



AOAC QUALIFICATION AND SKILLS ASSESSMENT CANDIDATE GUIDE FOR THE STANDARD PATHWAY ASSESSMENT (SPA)

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

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), Online practical assessment (Stage 3), face to face practical assessment (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.

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.

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/>

Practical assessment: There are two practical assessments in the SPA process. Stage 3 is an online practical assessment and stage 4 is a face to face practical assessment.

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 and extended matching questions

List of Forms and relevant policies for undertaking SPA

These forms and policies can be accessed on the AOAC website:

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

[Form 1C for SPA candidates](#)

[Qualification and Skills Assessment Appeals policy](#)

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

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

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 (SPA), 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 the Osteopathy Board of Australia. Successful candidates will need to apply for registration once they have fulfilled all of 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). If you think you are eligible for the CAP please read the '*Candidate Guide for the Competent Authority Pathway*' available on AOAC's website.

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 below.

Table 1 Requirements for completion of the assessment pathways

Stage	Standard Pathway Assessment	Competent Authority Pathway	Domestic Assessment
Stage 1: Desktop Assessment	✓	✓	✓
Stage 2: Written Examination	✓	×	×
Stage 3: Online practical assessment	✓	×	×
Stage 4: Face to face practical assessment	✓	×	×
Stage 5: Open Book Examination (OBE)	✓	✓	×

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 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 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.

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

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.

Table 2. Fees for Stage 1 desktop assessment

Assessment Type	Desktop Fee
Standard Pathway Assessment	\$550
Domestic Assessment	\$550

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.

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

The written examination is the second stage of the AOAC Assessment process and involves a three hour exam with questions on two focus areas; safe osteopathy practice and evidence informed treatment and management. A detailed list of the topics is provided below.

Format of examination

The Stage 2 written examination is a three-hour online exam with 100 questions across three sections.

- Section 1: Single best response Multiple Choice Questions (MCQs)
- Section 2 Extended Matching Questions (EMQs)
- Section 3: Case Based Multiple Choice Questions based on patient vignettes

Example questions

20 example questions are provided in Appendix 1. Two versions of the example questions are provided. The first version contains the questions without the answers marked. The second version provides the answers as well as relevant references to support the correct answer further study. The 20 example questions are also able to be viewed in the IT system that is used for the completion of the written examination so candidates can gain familiarity with the system.

Question topics for the written examination.

The two focus areas of the written examination are; safe osteopathy practice, and evidence informed treatment and management. These focus areas have several subtopics which are provided in the table below.

Table 3. Focus areas and topics for the written exam

Focus area	Topic
Safe osteopathy practice	Red flag identification
	Conditions
	Differential diagnosis and likely diagnosis
	Legal and regulatory requirements to practice in Australia
Evidence informed management	Contraindications (relative and absolute)
	Informed consent
	Red flag management
	Referral processes
	Imaging pathways/protocols
	Appropriate treatment modality for diagnosis

A reading list providing key references related to each of these topic areas is available for candidates on AOAC's website.

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 will sit this examination online by remote proctoring, this is coordinated in partnership with Excel Psychological & Educational Consultancy (EPEC).

Key Dates for sitting the examination

The written exam is held in 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. Candidates must express interest and pay the fee by December 31st (for March examination) and 30th June (for September examination). The exact date and time of the written examination will be confirmed for candidates after payment has been made.

Pass mark for examination

To successfully complete this stage, candidates must obtain a score of 50% (50/100) on the written examination.

Possible Outcomes of Stage 2

Candidates will be notified of the outcome of the written examination results within eight weeks of sitting the online examination administered by EPEC. Candidates will be notified via email if there is a delay in notification of their result.

Successful candidates

Candidates will be notified of their successful outcome and will be able to progress to stage 3 – online practical assessment.

Unsuccessful candidates

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

- Numerical score obtained on the examination (score out of 100)
- List of topic areas which were poorly performed in the examination

Section 4: Stage 3 – Online practical assessment

Overview

Once a candidate has completed Stage 2 – written examination, they move to Stage 3 – online practical assessment. This assessment requires candidates to work through 2 simulated osteopathy patient consultations and answer questions regarding information gathering, patient examination plan, differential diagnoses, red and yellow flags, likely diagnosis, prognosis and management planning. Candidates need to demonstrate an ability to tailor their responses to the specific patient presentation. The duration of the assessment is 2 hours (time and date will be scheduled in advance) and can be completed at the candidate's home or workplace. It is essential the venue has reliable internet access to ensure candidate responses to the questions are saved and submitted successfully.

Format of the online assessment

The online practical assessment contains 2 patient cases structured as a simulated osteopathy consultation. Candidates are expected to approach all parts of each case as they would working as an osteopath in a clinic. The patient case is set up to reveal information progressively aligned with the standard order of an osteopathy consultation. An example case is provided in Appendix 3 which includes instructions, likely question prompts with suggested answers. Candidates are required to enter their answers to the questions for each patient in the online system. Candidates will receive further instructions on the online system and an opportunity to complete the practice case in the online system prior to sitting their actual online assessment.

Responsibilities of the Candidate Specifically for this Stage

- Make payment and nominate two timeslot preferences via email for undertaking the online assessment before the cutoff date.
- Once these timeslots have been confirmed, candidates **must** be available for both timeslots. Failure to login and complete the assessment at the pre-arranged times will be considered as a failed attempt for the assessment.
- Ensure location where the online assessment is to be completed has reliable internet access.

Fees and Logistics for Stage 3

Fees

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

Timing of online practical assessment

The online practical assessment is offered two times per year in a prescribed two-week window in June and December. Once payment has been processed, candidates will be able to nominate their preferred time and date of sitting the assessment (within the two weeks of prescribed availability). The current year's schedule of offerings is available on AOAC's website. A candidate must make payment and confirm preferences for sitting assessment **at least 2 weeks before the first Monday of the two week period of online assessment offering.**

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:

- General feedback of why their submitted responses related to the patient cases were not satisfactory

Section 5: Stage 4 – Face to face practical assessment

Overview

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

The focus of the practical assessment is on safe and effective osteopathy practice with assessors being able to directly observe candidate's abilities in information gathering, patient examination, clinical reasoning and patient treatment and management. The face to face practical assessment requires the candidate to be observed by two assessors.

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 an established 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 as well as theoretical basis for these technique
- Conduction of relevant systems, orthopedic, neurological and osteopathic examination
- Clinical reasoning by development of differential diagnoses relevant to patient presentation
- Diagnosis and prognosis of likely differential diagnoses
- Contraindications, benefits and risks to osteopathy treatment
- Red and yellow flag identification and appropriate management
- Professional communication and patient management

Format of face to face practical assessment

This face to face assessment contains two parts:

- 120 minute Objective Structured Clinical Examination (OSCE) involving a simulated patient for some of the stations and,
- 3 patient consultations with actual patients (not simulated)

Objective Structured Clinical Examination (OSCE)

The OSCE is multi-station clinical examination where candidates are required to work through a patient case. The OSCE has 7 stations and is of 120 minutes duration. The table below outlines the duration and focus of each of the 7 stations. Stations 1 and 4 are 'writing stations' meaning the candidate will plan for stations 2 and 5 respectively.

Table 4. Description of clinical examination stations

Station number	Duration	Title	People present
One	15 mins	Case narrative	Candidate only
Two	15 mins	Case and Proposed Examination Discussion	Candidate and Assessors
Three	25 mins	Patient Examinations	Candidate, Assessors and Simulated Patient
Four	10 mins	Examination Findings and Planning of Management	Candidate only
Five	20 mins	Discussion of Diagnosis and Treatment Plan	Candidate, Assessors and Simulated Patient
Six	15 mins	Discussion and Application of Manual Techniques	Candidate, Assessor and Simulated Patient
Seven	20 mins	Discussion and Application of Cervical High Velocity Low Amplitude (HVLA) Technique	Candidate, Assessors and Simulated Patient

Patient consultations

Candidates will undertake three 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 observe the candidate's performance during the consultation and review the candidates record keeping in the patient case files. These patient consultations are with patients attending the student clinic. Appendix 4 contains essential additional information for candidates to be aware of for the 3 patient consultations at Victoria University.

Assessment Methods for Stage 4

Objective Structured Clinical Examination (OSCE)

Stations 1 and 4 are writing stations where candidates are required to complete a document template in preparation for discussion with assessors in stations 2 and 5 respectively. These templates are provided in Appendix 4. Candidates will be provided with a case narrative in station 1 which will provide them with information regarding the presenting complaint and basic information on the patient (gender, age, occupation).

Stations 2,3,5,6 and 7 have marking rubrics provided in Appendix 4. Candidates are expected to familiarize themselves with the marking criteria in each of these stations so they are prepared to demonstrate their satisfactory performance in each of these assessed areas.

The ratings candidates will receive for criteria in stations 2,3,5,6,7 are as:

4 = Well above expected level of performance for a graduating osteopath in Australia

3 = Expected level of performance for a graduating osteopath in Australia

2 = Below expected level of performance for a graduating osteopath in Australia (unsatisfactory)

1 = Well below expected level of performance for a graduating osteopath in Australia (unsatisfactory)

Some criteria are competency based and will be marked as:

YES = The candidate meets the expected level of performance for a graduating osteopath in Australia and can safely practise independently

NO = The candidate does not meet the expected level of performance for a graduating osteopath in Australia and cannot safely practise independently (unsatisfactory)

To be successful in the OSCE candidates must obtain:

- Ratings of 3 or 4 for all numerical scored criteria and global station ratings **and**
- Ratings of yes for all competency based criteria

Patient consultations

Candidates will be observed during the patient consultations and their performance will be assessed using a modified Clinical Examination (CEX) form. The candidates will be assessed on the following aspects of osteopathy practice during the consultations:

- Information gathering
- Clinical examination and manual treatment skills
- Communication skills
- Clinical reasoning and judgement
- Professionalism and patient management
- Organisation and efficiency
- Identification and management of risk including informed consent
- Clinical record keeping

The CEX form is available in Appendix 6. Examples of satisfactory and unsatisfactory performance for each aspect is also provided.

