination

OCNZ: Osteopathic Council of New Zealand

QSAC: Qualification Skills and Assessment Committee

SPA: Standard Pathway Assessment

TTMRA: Trans-Tasman Mutual Recognition Agreement

Glossary of Terms

ANZSCO Code: Australian and New Zealand Standard Classification of Occupations (ANZSCO) are codes applied to occupations for statistical purposes. These codes are used by the Department of Home Affairs in the skilled visa program, where it is a requirement for visa eligibility, as the standard by which a visa applicant's skills to undertake a specific occupation in Australia are assessed.

Appeal of assessment outcome: A process available to candidates who wish to appeal a result of one of their assessments. This policy can be located on the AOAC website.

Applicant: A registered osteopath who has completed their osteopathy training overseas and wishes to obtain registration in Australia. An applicant is someone who has submitted their desktop assessment to AOAC for consideration to undertake either the SPA or the CAP and is awaiting the outcome of this assessment.

Assessment: Component of the SPA or CAP requiring successful completion by the candidate to proceed. Assessment procedures include the following; Application form (stage 1), Written examination (Stage 2), Portfolio (Stage 3), Practical examination (Stage 4) and the Open book examination (Stage 5).

Assessment outcome: The result obtained by the candidate after completion of one (or more) of the written examination, portfolio, practical examination or open book examination.

Assessor: The person appointed to grade the candidates completed assessment. In the case of the practical examination, the assessor observes the candidate's performance and completes the relevant marking forms.

Australian Health Professional Regulation Agency: The organisation responsible for the implementation of the National Registration and Accreditation Scheme in Australia. Each health profession part of the national scheme is represented by a national board.

<https://www.ahpra.gov.au/>

Australasian Osteopathic Accreditation Council: The body that has the delegated responsibility (from the OsteoBA) to accredit osteopathy education programs, and to assess registered osteopaths who have completed their osteopathy training overseas wishing to obtain general registration in Australia. <http://www.osteopathiccouncil.org.au/>

Candidate: A registered osteopath who has completed their osteopathy training overseas and has passed their desktop assessment (and paid relevant fee) and is now officially undertaking either the SPA or the CAP.

Capabilities for osteopathic practice: The standards Australian osteopaths are expected to practice. <http://www.osteopathiccouncil.org.au/publications.html>

Competent Authority Pathway: A streamlined version of the SPA available to registered osteopaths who meet eligibility requirements. The CAP requires candidates to successfully complete the desktop assessment and open book examination and undertake a period of supervised practice.

Department of Home Affairs: The Department of Home Affairs is responsible for immigration policy, and the assessment and processing of visas for migration to Australia.

Desktop assessment: The initial assessment an applicant completes in either the SPA or the CAP processes. Desktop assessment involves applicants completing and submitting forms and documentation related to their osteopathy studies, registration and work history.

Fee schedule: List of fees related to each assessment of the SPA or CAP. Payment of fees is required for the assessment to be undertaken.

General Skilled Migration: is the process and program for skilled migrant workers who are seeking to live and work in Australia on a permanent basis.

Mini clinical examination: This is an assessment tool used within the practical examination and is commonly known as the Mini CEX. This assessment tool is designed to assess a range of clinical assessment and management skills and will be completed by the assessor as they observe a candidate's performance treating or managing a patient.

National Boards: The body responsible for protecting the public in relation to health professions under the National Law. National Boards also have the responsibility of registering practitioners and students. <http://www.ahpra.gov.au/National-Boards.aspx>

Osteopath: A protected title under the Health Practitioner Regulation National Law (2009). A person can only use this title if they are registered under the National Law.

<https://www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation.aspx>

Osteopathy Australia: The peak body representing the interests of osteopaths, the profession and consumer's rights to access osteopathy services. <http://www.osteopathy.org.au/>

Osteopathy Board of Australia: The national board for osteopathy responsible for public interest and registration of osteopaths. <http://www.osteopathyboard.gov.au/>

Portfolio: Assessment component of Stage 3 of the SPA. Candidates work with a mentor to develop and collate evidence pieces that demonstrate various skills and proficiencies related to working as an osteopath.

Portfolio mentor: Person appointed to work with and support the candidate as they undertake the portfolio assessment (Stage 3) of the SPA.

Practical examination: Assessment component of Stage 4 of the SPA. This assessment requires the candidate to complete five patient cases while being observed (and graded) by an assessor. The candidate's communication, patient management and treatment skills are assessed in this examination.

Qualifications Skills and Assessment Committee: Sub-committee of AOAC responsible for overseeing the assessment of the knowledge, clinical skills and professional attributes of overseas qualified osteopaths and other individuals referred to AOAC who are seeking registration as osteopaths in Australia.

Reading list: Resource provided to candidates to support them in their preparation for assessments in the SPA and CAP.

Registration: Under the National Law, National Boards of the Australian Health Practitioner Regulation Agency can grant registration to eligible practitioners who meet registration requirements. Please see <http://www.ahpra.gov.au/Registration.aspx>

Registration (General): Registration granted to practitioners who meet the eligibility and qualifications requirements set out in the National Law (sections 52-53) and meet any registration standards issued by the National Board. SPA candidates are eligible to receive general registration after successful completion of all assessments in the pathway.

Registration (Limited): Registration granted to practitioners who do not qualify for general registration but who meet the eligibility and qualifications requirements set out in the National Law (sections 65-70) and any registration standards issued by the National Board.

Registration (Provisional): Registration granted to practitioners who meets the eligibility and qualification requirements set out in the National Law (sections 62-63) and any registration standards issued by the National Board. This is intended for practitioners who have completed an accredited qualification in the profession but are required to undertake a period of supervised practice to be eligible for general registration. CAP candidates are eligible for provisional registration once they have successfully completed the desktop assessment and open book examination.

Registration standards: The requirements that applicants, registrants and students need to meet to be registered. These requirements include continuing professional development, criminal history, English language skills, professional indemnity insurance and recency of practice standards. Please see <http://www.osteopathyboard.gov.au/Registration-Standards.aspx>

Registered migration agent: Registered Migration Agents are registered with the Office of the Migration Agents Registration Authority (MARA). A registered migration agent can be used when applying for a visa with the Department of Home Affairs or an applicant may apply themselves. The agent gives an applicant protection as they are aware of current laws and procedures to give correct advice.

Skills Assessment for General Skilled Migration: is responsible for assessing the skills and qualifications for the occupation of osteopath (ANZSCO code 252112) under the Department of Home Affairs General Skilled Migration (GSM) and Employer Sponsored Migration (ESM) programs. The domestic assessment is available to osteopaths that hold a current and full (unconditional) registration with the Osteopathy Board of Australia. This is not an assessment for registration purposes.

Special consideration: A process available to candidates who experience exceptional circumstances while they are undertaking the SPA or the CAP. This policy can be located on the AOAC website.

Standard Pathway Assessment: The assessment process undertaken by registered osteopaths who have completed their osteopathy training overseas and wish to obtain registration in Australia. The SPA has five stages, and all must be completed successfully by the candidate.

Supervised practice: Requirement of candidates undertaking the CAP after they have successfully completed Stage 1 and Stage 5. Candidates are granted provisional registration and are required to undertake six months of supervised practice prior to being granted general registration. This part of the process is administered by the Osteopathy Board of Australia.

Written examination: The assessment candidates undertake in Stage 2 of the SPA. In Stage 2 of the SPA, candidates undertake a written examination that involves multiple choice, extended matching and short answer questions.

Section 1: Introduction

Document Purpose

This document has been developed to support overseas-qualified osteopaths who want to undertake the assessment process that leads to registration as an osteopath in Australia with the Osteopathy Board of Australia (OsteoBA). Those seeking registration will be referred to as 'applicants' or 'candidates' for the remainder of this document. An applicant is defined as someone who is completing or waiting for notification of outcome for Stage 1 of the assessment process. Once an applicant has successfully completed Stage 1 of the assessment process, they are then referred to as a 'candidate' until all their assessment is completed, or they withdraw from the assessment process.

This document is also relevant for osteopaths with registration who are seeking a skills assessment for migration purposes.

Background and Context

Governance bodies involved in the assessment of overseas-qualified osteopaths

The Australasian Osteopathic Accreditation Council (AOAC) is the independent assessing authority for the Department of Home Affairs that undertakes the qualifications and skills assessment for migration to Australia. AOAC is also responsible for the assessment of knowledge, clinical skills and professional attributes of overseas qualified osteopaths seeking registration in Australia.

The Qualifications and Skills Assessment Committee (QSAC) is a standing committee of AOAC responsible for the oversight and administration of the assessment of qualifications and skills for migration to and registration in Australia. The QSAC is responsible for the appointment of assessors for each stage of the assessment process.

AOAC is responsible for performing assessments of the knowledge, clinical skills and professional attributes of overseas-qualified osteopaths seeking registration in Australia with the Osteopathy Board of Australia (OsteoBA), which is governed by the Australian Health Practitioner Regulations Agency (AHPRA) under the *Health Practitioner Regulation National Law Act 2009*.

AOAC will assess and verify the applicant's qualifications, skills and competence against the requirements it has established. AOAC can provide information in relation to applying for a qualification and skills assessment and undertaking either the Competent Authority Pathway (CAP) or Standard Assessment Pathway (SPA). All other questions relating to registration should be directed to the OsteoBA (www.osteopathyboard.gov.au) Applicants are encouraged to contact the OsteoBA about the requirements for registration in Australia as the AOAC assessment is only one component of the registration application. Please note the OsteoBA is the final arbiter regarding registration as an osteopath in Australia. AOAC strongly advises that applicant's do not make irreversible decisions such as leaving a job or moving to Australia until their application for registration is finalised.

Legislation relating to Migration to Australia

In accordance with the *Migration Regulations 1994*, the Minister has specified AOAC as the assessing authority for the Department of Home Affairs General Skilled Migration (GSM) program for the occupation Osteopath (ANZSCO 252112).

If applicants wish to apply to migrate to Australia as an osteopath under the GSM program, they must nominate “osteopath” as their occupations from the “Skilled Occupation List” and have their qualifications and skills assessed by AOAC using *Form 1A Application for Skills Assessment*.

AOAC can only provide information in relation to applying for a qualifications and skills assessment. All other questions relating to migration should be directed to the Department of Home Affairs (<https://www.homeaffairs.gov.au/>) or a registered migration agent (www.mara.gov.au).

Trans-Tasman Mutual Recognition Arrangement

The Trans-Tasman Mutual Recognition Agreement, under the *Trans-Tasman Mutual Recognition Act 1997*, states that “a person registered to practise an occupation in Australia is entitled to practise an equivalent occupation in New Zealand, and vice-versa, and without the need for further testing or examination.”

Applicants registered with the Osteopathic Council of New Zealand (OCNZ), who are not intending to migrate to Australia, may apply directly to the OsteoBA for registration. Those seeking a skills assessment for migration purposes will need to apply to AOAC using *Form 1A Application for Skills Assessment*.

Privacy Notice

AOAC and its committees liaise with relevant bodies such as registration/licensing authorities, immigration and employment authorities, and osteopathy teaching institutions as required. AOAC is committed to protecting the privacy, confidentiality and security of personal information held in its records. A copy of the *AOAC Privacy Policy* can be found on our website <http://www.osteopathiccouncil.org.au/publications.html>.

Overview of the Assessment Pathways Available to Overseas-Qualified Osteopaths

There are two assessment pathways available to overseas-qualified osteopaths seeking registration in Australia with the OsteoBA. Both pathways require candidates to undertake various activities before registration is granted. The requirements of the two pathways are outlined below. The first step for an applicant is to determine their eligibility for either pathway. In summary, the Standard Pathway Assessment (SPA) is the traditional pathway for overseas-qualified osteopaths. Candidates must successfully complete five stages of assessment to be eligible to apply for registration. The Competent Authority Pathway (CAP) is a streamlined process where candidates are only required to undertake two of the five stages of the SPA before being eligible to apply for registration. The eligibility requirements for both pathways are outlined below. It is essential applicants read the eligibility information carefully as there are similarities between the requirements.

Eligibility to Undertake the Assessment Process with AOAC

Standard Pathway Assessment

To be eligible to undertake the Standard Pathway Assessment, applicants will have completed a program of study that the AOAC has determined to be substantially equivalent to an Australian osteopathy program of study. Applicants should note that successful completion of SPA does not grant automatic registration with Osteopathy Board of Australia. Successful candidates will need to apply for registration once they have fulfilled the requirements of this pathway as outlined in sections 2-6 of this guide.

There are three components of eligibility for applicants to consider: nature of their osteopathic qualification, registration status and English language skills. These three components are outlined below:

Osteopathic qualification

The minimum requirement is the equivalent of an accredited Australian osteopathy pre-registration qualification. The general comparability of an applicant's educational qualification to Australian educational standards is based on guidelines contained in the Australian Government, Department of Education and Training Country Education Profiles for the country concerned and comparison with the Australian Qualifications Framework (AQF). Further information regarding Country Education Profiles is available on the Australian Government, Department of Education and Training [website](#).

Osteopathic registration

Applicants must be currently registered, licensed or otherwise officially recognised and in good standing as an osteopath in the country in which they trained or practiced. This requirement also applies to new graduates.

English language skills (if applicable)

AOAC's English language skills standard is aligned with the OsteoBA's Registration Standard: English Language Skills. Applicants must have either completed both their secondary education and osteopathic qualification in English or achieved the required minimum scores in one of the following English language tests:

- The **IELTS** (academic module) with a minimum overall score of 7 and a minimum score of 7 in each of the four components (listening, reading, writing and speaking)

- The **PTE Academic** with a minimum overall score of 65 and a minimum score of 65 in each of the four communicative skills (listening, reading, writing and speaking)
- The **TOEFL iBT** with a minimum total score of 94 and the following minimum score in each section of the test:
 - 24 for listening
 - 24 for reading
 - 27 for writing
 - 23 for speaking

Please note the OET is not applicable for osteopathy because OET has not yet developed a specific test for these professions. The English language tests may be taken overseas or in Australia. IELTS test results are valid for two years from the test date.

More information regarding the OsteoBA's Osteopathic English Language Registration Standard can be found on the OsteoBA website: <http://www.osteopathyboard.gov.au/Registration-Standards.aspx>.

Competent Authority Pathway

The Competent Authority Pathway (CAP) is available to overseas-qualified osteopaths who have successfully completed an eligible program of study and hold current registration with the General Osteopathic Council (GOsC).

To be eligible to undertake the CAP, applicants must hold a primary osteopathy qualification from one of the education providers listed in Table 1. Applicants should also note that successful completion of CAP does not grant automatic registration with Osteopathy Board of Australia and candidates will need to undertake a period of supervised practice as an additional requirement for this pathway. Candidates may be granted provisional registration to complete their period of supervised practice.

There are three components of eligibility CAP applicants must consider before undertaking Stage 1 of this process: nature of their osteopathic qualification, registration status and English language skills. These three components are outlined below:

Osteopathic qualification

Applicants will have their osteopathy qualification from one of the providers and meet the requirements regarding date of completion as listed in column 2 in table 1.

Education Provider	Years
British College of Naturopathy and Osteopathy	From 9 May 2000
British College of Osteopathic Medicine	From 9 May 2000
British School of Osteopathy	From 9 May 2000
College of Osteopaths	From 8 May 2001
European School of Osteopathy	From 9 May 2000
Leeds Metropolitan University	From 1 September 2007
London College of Osteopathic Medicine	From 9 May 2000
London School of Osteopathy	From 9 May 2000
Oxford Brookes University	From 1 October 2003
Surrey Institute of Osteopathic Medicine	From 1 January 2003
Swansea University	From 15 December 2011

Table 1: Education Providers approved as equivalent to Australia osteopathy education providers

Osteopathic registration

Applicants must be currently registered and in good standing with the GOsC to be eligible to undertake this pathway.

English language skills (if applicable)

AOAC's English language skills standard is aligned with the OsteoBA's Osteopathy Board of Australia's Registration Standard: English Language Skills. Applicants must have either completed both their secondary education and osteopathic qualification in English or achieved the required minimum scores in one of the following English language tests:

- The **IELTS** (academic module) with a minimum overall score of 7 and a minimum score of 7 in each of the four components (listening, reading, writing and speaking)
- The **PTE Academic** with a minimum overall score of 65 and a minimum score of 65 in each of the four communicative skills (listening, reading, writing and speaking)
- The **TOEFL iBT** with a minimum total score of 94 and the following minimum score in each section of the test:
 - 24 for listening
 - 24 for reading
 - 27 for writing
 - 23 for speaking

Please note the OET is not applicable for osteopathy because OET has not yet developed a specific test for these professions. The English language tests may be taken overseas or in Australia. IELTS test results are valid for two years from the test date.

More information regarding the OsteoBA's Osteopathic English Language Registration Standard can be found on the OsteoBA website: <http://www.osteopathyboard.gov.au/Registration-Standards.aspx>.

Stages Involved in the Assessment Pathways

The assessment procedures for the two assessment pathways is different. Both SPA and CAP applicants undertake Stage 1 – desktop assessment and the requirements of this stage are outlined in detail in section 2 of this guide. After Stage 1 – the requirements for completion of the pathway are different and are displayed in Table 2.

Stage	Standard Pathway Assessment	Competent Authority Pathway	Domestic Assessment
Stage 1: Desktop Assessment	✓	✓	✓
Stage 2: Written Examination	✓	×	×
Stage 3: Portfolio	✓	×	×
Stage 4: Practical Examination	✓	×	×

Stage 5: Open Book Examination (OBE)	✓	✓	×
Supervised practice under Provisional Registration (6 months)	×	✓	N/A

Table 2: Requirements for pathways of assessment

Requirements Regarding Completion of Assessment Pathways

Available timeframe for completion of SPA

Once the desktop assessment (Stage 1) has been considered and processed by the AOAC, applicants are considered candidates of the SPA pathway. A candidate has a maximum of two years to complete the SPA and if all required stages have not been completed within two years, the candidate will not be able to continue with the next stage of assessment. If candidates still want to complete the assessment process, they will need to complete Stage 1 again and apply for another desktop assessment.

Available timeframe for completion of CAP

Once the desktop assessment (Stage 1) has been completed and approved, applicants are considered candidates of the CAP pathway. The requirements of the open book examination are provided in section 6 of this guide. A candidate has a maximum of six months to complete the CAP and apply for provisional registration. The supervised practice component is not required in this six-month timeframe.

Available timeframe for completion of a domestic assessment

Applicants seeking a skills assessment for migration purposes need to submit the desktop assessment (Stage 1) for review by the AOAC. The outcome of this assessment will be communicated to applicants within one month of submission.

Responsibilities of the Candidate and AOAC in the Skills Assessment and Migration Process

Once accepted into the SPA or CAP assessment, candidates need to ensure they are aware of their responsibilities for each stage of assessment. These are outlined in each relevant assessment stage in sections 2-6 of this guide.

Section 2: Stage 1 – Desktop Assessment

Overview

Overseas-qualified osteopaths who wish to apply for either the Standard Pathway Assessment or Competent Authority Pathway need to complete Stage 1: Desktop assessment. The eligibility requirements for both pathways has been outlined in Section 1 and this section outlines what applicants need to do to submit their relevant documentation so that AOAC can undertake the desktop assessment and make decisions on the applicant's eligibility to undertake either the SPA or the CAP.

Requirements of Stage 1

Standard Pathway Assessment

SPA Applicants need to submit the following documentation as part of Stage 1 – desktop assessment:

- Completed *Form 1C* with the following attachments:
- Identification
 - Certified colour scan of valid passport photo page
 - Change of name documentation (if required)
- Qualification Certificate
 - Certified colour scan of osteopathic qualification certificate
- Official results transcript
 - Certified colour scan of the official transcripts for the initial osteopathy qualification
- Evidence of course content
 - Certified scanned colour copy of the official coursebook for initial osteopathy qualification
 - Certified scanned colour copy of the official syllabus for each subject for initial osteopathy qualification
 - Certified scanned colour copy of the records relating to practical and clinical training completed for the initial osteopathy qualification
- Registration
 - Certified colour scan of current practicing certificates
 - Certified colour scan of evidence of registration/licensure from all countries where the applicant has been registered
- English language
 - English language documentation

Competent Authority Pathway

CAP Applicants need to submit the following documentation as part of Stage 1 – desktop assessment:

- Completed *Form 1B* with the following attachments:
- Identification
 - Certified colour scan of valid passport photo page
 - Change of name documentation (if required)
- Qualification Certificate

- Certified colour scan of osteopathic qualification certificate
- Official results transcript
 - Certified colour scan of the official transcripts for the initial osteopathy qualification
- Registration
 - Certified colour scan of current General Osteopathic Council (GOsC) practicing certificate
 - Certified colour scan of evidence of registration/licensure from all countries where the applicant has been registered
- English language
 - English language documentation

Domestic Assessment

Domestic applicants need to submit the following documentation as part of Stage 1 – desktop assessment:

- Completed *Form 1A* with the following attachments:
- Identification
 - Certified colour scan of valid passport photo page
 - Change of name documentation (if applicable)
- Qualification certificate
 - Certified colour scan of osteopathic qualification certificate
- Official results transcript
 - Certified colour scan of the official transcripts for initial osteopathy qualification
- Initial registration certificate
 - Certified colour scan of initial practicing certificate (if applicable)
- Australian registration certificate
 - Certified colour scan of registration certificate from Australia

Further details about documentation requirements can be found in the relevant application forms.

Fees for Stage 1

Applicants are required to pay AOAC the required fee when submitting their documentation for their desktop assessment. These fees are outlined in the table below:

Assessment Type	Desktop Fee
Standard Pathway Assessment	\$550
Competent Authority Pathway	\$1200
Domestic Assessment	\$550

Table 3: Fees for Stage 1 Desktop Assessment

Possible Outcomes of Stage 1

Applicants will be notified of the outcome of their Stage 1- desktop assessment within four weeks of receipt of their completed application. Applicants will be informed of one of the following:

SPA applicants

- Their application meets the appropriate requirements and they are now a successful SPA candidate who can start preparing for Stage 2 – written examination
- Their application for the SPA has not been successful as they do not meet the eligibility requirements.

CAP applicants

- Their application meets the appropriate requirements and they are now a successful CAP candidate who will undertake the accelerated assessment process. Candidates can begin preparing for Stage 5 – open book examination.
- Their application for the CAP has not been successful as they do not meet the eligibility requirements. Applicants may wish to consider applying for the SPA if this is the outcome.

Domestic applicants

- Their application successfully meets the appropriate requirements and they will be issued a positive Assessment of Osteopathy qualifications and skills
- Their application for the domestic assessment has not been successful as they do not meet the eligibility requirements. An applicant may reapply once they fulfil the eligibility requirements.

Appeals

If a candidate believes that they have valid grounds to appeal an outcome from the Stage 1 – Desktop assessment, they can read the *QSA Appeals Policy* and consider their next steps.

Section 3: Stage 2 – Written Examination

Overview

This stage assesses a candidate's theoretical knowledge for the safe and competent practice of osteopathy in the Australian context and includes: biosciences relevant to osteopathic practice, osteopathic patient management approaches and diagnostic imaging.

Format of examination

The Stage 2 written examination is a three-hour paper with three sections with specific question types in each section. These include:

- Section 1: Extended Matching Questions (EMQ),
- Section 2: Key Feature Questions (KF)
- Section 3: Modified Essay Questions (MEQ)

Sample questions

See *Sample Questions – Stage 2* ([Appendix 1](#)) for examples of questions within the three sections: EMQs, KFs and MEQs.

Requisite theoretical knowledge for success in this examination

Candidates need to have an established knowledge base of the following topic areas to maximise the likelihood of successful outcome in this stage of the assessment process.

- Gross anatomy included a sophisticated knowledge of musculoskeletal anatomy and established knowledge of visceral anatomy
- Physiology and Pathology with a particular focus on relevant physiological and pathological mechanisms in musculoskeletal conditions
- Diagnostic Imaging
- Aspects of osteopathy patient management (manual therapy techniques, rehabilitation, ergonomic advice, pain management strategies, adjunctive therapies, need to refer to another health professional)
- Safety issues relevant to osteopathic practice and care

Fees and Logistics for Stage 2

Fees

Candidates are required to pay \$1200.00 AUD to undertake this stage. Please note this payment is non-refundable.

Location for sitting the examination

Candidates are required to sit this examination in person. Examinations generally take place in the following countries/regions and capital cities:

- Australia (Melbourne, Sydney, Brisbane and other capital cities if suitable arrangements can be made)

- New Zealand (Auckland, Christchurch)
- Europe (Athens, London)
- Middle East (Dubai, Riyadh)
- Subcontinent (New Delhi)
- Africa (Johannesburg)
- Asia (Hong Kong, Manila, Singapore)

Key Dates for sitting the examination

The written exam is scheduled for the first week of March and September each year.

Candidates are required to have completed Stage 1- Desktop Assessment prior to the 5th of December and the 15th of June respectively to ensure eligibility to undertake Stage 2 and sit the written examination.

Pass mark for examination

To successfully complete this stage, candidates must obtain an overall 60% pass mark. In addition to this, candidates also must achieve a 70% pass mark in Section 2- key features (KF) questions.

Possible Outcomes of Stage 2

Candidates will be notified of the outcome of the written examination results within eight weeks of receipt of the written examination from the venue. Candidates will be notified via email if there is a delay in notification of result.

Successful candidates

Candidates will be notified of their successful outcome and allocated a portfolio supervisor for the next stage of the assessment process.

Unsuccessful candidates

Candidates not meeting the requirements to successfully complete Stage 2 will be provided:

- Details of criteria (with justification) of why they did not meet the pass requirements
- Opportunity for re-sitting the written examination (if eligible)
- Details of the relevant appeals process

Section 4: Stage 3 – Portfolio

Overview

Once a candidate has completed Stage 2 – written examination, they move to Stage 3 – portfolio. For this stage, candidates complete several self-reflective tasks based on real patient experiences gained from their own clinic that are discussed with their allocated mentor. Once contact details have been exchanged, mentors give background information about the portfolio, at this time applicants are able to ask questions about the process. Applicants working as an osteopath in their country of origin or training will use de-identified patient records either from their own clinic or clinic(s) at which they are an associate. Applicants will be asked to compile case-based discussions necessary for review and discussion with their mentor. Recent graduates who have only worked in undergraduate/pre-entry level training clinics should use their experiences from that training clinic to complete the tasks for the portfolio. It is usual that the education provider will release de-identified patient records for this purpose, however should this not be possible, applicants are advised to contact AOAC. The portfolio comprises the following elements:

- Learning needs analysis (including goals and provisional schedules)
- Multi-source feedback forms
- Critical incident reports
- Self-learning reports
- Case-based discussion
- Case analysis reflection
- Patient records review
- Interprofessional learning/education/collaboration
- Supervisor reports and feedback review

Please note the above items will be explained in separate sections below.

Candidates will be required to compile this portfolio between notification of successful completion of written exam and before coming to Australia to undertake Stage 4 of the assessment process. Stage 3 takes between three and six months and is split into four segments. This will help the candidate to organize their time to both compile their work and organise mentor discussion meetings.

Responsibilities of the Candidate Specifically for this Stage

Over the course of the portfolio, it is the candidate's responsibility to:

- read and understand the requirements of completing the portfolio ([Appendix 2](#))
- compile and prepare the tasks necessary and:
- ensure appropriately timed and effective communication with their mentor

Fees and Logistics for Stage 3

Fees

Candidates are required to pay \$1000.00 AUD to undertake this stage. This payment is non-refundable.

Mentor

The role of the mentor is to guide the candidate through the portfolio process offering supportive and effective communication where they will help facilitate learning and clinical reasoning. They also liaise with AOAC regarding the candidate's progress. Mentors will have received training regarding the skills to guide and support candidates through Stage 3. Candidates will normally have the same mentor throughout Stage 3, unless illness or other unforeseen circumstances occur. In these situations, AOAC will allocate another mentor for the candidate.

Marking Criteria and Forms for Stage 3

Learning needs analyses determines:

- any gaps between candidates existing osteopathic and clinical skills, knowledge and capabilities, and those needed to work in Australia.
- A point of reflection on the candidate's personal professional preferences, and whether these require further learning, or whether existing skills need refreshing.

Multi-source feedback forms

These forms are designed to gather feedback from people who have worked with the candidate in their role as an osteopath. Candidates are required to provide three completed forms from their peers, current employer or practice colleague, or in the case of new graduates, previous clinical supervisors from their training institution.