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.
- Read the additional important information provided in appendix 4
- ***Candidates are responsible for safety during the face to face practical assessment and assessors will not provide direction or prompting regarding safety during the assessment. The candidate will be assessed on recognising and managing risks throughout the assessment. The assessor will stop the face to face practical assessment if they observe unsafe osteopathy practice by the candidate***

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 face to face practical assessment at Victoria University, Melbourne, Australia.

Key Dates for undertaking the practical examination

The practical exam is offered twice a year in the second half of March and September. Check AOAC's website for this year's specific offering dates.

Possible Outcomes of Stage 4

Candidates will be notified of the outcome of the face to face practical assessment results within eight weeks of completing the assessment.

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 stations of OSCE with unsatisfactory performance with justification
- Clinical Examination (CEX) forms completed by the examiner showing unsatisfactory ratings with justification

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 Go1 Learning management System. The OBE consists of 60 multiple choice questions provided in two examination books in Go1.

Sample questions

See *Sample Questions for Stage 5 – OBE* (Appendix 7) 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 Osteopathy Qualifications and Skills* letter that must be included with the application to the OsteoBA for Provisional Registration.

Unsuccessful candidates

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

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

Appendix 1: Example Questions for Stage 2 – Written Exam

Topic - Red flag identification

Example question 1

A 49-year-old female patient presents with a severe headache which started yesterday in the early hours of the morning. She has not had this headache before. Today, she is experiencing hypoesthesia on the left side of her face and drooping of the left eye lid. She informs you she has noticed that her left pupil looks smaller. There is no neurological referral into her left arm, chest pain or shortness of breath.

Identify the group of red flags for this patient based on the information provided.

- a) Age (>40 years old) and severe unilateral headache
- b) New onset headache, neurological symptoms in the face, ptosis
- c) Horner's syndrome, age (<50 years old), change in symptoms over a 24-hour period
- d) Hypoesthesia of the face, absence of chest pain, miosis
- e) Option b and c are both correct

Example question 2

A 17-year-old patient presents with musculoskeletal neck pain due to increasing the number of hours spent studying for her final exams. During the examination you decide that HVLA to the cervical spine is not indicated. The patient and her mum tell you to 'just crack her neck' because it's the only thing that will make her feel better before her exams.

Select the most appropriate flag (one only) that is relevant to the patient's presentation.

- a) Red flag
- b) Orange flag
- c) Yellow flag
- d) Blue flag
- e) Black flag

Topic – Conditions

Example questions 3

A 16-year-old netballer presents with a one-week history of left knee pain, after a particularly competitive game with many knocks and bumps. There is medial joint line pain, swelling, clicking, locking, and a feeling of instability. Which of the following structures are most likely to be injured?

- a) Posterior cruciate ligament tear
- b) Medial collateral ligament tear
- c) Medial meniscus tear
- d) B & C are correct
- e) All of the above are correct

Example question 4

Spondylotic changes in the cervical spine are most prevalent at which of the following level/s?

- a) C2-3
- b) C3-4
- c) C4-5
- d) C5-6
- e) B and C are correct

Example question 5

Heberden and Bouchard nodes are commonly associated with which of the following conditions?

- a) Fibromyalgia
- b) Osteoarthritis
- c) Psoriatic arthritis
- d) Rheumatoid arthritis
- e) Systemic lupus erythematosus

Topic - Differential diagnosis and likely diagnosis

Example question 6

A 19-year-old male presents with dorsal left wrist pain after falling onto his outstretched hand while skateboarding. He noted immediate swelling of the thenar eminence and first metacarpophalangeal joint, and painful wrist extension. Physical examination reveals soft tissue swelling with limited motion, mostly in extension, secondary to pain. There is bony tenderness along the distal radius as well as the anatomic snuff box. His sensory and vascular examination results are unremarkable.

Given the signs, symptoms and examination results, what is the most likely diagnosis?

- a) DeQuervain's tenosynovitis
- b) Ganglion cyst
- c) Palmaris brevis tear
- d) Scaphoid fracture
- e) Ulnocarpal ligament sprain

Example question 7

A 57-year-old female presents with postero-lateral right hip pain, which has come on insidiously for no apparent reason three months ago and is becoming more constant in nature. The pain is described as a deep, strong ache which is worse when laying on her right and when putting the foot down to stabilise her leg as she gets out of the car. Examination reveals tenderness to palpation around the posterior/ lateral hip, positive right Trendelenberg and Faber tests and negative hip scour test.

From the information provided what is the most likely diagnosis?

- a) Femoroacetabular impingement syndrome
- b) Greater trochanteric pain syndrome
- c) Iliopsoas tendinopathy
- d) L5 radiculopathy
- e) Sacroiliac joint dysfunction

Topic - Legal and regulatory requirements to practice in Australia

Example question 8

According to section 132 of the National Law, the Board may, at any time by written notice, ask the practitioner to provide written documentation containing practice information for the practitioner.

From the options below, what type of information does 'practice information' relate to?

- a) If the practitioner is an employee at two different locations, they only need to provide the business name and address of the location they spend the most time at work
- b) If the practitioner is self-employed and shares premises with other registered health practitioners with whom the practitioner shares the cost of the premises, they need to provide the names of the other registered health practitioners
- c) If the practitioner is registered under one name but has changed their name (i.e. changing surnames in the case of marriage), they do not need to inform the Board
- d) If the practitioner is providing services for, or on the behalf of, one or more entities, in an honorary or voluntary capacity, they only need to provide information if it is a paid position
- e) All of the above are correct

Example question 9

Which of the following scenarios best constitutes 'reasonable belief' to make a mandatory notification?

- a) You are an employee and notice your colleague taking cold and flu tablets for their cold. You suspect this might make them drowsy and put their patients at risk of harm and catching their cold
- b) You are the principal practitioner and you notice your employee osteopaths have gone out for Friday night drinks without you. You are concerned that if you are not there, they will drink to excess and the osteopaths working Saturday might be intoxicated and put their patients at risk
- c) You are a self-employed osteopath and you work with other osteopaths in a health clinic. You notice that one of your osteopath colleagues has been seeing a patient twice a week for eight weeks and keep spending more time in the room with them. They always come out of the consult room holding hands or touching each other inappropriately.
- d) You are a new graduate osteopath working in an established osteopathic clinic. One of your mentors tell you they only treat using indirect techniques such as cranial osteopathy and fascial unwinding. You did not learn this at university and therefore think that this must be significant departure from accepted professional standards.
- e) All of the above would constitute as 'reasonable belief'

Contraindications (relative and absolute)

Example question 10

A 45-year-old male presents eight weeks post open-heart surgery where he had a triple bypass. There were no complications, and the surgeon said that he can see you for management of his neck pain. There are no red flags in his neck examination.

Which of the following techniques would be an ABSOLUTE contraindication due to his presentation?

- a) Articulation of the cervical spine- supine
- b) Facilitated positional release of the scalenes- supine
- c) HVLA thoracic cuddle- supine
- d) Rib raising- supine
- e) Soft tissue technique to the posterior neck muscles- supine

Example question 11

An 18-year-old patient presents with generalised muscular pain due to being wheel-chair bound with a diagnosis of Duchenne's Muscular Dystrophy. As a result, he is unable to contract his muscles on request. Which of the following techniques are contraindicated in this patient?

- a) Cranial technique
- b) Functional technique
- c) Muscle energy technique
- d) Soft tissue technique
- e) All of the above are contraindicated

Topic - Informed consent

Example question 12

A 17-year-old patient has presented to the clinic with thoracic region musculoskeletal pain due to an increase in number of hours spent studying for their final exams. During the consult you decide to perform a HVLA technique to the upper thoracic spine. For your informed consent, you say: 'I am going to crack your back. I do it to your mum all the time. Is that okay?' The patient hesitates and says, 'I don't know... okay, if mum says so.' Their mum nods in agreement and you proceed with the technique.

What important principle of informed consent is not adhered to in this scenario?

- a) A patient's seeming acceptance of interventions/treatment is not necessarily an indication of consent.
- b) Consent is only valid if the patient is competent to understand and authorise the intervention and makes a voluntary decision to undergo the treatment.
- c) The patient should be given adequate information on which to base their decisions.
- d) A and C are correct
- e) All are correct

Example question 13

Informed consent must be specific to the medical examination/ treatment/ procedure for which the patient has been informed. Which of the following questions is a good example of ensuring the patient understands the specific parts of the informed consent obtained?

- a) 'Can you point to the body parts that we will treat today?'
- b) 'Can you explain to me in your own words what procedure you are having and why?'
- c) 'Do you understand my rationale for treatment and the costs involved?'
- d) 'Do you understand what I just explained to you?'
- e) 'Have you had this type of osteopathic treatment before?'

Topic - Red flag management

Example question 14

A 19-year-old patient presents with wrist pain following a fall on her outstretched hand 8 weeks prior. The patient states that she is unable to apply any pressure on the wrist at all and is having to modify her daily activities due to pain. On examination there is severe pain with palpation of the distal radius, swelling in the local area and limited active movement of the wrist.

What is the most appropriate management at this point?

- a) Call the ambulance
- b) Refer the patient for an x-ray
- c) Send the patient to the emergency department of the hospital for an MRI

- d) Treat the patient for a radio-ulnar ligament sprain
- e) Tape the patient's wrist and instruct her to return after the swelling reduces

Example question 15

A 56-year-old male presents with a new onset frontal headache with associated dizziness. It started this morning when he was sitting in his lounge chair and couldn't remember his wife's name. He went to get up and he fell over due to dizziness. Then he decided to sleep it off and drove in to see you for a treatment. During the case history you note he is slurring his words and is unable to keep his eyes open. You ask him to lift both of his hands up and he is unable to complete the task.

What is the most appropriate management at this point?

- a) Call his wife to pick him up and take him to the hospital
- b) Call the ambulance immediately
- c) Refer to the GP for vertigo medication
- d) Refer straight for a cervical spine MRI
- e) Treat him to see whether it reduces the vertigo and headache

Topic - Referral processes

Example question 16

Under the Medicare Benefits Scheme, what is the criteria required for a patient to be referred for a bulk billed MRI of the knee by a general/medical practitioner?

- a) Patient aged between 16- 49 years old
- b) Inability to actively extend the knee
- c) Clinical findings suggesting acute anterior cruciate ligament tear
- d) Recent history of acute knee trauma
- e) All of the above

Topic - Imaging pathways/protocols

Example question 17

The Canadian C-Spine Rule (CCR) is an algorithm that is used to aid decision-making in cervical spine assessment for alert and stable patients, to identify clinically important cervical spine injuries that may require imaging.

Which of the following is **NOT** part of the inclusion criteria for consideration of cervical spine imaging?

- a) Acute trauma to the head or neck
- b) Adults; defined as 16 years-old and over
- c) Injury within the previous 48 hours
- d) Must have neck pain symptoms
- e) Stable (normal vital signs)

Example question 18

What is the gold standard choice of imaging to appropriately evaluate the classification of the acromioclavicular separation?

- a) Bone scan
- b) Computed Tomography (CT)
- c) Magnetic Resonance Imaging (MRI)
- d) Ultrasound
- e) X-ray

Topic - Appropriate treatment modality for diagnosis

Example question 19

Lateral epicondylalgia can be a painful and debilitating musculoskeletal condition that is associated with substantial loss of work and function. Which of the following statements is CORRECT regarding the treatment of lateral epicondylalgia?

- a) There is positive initial evidence in favour of elbow manual therapy techniques for lateral epicondylalgia in short term outcomes
- b) There is high level evidence for the use of laser and extra-corporeal shockwave therapy for lateral epicondylalgia
- c) There is a small body of evidence to support the efficacy of acupuncture over a placebo as a treatment for lateral epicondylalgia in short term outcomes
- d) A and C are correct
- e) All of the above are correct

Example question 20

A 42-year-old female presents with dull left sided frontal and suboccipital pain. It is non-throbbing and there is no aura. The headache is aggravated by self-palpation of the suboccipital region and when she is on her computer for long periods. Physical examination reveals reproduction of symptoms with palpation of the suboccipital muscles and marked restriction of cervical range of motion.

What is the most appropriate treatment modality for this presentation?

- a) Combined manual therapy plus exercise (stretching and strengthening components)
- b) Exercise prescription for the scapulothoracic region to improve endurance and strength
- c) Manual techniques such as soft tissue technique, mobilisation, stretching and spinal manipulation to the cervical and thoracic spine
- d) Pharmacological intervention for short term relief
- e) All of the above are correct

Example Questions for Stage 2 – Written Exam WITH ANSWERS AND REFERENCES

Topic - Red flag identification

Example question 1

A 49-year-old female patient presents with a severe headache which started yesterday in the early hours of the morning. She has not had this headache before. Today, she is experiencing hypoesthesia on the left side of her face and drooping of the left eye lid. She informs you she has noticed that her left pupil looks smaller. There is no neurological referral into her left arm, chest pain or shortness of breath.

Identify the group of red flags for this patient based on the information provided.

- a) Age (>40 years old) and severe unilateral headache
- b) New onset headache, neurological symptoms in the face, ptosis
- c) Horner's syndrome, age (<50 years old), change in symptoms over a 24-hour period
- d) Hypoesthesia of the face, absence of chest pain, miosis
- e) Option b and c are both correct

Answer: *b

Reference:

Ramanayake, R. P. J. C., & Basnayake, B. M. T. K. (2018). Evaluation of red flags minimizes missing serious diseases in primary care. *Journal of family medicine and primary care*, 7(2), 315.

[\[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6060920/\]](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6060920/)

Example question 2

A 17-year-old patient presents with musculoskeletal neck pain due to increasing the number of hours spent studying for her final exams. During the examination you decide that HVLA to the cervical spine is not indicated. The patient and her mum tell you to 'just crack her neck' because it's the only thing that will make her feel better before her exams.

Select the most appropriate flag (one only) that is relevant to the patient's presentation.

- a) Red flag
- b) Orange flag
- c) Yellow flag
- d) Blue flag
- e) Black flag

Answer: c

Reference: Table 2 in:

https://www.comcare.gov.au/_data/assets/pdf_file/0010/127468/Clinical_Framework_for_the_Delivery_of_Health_Services_state.pdf

Topic – Conditions

Example questions 3

A 16-year-old netballer presents with a one-week history of left knee pain, after a particularly competitive game with many knocks and bumps. There is medial joint line pain, swelling, clicking, locking, and a feeling of instability. Which of the following structures are most likely to be injured?

- a) Posterior cruciate ligament tear
- b) Medial collateral ligament tear
- c) Medial meniscus tear
- d) B & C are correct
- e) All of the above are correct

Answer: *d

B and C are the medial structures

Example question 4

Spondylotic changes in the cervical spine are most prevalent at which of the following level/s?

- a) C2-3
- b) C3-4
- c) C4-5
- d) C5-6
- e) B and C are correct

Answer: *d

Spondylotic changes in the cervical spine are most prevalent at the C5-6 segment, followed by C6-7 and C4-5

Reference:

(1) Morishita, Y., Naito, M., & Wang, J. C. (2011). Cervical spinal canal stenosis: the differences between stenosis at the lower cervical and multiple segment levels. *International orthopaedics*, 35(10), 1517–1522. doi:10.1007/s00264-010-1169-3

(2) Magee, D. J. (2013). *Orthopedic physical assessment*. Elsevier Health Sciences. (Table 3.1, page 153)

Example question 5

Heberden and Bouchard nodes are commonly associated with which of the following conditions?

- a) Fibromyalgia
- b) Osteoarthritis
- c) Psoriatic arthritis
- d) Rheumatoid arthritis
- e) Systemic lupus erythematosus

Answer: *b

Osteoarthritic enlargement of the distal interphalangeal nodes (Heberden nodes) and proximal interphalangeal nodes (Bouchard nodes)

Reference:

Magee, D. J. (2013). *Orthopedic physical assessment*. Elsevier Health Sciences. P436

Topic - Differential diagnosis and likely diagnosis

Example question 6

A 19-year-old male presents with dorsal left wrist pain after falling onto his outstretched hand while skateboarding. He noted immediate swelling of the thenar eminence and first metacarpophalangeal joint, and painful wrist extension. Physical examination reveals soft tissue swelling with limited motion, mostly in extension, secondary to pain. There is bony tenderness along the distal radius as well as the anatomic snuff box. His sensory and vascular examination results are unremarkable.

Given the signs, symptoms and examination results, what is the most likely diagnosis?

- a) DeQuervain's tenosynovitis
- b) Ganglion cyst
- c) Palmaris brevis tear
- d) Scaphoid fracture
- e) Ulnocarpal ligament sprain

Answer: *d

Reference: <https://www.aafp.org/afp/2013/0415/p568.html>,

Example question 7

A 57-year-old female presents with postero-lateral right hip pain, which has come on insidiously for no apparent reason three months ago and is becoming more constant in nature. The pain is described as a deep, strong ache which is worse when laying on her right and when putting the foot down to stabilise her leg as she gets out of the car. Examination reveals tenderness to palpation around the posterior/ lateral hip, positive right Trendelenberg and faber tests and negative hip scour test.

From the information provided what is the most likely diagnosis?

- a) Femoroacetabular impingement syndrome
- b) Greater trochanteric pain syndrome
- c) Iliopsoas tendinopathy
- d) L5 radiculopathy
- e) Sacroiliac joint dysfunction

Answer: *b

Clinical presentation and tissues causing pain more likely to be lateral >> gluteal tendinopathy, trochanteric bursitis (related to GTPS). Negative hip scour rules out FAI; SIJ pain more likely to be posterior in location; iliopsoas tendinopathy more likely to present anteriorly; L5 radiculopathy more likely to present with neurological symptoms in the extremity and not locally at the hip only

Reference: Reid, D. (2016). The management of greater trochanteric pain syndrome: a systematic literature review. *Journal of orthopaedics*, 13(1), 15-28.

Topic - Legal and regulatory requirements to practice in Australia

Example question 8

According to section 132 of the National Law, the Board may, at any time by written notice, ask the practitioner to provide written documentation containing practice information for the practitioner.

From the options below, what type of information does 'practice information' relate to?