Critical incidence reports

Critical incidence reports are designed to gain self-reflective feedback on either previous negative or positive clinical experiences. Here candidates will need to show the capacity to analyse and reflect on events with the outcome of learning from them, and an ability to relate and apply theoretical learning (e.g. osteopath-patient relationship) to a clinical situation.

Self-learning reports

These forms are intended to record self-learning tasks candidates have undertaken, and to identify learning issues and further work required. This is a type of personal continued professional development (CPD) documentation, and it can be used to record learning events in a diary format. Here, candidates will choose a patient where they self-identified a gap in required capability, knowledge or skills. Candidates may also choose learning tasks that are associated with peer group discussion or courses attended.

Case-based discussions

Case-based discussions are intended to assess various aspects of the candidate's osteopathic analysis and care of patients during the preceding weeks (or previously, if not currently seeing patients). Thus,

these discussions allow the candidate to show how they make clinical decisions, how they consider important issues and how they have addressed them in relation to osteopathic care.

Case analysis reflections

Case analysis reflections are designed to assess candidate's clinical decision making over time and how they tailor patient care to align with the clinical presentation. There are three components of the case analysis (total of nine cases):

- Component 1: Candidate gathers five unidentified patient-cases they have seen several times and reflect on these cases by comparing analysis and patient management
- Component 2: Candidate gathers additional two unidentified patient-cases which they have seen alongside another practitioner. Candidate is required to compare their analysis with the practitioners analysis and reflect on this.
- Component 3: Candidate will provide two additional unidentified patient-cases where referral to another healthcare practitioner was made and undertakes a case analysis reflection on these.

Patients Record Review

Candidates are required to submit the de-identified patient records notes of three patients they have seen in their own clinical practice. These notes will be reviewed and assessed by the mentor and will be returned to the candidate with feedback.

Inter-professional learning / education / collaboration report

This section includes a candidate's engagement with osteopathic peers as well as other health professionals during the normal course of their clinical work. Candidates can select one of the patient cases from either the case analysis reflection or the patients records review where there has been inter-professional engagement. The candidate needs to reflect and report on what was gained from the experience(s), and what further self-learning this might have prompted in relation to interprofessional learning and care.

Supervising assessor reports and feedback review

Candidates will receive a supervising assessor report or feedback review form after each meeting to discuss their completed assignments tasks as outlined above with their mentor. These reports will also be copied to AOAC administration.

Possible Outcomes of Stage 3

Successful candidates

Candidates will be notified if they are successful and can proceed to Stage 4 of the assessment process.

Unsuccessful candidates

Candidates not meeting the requirements to successfully complete Stage 3 will be provided:

- Details with justification of why their portfolio does not demonstrate evidence of clinical performance that meets the requirements of the stage.
- Details of the relevant appeals process.

Section 5: Stage 4 – Practical Examination

Overview

This stage is designed to evaluate the clinical competence of applicants in terms of osteopathic knowledge, clinical skills and professional attitudes for the safe and effective independent clinical practice of osteopathy in the Australian community.

Format of examination

The Stage 4 practical examination is a face to face practical examination with two assessors. Candidates will undertake six patient consultations and are required to take a case history, perform an examination and treat the patient as they would in their own practice. Candidates will have approximately 45 minutes to complete each patient encounter. The assessors will not be present for the entire patient consultation, rather will come and observe the consultation at various times throughout the day to assess the candidate's performance.

This full day examination includes the following activities:

- Candidate undertakes six patient consultations
- Candidate will complete a self-review Mini CEX form ([Appendix 3](#)). The assessors will nominate when the candidate is to complete this self-review
- Candidate assessed through the Direct Observed Procedural Skills (DOPS) assessment ([Appendix 4](#)). If two of the following examinations are not required during the patient consultation, the assessor will nominate two from the list below for the candidate to perform on either the patient or a model
- Peripheral vascular system examination
- Cardiovascular system examination
- Respiratory system examination
- Somatic sensory system examination
- Abdominal examination
- Upper or lower limb neurological system examination
- Candidate completes self-reflection forms ([Appendix 5](#)) on two of the six patient consultations. The assessor will nominate which two patients will be the focus of these candidate reflections. The candidate will be allocated time to complete these reflections.
- Candidate will engage in case-based discussions with assessors on the two patient cases related to the self-reflection forms. Each case-based discussion will be approximately 30 minutes in duration and allows the candidate to discuss their clinical reasoning and critical thinking processes related to the patient.

Assessment Methods for Stage 4

- Mini Clinical Examination (Mini CEX)
- Patient feedback

- Patient Record review
- Self-evaluation form
- Case based discussion
- Direct Observed Procedural Skills (DOPS)
- Requisite theoretical knowledge and practical/clinical skills for success in this examination

Candidates must have an established knowledge base and developed practical skills of the following topic areas to maximise the likelihood of successful outcome in this stage of the assessment process.

- Gross anatomy including a sophisticated knowledge of musculoskeletal anatomy and established knowledge of visceral anatomy
- Physiology and Pathology with a particular focus on relevant physiological and pathological mechanisms in musculoskeletal conditions
- Diagnostic Imaging and process of referral
- Aspects of osteopathy patient management (manual therapy techniques, rehabilitation, ergonomic advice, pain management strategies, adjunctive therapies, need to refer to another health professional)
- Safety issues relevant to Osteopathic Practice and care
- Application of manual techniques including but not limited to manipulation, muscle energy technique, soft tissue therapy, articulations
- Conduction of relevant systems, orthopaedic, neurological and osteopathic examination
- Clinical reasoning by development of differential diagnoses relevant to patient presentation
- Diagnosis and prognosis of likely differential diagnoses
- Contraindications to osteopathy treatment

Responsibilities of the Candidate Specifically for this Stage

- To undertake the practical examination, and for insurance purposes, applicants are required to have limited registration with the [OsteoBA](#). Failure to gain limited registration for the practical examination will result in the inability to take the examination. Applicants must ensure that their applications for limited registration are submitted to the OsteoBA at least one month prior to the scheduled practical examination date.

Fees and Logistics for Stage 4

Fees

Candidates are required to pay \$2500.00 AUD to undertake this stage. This payment is non-refundable.

Location for undertaking the practical examination

Candidates are required to undertake the practical examination face to face at Victoria University, Melbourne, Australia.

Key Dates for undertaking the practical examination

The practical exam is held twice yearly in February and late July/early August.

Candidates are required to have completed Stages 1 – 3 successfully to undertake the practical examination.

Possible Outcomes of Stage 4

Candidates will be notified of the outcome of the practical examination results within eight weeks of completing the practical examination. Candidates will be notified via email if there is a delay in notification of result.

Successful candidates

Candidates will be notified of their successful outcome and recommended for Stage 5 of the assessment process.

Unsuccessful candidates

Candidates that do not meet the requirements to successfully complete stage 4 will be provided with:

- Details of why they did not meet the pass requirements
- Opportunity for re-sitting the practical examination on one further occasion (this incurs a cost)
- Details of the relevant appeals process

Section 6: Stage 5 – Open Book Examination

Overview

This stage consists of an online, open book examination (OBE) and is designed to test the candidate's knowledge of professional, cultural and legal issues within the Australian health care system.

The OBE is based on information contained in the [Information on the practice of osteopathy in Australia: A guide for graduates trained overseas](#) (the Guide).

This assessment is required by the OsteoBA under section 53 (c) of the National Law and is required for overseas-qualified osteopaths seeking registration in Australia under the CAP and SPA.

Format of examination

The OBE is a two-hour open book examination utilising the Guide and is completed online via the Survey Monkey program. The OBE consists of 60 multiple choice and short answer questions.

Sample questions

See *Sample Questions for Stage 5 – OBE* ([Appendix 6](#)) for examples of questions for the OBE.

Responsibilities of the Candidate specifically for this stage

It is the candidate's responsibility to:

- Download and read the Guide prior to undertaking the OBE and ensure that they have access to the internet
- Refer to the relevant sections of the Guide to assist in answering the questions while undertaking the OBE
- Ensure they undertake the OBE in the required timeframe
- Applicants have 24 hours to complete the exam from the time the link to the OBE is sent. The OBE generally takes two hours to complete. If the applicant cannot complete the exam within 24 hours they will need to contact AOAC at qsa@osteopathiccouncil.org.au to request new login details.

Fees and Logistics for Stage 5

Fees

Candidates are required to pay \$550.00 AUD to undertake this stage. This payment is non-refundable.

Location for sitting the examination

Candidates complete the OBE online and are not required to report to a specific location.

Submitting the completed examination

Candidates will liaise with AOAC to determine a mutually convenient time to undertake the examination. Candidates will receive a link to their examination and have 24 hours to complete the exam from the time the link to the OBE is sent. If the candidate does not complete the OBE in the allocated timeframe, they need to submit a special consideration application to AOAC.

Pass mark for examination

To successfully complete this stage, candidates must obtain an overall 80% pass mark.

Possible Outcomes of Stage 5

Candidates will be notified of the outcome of the open book examination within three weeks of completing the examination.

Successful candidates

Candidates will be notified of their successful outcome and sent a *Certificate of Assessment of Qualifications and Skills in Osteopathy* letter that must be included with the application to the OsteoBA for Provisional Registration.

Unsuccessful candidates (first attempt)

Candidates that do not meet the requirements to successfully complete stage 5 – OBE (first attempt) will be provided:

- Details of criteria (with justification) of why they did not meet the pass requirements
- Opportunity for re-sitting the OBE (this does not incur an additional cost)
- Details of the relevant appeals process

Unsuccessful candidates (second attempt)

SPA candidates who fail their second attempt will be deemed unsuccessful in their attempt to complete the assessment pathway. Candidates will have to re-apply and commence the assessment process again.

CAP candidates not meeting the requirements to successfully complete Stage 5 after their second attempt will be required to undertake the Standard Pathway Assessment (SPA) entering at Stage 2 - written examination.

List of Forms and relevant policies

[Form 1A for domestic assessment candidates](#)

[Form 1C for SPA candidates](#)

[Form 1B for CAP candidates](#)

[Sample questions for Stage 2 – Written examination](#)

[Guidelines for Stage 3 – Portfolio](#)

[Assessment forms for Stage 4 – Practical examination \(Mini-CEX and DOPS\)](#)

[Sample questions for Stage 5 – Open book examination](#)

[Qualification and Skills Assessment Appeals policy](#)

[Qualification and Skills Assessment Committee Assessment policy](#)

[Qualification and Skills Assessment Special consideration policy](#)

Appendices

Appendix 1: Sample Questions for Stage 2 – Written Exam

SECTION ONE – EXTENDED MATCHING QUESTION SECTION

There are 10 cases in this part of the exam. We recommend you allow one hour for this section.

Extended matching questions (EMQ) focuses on how you use information rather than if you can remember it, or recognise the answer from a given list. This principle tests the application of knowledge rather than simple recall.

For each case there is a list of options to pick from. These are followed by up to three vignettes (case scenarios). For each vignette, you should decide which is the best answer from the option list, and then write the letter corresponding to that option in the box provided at the end of the relevant vignette. Do this for each of the scenarios.

The answer required for each scenario is contained within the available options. Please do not write any additional options. You cannot select more than one option per vignette. Only write one letter on each box. Do not place a box around the text in the options list.

For example:

Correct entry:

The correct way to cross out an incorrect box entry is:

The following are all examples of incorrect box responses:

- A. Stretching
- B. Sleeping
- C. Walking
- D. Manipulation
- E.
- F. Massage
- G. Steroid injections

Finally, most candidate errors arise from failing to read the questions carefully. Every question is different. It may help you underline key features in the scenario provided and key words in the question to assist you in providing exactly what is being requested.

EMQ Sample Question # 1

Options:

- a) Osteoarthritis
- b) Interdigital neuroma
- c) Fracture metatarsals
- d) Haglund's syndrome
- e) Tarsal tunnel syndrome
- f) Popliteal cyst
- g) DVT
- h) Sesamoiditis
- i) Gout
- j) Plantar fascial pain
- k) Calcaneal spurs
- l) Endocarditis

Which of the above conditions is the most likely in each vignette?

Vignette one

A 28 year-old policewoman presents with pain in her toes and ball of the foot, which bothers her when on her feet, particularly while patrolling on foot. She is currently wearing sneakers and wants to be able to wear her favourite high heels in a few weeks time as she has a party to attend. It's been ongoing for some time, and her symptoms are burning pains and pain between her lateral 2- 3 toes. Place your answer in the box below.

Answer: B

Vignette two

A 55 year-old woman presents with burning pain with tingling over the medial aspect of the foot. The pain is worse for prolonged standing and started after she took up running. Both longitudinal arches are reduced. Place your answer in the box below.

Answer: E

Vignette three

A 40 year-old man, fond of running marathons, presents with a sore, bruised feeling under his foot, specifically under the fore foot which is worse during and after a run. He recently bought very expensive running shoes, which have helped, but the aching still persists when he is walking around the house barefoot. Place your answer in the box below.

Answer: H

EMQ Sample Question # 2

Options:

- a) Subacromial bursitis
- b) Rotator cuff tear
- c) Rheumatoid arthritis
- d) AC joint pathology
- e) Thoracic outlet syndrome
- f) Pancoast's tumour
- g) Gallbladder disease
- h) Glenohumoral instability
- i) Adhesive capsulitis
- j) Biceps tendonitis
- k) Supraspinatus tendonitis
- l) Myocardial ischaemia

Which of the above conditions is the most likely in each vignette?

Vignette one

An active 17 year-old male student presents with left shoulder pain that came on over 2 months. He reports no traumatic event or previous injury, but reports all shoulder movements reaching overhead cause pain and that it is worse at night especially when lying on his left side. Place your answer in the box below.

Answer: A

Vignette two

A 36 year-old woman presents with a progressive 3-month history of right shoulder pain. She reports no traumatic events and reports her symptom to be worse each morning and after prolonged periods of inactivity. This lady also reports fatigue and occasional bouts of stiffness in her fingers. Place your answer in the box below.

Answer: C

Vignette three

A 52 year-old man presents with a 4-month history of right shoulder pain after falling from his bicycle. His pain and shoulder movement restriction has become progressively worse, with increasing limitation

in both active and passive movements in all ranges. He further states that any sudden movement provokes tremendous pain that can last for hours. Put your answer in the box below.

Answer: I

SECTION TWO – KEY FEATURES QUESTION SECTION

There are 18 questions in this part of the exam. We recommend you allow one hour for this section.