- a) If the practitioner is an employee at two different locations, they only need to provide the business name and address of the location they spend the most time at work
- b) If the practitioner is self-employed and shares premises with other registered health practitioners with whom the practitioner shares the cost of the premises, they need to provide the names of the other registered health practitioners
- c) If the practitioner is registered under one name but has changed their name (i.e. changing surnames in the case of marriage), they do not need to inform the Board
- d) If the practitioner is providing services for, or on the behalf of, one or more entities, in an honorary or voluntary capacity, they only need to provide information if it is a paid position
- e) All of the above are correct

Answer: *b – Section 3 of the guideline states:

'Practice information, for a registered health practitioner practicing in the health profession for which the practitioner is registered, means each of the following if it applies to the practitioner.....'

Reference: Guideline - Informing a National Board about where you practice [accessed on 27/08/2019 from: <https://www.osteopathyboard.gov.au/Codes-Guidelines.aspx>]

Example question 9

Which of the following scenarios best constitutes 'reasonable belief' to make a mandatory notification?

- a) You are an employee and notice your colleague taking cold and flu tablets for their cold. You suspect this might make them drowsy and put their patients at risk of harm and catching their cold
- b) You are the principal practitioner and you notice your employee osteopaths have gone out for Friday night drinks without you. You are concerned that if you are not there, they will drink to excess and the osteopaths working Saturday might be intoxicated and put their patients at risk
- c) You are a self-employed osteopath and you work with other osteopaths in a health clinic. You notice that one of your osteopath colleagues has been seeing a patient twice a week for eight weeks and keep spending more time in the room with them. They always come out of the consult room holding hands or touching each other inappropriately.
- d) You are a new graduate osteopath working in an established osteopathic clinic. One of your mentors tell you they only treat using indirect techniques such as cranial osteopathy and fascial

unwinding. You did not learn this at university and therefore think that this must be significant departure from accepted professional standards.

- e) All of the above would constitute as 'reasonable belief'

Answer: *a – Section 3 of the guideline states:

Section 140 of the National Law defines 'notifiable conduct' as when a practitioner has:

- a) practised the practitioner's profession while intoxicated by alcohol or drugs; or engaged in sexual misconduct in connection with the practice of the practitioner's profession; or
- b) placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment; or
- c) placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards.

Sections 3.1-3.4 discuss these types of notifiable conduct, followed by the exceptions.

Reference: Guidelines for mandatory notifications [accessed on 27/08/2019 from:

<https://www.osteopathyboard.gov.au/Codes-Guidelines/Guidelines-for-mandatory-notifications.aspx>]

Contraindications (relative and absolute)

Example question 10

A 45-year-old male presents eight weeks post open-heart surgery where he had a triple bypass. There were no complications, and the surgeon said that he can see you for management of his neck pain. There are no red flags in his neck examination.

Which of the following techniques would be an ABSOLUTE contraindication due to his presentation?

- a) Articulation of the cervical spine- supine
- b) Facilitated positional release of the scalenes- supine
- c) HVLA thoracic cuddle- supine
- d) Rib raising- supine
- e) Soft tissue technique to the posterior neck muscles- supine

Answer: *c

Due to recent open-heart surgery, compression through the thoracic cage is contraindicated due to high risk of injury with the scar likely to still be healing

Example question 11

An 18-year-old patient presents with generalised muscular pain due to being wheel-chair bound with a diagnosis of Duchenne's Muscular Dystrophy. As a result, he is unable to contract his muscles on request.

Which of the following techniques are contraindicated in this patient?

- a) Cranial technique
- b) Functional technique
- c) Muscle energy technique

- d) Soft tissue technique
- e) All of the above are contraindicated

Answer: *c

The muscle energy technique (MET) uses active muscle contraction. This technique relies on the active participation of the patient. A patient who is reluctant or incapable to follow instructions constitutes an absolute contraindication.

Reference:

http://www.osteopathic-research.com/paper_pdf/Gatterbauer_Anna.pdf

Topic - Informed consent

Example question 12

A 17-year-old patient has presented to the clinic with thoracic region musculoskeletal pain due to an increase in number of hours spent studying for their final exams. During the consult you decide to perform a HVLA technique to the upper thoracic spine. For your informed consent, you say: 'I am going to crack your back. I do it to your mum all the time. Is that okay?' The patient hesitates and says, 'I don't know... okay, if mum says so.' Their mum nods in agreement and you proceed with the technique.

What important principle of informed consent is not adhered to in this scenario?

- a) A patient's seeming acceptance of interventions/treatment is not necessarily an indication of consent.
- b) Consent is only valid if the patient is competent to understand and authorise the intervention and makes a voluntary decision to undergo the treatment.
- c) The patient should be given adequate information on which to base their decisions.
- d) A and C are correct
- e) All are correct

Answer: *d –

Section 6 (page 2 and 3) of the Informed consent guidelines outline the principles of informed consent. B is not correct as the patient technically has consented by voluntarily saying 'okay' but the practitioner has not provided adequate information and the seeming acceptance of the technique by the lack of saying 'no' is not evidence of sufficient consent

Reference: Informed Consent: Guidelines for osteopaths [accessed on 10/08/2019 from:

<https://www.osteopathyboard.gov.au/Codes-Guidelines.aspx>]

Example question 13

Informed consent must be specific to the medical examination/ treatment/ procedure for which the patient has been informed. Which of the following questions is a good example of ensuring the patient understands the specific parts of the informed consent obtained?

- a) 'Can you point to the body parts that we will treat today?'
- b) 'Can you explain to me in your own words what procedure you are having and why?'
- c) 'Do you understand my rationale for treatment and the costs involved?'

- d) 'Do you understand what I just explained to you?'
- e) 'Have you had this type of osteopathic treatment before?'

Answer: *b

'Consent given by the patient:

- must be specific to the medical treatment for which the patient has been informed
- is only valid for that medical treatment

Questions like "Can you explain to me in your own words what procedure you are having and why?" can help to ensure that the patient fully understands and agrees to the treatment. Any documentation should clearly state the treatment that the patient is agreeing to. Where relevant, the site and side of any procedure must be stated on written documentation of informed consent.'

Reference:

- (1) National Health and Medical Research Council. (2013). National Statement on Ethical Conduct in Human Research. Accessed at: <http://www.nhmrc.gov.au/book/national-statement-ethical-conduct-human-research>
- (2) Queensland Health. (2011). Guide to Informed Decision-making in Healthcare. Accessed at: <http://www.health.qld.gov.au/consent/documents/ic-guide.pdf>

Topic - Red flag management

Example question 14

1A 19-year-old patient presents with wrist pain following a fall on her outstretched hand 8 weeks prior. The patient states that she is unable to apply any pressure on the wrist at all and is having to modify her daily activities due to pain. On examination there is severe pain with palpation of the distal radius, swelling in the local area and limited active movement of the wrist.

What is the most appropriate management at this point?

- a) Call the ambulance
- b) Refer the patient for an x-ray
- c) Send the patient to the emergency department of the hospital for an MRI
- d) Treat the patient for a radio-ulnar ligament sprain
- e) Tape the patient's wrist and instruct her to return after the swelling reduces

Answer: *b

Refer for appropriate imaging (x-ray) due to high suspicion of fracture due to the severe pain and swelling after traumatic onset.

Reference: N/A

Example question 15

A 56-year-old male presents with a new onset frontal headache with associated dizziness. It started this

morning when he was sitting in his lounge chair and couldn't remember his wife's name. He went to get up and he fell over due to dizziness. Then he decided to sleep it off and drove in to see you for a treatment. During the case history you note he is slurring his words and is unable to keep his eyes open. You ask him to lift both of his hands up and he is unable to complete the task.

What is the most appropriate management at this point?

- a) Call his wife to pick him up and take him to the hospital
- b) Call the ambulance immediately
- c) Refer to the GP for vertigo medication
- d) Refer straight for a cervical spine MRI
- e) Treat him to see whether it reduces the vertigo and headache

Answer: *b

From the options provided, calling the ambulance is the most appropriate management due to the severity of the red flags (new onset headache+ age + neurological symptoms)

- Calling an ambulance is more appropriate than getting his wife to pick him up / referral for cervical spine MRI / treating/ referral to GP due to the possibility of it being a medical emergency (stroke)

Topic - Referral processes

Example question 16

Under the Medicare Benefits Scheme, what is the criteria required for a patient to be referred for a bulk billed MRI of the knee by a general/medical practitioner?

- a) Patient aged between 16- 49 years old
- b) Inability to actively extend the knee
- c) Clinical findings suggesting acute anterior cruciate ligament tear
- d) Recent history of acute knee trauma
- e) All of the above

Answer: *e

MRI - scan of knee following acute knee trauma, after referral by a medical practitioner (other than a specialist or consultant physician), for a patient aged 16 to 49 years with:

- inability to extend the knee suggesting the possibility of acute meniscal tear; or
- clinical findings suggesting acute anterior cruciate ligament tear.

Reference:

- (1) <http://www9.health.gov.au/mbs/fullDisplay.cfm?type=item&q=63560&qt=item&criteria=knee%20MRI>

Topic - Imaging pathways/protocols

Example question 17

The Canadian C-Spine Rule (CCR) is an algorithm that is used to aid decision-making in cervical spine assessment for alert and stable patients, to identify clinically important cervical spine injuries that may require imaging.

Which of the following is **NOT** part of the inclusion criteria for consideration of cervical spine imaging?