Key Feature (KF) problems test clinical decision-making skills. The focus is on the decisions you would make in practice, during your case analysis, management and physical treatment of a patient. There are usually many things you could do, or could conclude, but this paper is focusing on critical or key decisions and actions, and things you should consider or do above others in your patient management.

In the KF format, a case scenario that may be encountered in practice is briefly described and then followed by a number of related questions (usually between 2 and 4 questions) addressing the key features of the case. Each question is answered by selecting choices from a numbered list of options, or by writing in the answer/s in the space/s provided, in note form only.

Please read the questions and scenario carefully, and ensure you answer using the maximum number of choices, or by writing in the maximum number of answers requested. If no maximum is listed and you are asked to select as many as are appropriate, the marking key has a pre-determined number of maximum items, and you are expected to focus your answer/choice on the key information in the question.

Each problem (case) is of equal value. Incomplete answers usually receive a partial mark provided that:

- The number of answers or options selected did not exceed the maximum
- Any option or answer rated as “essential” was included

The question will receive no mark if:

- The number of answers or options selected exceeds the maximum
- Any option rated as “dangerous” was included in the answer/s or option/s selected
- An option or answer rated as “essential” was not included

KF Sample Question # 1

A bright 14 year-old attends with his mother about left knee pain. The pain is described as vague and deep, probably more over the lateral joint line. The pain started a month ago for no particular reason they can recall, although it is possible he had a minor trauma, as he’s very active with soccer and riding his skateboard. They do not recall any bruising, swelling, locking or any functional restriction. The pain has become more constant, troubles him at night and sometimes during the day and has started to make him limp after prolonged vigorous exercise. There are no sensory changes. Examination finds mild tenderness over the distal iliotibial band and normal findings on orthopaedic tests of the knee and hips.

Q1: List three differential diagnoses (3 marks)

Answer:

- Lateral joint injuries, for example, lateral meniscus
- Lateral co-lateral ligament strain
- Osteosarcoma of the femur
- ITB related pain/strain

Q2: Which serious condition should not be missed? (2 marks)

Answer:

Osteosarcoma of the femur

Q3: What would you do during this first consultation? (2 marks)

Answer:

Explain what you've found and explain that there isn't a clear picture to support a diagnosis so you are **referring him to his doctor** for further investigations. **Referral is a key feature**. It would be acceptable for the candidate, in addition offer to provide treatment of the other diagnoses, for example, soft tissue manipulation, joint mobilisation and exercises.

Q4: You have decided to provide some soft tissue manipulation, mobilise the knee and stretching. What would be the steps involved? (3 marks)

Answer:

- Explain the plan of treatment to the child and parent
- **Gain consent from the parent or the child if you were certain the child was able to understand and therefore provide consent (Key Feature)**
- Apply treatment monitoring the child's verbal and non-verbal cues to ensure you have their ongoing consent to provide the treatment

KF Sample Question # 2

Rhonda is a 79 year-old woman presenting with intermittent unilateral aching pain over the left temporal region, which started a month ago. The only thing she can recall that might coincide with the onset of symptoms is that she stopped taking prednisone as treatment for polymyalgia rheumatic around this time because the condition had resolved. Her general health is good. She is managed for mild hypertension and mildly elevated cholesterol levels.

Q1: Indicate your three most likely differential diagnoses. Circle three only. (3 marks) (correct responses shown with * in this model answer)

- a. Cervicogenic
- b. TMJ pain
- c. Temporal arteritis *

- d. Trigeminal neuralgia *
- e. Transient ischaemic attack
- f. Hypertension
- g. Tension type headache
- h. Migraine *
- i. Meningitis
- j. Brain tumour
- k. Drug induced
- l. Subarachnoid haemorrhage

Q2: *Which serious condition is highly likely? (2 marks)*

Answer:

Temporal arteritis

Q3: *In note form list two reasons for your answer in question 2? (3 marks)*

Answer:

- Intermittent unilateral ache/pain located over the left temporal region
- History of polymyalgia rheumatic
- Onset coincides with withdrawal of prednisone

Q4: *How would you manage this patient? (2 marks)*

Answer:

- **Refer her to her General Practitioner (Key Feature)**

SECTION THREE – MODIFIED ESSAY QUESTION SECTION

There are 5 scenarios in this part of the exam. We recommend you allow one hour for this section. Each scenario is followed by a number of questions. Please read the questions carefully.

Please write answers in blank spaces provided under each question. Answers are to be brief notes. Use the space provided for your answers.

ME Sample Question # 1:

A 34 year-old woman presents complaining of low back pain felt over the lower lumbar area and a dull ache in the posterior right thigh, which started after reaching forward and twisting. She has had 2 other similar incidences over the last 6 months that have been treated by her local osteopath, and each time the pain resolved fully.

She has erratic and heavy periods and has night sweats. She describes that since the back pain she has felt a sense of heaviness in her pelvic floor region and is exhausted lately. She reports that the right post leg pain started 2 weeks after the back pain-provoking event.

Q1: *What would be your diagnostic thoughts? (2 marks)*

Answer:

- Non-specific low back pain – soft tissue or discogenic or facet or sacroiliac (SIJ)
- Somatic leg pain in addition to non specific low back pain
- Radicular pain secondary to prolapsed disc
- Gynaecological/pelvic organ pathology causing viscerosomatic pain

Q2: Are there any initial questions you would like to ask or actions you might take at this time? (4 marks)

Answer:

- Rate the pain on a visual analogue scale, worst, best, average; temporal pattern, provoking or relieving activities
- Investigate for contributing factors that might account for recurrent episodes, for example, excessive mechanical loading, lack of movement, fear/avoidance
- Mapping of the posterior leg pain – is it diffuse or in a dermatomal distribution. Further neurological questions and examination (sensory, reflex and motor) to help discriminate between somatic and radicular pain
- Has she consulted her GP or gynaecologist about her menstrual symptoms and what has she been told – does she have a diagnosis?
- Possibly menopausal symptoms – when did her periods become erratic, have there been other changes?
- Reproductive history
- Analysis of fatigue (possible serious pathology, possible anaemia due to heavy menses – needs medical review)

Q3: If investigation ruled out significant neuro-orthopaedic pathology, please outline your osteopathic plan of care using the bio-psychosocial framework? (4 marks)

Answer:

- Evaluate mobility, pain provoking movements for trunk and SIJs, presence of guarding and use this information to determine the manual therapy prescription and screen for unhelpful cognitive/behavioural aspects. Retest for reduced pain response afterwards
- Provide reassurance that the pain is not due to pathology and reinforce the importance of staying mobile even if it causes some pain
- Exercise (self mobilization, stretches), ergonomics (the importance of keeping loads close to the body, bending the knees, facing the load so that twisting with load is minimised) and self management strategies (heat or cold as pain distracters, simple analgesic – seek medication advice from her GP or pharmacist)
- Encourage her to review her fatigue and gynaecological symptoms with her GP if she is not already under care. With her consent, write a report to her GP

ME Sample Question # 2:

A woman aged 45 who has consulted you previously for non-specific back pain limps in on crutches complaining of severe right mid and upper calf pain that onset suddenly during a netball game 5 days earlier. She felt something “go” in her calf and had to be helped off the court. She has been unable to put weight on the foot and has been using crutches ever since. Extensive bruising has developed over the medial aspect of the lower half of the calf and under the medial malleolus. She has played netball

competitively since her teens and has occasionally gone over on her ankle but otherwise not sustained any injuries. Her health is checked annually by a GP and she is not under medical management for any condition.

Immediately after the event she put a compression bandage on the calf and applied an ice pack. She has continued to apply ice intermittently and has taken Panadol for the pain. You are the first health professional to be consulted about the injury.

Observation:

- The patient avoids weight bearing through the right leg. The foot is held in full plantar flexion and when seated, the forefoot is allowed to rest on the ground but the heel is kept up. There is marked discolouration over the medial aspect of the lower half of the calf extending down below the medial malleolus. The foot is of normal appearance and temperature
- BP 120/80, Pulse 66 beats/minute
- Sharp pain is reported on attempting to passively lower the heel to the ground or to actively plantar flex the foot. Resistance pressure is weak and discontinued quickly
- Sharp pain is reported on palpating the mid calf line 5 cm distal to the popliteal crease and over the mid medial border of gastrocnemius where there appears to be a small depression above a very tender lump
- Seated examination of active trunk movements revealed full active movement with pulling on both left and right side bending felt at lumbosacral junction. Tender PPIVM's at L5 bilaterally. Hips and knees are normal except reduced extension in right hip to 0 degrees
- No imaging is available

Q1: *List three differential diagnoses with the most likely listed first? (3 marks)*

Answer:

- Grade 2 gastrocnemius strain
- Deep vein thrombosis
- Grade 3 gastrocnemius strain

Q2: *Based upon your most likely diagnosis, describe what you would do in the first consultation? (2 marks)*

Answer:

- Explain the condition and likely prognosis: a grade 2 tear involves a partial tear of the muscle leaving some intact. It's likely to heal up fully however this takes time and normal strength will return in 3-8 weeks with a full recovery in 3-4 months
- The best way to enhance recovery is a gradually upgrading exercise rehabilitation program. At this stage you shouldn't put much weight on your foot but as soon as you can it's important to go back to a normal way of walking and then to start returning to training activities. Strategies for reducing the chance of reoccurrence can be discussed at a later stage
- Advise her to use ice, compression and elevation with relative rest

Q3: *What activity and home care would you suggest she undertake during the first week of your management? (2 marks)*

Answer:

- Partial weight bearing, gentle controlled motion exercises (for example, seated, feet on floor, gently try to lower heel towards ground and return)
- Continue to use crutches

- Shows with a stable low heel on both feet will be better than flat shoes or bare feet and assist return to walking

Q4: What manual therapy and exercise is contraindicated at this early stage? (1 mark)

Answer:

- Manual therapy – sustained or heavy massage, forceful passive stretching
- Exercise – forceful and uncontrolled motion exercise, walking without crutches

Q5: Describe a progressive rehabilitation exercise program once she is able to weight bear (2 marks)

Answer:

- Calf strengthening exercises – initially partial weight bearing progressing to single toe raises and lower on a stair
- Calf stretches – initially just to tension progressing as pain allows to sustained stretches
- End stage – functional exercises, for example, walk/jog forward, backward, sideways, hopping and finally return to training and then competitive sport

Appendix 2: Portfolio Candidate Notes



Stage 3: Portfolio Exercise

Stage 3 is where you compile a portfolio by completing and submitting various tasks based around your real patient experiences and having discussions with an allocated supervisor. You will have up to 3-6 months in normal circumstances to satisfactorily complete the stage 3 requirements. This may be adaptable in certain circumstances at the discretion of AOAC.

It is anticipated that you will already be working as an osteopath in your country of origin. This is highly recommended in order to complete your stage 3 requirements. You do not need to be working for someone else (unless this is required for other reasons). You can be a sole practitioner operating in your own clinic, or as an associate for someone else who is not present in the clinic at the same time as you. Of course, if you are working with other osteopaths this will only enhance your experience during stage 3.

Inter-professional learning and education forms part of this stage, so you can utilise some of your experiences with others in this section. Remember however, any work colleagues or peers are not specifically tasked with helping you in stage 3 – only your designated supervisor will have that function. It is anticipated that recently graduated osteopaths who have only worked in their undergraduate / pre entry level training clinics will use their experiences from that training clinic in order to complete the tasks for stage 3.

It is usual that the training institution / school of osteopathy will release anonymised patient records to you for this purpose. In the rare event that it might not be possible to access previous records (either from a training clinic or elsewhere) you should contact AOAC immediately for advice as to how to proceed. One option may be to undertake additional stage 4 clinical assessment components, but this may not be available to all candidates, depending on their circumstances. Please contact AOAC for further advice.

Portfolio

This will contain all the other elements of your stage 3 requirements such as:

Learning needs analysis including goals and provisional schedules

Multi-source feedback forms

Critical incident reports

Self learning reports

Case based discussions

Case Analysis Reflection

Records review

Inter-professional learning / education / collaboration report

Supervisor reports and feedback review and

Other items your supervisor may require.

Please note the above items will be explained in separate sections below, and forms will be included in various appendices.

You will normally be required to compile this portfolio between the time you take your written assessments, and before you come onshore to do the stage 4 clinical assessments. The portfolio will be handed in at the end of stage 3 for archiving by AOAC and you should make a copy for yourself for reference. The various components will also be shared with your supervisor at various points so they can evaluate your work and the progress you are making through stage 3. They will provide feedback on submitted items and may give additional tasks if you need further guidance or are not making satisfactory progress. Remember, supervising is a two way process – it is very important that you make every effort to communicate and dialogue with your supervisor to make the most of this peer review process.

Timeline for stage 3

The timeline is indicated on page 8. The 3-6 months usually start once you have received confirmation that you have passed the written assessments of stage 2. The 12-week period is split into 3-weekly segments or parts. This gives ample time for a minimum of 3 scheduled supervisor discussion meetings, time for tasks in between these meetings, and a final supervisor discussion / review and hopefully, sign-off (meaning you hopefully receive a recommendation for entry into stage 4).

This portfolio may appear on first glance to require a significant workload, but it is designed for you to provide evidence of a variety of your skills, knowledge, osteopathic approaches and experiences, to help us establish whether you have the required capabilities to work in Australia. There are no absolute right or wrong answers to such tasks as ‘critical incident reports’ or ‘case based discussions’ – the assessment is on your reflection, the depth of your analysis, its relevance to patient care and to osteopathy, and how it illustrates your level of understanding of the requirements to work in Australia as a registered osteopath.

Careful reading of this guide should give you greater understanding and you can clarify various points with the supervisor allocated to you for this period. Please contact AOAC for advice if you may be unable to comply with this timeline. Remember the portfolio is double marked, to ensure better reliability and feedback.

Supervisory relationship during the portfolio stage

Your assessing supervisor may not be a person who employs you or who you are directly working with. They are there to support you, but are not there solely as a teacher – they are there to help facilitate *YOUR* learning and to help find ways that you can help to help yourself. They will liaise with AOAC regarding your progress throughout stage 3, and if your progress is satisfactory you should complete stage 3 with the minimum requirements outlined in this guide.

If for some reason you are not maintaining satisfactory progress or are not demonstrating appropriate levels of clinical performance / analysis and reflection then the supervisor may ask you to undertake additional tasks. Your tasks can become individually tailored to your learning needs analysis, or as a result of the work you submit – in other words whilst everyone has to do the same overall tasks the actual content can be oriented towards aspects that are most useful or necessary for you to focus on.