- a) Acute trauma to the head or neck
- b) Adults; defined as 16 years-old and over
- c) Injury within the previous 48 hours
- d) Must have neck pain symptoms
- e) Stable (normal vital signs)

Answer: *d

CCR states that in order to meet the inclusion criteria an injury must have occurred in the previous 48 hours with neck pain present OR if neck pain is not present then **all** of the following criteria must be met:

- Visible injury above the clavicle
- Non-ambulatory
- Dangerous mechanism of injury

Reference:

- (1) Stiell IG, Wells GA, Vandemheen KL, Clement CM, Lesiuk H, De Maio VJ, et al. The Canadian C-Spine Rule for radiography in alert and stable trauma patients. JAMA. 2001; 286(15): 1841-8.
- (2) Australia and New Zealand College of Radiologists CCR education module for appropriate imaging pathways ([file:///C:/Users/e17299/Downloads/CDR%20Summary%20-%20Canadian%20C-Spine%20Rule%20\(archive\).pdf](file:///C:/Users/e17299/Downloads/CDR%20Summary%20-%20Canadian%20C-Spine%20Rule%20(archive).pdf))

Example question 18

What is the gold standard choice of imaging to appropriately evaluate the classification of the acromioclavicular separation?

- a) Bone scan
- b) Computed Tomography (CT)
- c) Magnetic Resonance Imaging (MRI)
- d) Ultrasound
- e) X-ray

Answer: *e

X-ray will best evaluate the degree of separation, the most cost effective and widely accessible. CT scanning does not increase the diagnostic reliability, and MRI is expensive.

Reference:

- (1) Gorbaty, J. D., Hsu, J. E., & Gee, A. O. (2017). Classifications in brief: Rockwood classification of acromioclavicular joint separations.

Topic - Appropriate treatment modality for diagnosis

Example question 19

Lateral epicondylalgia can be a painful and debilitating musculoskeletal condition that is associated with substantial loss of work and function. Which of the following statements is CORRECT regarding the treatment of lateral epicondylalgia?

- a) There is positive initial evidence in favour of elbow manual therapy techniques for lateral epicondylalgia in short term outcomes
- b) There is high level evidence for the use of laser and extra-corporeal shockwave therapy for lateral epicondylalgia
- c) There is a small body of evidence to support the efficacy of acupuncture over a placebo as a treatment for lateral epicondylalgia in short term outcomes
- d) A and C are correct
- e) All of the above are correct

Answer: *d

- A and d are correct according to a recent SR
- 'b' is incorrect" as there is a growing body of evidence to show the lack of effect of laser and ESWT as treatments for LE, in both the short and long term.

Reference:

- (1) Bisset, L., Paungmali, A., Vicenzino, B., & Beller, E. (2005). A systematic review and meta-analysis of clinical trials on physical interventions for lateral epicondylalgia. *British journal of sports medicine*, 39(7), 411-422.
- (2) Smidt, N., Assendelft, W., Arola, H., Malmivaara, A., Green, S., Buchbinder, R., ... & Bouter, L. (2003). Effectiveness of physiotherapy for lateral epicondylitis: a systematic review. *Annals of medicine*, 35(1), 51-62.

Example question 20

A 42-year-old female presents with dull left sided frontal and suboccipital pain. It is non-throbbing and there is no aura. The headache is aggravated by self-palpation of the suboccipital region and when she is on her computer for long periods. Physical examination reveals reproduction of symptoms with palpation of the suboccipital muscles and marked restriction of cervical range of motion.

What is the most appropriate treatment modality for this presentation?

- a) Combined manual therapy plus exercise (stretching and strengthening components)
- b) Exercise prescription for the scapulothoracic region to improve endurance and strength
- c) Manual techniques such as soft tissue technique, mobilisation, stretching and spinal manipulation to the cervical and thoracic spine
- d) Pharmacological intervention for short term relief

e) All of the above are correct

Answer: *e

Multi-modal treatment which combines non-pharmacological and pharmacological treatment has been shown to be effective for the treatment of cervicogenic headache

Reference:

- (1) Biondi, D. M. (2005). Cervicogenic headache: a review of diagnostic and treatment strategies. *The Journal of the American Osteopathic Association*, 105(4_suppl), 16S-22S.
- (2) Blanpied, P. R., Gross, A. R., Elliott, J. M., Devaney, L. L., Clewley, D., Walton, D. M., ... & Boeglin, E. (2017). Neck pain: revision 2017: clinical practice guidelines linked to the international classification of functioning, disability and health from the orthopaedic section of the American Physical Therapy Association. *Journal of Orthopaedic & Sports Physical Therapy*, 47(7), A1-A83.
- (3) Jull, G., Trott, P., Potter, H., Zito, G., Niere, K., Shirley, D., ... & Richardson, C. (2002). A randomized controlled trial of exercise and manipulative therapy for cervicogenic headache. *Spine*, 27(17), 1835-1843.

Appendix 2: Cover sheet of written examination

INSTRUCTIONS TO CANDIDATES

Exam duration: 180 minutes

Number of pages: 41 including this page

This paper comprises of 100 questions. All questions are of equal weighting. **Read questions carefully.** Please provide your responses to questions on this examination paper **by circling a single response per question**

Format of the examination paper

Section 1: Single best response Multiple Choice Questions (MCQs) – 69 questions

Section 1a: Questions relating to legal and regulatory requirements to practice in Australia

Section 1b: Questions relating to informed consent

Section 1c: Questions relating to contraindications and red flag management Section 1d:

Questions relating to referral processes and imaging

Section 1e: Questions relating to conditions and osteopathy treatment Section 2:

Extended matching questions (EMQs) – 21 questions

Questions relating to differential diagnoses, identification of red flags and contraindications

Section 3: Case Based Multiple Choice Questions – 10 questions

This section has 4 case vignettes with questions covering the topics listed above relating to safe osteopathy practice

Appendix 3: Example case and suggested answers for Stage 3 – online practical assessment

Example case - Instructions to candidates

You are about to complete the simulated patient case for 'Adrian'. Approach this case as if you are an osteopath working in a clinic.

This case represents an initial osteopathy consultation, so it is important to treat Adrian as a new patient to your clinic.

The 'Adrian' case is comprised of 3 parts:

Part 1: You will be provided with some basic case information and prompted to answer 2 questions relating to taking a complete patient case history. It is suggested you spend a maximum of **10 minutes** on part 1.

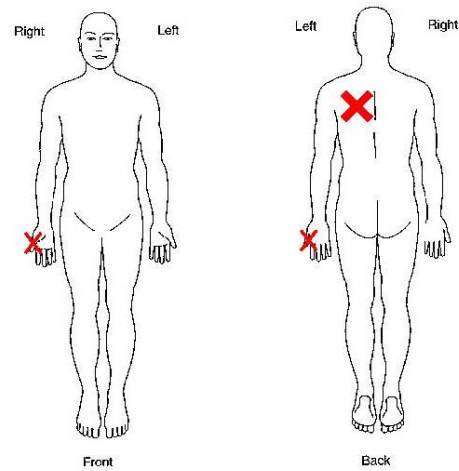
Part 2: You will be provided with more extensive information about Adrian's presenting complaint, medical history and psychosocial factors. You will be asked questions relating to red and yellow flags, differential diagnoses and examinations and tests relevant to Adrian. It is suggested you spend a maximum of **25 minutes** on part 2.

Part 3: You will be provided with Adrian's examination findings and prompted to answer questions regarding the most likely diagnosis (given the examination findings) and prognosis for Adrian. You are required to propose appropriate management for Adrian. It is suggested you spend a maximum of **25 minutes** on part 3.

Some important things to note:

- You have 60 minutes to work through this patient case.
- You are only able to move on once each part is completed.
- You are required to type your responses into the entry boxes provided under each question.
- Please save your responses as you are working through because if you progress to the next screen without saving your entry, **it may be lost.**

Part 1: Basic case information



Adrian is a 70-year-old retired bank manager who is attending your clinic with left scapula pain that = is also present on his back medial to the scapula. The pain came on one week ago. He describes the pain as a deep ache which is affecting his sleep and is aggravated by sitting at the computer. Adrian spends many hours per day checking news headlines, monitoring the stock market (he is a self-funded retiree) and playing online poker. He also has deep pain in his left arm which spreads into his index finger and thumb. He is also experiencing numbness in his fingers on his left hand.

List three additional questions you would ask Adrian relating to the presenting complaint. Your questions should be seeking additional information and/or clarification to the case information provided to you. For each question, briefly (1-2 sentences) justify why you would ask the question in relation to Adrian’s presenting complaint.

Examples answers are provided in the table below. There are more questions that would be considered ‘correct’ in relation to Adrian – these are just examples to show how this sort of question should be answered.

Question	Justification and rationale for Adrian
<i>Are you experiencing any weakness in the left arm or hand?</i>	<i>To help determine if there is motor involvement in the presentation</i>
<i>Are you experiencing any neck pain or stiffness?</i>	<i>The symptoms could be arising from a condition in the cervical spine</i>
<i>Where exactly is the arm pain?</i>	<i>I need to know the exact presentation as this could help to identify what structures are involved in the problem (eg. Dermatomal pattern, specific muscle)</i>
<i>How severe is the pain in the scapula/arm/fingers?</i>	<i>The current information does not clearly differentiate the level of pain experienced in the different areas. Gaining pain ratings helps in prioritising treatment but also gives a basis for comparison post treatment</i>
<i>Is there anything that makes the pain less/ improve?</i>	<i>Identification of relieving factors can provide information on the nature of what is causing the pain. If stretching and heat offered relief for Adrian then it is likely the pain is muscular.</i>

List the questions that you would ask due to consideration of serious conditions that may be involved with ADRIAN. For each question, briefly (1-2 sentences) justify why you would ask this question and which serious condition/s it is related to.

Examples answers are provided in the table below. There are more questions that would be considered 'correct' in relation to Adrian – these are just examples to show how this sort of question should be answered.