Supportive assessing relationships such as these require effective communication between both parties and are often a two way learning process. It is your responsibility to ensure timely communication with your supervisor, and if there are any problems or if you have concerns you should contact them as soon as possible. They are your first port of call, and they will liaise with AOAC if this is required. Your assessor will have received training regarding the skills they require to guide you and support you through stage 3. You will normally be expected to have the same supervisor throughout stage 3, unless illness or other unforeseen circumstances arise. In these situations AOAC will identify another supervisor for you.

If for any reason you feel communication is not satisfactory or there is some problem in your relationship then please contact AOAC directly who will advise you how to proceed. AOAC will review the situation and will ask feedback from the assessor as well as yourself*. Normally it is expected that any problems should first be aired with your supervisor directly and resolved between you if possible – you will not normally have direct discussions with the second portfolio marker.

*Your assessor will also be able to refer to their supervisor to help mediate any concerns of problems that are not purely administrative in nature.

Outcomes

A variety of outcomes are possible, for example (including these but not limited to these):

You may be advised that your portfolio contents and discussions show evidence of clinical performance sufficiently below the required standard that you are not to be recommended for the next stage of the assessment

You may be advised that your results are at or above the required standard for this stage of the assessment and are recommended for the next stage of the assessment (the clinical exam).

Your portfolio outcomes will be considered together with those of the Stage 2 written papers, and a combined outcome will be given to you at the end of Stage 3 regarding your suitability to continue to stage 4 (the clinical exam). In order to become eligible for a recommendation from AOAC for registration with the Osteopaths Board of Australia you will have to achieve the required standards across all 4 stages.

Appeals

If you do not achieve the required standards at the end of stages 3 and 4, you will be advised accordingly. Any appeals processes and any eligibility for resits, and any associated fees will be outlined in a separate guide (See the AOAC website – www.osteopathiccouncil.org.au - for information about the appeals process).

Portfolio sections in detail

Learning needs analysis

Any osteopath at any stage of their professional lives should be continually reflecting on their capability, and is always facing new challenges and clinical uncertainties. Moving to a new country to practice places an additional burden to one's skill sets and attitudes, and so it is appropriate to begin your overall assessment with a reflection on your current professional capability and how that correlates with the standards required for osteopathic practice in Australia.

Learning needs analyses are used to help determine any general gap between your existing osteopathic and clinical skills, knowledge and attributes (capabilities), and those you will need to work in Australia. It also acts as a point when you can reflect on your personal professional preferences, and whether these require further learning, or whether your existing skills need refreshing in some way. Some candidates may have a larger number of learning needs than others, and some others may have very few. Your learning needs will not necessarily be related to your number of years in practice, where you originally came from or which is your native language.

Every person learns at a different rate, and has different learning needs at different stages in your professional life. You will need to reflect on the capabilities required (see AOAC website – www.osteopathiccouncil.org.au to download the capabilities document), look at the tasks required on you in stage 3 and also to identify any personal professional learning needs you might have now you are migrating to another country to continue your professional life. This reflection is called a learning needs analysis and helps you plan your study to address these points. A learning needs analysis also helps candidates to identify where they are in terms of their knowledge, skills and competencies, versus where they themselves wish to be – to identify what are their personal learning goals.

Once this gap is determined, decisions can be taken as to the type of learning required. This can be discussed with your supervisor, but you are responsible for identifying suitable learning tasks and options, and for pursuing them. The learning needs analysis is filled in at the onset of stage 3, and used to support learning throughout it.

Multi-source feedback forms

These forms are designed to gather feedback from people who have experienced your work as an osteopath. Please provide 3 completed forms filled in by your peers, current employer of practice colleague, or your previous clinical supervisor from your training institution if you are not yet working. They will be used to help the initial discussions with your supervisors as you are compiling the rest of your portfolio.

Critical incident reports

You will fill out one of these reports in each of the 3 main parts of this stage. This will relate to an incident that has created an opportunity for you to become aware of a critical aspect of clinical performance.

Note: the critical incident report is based on the forms and website commentary from Monash University at <http://www.monash.edu.au/lls/llonline/writing/medicine/reflective/5.xml>

Writing a critical incident report is different to writing an essay – the text should be simply written, avoiding jargon and colloquial language, but still be well organised and systematically presented. The headings will guide you to write your report logically, and should be used when you write your own reports. The other text is a sample of a typical report that might be submitted in stage 3 of the assessment process.

They are likely to arise most commonly from your patient interactions, but might emerge from other professional activities. Critical incidents are something that you have experienced directly. Critical incidents do not have to be something that has 'gone wrong'. They could be positive situations that really allow you to identify and learn a particular issue, or to recognise and learn from something that had not been previously apparent. Critical incidents are more than routine learning matters though, and a report of a patient that caused you to look up a particular pathology would not, on its own be a sufficiently critical incident to report upon. Please discuss this further with your supervisor as you try to identify something to report upon. One critical incident report per period of your stage 3 will be required.

Criteria for assessment

Reflective writing is a vehicle which you use primarily to share your thinking and learning processes with your assessors /supervisors. The event or incident or experience in itself is not important – what is important is your reaction to it, and how it has informed your thinking and your learning. Assessment tends to focus on how successfully you have demonstrated a capacity to analyse and reflect on events in order to learn from them. Also relevant to assessment is how much you are able to relate your current theoretical learning (for example, about the osteopath-patient relationship, or about what constitutes effective communication) to a real life situation.

Self-learning reports

You will fill out one of these reports twice in this stage.

In the general day to day practice of seeing patients we are continuously up-skilling ourselves, critically reflecting on our performance, underlying knowledge, skills and attitudes, and must continuously evaluate our ability to engage with certain situations and certain patient problems. Over the preceding few weeks choose one patient where you identified a lack of appropriate capability / knowledge skills or attitudes, itemise what those were, and demonstrate the further self-education you have had to identify, undertake and reflect on to remedy issues.

This form therefore is to record the self-learning tasks you have undertaken, and to identify learning issues and further work required, if appropriate. This is a type of personal CPD record, and it can be used to record all sorts of learning events in a type of diary format. It is important to reflect critically on how the learning task has been of benefit to your professional practice, and it is this reflection and the implications this has for future behaviour, professional actions and / or learning that you need to make sure you record clearly.

The learning tasks required might have become obvious after a critical incident, or maybe after seeing a particular patient where you realised your pathology was a bit lacking, for example. It might be that you needed to learn a little more about the regulatory framework, or how to work through the insurance issues for patients on private health care plans. Also your self-learning needs may have already been identified in your Learning Needs Analysis. It could also be as part of your existing or newly emerging personal professional interests. One of the other important factors is to consider how you will monitor yourself to see if this learning is changing your practice.

You can use learning tasks associated with peer discussion, courses you have attended, journal reading, online web searching and e-learning opportunities, general book work, peer discussions and so on. Please note that you have another assignment task to fill in for your portfolio that is concerned with inter-professional collaboration, learning and interaction (i.e. with non osteopath health professionals). This self-learning report is designed for you to reflect on items other than direct contact inter-professional ones. You will submit your report to your supervisor before each of your meetings, and you can discuss it with them.

Case based discussions

You will fill out one of these reports two times this stage. This will be used to assess in depth your osteopathic analysis of a particular case during the preceding few weeks (or previously if you are not currently seeing patients). The form will ask you to write comments about various aspects of your osteopathic analysis and care of a patient, and you should send your responses together with an anonymised case history / treatment records for this patient. Your supervisor will use the case notes to consider what you have written, will do a records review on your case notes, and then discuss all these things with you at your next scheduled meeting.

It is important to remember that there is no right answer in how to treat a patient. Whilst it is important to recognise and treat accordingly a variety of patho-physiological conditions and mechanical / structural factors within your patient, your osteopathic approach is certain to be a little different to that which another osteopath might have performed. This case based discussion is for you to illustrate how YOU come to conclusions, what YOU consider are important issues, how YOU have addressed them and YOU approach osteopathic care, and what YOUR personal professional perspectives are.

Your supervisor may follow different osteopathic philosophies, and this should not conflict with them discussing YOUR approach to patient care. The discussion is about YOUR ideas, not the supervisor's ones. A discussion between the two of you might highlight things that you should or could have considered, and both parties are likely to learn from this type of discussion. If your supervisor feels you have not reflected on relevant issues sufficiently though he / she will identify these with you and work out with you a plan of action to address issues raised.

Please note: it is not the supervisor's role to fill in all gaps in your knowledge themselves, but to help you identify how YOU will address any shortfalls identified.

Case analysis reflections

This is slightly different from the above case based discussions. There are 2 versions of this, and you do one of each version. In the first version you are expected to identify 5 patient cases you have seen several times, and compare and contrast them.

In the second version you are expected to compare and contrast 2 cases you saw alongside another practitioner and 2 cases where you referred the patient, handing the care totally to another practitioner. You will need to supply the anonymised case history records, but these will not have a records review done on them this time. They will be used to verify the case reflections you are undertaking in this task. For the patients with shared care or referred care, please include copies of all inter-professional correspondence also. This task looks at the decisions you make over time, and how you individualise your approaches to patient care based on the patient presentations, and how this is communicated. These cases must be different from those used in the case based discussions (item 5).

Records review

You will submit an anonymised case record for each of the case based discussions mentioned in the case based discussion section (item 5). The supervisor will do a records review on these case notes, and return to you with comments. One of these reports will therefore be done in each of the 3 main parts of this stage. Record reviews are NOT done for the case histories supplied as part of item 6 the case analysis reflections.

Inter-professional learning / education / collaboration report

You will fill out one of these in this stage. It is envisaged that you will have to engage with osteopathic peers as well as other health professionals during the normal course of your clinical work. This section is where you can discuss the nature of inter-professional engagement you have undertaken, what was gained from the experience(s), and what further self-learning this might have prompted.

Supervising assessor reports and feedback review

You will receive one of these forms after each meeting after you have to discuss your completed assignments tasks as outlined above, and had your discussion with your supervisor. These reports will also be copied to AOAC administration.

Schedule for stage 3

Note: this is indicative only and is based on a 3 month gap between written papers assessment and the practical / clinical assessment. If your agreed timeline is different, so will your schedule. This timeline can be extended to 6 months if required. Requests to shorten this timeline must be submitted to AOAC, and may be allowable only in certain circumstances.

Segment One		Segment Two		Segment Three		Segment Four	
0-3 weeks	Initial Supervisor discussion	4-6 weeks	2 nd . Supervisor discussion	7-9 weeks	3 rd . Supervisor discussion	10-12 weeks	Final supervisor review and sign-off
<p>Following on from the written assessments,, reflect on their content, and read through the stage 3 requirements.</p> <p>Complete your learning needs analysis based on this reflection and after reading through the tasks for stage 3.</p> <p>Ensure you forward your completed multi-source feedback forms to your supervisor.</p> <p>Your learning needs analysis will form the basis of your first discussion with your supervisor together with the multi-source feedback forms.</p>	<p>This will usually be scheduled in week 3. This will be done by phone / Skype, as well as by email. It is your responsibility to contact your supervisor and set up a time. You will have a chance to ask general questions about the process and any concerns you might have.</p>	<p>Your tasks: Critical incident report 1.</p> <p>Self learning report 1.</p> <p>Case based discussion paper 1.</p> <p>Supervisor tasks: Records review Supervisor report and feedback 1.</p> <p>Your 2 items should ideally be done one per week. They will probably take approximately 1-3 hours each.</p> <p>You should organise your second supervisor meeting and submit your items to them before the end of week 6.</p>	<p>This will usually be scheduled in week 6. This will be done be phone / Skype, as well as by email. It is your responsibility to contact your supervisor and set up a time. This will review tasks submitted and discuss forthcoming tasks.</p> <p>If there are concerns about your progress at this stage you will be notified and remedial actions discussed.</p>	<p>Your tasks: Case Analysis Reflection, both parts.</p> <p>Self learning report 2.</p> <p>Supervisor tasks: Supervisor report and feedback 2.</p> <p>Your 2 items should ideally be done one per week. They will probably take approximately 1-4 hours each.</p> <p>You should organise your third supervisor meeting and submit your items to them before the end of week 9.</p>	<p>This will usually be scheduled in week 9. This will be done by phone / Skype, as well as by email. It is your responsibility to contact your supervisor and set up a time. This will review tasks submitted and discuss forthcoming tasks.</p> <p>If there are concerns about your progress at this stage you will be notified and remedial actions discussed.</p> <p>This meeting will also review tasks submitted and discuss potential final recommendations, and any implications this may have on your final outcome.</p>	<p>Your tasks: Critical incident report 2.</p> <p>Case based discussion paper 2.</p> <p>Inter-professional learning / education / collaboration report 1.</p> <p>Supervisor tasks: Records review 2.</p> <p>Supervisor reports and feedback review 3.</p> <p>These 3 items should ideally be done one-two per week. They will probably take approximately 1-3 hours each.</p> <p>You should organise your final supervisor meeting and submit your items to them before the end of week 12.</p>	<p>This will usually be scheduled in week 12. This will be done by phone / Skype, as well as by email. It is your responsibility to contact your supervisor and set up a time. This will review tasks submitted and discuss final recommendations.</p>

These supervisor discussions will likely be around 1 hour long, and it is your responsibility to send the required items to your supervisor by email so that they arrive one week in advance of your planned meeting

Learning Needs Analysis

Candidate.....Supervisor.....

Learning Needs Analysis Form – complete the first column on your own as best you can, using your own awareness and any feedback you have been given from earlier stages if you completed these. Then, you will discuss this form in your first meeting with your supervisor, who will add their comments in the column and agree action points with you. They will complete the form during the meeting and send back to you for your record. This form will help you focus during your stage 3 assessment period, and is to supplement the required portfolio elements for this stage.

Learning Needs Analysis			
What skills and knowledge you already have	Give a brief summary	Comments from supervisors feedback	Agreed actions points
Identify skills/knowledge/capabilities that need developing			
Identify clearly what you wish to achieve			
Outline and define expectations and goals			
Clarify what can be realistically achieved in the current situation			
Reflect upon any obstacles or difficulties that may be relevant			
Determine suitable evaluation mechanisms to assess if the learning needs have been addressed			

Candidate signature.....Supervisor signature.....