Question	Justification
<i>Are you experiencing any chest pain, palpitations, shortness of breath or dizziness?</i>	<i>To help establish if there is any cardiovascular (or other major system) involvement in the presentation which should be investigated further, especially as Adrian presents with left arm pain. Relates to an Acute Myocardial Infarction.</i>
<i>Are you experiencing any clumsiness in your hands or changes in your gait?</i>	<i>To help establish if there are any lower motor neuron symptoms that should be investigated further. Relates to Cervical myelopathy.</i>
<i>Have you experienced any recent weight changes?</i>	<i>To help establish if there is any underlying systemic cause to Adrian's presentation ie unexplained recent weight loss related to carcinoma.</i>

Part 2: Extended case information

Adrian woke with the scapula pain one week ago, but he has only noticed the pain and symptoms into his arm in the last few days. Adrian is visibly upset as his pain and associated symptoms are waking him at night and he hasn't been sleeping well.

You ask Adrian to describe exactly where he is feeling his arm pain. While he is on the computer he notices a deep pain down the lateral aspect of his left arm into the elbow, lateral forearm and into his index finger and thumb. He also experiences numbness in the tips of his fingers that is difficult to pinpoint the exact location. He notices the numbness mostly while he is on the computer and sometimes when driving his car. He is also feeling a little clumsy lately and finds it difficult doing up the buttons on his shirt.

Adrian tells you that he has always had a stiff neck, and it is very stiff today. He has also recently been feeling unsteady on his feet at times, but he is not sure if this is due to fatigue from his poor sleep pattern.

Adrian was a heavy smoker until he quit twenty years ago. He does not drink alcohol and his only real hobby or activity is his computer "work". He admits to feeling a little lost since retiring from employment and worries constantly about the stock market and the state of his superannuation fund. He is 175cm tall and weighs 90kgs. He tells you that apart from benign prostatic hypertrophy (which he has checked by a specialist every "couple of years") and high blood pressure, he has had no other medical issues or illnesses. He tends to avoid visiting the general practitioner (GP) wherever possible, visiting only whenever he needs to get a script for his blood pressure medication. Adrian lives at home with his wife. Adrian and his wife are booked to fly to the United States in two weeks for a holiday.

List three probable differential diagnoses for Adrian's presentation. You do not need to include any justification for these three diagnoses.

Cervical spondylosis/stenosis/myelopathy

Degenerative disc disease

Cervical postural strain

List any red flags associated with this case (maximum of three but can be none)

Hypertensive with left arm pain and neurological symptoms

Night pain

Unsteady on feet

Clumsiness/lack of coordination

List any yellow flags associated with this case (maximum of three but can be none)

Distressed, worrier

Limited social engagements – potentially isolated

Avoids visiting general practitioner (GP)

List the examinations that need to be performed on ADRIAN. For each examination/test briefly provide a rationale. Consider relevant examinations for the differential diagnoses provided and the identified red flags and serious conditions in Part 1.

Systems/medical and osteopathic/orthopedic examinations should directly relate to a differential diagnosis, red flag or serious condition/s. Functional and osteopathic examinations should relate to relevant region/s of the body for Adrian. For each examination the specific tissue/relevant anatomy and/or physiology should be stated. Include (if appropriate):

Systems/Medical examinations (complete as many rows that are appropriate):

Examination/Test	Rationale for test	Relevant Tissue/anatomy/physiology for this test
<i>Upper limb neurological assessment- Motor, sensory and reflex assessment. Potentially lower limb assessment</i>	<i>Neurological symptoms with tingling and referred pain</i>	<i>Upper limb dermatomes, myotomes and reflexes specifically C5, C6, C7, C8, T1 nerve roots</i>
<i>Blood pressure</i>	<i>Hypertensive patient</i>	<i>Cardiovascular system</i>
<i>Coordination tests</i>	<i>Clumsiness, unsteady on feet reported</i>	<i>Coordination tests assess cerebellum as well as other aspects of the neurological system. Myelopathy needs to be considered so coordination tests spinal cord also</i>
<i>Cranial nerve examination/screen</i>	<i>Loss of balance</i>	<i>Vestibulocochlear nerve in particular as nerve responsible for balance.and optic nerve for vision</i>

Orthopedic/Osteopathic examinations

Examination/Test	Rationale for test	Relevant Tissue/anatomy/physiology for this test
<i>Gait (normal and tandem)</i>	<i>Considering myelopathy, also gives overall assessment of balance, mobility and mechanics</i>	Central nervous system – spinal cord and cerebellum Peripheral nervous system – sensory system
<i>Spurling's/ cervical compression</i>	<i>To examine for radiculopathy caused by nerve root compression</i>	Cervical spinal nerve roots
<i>Active range of motion of cervical and thoracic spine as well as upper limb</i>	<i>To assess for active restriction in these areas and reproduction of familiar pain</i>	Zygapophyseal joints and thoracic cage, pectoral girdle and upper limb joints
<i>Passive range of motion of the above areas</i>	<i>To assess for joint restriction in these areas and reproduction of familiar pain</i>	Zygapophyseal joints and thoracic cage, pectoral girdle and upper limb joints
<i>Palpation of cervical spine and upper limb</i>	<i>To assess for hypertonicity and reproduction of familiar pain</i>	Cervical, thoracic and axioappendicular and upper limb muscles and joints

Given Adrian's problems with coordination, list two tests that would be appropriate to perform on Adrian.

Point-to-Point Movement Evaluation

Rapidly Alternating Movement Evaluation

Gait/tandem walking

Rhomberg

What outcome measures could be adopted as part of Adrian's management and monitoring. Identify relevant outcome measure/s and include a clear statement why this outcome measure is relevant to Adrian.

Neck disability index – due to cervical stiffness

Patient Specific Functional Scale – is able to monitor and quantify Adrian's daily activity limitation and measure functional outcomes.

Part 3: Examination findings

Systems/Medical examination:

- Blood pressure: 160/100
- Quadrilateral neuro testing:
 - Observation:
 - Gait: wide based gait
Tandem walking: inability to perform.
 - Speech: nothing abnormal noted
Involuntary movements: nothing noted
 - No noticeable muscle wasting/fasciculations
 - Reflexes- hypo L triceps reflex (1+) All other reflexes normal (2+) (inc the lower limb reflexes).
 - Sensory- paraesthesia in the index, middle, ring finger L with light touch and pin prick. Temperature and proprioception testing negative.
 - Motor- triceps and wrist flexion weakness L (Grade 3). All other motor testing Grade 4.
 - Coordination – Point to point movement and rapid alternating movement poorly executed
- Cranial nerve screen of CNs II and VIII – testing was negative

Osteopathic/Orthopedic examination:

Observation:

Normal head carriage

Shoulder girdle slight protraction bilaterally left >right

Active range of motion:

Very restricted bilateral Cervical rotation (Right=20° Left=20°)

Restricted painful bilateral Cervical side-bending (Right=25° Left=20°) extension and flexion

Decreased side-bending and rotation through thoracic spine bilaterally.

Passive range of motion:

C4/5, C5/6, C6/7, C7, T1 very tender and reduced translation glide Left>Right

Decreased extension and flexion C6/7, C7/T1

Decreased mobility of T4-7

Posterior, very tender rib 4 left

Palpation:

Hypertonicity and tenderness cervical erector spinae, upper trapezius, levator scapulae, pectoralis major left > right

Hypertonicity and tenderness in the extensor compartment of Left forearm and Left triceps.

Given the examination findings, what is the most likely diagnosis? (This diagnosis does not have to be one of your 3 previously listed differential diagnoses).

Cervical spondylosis/stenosis with C7 nerve root compression

Consider the likely diagnosis in the context of Adrian's case history information and examination findings. What is the likely prognosis for Adrian? (consider the natural history of the condition, yellow flags, personal factors etc)

It is unlikely that Adrian's condition will resolve in the short term due to the nature of the condition and Adrian's current health status. Adrian's pain levels may be able to be improved in the short term with pain medication management by his General Practitioner

Detail an osteopath's immediate management plan for Adrian.

Referral to General Practitioner/Neurologist regarding diagnosis, imaging and management, pharmaceutical management and high blood pressure- this should all be followed up immediately due to the impending planned holiday.

Education of condition including identifying red flag potentials.

Communication regarding impending holiday- if still going, educate regarding ergonomics of aeroplane, pillow and luggage and reiterate importance of GP co-care (pain management, ruling out red flags) prior to leaving

Appendix 4: Essential additional information for candidates regarding patient consultations

Assessors in the patient consultations

Two assessors will assess your performance throughout the patient consultations. The examiners will be a silent observer in the room and will only speak with you directly if they see a concern regarding patient safety. You are not required to speak to the assessors to explain what you are doing or thinking – rather your focus should be on the patient. The assessors will review your patient notes once you complete them after each consultation.

The assessors are not able to provide ‘advice’ or guidance to you on the treatment and management of the patients you see during the clinical examination. The assessors will be assessing your ability to independently manage osteopathy patients in a safe and effective way that aligns with Australian osteopathy practice.

Equipment required

You are required to bring your own examination equipment to the examination (stethoscope, sphygmomanometer, neuro exam equipment etc).

Patient file format

Victoria University use an electronic patient file management system. You are not required to use this system (would require training for you to use confidently) and you are able to use hard copy version of the patient file template you currently use in practice. You need to complete these in hard copy and provide to the examiner for review at the end of each consultation. If you do not use a file template in practice and prefer unstructured hand-written notes, then please bring your own blank paper to the examination

Consent forms and process of obtaining consent

Informed consent is a critical aspect of osteopathy practice and the examiners will be assessing your understanding of the Informed consent guidelines (developed under section 39 of the National Law) by observing your processes of explaining consent, gaining initial consent and subsequent consent throughout the treatment. As you will be undertaking your examination at the Victoria University Osteopathy Clinic – you will be required to use their consent form template. The AOAC has requested a copy of the consent form on your behalf and will forward it to you when received so you can become familiar with the document. Also, you may want to review the information on informed consent available on the Osteopathy Board of Australia website.

Treatment room

You will be allocated to one of the student clinical treatment rooms for the clinical examination. The room has a treatment table, wash basin, desk and chair. You will be able to get linen from the linen storage (you will be shown where this is when you arrive).

The assessors will be set up in a nearby room and will join you in your treatment room when completing assessments.

Offering gowns and draping of patients

The AOAC understands there are differences in how private osteopathy clinics set up treatment rooms and what the patient wears during treatment (fully clothed, in gown or in underwear). For clarity, you will have a new clean gown available for each patient consultation. You will be able to get these from the linen storage room. If the patient decides not to wear the gown, then you can treat them in their underwear but adequate draping with towel is required at all times. At a minimum one towel should be draped over the patient for warmth and comfort. Usually two towels are used (one for lower extremities and gluteal region and one for back) and the towel is folded back to expose a body region where the treatment will be applied.

Rebooking patient for follow up treatment

The patient will be aware you are undertaking an assessment and therefore will not be available for a follow up consultation. If your management includes a follow up treatment, then please recommend the patient re books with the student clinic. The reception will manage the rebooking on the computer system, but you will need to inform the patient when the follow up appointment should occur.

Process if patient requires referral to other health professional

Registered osteopaths in Australia are able refer directly for some imaging related to spinal problems. As you will not hold general registration you will not be able to send directly for imaging. If part of your management includes the patient getting immediate imaging, then you will need to refer them to their general practitioner (GP). It is also good practice to write the GP a referral letter outlining your diagnosis, prognosis and management for the patient. You will not be expected to write the letter within the consultation time – rather it can be completed in a break or at the end of the day as is common in private practice.

If your history taking or examination indicates a medical emergency that requires immediate attention, then call 000 on behalf of the patient and arrange an ambulance.

You will not be able to suggest a practitioner to the patient if you identify they would benefit from some other health services (e.g. nutritionist, psychology etc.) as part of their ongoing management as you do not have established networks in Melbourne. Again, you can refer them back to their GP with a letter of recommendation of other services that may be beneficial to the patient.

Appendix 5: OSCE candidate templates and station marking criteria

Stations 1 and 4 are candidate writing and planning stations. The templates candidates will complete in these stations is provided below.

Station 1: You will be provided a patient narrative and are required to complete the questions below for discussion with examiner in station 2. You will perform the examinations listed in station 3.

Station Two PLANNING: Case and Proposed Examination Discussion

1.1 Identify three likely differential diagnoses.

Justify the inclusion of these differentials based on the case information and the nature of the condition.

1.

2.

3.

1.2 Identify and justify any yellow flags associated with the case.

How will these potentially impact examination, treatment and ongoing management of the patient?

Discuss at least two (2) yellow flags in relation to the case.

1.3 Consider serious conditions/pathologies relevant to the case.

Propose the likelihood of the condition/s being present based on the case information and nature of the condition/s.

1.4 Propose an examination plan (clinical and osteopathic) designed to support your diagnosis and provide more information for serious conditions being considered.

Be prepared to clearly explain which test/s relate to each differential and serious condition.

Indicated Clinical Examinations:

Reasoning:

Osteopathic Examination:

Reasoning:

Station 4: You will be provided with examination findings and are required to complete the questions below for discussion with examiner in station 5.

Station Four writing station: Working diagnosis and management plan

Working diagnosis (based on examination findings, case narrative and plan from station 1)

Prognosis

Patient management plan (consider immediate management as well as longer term management plan).

Stations 2,3,5 and 7 descriptions and marking criteria are provided below. These have been provided to assist you in your preparation for the OSCE.

Station Two: Case and Proposed Examination Discussion (15mins)

The candidate discusses case information with the examiner who may ask follow up and clarification questions. The candidate can refer to their notes from Station One: Case Narrative throughout the discussion.

The examiner will select a single number rating from the criteria listed below based on the candidate's performance in the station.

Criteria ratings

4 = Well above expected level of performance for a graduating osteopath in Australia

3 = Expected level of performance for a graduating osteopath in Australia

2 = Below expected level of performance for a graduating osteopath in Australia

1 = Well below expected level of performance for a graduating osteopath in Australia

A score of 4 means the examiner rarely had to ask follow up or clarification questions due to the candidate justifying all statements intellectually and succinctly. There were no deficiencies in identifying or managing risk and safety considerations relating to the patient.

A score of 3 means there were no deficiencies in identifying and managing risk and safety considerations relating to the patient and the candidate was able to justify their statements clearly.

A score of 2 means the candidate demonstrated an ability to justify most of their statements relating to the criterion but there was at least one aspect that was unclear and/or weakly supported. If the examiner identifies a deficiency in knowledge and/or skill that could result in risky or unsafe osteopathy practice the maximum rating that can be awarded for the related criteria is 2. A candidate can receive a rating of 2 for a criterion even in the absence of a safety or risk issue but the examiner is required to justify why the rating is below expected level of an Australian graduating osteopath.

A score of 1 means the candidate weakly justified their statements meaning their explanation was not presented in a clear and logical manner. The lack of clear and supported statements means there are significant deficiencies in the candidate's knowledge and therefore raise a high level of concern for safety or risk issues relating to osteopathy practice.

Station Two: Case and Proposed Examination Discussion

Criteria #		Criteria description		Rating			
2.1		Identifies three likely differential diagnoses and justifies the inclusion of these differentials based on case information and the nature of the condition.	4	3	2	1	
Comments on 2.1							
2.2		Identifies and justifies yellow flags associated with the case and is able to articulate how these will potentially impact on examination, treatment and ongoing management of the patient.	4	3	2	1	
Comments on 2.2							
2.3		Considers serious conditions/pathologies relevant to the case and proposes the likelihood of the condition/s being present based on the case information and nature of the condition/s.	4	3	2	1	
Comments 2.3							
2.4		Proposes an examination plan (clinical and osteopathic) that demonstrates the intention of gathering findings to support a diagnosis and to provide more information for serious conditions being considered. Candidate clearly explains which test/s relate to each differential and serious condition. <u>Indicated clinical examinations:</u> <u>Osteopathic Examination:</u>	4	3	2	1	
Comments 2.4							
		Was there deficiency in knowledge and/or skills that could result in risky or unsafe osteopathy practice?	YES		NO		
		Overall Performance	4	3	2	1	
Overall comments							

Station Three: Patient Examinations (25 mins)

The candidate performs clinical and osteopathic examinations based on the plan proposed in Station Two: Case and Proposed Examination Discussion on a simulated patient (SP). The SP has not been trained to provide positive or negative findings so the candidate should focus on communicating with the patient while performing the tests. The candidate should not expect simulated findings. The examiner has an observer only role in this station and the candidate does not have any discussion or interaction with the examiner.

The examiner will select a single number rating from the criteria listed below.

Criteria ratings

4 = Well above expected level of performance for a graduating osteopath in Australia

3 = Expected level of performance for a graduating osteopath in Australia

2 = Below expected level of performance for a graduating osteopath in Australia

1 = Well below expected level of performance for a graduating osteopath in Australia

A score of 4 means the candidate performed effective and efficient examinations with a sophisticated level of patient centred communication and care. There were no deficiencies in identifying or managing risk and safety considerations relating to the patient.

A score of 3 means the examinations were performed effectively with professional communication demonstrated with the patient. There were no deficiencies in identifying and managing risk and safety considerations relating to the patient and the candidate was able to justify their statements clearly.

A score of 2 means the candidate's examination of, and communication with the patient was mostly professional but there was at least one example of inappropriate and therefore unprofessional behavior. If the examiner identifies a deficiency in knowledge and/or skill that could result in risky or unsafe osteopathy practice the maximum rating that can be awarded for the related criteria is 2. A candidate can receive a rating of 2 for a criterion even in the absence of a safety or risk issue but the examiner is required to justify why the rating is below the expected level of a graduating osteopath in Australia.

A score of 1 means the candidate's examination of and/or communication with the patient was highly concerning in that it was potentially harmful, disrespectful, judgmental and/or discriminatory. There is likely to be more than one safety or risk issue and the candidate often did not justify their statements in a clear and logical manner and/or examinations performed were ineffective or potentially unsafe.

Station Three: Patient Examinations					
Criteria #	Criteria description	Rating			
3.1	Explains the relevance of the clinical and osteopathic examinations to the patient (in lay terms) and gains the patient's consent to perform them	4	3	2	1
Comments on 3.1					
3.2	Performs clinical examinations in a systematic and effective manner that would result in authentic findings in the patient	4	3	2	1
Comments on 3.2					
3.3	Performs osteopathic examinations in an effective manner that aligns with osteopathic principles and philosophy	4	3	2	1
Comments on 3.3					
3.4	Ensures patient comfort throughout all the examinations (draping, positioning etc.)	4	3	2	1
Comments 3.4					
3.5	Professionally communicates with the patient throughout the examinations	4	3	2	1
Comments 3.5					
	Was there deficiency in knowledge and/or skills that could result in a risky or unsafe osteopathy practice?	YES		NO	
	Overall Performance	4	3	2	1
Overall comments					

Station Four: Examination Findings and Planning of Management (10 mins)

The candidate has 10 minutes to read the provided Examination Findings and develop a working diagnosis and management plan for discussion with the examiner in Station Five: Discussion of Diagnosis and Treatment Plan. The candidate should also consider the case narrative PLAN in this station (completed in Station One).