Capabilities assessed using this form can vary depending on the nature of the learning identified, but include some generic reflective components, and aspects of case analysis that relate to review, reflection, critical appraisal and information analysis: 1.2.2; 1.2.3; 1.4.5; 1.5.1; 1.6.1; 1.6.2; 2.1.1; 2.4.1; 2.5.1;

2.5.2; 2.6.2; 2.8.2; 2.9.1; 3.1.1; 3.1.3; 3.2.1; 3.2.2; 3.3.1; 3.5.1; 3.5.2; 3.7.1; 3.8.1; 3.8.3; 3.8.4; 4.2.1; 4.4.1; 4.6.2; 4.8.1; 4.8.2; 5.3.4; 6.3.3; 6.3.5;

Multi-Source Feedback

Colleague / Peer feedback form. Candidate:

Name:

Signature:

Please think back over your experience of this osteopath's work and answer the following questions. Please mark '0' 'unable to assess' if you are unable to answer any question. Otherwise please tick the relevant box for each question. Your replies will be in confidence.

Replies by several people will be compiled before feedback is given to this osteopath. Your feedback will not be the only basis on which this osteopath's competence will be considered.

This osteopath speaks respectfully of colleagues and professionals in conversations with patients and peers.

Unable to assess I strongly disagree I disagree Neutral I agree I strongly agree

This osteopath treats patients with respect.

Unable to assess I strongly disagree I disagree Neutral I agree I strongly agree

This osteopath appears committed to advances in medical and osteopathic research and education.

Unable to assess I strongly disagree I disagree Neutral I agree I strongly agree

I believe this osteopath is knowledgeable and skilled in providing proper care.

Unable to assess I strongly disagree I disagree Neutral I agree I strongly agree

This osteopath reaches a correct diagnosis in a timely manner.

Unable to assess I strongly disagree I disagree Neutral I agree I strongly agree

This osteopath takes responsibility for actions and decisions.

Unable to assess I strongly disagree I disagree Neutral I agree I strongly agree

This osteopath demonstrates appropriate clinical judgement.

Unable to assess I strongly disagree I disagree Neutral I agree I strongly agree

This osteopath documents care and treatment appropriately.

Unable to assess I strongly disagree I disagree Neutral I agree I strongly agree

This osteopath appears medically fit to practice (not affected by physical and mental health problems and drug, alcohol or substance abuse).

Unable to assess I strongly disagree I disagree Neutral I agree I strongly agree

I would send a family member to this osteopath.

Unable to assess

I strongly disagree

I disagree

Neutral

I agree

I strongly agree

FOR OFFICE USE ONLY: THE CAPABILITIES ASSESSED VIA THIS FORM ARE: 1.1.5; 1.2.2; 1.3.1; 1.4.3; 1.6.2; 2.1.1; 2.1.2; 2.8.2; 2.9.3;

3.1.1; 3.2.2; 3.8.1; 4.1.2; 6.3.3; 6.3.4; 6.5.2; 6.7.1; 6.7.2; 6.7.3

The AMC Workplace Based Assessment Manual was used in the preparation of this form.

Critical Incident Report

CRITICAL INCIDENT REPORT FORM

Period 1 / 2 / 3 (please indicate).

Context of the incident

This report will outline a critical incident which occurred 2 months after I had arrived in the country. I have been working as part of a group practice for a few weeks and am still finding my feet. The incident occurred in a normal working day, when I was seeing a new patient.

Details of the incident

A patient came in saying she really needed her neck manipulated, and couldn't get the osteopath who normally sees her to do it. I am anxious to please and said I was sure we could do something for her. She wasn't very clear when we were going through the history, and I couldn't really get all the information out of her that I wanted, but felt a bit awkward repeating questions. During the examination she would not do the requested active movements as instructed, even though

she was not observably in pain and there was no obvious reason why she was not complying, apart than through choice. Also, it became clear very early on that she had a hypermobile neck and she was constantly self-manipulating it through the examination, and I found it very difficult to proceed. I tried to get her to do a VBA test, but she wasn't cooperating, and kept saying 'why couldn't I just get on with it she had had it done so many times before?'. I didn't want to let a patient down so in the end I agreed. However, I was a bit nervous, and probably didn't do a very good job. The patient got dressed straight afterwards and said she was going straight out to reception to book another appointment as she felt sure she would need more. I had to go quickly after her and say I didn't feel that more manipulation would be a good idea, and that she might be happier seeing a different practitioner in the practice as she didn't seem comfortable with myself. Other staff were in the reception area at this time. She became very angry, accused me of refusing to treat her, of being useless and pathetic

and she threw a \$50 note on the floor as payment and stormed out of the practice.

Thoughts, feelings and concerns

During the incident I became increasingly uncomfortable as I felt that the patient was quite manipulative, and although I felt initially in control things very quickly changed. I wish I had never agreed to manipulate her neck and that I had thought more about why her previous osteopath had refused to do it, and I regret that I didn't enquire more into that before I treated her. Now I feel that the patient completely embarrassed me in front of my colleagues and I am also very upset that I did not remain in control more, and that I let myself down.

I haven't been in practice all that long before migrating, and to have a patient challenge me in this way was very confronting. I am now wary of all the new patients coming in, and am not sure how to get past that. Clearly I have to keep seeing them, but don't want to be in embarrassing situations.

Reflection on why events may have occurred

I have to appreciate that I contributed to this problem in the first instance by not thinking more about the implications of why she was looking for another osteopath to manipulate her, and why her previous practitioner was not compliant. Also, I should be more in control when conducting the examination, and more willing to take responsibility for ensuring an appropriate screening had occurred before treatment. In addition I let the patient take over and dictate things, and that could have had serious outcomes, which although nothing adverse clinically happened on this occasion, it was more by luck than judgement.

Capabilities that have been challenged by this incident

Learning points

On talking things through with the principle osteopath I am more reassured, but recognise that I need to become better equipped to deal with difficult patients, and to be more conscientious in going through

all the stages of my case history taking and examination. But I have to accept that sometimes it is not appropriate to treat, and this should have been one of them. I think on reflection that I could now spot problems coming a little earlier as I am more alert, but I am still a bit nervous of patients and what they might bring into the consultation.

Also it is clear that several osteopaths (I talked to a few peers) that we all do our VBA tests differently, and I now am confused as to which is the correct way, or which way I should be doing them in future. I am planning to look up a few things online, and to see what comes up from that.

Candidate signature.....

Supervisor comments / feedback:

GLOBAL RATING FOR THIS FORM:

1. Standards demonstrated are those equivalent to those of an independent fully registered practitioner in Australasia
2. Satisfactory standards demonstrated, little guidance required for independent practice in Australia
3. Borderline standards, but only minimally below required levels, some guidance in Australia required
4. Borderline standards but deficiency not an over-riding bar to practice in Australia, significant guidance required
5. Below standards required for independent practice in Australasia

Supervisor signature.....

Capabilities assessed using this form: (a variety of capabilities may be assessed, depending on the nature of the critical incident. However, some should be generic, as they relate to reflection, analysis and self-learning – all of which are important components in critical incident reviews such as this, especially when these are focused around aspects of patient care) 1.4.4; 1.5.1; 1.5.2; 1.6.1; 2.8.1; 2.8.2; 2.10.2; 3.6.1; 3.7.2; 3.8.4; 4.1.1; 5.2.1; 5.6.1;

5.6.2; 6.1.1; 6.3.2; 6.3.4; 6.5.1; 6.5.3

Self-Learning Report Form

Candidate.....Supervisor.....

Date	Learning item	Summary of learning content and learning objectives	Appraisal of how this learning will impact on your practice
e.g. 12 December 2010	Internet searching: articles found e.g. Johnson et al 2030, Journal Of Necks websites: pretend www.clinicalrisks.com Book: How to reduce patient deaths in practice, by Avoid at all Costs.	Vertebral artery tests prior to cervical manipulations, the range of tests used, which seems to be in common usage and whether they are defensible and useful in practice	This is a confusing area to research, and there is no golden rule apparently. Even the use of the test itself might be contra-indicated, and so may not be clinically acceptable. This remains an area where I will need to keep searching for information, and in the meantime perhaps I will need to use other cardiovascular and neurological screening tests and case history components to help identify patients where cervical manipulation might be inadvisable.

Candidate
 signature.....

Supervisor comments / feedback:

GLOBAL RATING FOR THIS FORM:

1. Standards demonstrated are those equivalent to those of an independent fully registered practitioner in Australasia
2. Satisfactory standards demonstrated, little guidance required for independent practice in Australia
3. Borderline standards, but only minimally below required levels, some guidance in Australia required
4. Borderline standards but deficiency not an over-riding bar to practice in Australia, significant guidance required
5. Below standards required for independent practice in Australasia

Supervisor

signature.....

Capabilities assessed using this form can vary depending on the nature of the learning identified, but include some generic reflective and self appraisal components: 1.4.2; 2.3.1; 2.5.1; 2.6.3; 3.1.4; 3.5.1; 3.5.3; 3.7.1; 4.1.1; 4.1.2; 4.1.3; 4.5.1; 4.7.1; 4.7.2; 4.7.3; 4.7.4; 4.7.5; 4.8.1; 5.5.1; 5.6.1; 6.2.1; 6.3.1; 6.7.1;

Case Based Discussion Form (candidate to provide anonymised case notes as part of this discussion).

Candidate.....Supervisor.....

1. Standards demonstrated are those equivalent to those of an independent fully registered practitioner in Australasia
2. Satisfactory standards demonstrated, little guidance required for independent practice in Australia
3. Borderline standards, but only minimally below required levels, some guidance in Australia required
4. Borderline standards but deficiency not an over-riding bar to practice in Australia, significant guidance required
5. Below standards required for independent practice in Australasia

DOMAIN	Capabilities broadly covered in this section	Your Notes:
<p>OSTEOPATHIC PERSPECTIVES DISCUSSION</p> <p>PLEASE REVIEW OTHER SECTIONS BEFORE FILLING IN THIS TO ENSURE THERE IS NO OVERLAP IN YOUR ANSWERS</p>	1.4.3 Practitioner reviews progress and elicits feedback on an ongoing basis	<p>PLEASE FILL IN AN OVERVIEW OF YOUR CARE PLAN FOR THIS PATIENT, CHANGES OVER TIME, AND HOW IT FITS IN WITH ANY OTHER CARE OR SELF HELP THE PATIENT IS UNDERTAKING. COMMENT ON WHAT MAKES YOUR EXAMINATION AND TREATMENT OSTEOPATHIC AND WHICH PARTS OF THIS PATIENT'S GENERAL CARE LIE OUTSIDE YOUR PROFESSIONAL SCOPE. IDENTIFY POTENTIAL RISKS AND BENEFITS IN YOUR TREATMENT OF THE PATIENT AND BRIEFLY DESCRIBE HOW YOU FEEL YOUR OSTEOPATHIC TECHNIQUES WILL BE HAVING A PHYSIOLOGICAL EFFECT ON THIS PARTICULAR PATIENT.</p> <p>USE SEPARATE SHEET IF REQUIRED. USE NO MORE THAN ONE SIDE OF A4 WHEN GIVING THIS RESPONSE.</p>
	1.4.4 Practitioner recognises when outcomes differ from those expected, can identify why and acts accordingly	
	1.4.5 Maintains a commitment to delivering well integrated and coordinated care for all patients, including those with multiple, ongoing and complex conditions	
	2.5.1 Risks and benefits for management are identified and appropriately recorded	
	3.1.1. Understands and utilises an osteopathic philosophy in their examination, treatment and overall care of a person	
	3.1.2. Arrives at an appropriate management plan reflecting these osteopathic philosophies	
	3.1.3 Can identify the components of a plan of care that are in addition to (or instead of) osteopathic manual treatment, and acts accordingly	
	3.2.1 Understands how manual osteopathic techniques as employed by osteopaths can interact with the body's physiological, circulatory, neuro-endocrine-immune, homeostatic and emotional environments and uses this knowledge within their osteopathic plan of care	
	6.7.2. Understands major ongoing trends and developments in osteopathy	
6.7.3 Understands major ongoing trends and developments in the broad health care field		

SUPERVISOR COMMENTS ON AREAS OF DEFICIENCY AND LEARNING NEEDS		Global rating 1-5 for this section:
DOMAIN	Capabilities broadly covered in this section	Your Notes:
PERSONAL PROFESSIONAL PERSPECTIVES DISCUSSION	<p>1.6.1 Recognises and remains open to clinical challenges and uncertainty</p> <p>3.6.1 Recognises any potential conflicts that their personal professional approach may have for the patients plan of care, and modifies it appropriately</p> <p>3.7.1 Conditions or situations where the knowledge and management skills of the practitioner are insufficient are identified and appropriate alternative action is organised and taken</p> <p>6.2.1. The need for improved skills and knowledge to maintain effective and appropriate care of the individual are identified</p>	<p>ALL OSTEOPATHS HAVE INDIVIDUAL PERSPECTIVES WHEN REVIEWING A CASE. PLEASE DISCUSS WHY YOU MADE THE CHOICES YOU DID ABOUT THIS PATIENT, AND WHAT APPROACHES YOU DECIDED NOT TO FOLLOW AND WHY, AND WHAT PROCEDURES OR TREATMENTS YOU FEEL MIGHT HAVE BEEN HELPFUL OSTEOPATHICALLY, BUT WHICH YOU DID NOT PERFORM AND WHY.</p> <p>USE A SEPARATE SHEET IF REQUIRED. USE NO MORE THAN ONE SIDE OF A4 WHEN GIVING THIS RESPONSE.</p>
SUPERVISOR COMMENTS ON AREAS OF DEFICIENCY AND LEARNING NEEDS		Global rating 1-5 for this section:
DOMAIN	Capabilities broadly covered in this section	Your Notes:
PATIENT CENTEREDNESS DISCUSSION	<p>1.1.4 Ensures patient-centred orientation of case analysis</p> <p>1.3.2 Plan of care is within the context of the person's general health</p>	BRIEFLY DESCRIBE WHAT YOU HAVE DISCUSSED WITH THE PATIENT ABOUT

	1.3.4 Changes to a patients physical or mental health are reviewed over time, whether related to their presenting complaint or not, and any relevant action taken accordingly	<p>THEIR OWN SELF HELP, HOW THEIR HEALTH EDUCATION HAS BEEN BROADENED BY YOUR TREATMENT, AND WHAT PREVENTATIVE STRATEGIES YOU HAVE IDENTIFIED. DISCUSS HOW YOU HAVE ENSURED YOUR CARE IS PERSON ORIENTED, AND DISCUSS WHAT THE MAJOR CONCERNS OF THE PATIENT WERE /ARE. DISCUSS HOW YOUR OSTEOPATHIC CARE IS CONTEXTUALISED WITH RESPECT TO THE PATIENTS GENERAL HEALTH, and what modifications and changes to the plan of care have been made over time, and why.</p> <p>USE A SEPARATE SHEET AS REQUIRED. USE NO MORE THAN ONE SIDE OF A4 WHEN GIVING THIS RESPONSE.</p>
	1.5.3 Recognises when to withdraw of modify plan of care	
	2.4.2 Recognises the impact of patient concerns for clinical analysis and plan of care	
	2.6.3 Options for the person's self care are identified and discussed, such as exercise, diet, lifestyle and workplace ergonomics	
	4.1.1 Identifies and acts upon those factors which are the practitioner's responsibility towards the person's welfare	
	4.7.2 Ensures plan of care reflects commitment to rehabilitation and amelioration of pain and suffering	
	4.7.4 A commitment to improving the health literacy of the patient is maintained	
	4.7.5 Maintains a commitment to preventative care strategies	
SUPERVISOR COMMENTS ON AREAS OF DEFICIENCY AND LEARNING NEEDS		Global rating 1-5 for this section:
DOMAIN	Capabilities broadly covered in this section	Your Notes:
OSTEOPATHIC PLAN OF CARE DISCUSSION	1.2.1 Working hypotheses are compared and contrasted, using information retrieved, to identify a suitable working diagnosis (including concepts of cause and maintaining factors and current stressors)	<p>PLEASE FILL IN ON OVERVIEW OF YOUR CASE ANALYSIS FOR THIS PATIENT, AND DISCUSS WHAT YOUR OSTEOPATHIC DIAGNOSIS / HYPOTHESIS WAS, HOW YOU ARRIVED AT THAT, AND HOW YOUR APPROACH WAS OSTEOPATHIC IN NATURE.</p> <p>DISCUSS WHY YOU CHOSE THE TECHNIQUES YOU DID, AND WHAT ASPECTS OF</p>
	1.3.1 Plan of care is negotiated with, relevant and appropriate to person's presenting complaint	
	1.5.1 Case review is capable of identifying if information is lacking or needs investigation	

	<p>2.1.1 Understands cultural and social factors relevant to communication and management of the individual</p> <p>3.2.2 Selects and adapts appropriate osteopathic techniques during their patient evaluation and treatment, relevant to the patient's condition and tissue responses, including cultural, religious, social and personal constraints</p> <p>3.2.3 Recognises that factors being or requiring treatment can develop and change over time, and acts accordingly</p> <p>3.3.1 Conditions or situations that are not amenable to osteopathic intervention are identified, and appropriate action taken</p> <p>3.4.1 Where ongoing care of these types of patient (as in 3.3.1) is given, the management plan is adjusted accordingly</p> <p>4.1.2 The 'gate-keeper' and 'health-screening' roles of an osteopath as a primary healthcare practitioner are performed appropriately</p> <p>4.2.1 Identifies situations where other healthcare professionals may be required to perform these [gatekeeper] roles, in whole or part and acts accordingly</p>	<p>THE PATIENT'S OVERALL HEALTH HISTORY ARE AMENABLE TO OSTEOPATHIC CARE OR NOT, how these factors have been reflected in your manual treatment, AND WHETHER THERE ARE ANY COMPONENTS IN THEIR HEALTH HISTORY THAT IS MAKING YOU ADAPT YOUR USUAL OSTEOPATHIC philosophic APPROACH - EXPLAIN WHY IF THIS IS THE CASE. BRIEFLY DISCUSS</p> <p>USE A SEPARATE SHEET AS REQUIRED. USE NO MORE THAN ONE SIDE OF A4 WHEN GIVING THIS RESPONSE.</p>
<p>SUPERVISOR COMMENTS ON AREAS OF DEFICIENCY AND LEARNING NEEDS</p>	<p>Global rating 1-5 for this section:</p>	

Signature of SUPERVISOR: _____

Date:

Case Analysis Reflection Parts 1 and 2 (candidate to provide anonymised case notes and related interprofessional communication as part of this discussion).

PART ONE: OUTCOMES COMPARISON.

Task: to compare and contrast 5 patient cases that you have seen at least 3 times each, where the presenting complaint was similar (e.g. all suffering from low back pain, or all from ankle ligament sprain, or all suffering cluster migraine, etc).

Candidate.....Supervisor.....

Global rating:

1. Standards demonstrated are those equivalent to those of an independent fully registered practitioner in Australasia
2. Satisfactory standards demonstrated, little guidance required for independent practice in Australia
3. Borderline standards, but only minimally below required levels, some guidance in Australia required
4. Borderline standards but deficiency not an over-riding bar to practice in Australia, significant guidance required
5. Below standards required for independent practice in Australasia

DOMAIN	Capabilities broadly covered in this section	Your Notes:
INDIVIDUALISING OSTEOPATHIC MANAGEMENT DISCUSSION PLEASE REVIEW OTHER SECTIONS BEFORE FILLING IN THIS TO ENSURE THERE IS NO OVERLAP IN YOUR ANSWERS	1.1.2 Compiles a health care record that is personal to the individual	COMPARE AND CONTRAST YOUR 5 PATIENTS LOOKING AT: What your approach was for each patient – how was it adapted for each one? What aspects of your osteopathic philosophy was used in one patient and not another for example, or if a similar approach was made, how this was justified with respect to the individual history. USE SEPARATE SHEET TO WRITE YOUR RESPONSE. USE NO MORE THAN TWO SIDES OF A4 WHEN GIVING THIS RESPONSE.
	1.2.2 Uses a systematic osteopathic and medical differential diagnostic process	
	1.3.1 Plan of care is negotiated with, relevant and appropriate to person’s presenting complaint	
	1.4.2 Appropriate outcome measures are utilised to monitor progress which is either a negotiated patient centered outcome, or by the use of an appropriate valid and reliable outcome instrument	
	3.1.1. Understands and utilises an osteopathic philosophy in their examination, treatment and overall care of a person	
	3.1.2. Arrives at an appropriate management plan reflecting these osteopathic philosophies	
SUPERVISOR COMMENTS ON AREAS OF DEFICIENCY AND LEARNING NEEDS		Global rating 1-5 for this section:
DOMAIN	Capabilities broadly covered in this section	Your Notes:
TREATMENT OUTCOMES DISCUSSION	1.3.4 Changes to a patients physical or mental health are reviewed over time, whether related to their presenting complaint or not, and any relevant action taken accordingly	COMPARE AND CONTRAST YOUR 5 PATIENTS LOOKING AT:
	1.4.1 Prognoses are developed, and appropriate care is determined on that basis	Your patients will all have had slightly different outcomes. Discuss how your approach to monitoring their progress differed between the patients, and discuss whether these

	1.4.3 Practitioner reviews progress and elicits feedback on an ongoing basis	<p>outcomes were as you expected or not, and why you felt there was a difference. What have you learned about your original prognosis for each of these cases by doing this reflection?</p> <p>USE SEPARATE SHEET TO WRITE YOUR RESPONSE. USE NO MORE THAN TWO SIDES OF A4 WHEN GIVING THIS RESPONSE.</p>
	1.4.4 Practitioner recognises when outcomes differ from those expected, can identify why and acts accordingly	
	1.5.2 Practitioner responds accordingly to cues emerging from case review	
	2.4.2 Recognises the impact of patient concerns for clinical analysis and plan of care	
	2.6.3 Options for the person's self care are identified and discussed, such as exercise, diet, lifestyle and workplace ergonomics	
	3.3.2 Conditions or situations that require adaptation of manual techniques and manoeuvres employed during a plan of care are identified, and appropriate action taken	
SUPERVISOR COMMENTS ON AREAS OF DEFICIENCY AND LEARNING NEEDS		Global rating 1-5 for this section:

Continued overleaf:

DOMAIN	Capabilities broadly covered in this section	Your Notes:
CONTINUING PROFESSIONAL DEVELOPMENT	3.7.2 Seeks out opportunities to enlarge personal professional capabilities	<p>COMPARE AND CONTRAST YOUR 5 PATIENTS LOOKING AT:</p> <p>What did you learn from each case that was either expected or unexpected? Are there still areas of confusion or uncertainty at this stage of your management of any of these patients, and if so what? What will you be adapted in your future management and why?</p> <p>USE SEPARATE SHEET TO WRITE YOUR RESPONSE. USE NO MORE THAN TWO SIDES OF A4 WHEN GIVING THIS RESPONSE.</p>
	3.8.3 Incorporates an understanding of the strengths and limitations of an 'evidence-based' approach to treatment	
	5.5.1 Undertakes appropriate continuing lifelong learning to ensure currency of understanding of osteopathic philosophy and professional ethos	
	6.2.1. The need for improved skills and knowledge to maintain effective and appropriate care of the individual are identified	
	6.3.2. Practitioner recognises when performance and care is not optimal and takes appropriate action	
	6.7.2. Understands major ongoing trends and developments in osteopathy	

	6.7.3 Understands major ongoing trends and developments in the broad health care field	
SUPERVISOR COMMENTS ON AREAS OF DEFICIENCY AND LEARNING NEEDS		Global rating 1-5 for this section:

Signature of SUPERVISOR: _____

Date:

(part two on next page)

CASE ANALYSIS REFLECTION ASSESSMENT (candidate to provide anonymised case notes as part of this discussion).

PART TWO: COLLABORATIVE CARE AND REFERRALS COMPARISON.

Task: to compare and contrast 2 patient cases that you have seen in collaboration with another practitioner (for example a surgeon, physiotherapist, naturopath, homeopath, acupuncturist, GP, for example) where the care of the patient was shared between the practitioners. Compare and contrast 2 patients that you have referred on to another practitioner where the care was not subsequently shared.

Candidate.....Supervisor.....

Global rating scale:

1. Standards demonstrated are those equivalent to those of an independent fully registered practitioner in Australasia
2. Satisfactory standards demonstrated, little guidance required for independent practice in Australia
3. Borderline standards, but only minimally below required levels, some guidance in Australia required
4. Borderline standards but deficiency not an over-riding bar to practice in Australia, significant guidance required
5. Below standards required for independent practice in Australasia

DOMAIN	Capabilities broadly covered in this section	Your Notes:
<p>COLLABORATIVE / SHARED CARE DISCUSSION</p> <p>PLEASE REVIEW OTHER SECTIONS BEFORE FILLING IN THIS TO ENSURE THERE IS NO OVERLAP IN YOUR ANSWERS</p>	1.2.2 Uses a systematic osteopathic and medical differential diagnostic process	<p>COMPARE AND CONTRAST YOUR 2 PATIENTS LOOKING AT:</p> <p>Why did you feel collaborative care was necessary in these cases, and what type of care was arranged? How successful was this collaboration, how did this collaboration impact on your ongoing management of these patients, and what did you learn from the experience?</p> <p>USE SEPARATE SHEET TO GIVE YOUR RESPONSES. USE NO MORE THAN TWO SIDES OF A4 WHEN GIVING THIS RESPONSE.</p>
	1.2.3 Makes appropriate arrangements to receive additional information as required, such as referring patient for imaging, or corresponding with healthcare practitioners for test results and other relevant details	
	1.3.1 Plan of care is negotiated with, relevant and appropriate to person's presenting complaint	
	1.4.2 Appropriate outcome measures are utilised to monitor progress which is either a negotiated patient centered outcome, or by the use of an appropriate valid and reliable outcome instrument	
	3.1.1. Understands and utilises an osteopathic philosophy in their examination, treatment and overall care of a person	
	3.1.2. Arrives at an appropriate management plan reflecting these osteopathic philosophies	
	3.1.3 Can identify the components of a plan of care that are in addition to (or instead of) osteopathic manual treatment, and acts accordingly	
	5.3.1 Appropriate practitioners and providers are identified for co-management or referral for the patient	
	5.3.2 Appropriate protocols, are followed when co-managing a patient in any given situation, to the benefit of the patient	

	5.3.3 Collaborative working arrangements with others are reviewed to ensure an efficient team-based approach to care of the individual	
	5.3.5 A commitment to ensuring continuity of care for the patient is maintained	
	5.5.2 Critically reflects on the relationship between osteopathic practice and other healthcare systems, and the impact this has for overall patient care	
SUPERVISOR COMMENTS ON AREAS OF DEFICIENCY AND LEARNING NEEDS		Global rating 1-5 for this section:

DOMAIN	Capabilities broadly covered in this section	Your Notes:
REFERRAL AND HANDOVER OF PATIENT CARE DISCUSSION	1.3.4 Changes to a patients physical or mental health are reviewed over time, whether related to their presenting complaint or not, and any relevant action taken accordingly	<p>COMPARE AND CONTRAST YOUR 2 PATIENTS LOOKING AT:</p> <p>In these patients that were completely referred onto someone else can you explain why, and what approaches were needed in each case that you couldn't provide. How did you manage the hand over in each case, and could this have been improved? What would you do differently next time in a similar situation, and what have you learned about your skills and underlying knowledge through these cases?</p> <p>USE A SEPARATE SHEET TO GIVE YOUR RESPONSES. USE NO MORE THAN TWO SIDES OF A4 WHEN GIVING THIS RESPONSE.</p>
	1.4.1 Prognoses are developed, and appropriate care is determined on that basis	
	1.4.3 Practitioner reviews progress and elicits feedback on an ongoing basis	
	1.5.2 Practitioner responds accordingly to cues emerging from case review	
	1.5.3 Recognises when to withdraw or modify plan of care	
	2.4.2 Recognises the impact of patient concerns for clinical analysis and plan of care	
	3.7.1 Conditions or situations where the knowledge and management skills of the practitioner are insufficient are identified and appropriate alternative action is organised and taken	
	4.2.1 Identifies situations where other healthcare professionals may be required to perform these roles, in whole or part and acts accordingly	
4.4.1 Practitioner identifies suitable health and community services from which the person may benefit		

	4.7.1 Identifies appropriate strategies concerning health education, public and occupational health, disease prevention for patient, or refers appropriately	
	5.3.4 Appropriate referrals are made to other practitioners, including osteopaths, based on knowledge of presenting condition and management options and own skill levels	
	5.6.1 Undertakes appropriate continuing lifelong learning to ensure awareness of other healthcare practices and approaches to healthcare and patient management, including mental health issues	
	5.6.2 Critically reflects on the impact this awareness has to delivery of overall patient care	
SUPERVISOR COMMENTS ON AREAS OF DEFICIENCY AND LEARNING NEEDS		Global rating 1-5 for this section:

Signature of SUPERVISOR: _____

Date:

Inter-professional collaboration / education / learning report

Date	Details and context of interprofessional learning event	Summary of learning content and learning objectives	Appraisal of how this learning will impact on your practice
e.g. 12 December 2010	Attended physiotherapy conference on sport injuries taping	Learned about which physios are in my area, what types of work they did and learned about some of their taping techniques that were different to those I knew already.	<p>I was initially reluctant to communicate, as this was the first interdisciplinary conference I had attended, but I can now appreciate how osteopaths and physios may complement each other in terms of rehabilitation and immediate first aid for injuries – which should be useful as I am going on an aussie rules football match this weekend, with some colleagues from work!</p> <p>I learned more about knee ligament anatomy and saw some useful images, and where they could be found online, which was useful. Also, was definitely rusty on some of the knee muscle insertions, which the physios seemed more up to date with!</p>

Candidate signature.....

Supervisor comments / feedback:

GLOBAL RATING FOR THIS FORM:

1. Standards demonstrated are those equivalent to those of an independent fully registered practitioner in Australasia
2. Satisfactory standards demonstrated, little guidance required for independent practice in Australia
3. Borderline standards, but only minimally below required levels, some guidance in Australia required
4. Borderline standards but deficiency not an over-riding bar to practice in Australia, significant guidance required
5. Below standards required for independent practice in Australasia

Supervisor signature.....

Supervisor Feedback Form

AOAC Stage 3 SUPERVISORY FEEDBACK FORM:

The supervisor will fill in this summary form, as well as the individual forms related to each part of the portfolio required at this point.

Date of discussion	All items required for review delivered or not?	Reasons for omission? Alternative satisfactorily completed or discussed, if required?	General feedback on candidates progress	Comments for next period if required, revision of tasks if required, or sign off if at end of stage 3.
e.g. 12 December 2010	e.g. All items included, except case notes, but these emailed over at start of discussion and satisfactorily reviewed	e.g. Practice communication error – reception off sick	e.g. Candidate is progressing well, and has completed required tasks for the portfolio to date, and is providing an interesting and critically reflective series of evidences regarding their osteopathic approach.	e.g. Continue learning more about trigger points, and complete module on cultural competency
Critical incident report				
Learning needs analysis				
Self learning report				
Case based discussion				
Records review				
Interprofessional learning report				
Case Analysis Reflection				
General communication between supervisor and candidate				
Adherence to required process of stage 3				
Overall issues for positive feedback or concern				
General comments for learning needs, if required				
GLOBAL RATING FOR PROGRESS AT THIS STAGE OF STAGE 3	<ol style="list-style-type: none"> Standards demonstrated are those equivalent to those of an independent fully registered practitioner in Australasia Satisfactory standards demonstrated, little guidance required for independent practice in Australia 			

	<ol style="list-style-type: none"> 3. Borderline standards, but only minimally below required levels, some guidance in Australia required 4. Borderline standards but deficiency not an over-riding bar to practice in Australia, significant guidance required 5. Below standards required for independent practice in Australasia <p>Rating: e.g. 2</p>
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Supervisor
signature.....

Capabilities assessed when using this form: they are varied, but include: 3.

Appendix 3: Mini-CEX Form



Standard Pathway Assessment Alternative Mini Clinical Examination (mini-CEX)

Candidate code: _____

Assessor name: _____

Observed component: History Exam Plan of Care Treatment

Date of assessment: ____ / ____ / ____

Patient complaint: _____

Case complexity: Low Medium High

Patient age: _____

Patient number: _____

Gender: Male Female

Observation time: _____ to _____

<i>Rate the following areas of the consultation :</i>	Not able to practice independently	Remedial supervision required	Supervision or remedial guidance	Advisory comments only	Able to practice independently	Not observed
Information gathering	1	2	3	4	5	X
Clinical examination	1	2	3	4	5	X
Counselling & communication skills	1	2	3	4	5	X
Clinical judgement	1	2	3	4	5	X
Professionalism	1	2	3	4	5	X
Organisation & efficiency	1	2	3	4	5	X
Overall clinical competence	1	2	3	4	5	

Aspects of the consultation were performed well

Aspects of the consultation for development and improvement

--	--

Examiner signature:

Rating scale

- 5) Clinical skills demonstrated are equivalent to those required for practice - no supervision would be required. Capable of being a fully independent practitioner.
- 4) Clinical skills demonstrated at minimum satisfactory level required – advisory comments only may be required to guide candidate. Capable of being a fully independent practitioner.
- 3) Clinical skills demonstrated are borderline – candidate may require some supervision or guidance to attain satisfactory performance in practice – mostly capable of independent practice.
- 2) Clinical skills demonstrated are below required standard for independent practice, and would require continual supervision but deficit is remediable – Not capable of independent practice but recommended for remedial supervision.
- 1) Clinical skills demonstrated are below required standards and indicate the need for constant dependence on supervision to ensure satisfactory clinical performance - Not capable of independent practice and not recommended for remedial supervision.

Appendix 4: Direct Observation of Procedural Skills (DOPS) Form



Practical Skills Test / Direct Observation of Procedural Skills (DOPS)

Examination: _____ Assessor: _____
Candidate: _____

Rating Scale:

- 5) Clinical skills demonstrated are equivalent to those required for practice - no supervision would be required. Capable of being a fully independent practitioner.
- 4) Clinical skills demonstrated at minimum satisfactory level required – advisory comments only may be required to guide candidate. Capable of being a fully independent practitioner.
- 3) Clinical skills demonstrated are borderline – candidate may require some supervision or guidance to attain satisfactory performance in practice - mostly capable of independent practice.
- 2) Clinical skills demonstrated are below required standard for independent practice, and would require continual supervision but deficit is remediable – Not capable of independent practice but recommended for remedial supervision.
- 1) Clinical skills demonstrated are below required standards and indicate the need for constant dependence on supervision to ensure satisfactory clinical performance - Not capable of independent practice and not recommended for remedial supervision.
- 0) Not observed

1) Demonstrates understanding of actions, relevant anatomy, technique of procedure.

0 1 2 3 4 5 Comments

2) Obtains informed consent

0 1 2 3 4 5 Comments

3) Demonstrates appropriate pre procedure preparation.

0 1 2 3 4 5 Comments

4) Technical ability.

0 1 2 3 4 5 Comments

5) Demonstrates understanding of all components of the procedure.

0 1 2 3 4 5 Comments

6) Consideration for patient / professionalism skills.

0 1 2 3 4 5 Comments

7) Communication skills.

0 1 2 3 4 5 Comments

8) Overall clinical competence performing procedure.

0 1 2 3 4 5 Comments

9) Demonstrates ability to appropriately interpret results and findings.

0 1 2 3 4 5 Comments

10) GLOBAL RATING FOR THIS DOPS:

1 2 3 4 5 Comments

SAMPLE

Appendix 5: Self-reflection Forms

CANDIDATE SELF-REPORTING (REFLECTIVE CASE REVIEW) FORM

Candidate: _____ Assessor: _____

Note: The assessor of the case based discussion assessment will use this form alongside your case notes to complete their assessment. They will also fill in their section of this form after your case based discussion. Scale for assessor: 1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree 0. Unable to comment

Domain	Indicative capabilities	Questions for you to consider – write your answers / responses in the next column	Your responses	ASSESSOR AGREEMENT – USE SCALE ABOVE	Assessor comments
Clinical Record Keeping	1.1.1, 1.5.1	<ul style="list-style-type: none"> Have you recorded everything appropriately? Does this record provide enough info for you or another osteopath to work from at the next visit? Do you need to add anything or obtain any other information to complete? 	Use reverse and additional sheet as required	1 2 3 4 5	Use reverse of form as required
Clinical Assessment – History	1.1.1, 1.1.4, 1.2.2, 1.2.3, 2.4.2	<ul style="list-style-type: none"> What are the most important factors in this person's case history? Was there other info you could have obtained which would be helpful? 	Use no more than 2 sides of A4 in total	1 2 3 4 5	
Clinical Assessment – examination	1.2.2, 3.1.1	<ul style="list-style-type: none"> What are your most important clinical findings? Were there any areas where your findings were incomplete? Were there any other examinations you did not perform which with hindsight might have been helpful? 		1 2 3 4 5	
Clinical Reasoning – working hypothesis	1.2.1, 1.2.2, 1.4.1, 1.6.1	<ul style="list-style-type: none"> What is your diagnosis / working hypothesis for this patient? How did your examination support the information in the case history so you could make this diagnosis? 		1 2 3 4 5	
Osteopathic treatment / Non treatment	1.3.1, 1.2.3, 1.3.2, 1.5.2, 3.2.1, 3.3.2, 1.6.1	<ul style="list-style-type: none"> Were you able to provide management/treatment to this patient today? What was your objective in today's management? What management/treatment did you use to achieve that? 		1 2 3 4 5	
Management Plan / Handover	1.2.3, 1.4.1, 1.5.2, 1.6.1, 2.7.2	<ul style="list-style-type: none"> Have you noted a management/treatment plan for the person who sees the patient next? Is there anything incomplete in what you have recorded, such as X-ray / lab tests results? 		1 2 3 4 5	

Overall clinical care	2.7.2, 3.1.1, 6.1.1	• How do you feel you managed this consultation?		1 2 3 4 5	
Comments from assessor and indicative learning needs					
GLOBAL RATING FOR THIS ASSESSMENT	5) Clinical skills demonstrated are equivalent to those required for practice - no supervision would be required. Capable of being a fully independent practitioner. 4) Clinical skills demonstrated at minimum satisfactory level required – advisory comments only may be required to guide candidate. Capable of being a fully independent practitioner. 3) Clinical skills demonstrated are borderline – candidate may require some supervision or guidance to attain satisfactory performance in practice – mostly capable of independent practice. 2) Clinical skills demonstrated are below required standard for independent practice, and would require continual supervision but deficit is remediable – Not capable of independent practice but recommended for remedial supervision. 1) Clinical skills demonstrated are below required standards and indicate the need for constant dependence on supervision to ensure satisfactory clinical performance - Not capable of independent practice and not recommended for remedial supervision.				

Signature of assessor:

Date:

Domain	Notes from Candidate (assessors use same form to provide further comments/indicative learning needs)
Clinical Record Keeping	
Clinical Assessment – History	
Clinical Assessment – examination	
Clinical Reasoning – working hypothesis	
Osteopathic treatment / Non treatment	
Management Plan / Handover	
Overall clinical care	

Appendix 6: Sample Questions for Stage 5 - OBE



Sample Questions for Stage 5 – Open Book Exam (OBE)

Question 1

As a requirement for registration as an osteopath in Australia, you are required to have?

- a) Business expenses insurance
- b) Income protection insurance
- c) Professional indemnity insurance
- d) Home and contents insurance

Question 2

A patient must be given access to their health record except when:

- A. The health record could be considered defamatory
- B. Access to the record could pose a serious risk to a person's health
- C. The health record is not complete
- D. The patient wants the health record corrected

Question 3

Dr Brown, a local general practitioner (GP) phones your osteopathic clinic and requests copies of one of your patients' medical records. Which of the following is the most appropriate?

- a) I would not provide the requested medical record even though the patient has verbally asked you to provide Dr Brown with their file
- b) *I would not provide the requested medical record because I have not obtained written consent from the patients to share their medical records*
- c) I would provide the requested medical record because Dr Brown is the listed GP of the patient
- d) I would provide the requested medical record because all medical records are able to be viewed by any health professional who requests them

Question 4

Which of the following is correct?

- a) A written consent form signed by a patient is seen as adequate informed consent
- b) A written consent form signed by a patient who has a limited capacity has provided valid consent.
- c) Initial written consent form signed by a patient implies consent every time you see the patient
- d) Written consent by a patient is not essential

Question 5

Osteopaths are permitted to charge a gap payment for patients under the Department of Veterans Affairs scheme? True or false?

Question 6

You would like to perform a manipulation / high velocity manipulation on your patients cervical spine. You performed the same technique on the patient last week. Do you need to gain informed consent before performing the same technique today?

- a) Yes, ongoing informed consent should be obtained at each treatment
- b) Yes, you must gain written informed consent for a cervical spine manipulation each time
- c) No, they gave consent previously
- d) No, they signed a consent form at their first visit 3 years ago

Question 7

Which of the following outcome measures would be appropriate to monitor your treatment of a patient who presents with acute right sided cervical spine and wrist pain, and reports numbness and tingling in her right thumb, 2nd finger and 3rd finger?

1. Neck Disability Index
2. Oswestry Disability Questionnaire
3. Patient Specific Functional Scale
4. Upper Extremity Functional Index

- a) 1,2,3
- b) 1,3,4
- c) 1 & 3
- d) 1 & 4

Question 8

You have a patient you have seen a number of times but you now feel that patient/practitioner relationship is compromised. What would be good practice in regards to this situation?

- a. Tell the patient they would be best finding another practitioner
- b. Give them copies of their medical records and say they need to find someone else
- c. Discuss the decision to cease treatment with the patient and facilitate arrangements for continued care with another practitioner
- d. Tell the receptionist not to book the patient back in with you

Question 9

A 77 year old male comes in with epigastric pain. On examination you have found a possible hiatus hernia. Best practice for this patient would be to:

- a. Refer the patient back to their general practitioner for assessment and management
- b. Treat the hernia with osteopathic techniques
- c. Treat the structures related to the hernia using osteopathic techniques
- d. Advise the patient to avoid spicy or acidic foods

Question 10

Your patient Jane calls you and says she is experiencing significantly worsening neck pain after your treatment 3 days ago. In this situation, good practice would be:

1. Denying that the problem has anything to do with your treatment
 2. Immediately apologizing and accepting full responsibility
 3. Recognizing what has happened and acting immediately to rectify the problem
 4. Explaining to the patient promptly and fully what has happened and the anticipated long/short term consequences
 5. Provide support to the patient
-
- a) 1 & 4
 - b) 2 & 3
 - c) 3 & 4
 - d) 3, 4, & 5
 - e) 2, 3, & 5