Clinical Assessment

Examinations findings for the case provided

Osteopathic Assessment

Examination findings for the patient case provided

Station Five: Discussion of Diagnosis and Treatment Plan (20mins)

The candidate discusses and justifies the working diagnosis with the examiner based on case information from Station One: Case Narrative and examination findings provided in Station Four. The candidate needs to explain the nature of the diagnosed condition and likely prognosis whilst considering the patient specifically (e.g. identified yellow flags, occupation etc.). The candidate then needs to outline their treatment and management plan to the examiner with justification of the selected strategies for patient management. The examiner may ask follow up or clarification questions. Candidates can refer to their notes from Station 4 throughout the discussion. The completed Station 4 document needs to be given to the examiner at the end of this station.

After the discussion with the examiner has concluded, the candidate will explain the proposed treatment and management plan to a simulated patient. The examiner will observe the discussion between the candidate and the patient.

The examiner will select a single number rating from the criteria listed below.

Criteria ratings

4 = Well above expected level of performance for a graduating osteopath in Australia

3 = Expected level of performance for a graduating osteopath in Australia

2 = Below expected level of performance for a graduating osteopath in Australia

1 = Well below expected level of performance for a graduating osteopath in Australia

A score of 4 means the examiner rarely had to ask follow up or clarification questions due to the candidate justifying all statements intellectually and succinctly. There were no deficiencies in identifying or managing risk and safety considerations relating to the patient.

The candidate displayed a sophisticated level of patient centred communication and care when explaining the treatment and management plan to the patient.

A score of 3 means there were no deficiencies in identifying and managing risk and safety considerations relating to the patient and the candidate was able to justify their statements clearly. The candidate displayed professional communication when explaining the treatment and management plan to the patient.

A score of 2 means the candidate demonstrated an ability to justify most of their statements relating to the criterion but there was at least one aspect that was unclear and/or weakly supported. If the examiner identifies a deficiency in knowledge and/or skill that could result in risky or unsafe osteopathy practice the maximum rating that can be awarded for the related criteria is 2. A candidate can receive a rating of 2 for a criterion even in the absence of a safety or risk issue but the examiner is required to justify why the rating is below expected level of an Australian graduating osteopath. The candidate's communication with the patient was mostly professional but there was at least one example of inappropriate and therefore unprofessional behavior.

A score of 1 means the candidate weakly justified their statements meaning their explanation was not presented in a clear and logical manner. The lack of clear and supported statements means there are significant deficiencies in the candidate's knowledge and therefore raise a high level of concern for safety or risk issues relating to osteopathy practice. The candidate's communication with the patient was highly concerning in that it was disrespectful, judgmental and/or discriminatory.

Station Five: Discussion of Diagnosis and Treatment Plan

Criteria #	Criteria description	Rating			
		4	3	2	1
5.1	Justifies the working diagnosis by discussing the examination findings in relation to the case information (to the examiner).	4	3	2	1
Comments on 5.1					
5.2	Accurately explains the nature and prognosis of the working diagnosis (to the examiner) <i>Nature of condition:</i>	4	3	2	1
Comments on 5.2					
5.3	Explains the proposed treatment and management plan for the patient that demonstrates acknowledgement of the patient's individual circumstances (to the examiner)	4	3	2	1
Comments on 5.3					
5.4	Considers other treatment and management options, including the option for no treatment (discusses with examiner)	4	3	2	1
Comments 5.4					
5.5	Discusses effective approaches to facilitating patient access to various management strategies (with the examiner)	4	3	2	1
Comments 5.5					
5.6	Identifies the medico-legal responsibilities of an osteopath practicing in Australia in the context of patient management (with the examiner)	4	3	2	1
Comments on 5.6					
5.7	Effectively explains the working diagnosis including the nature of the condition and prognosis (to the patient)	4	3	2	1

Comments on 5.7					
5.8	Explains the proposed treatment and management plan including identification of any risks (to the patient)	4	3	2	1
Comments on 5.8					
5.9	Describes the benefits of the proposed treatment and management and gains consent from the patient	4	3	2	1
Comments on 5.9					
5.10	Communicates professionally with the patient throughout the discussion of the diagnosis and treatment plan	4	3	2	1
Comments 5.10					
	Was there deficiency in knowledge and/or skills that could result in a risky or unsafe osteopathy practice?	YES		NO	
	Overall Performance of the candidate on station	4	3	2	1
Overall comments					

Station Six: Discussion and Application of Manual Techniques (15 mins)

The candidate must select two manual therapy techniques that would be suitable given the case narrative, examination findings and diagnosis. Candidates should select two different manual techniques and indicate which region and tissue they will be focusing on with the application of the technique.

The candidate is required to justify their selection of these techniques to the examiner, including a description of the proposed theoretical mechanisms underlying the technique. The candidate needs to explain how the manual technique may impact the targeted tissues and the postulated therapeutic effect for the patient. In the discussion of the selected techniques with the examiner, the candidate should identify any relevant contraindications for the particular technique/s for the specific case.

The candidate needs to communicate professionally with the patient prior to and during the application of the techniques. This should include a description of the technique to the patient. Informed consent to proceed with the technique needs to be obtained prior to application. The examiner will observe the application of the techniques. In the event the examiner feels the technique/s are not safe for the simulated patient, they may stop the candidate from continuing with the technique.

The candidate will discuss their first technique with examiner and then apply it to the simulated patient. Once the first technique has been applied, the candidate will discuss their second selected technique with examiner and then apply it to the simulated patient.

Station 6 criteria ratings

Please note that this station has some graded criteria that are scored utilising the graded 4-1 rating, and some competency criteria (those related to risk and safety) utilising a score of either a 'yes' or 'no' in response to the candidate meeting the expected level for safe osteopathy practice in Australia.

The examiner will select a single rating for both the graded and competency based criteria as outlined below:

Graded Criteria ratings

4 = Well above expected level of performance for a graduating osteopath in Australia

3 = Expected level of performance for a graduating osteopath in Australia

2 = Below expected level of performance for a graduating osteopath in Australia

1 = Well below expected level of performance for a graduating osteopath in Australia

A score of 4 means the candidate performed effective and efficient techniques with a sophisticated level of patient centred communication and care. There were no deficiencies in identifying or managing risk and safety considerations relating to the patient.

A score of 3 means the techniques were performed effectively with professional communication demonstrated with the patient. There were no deficiencies in identifying and managing risk and safety considerations relating to the patient and the techniques and the candidate was able to justify their statements clearly.

A score of 2 means the candidate's communication with the patient was mostly professional but there was at least one example of inappropriate and therefore unprofessional behavior. The applied technique was mostly effective but there was at least one aspect that was ineffective and/or potentially harmful. If the examiner identifies a deficiency in knowledge and/or skill that could result in risky or unsafe osteopathy practice the maximum rating that can be awarded for the related criteria is 2. A candidate can receive a rating of 2 for a criterion even in the absence of a safety or risk issue but the examiner is required to justify why the rating is below the expected level of a graduating osteopath in Australia.

A score of 1 means the candidate's communication with the patient and/or application of selected technique/s was highly concerning in that it was potentially harmful, disrespectful, judgmental and/or discriminatory. There is likely to be more than one safety or risk issue and the candidate often did not justify their statements in a clear and logical manner and/or the techniques performed were ineffective and/or potentially unsafe.

Competency Criteria ratings

YES = The candidate meets the expected level of performance for a graduating osteopath in Australia and can safely practise independently

NO = The candidate does not meet the expected level of performance for a graduating osteopath in Australia and cannot safely practise independently

Station Six: Discussion and Application of Manual Techniques					
TECHNIQUE SELECTED:					
Criteria #	Criteria description	Rating			
6.1	Justifies the selection of the technique with relation to the patient’s case narrative, examination findings and working diagnosis (to the examiner)	4	3	2	1
Comments on 6.1					
6.2	Briefly explains the proposed mechanism of action of the selected technique including explanation of likely therapeutic effect (to the examiner) <ul style="list-style-type: none"> • <i>Target tissue identified</i> • <i>Mechanism explained clearly</i> • <i>Therapeutic effect linked to mechanism and tissue</i> 	4	3	2	1
Comments on 6.2					
6.3	Considers and discusses all risks in relation to the patient. This includes identification of all relative and absolute contraindications relevant to the application of the selected manual technique in the context of the patient’s case narrative, examination findings and working diagnosis (to the examiner)	YES		NO	
Comments on 6.3					
6.4	Obtains informed consent for application of the technique from the patient. Risks, benefits and options for other techniques are explained to the simulated patient.	YES		NO	
Comments on 6.4					

6.5	The technique is applied safely to the simulated patient	YES	NO
Comments 6.5			
6.6	The technique is delivered in a manner that is likely to be effective	YES	NO
Comments on 6.6			
6.7	The patient's comfort and modesty are ensured throughout the technique with appropriate draping and the use of pillows where needed. The candidate communicates professionally throughout the delivery of the techniques	YES	NO
Comments on 6.7			
	Was there deficiency in knowledge and/or skills that could result in a risky or unsafe osteopathy practice?	YES	NO
	Overall Performance of the candidate on station	4	3
		2	1
Overall comments			

Station Seven: Discussion and Application of Cervical High Velocity Low Amplitude (HVLA) Technique (20 mins)

Please note: This station is not related to the previous six stations and candidates should consider it a 'stand-alone' or separate station to the remainder of the OSCE.

The candidate is required to discuss the safety considerations and theory related to cervical manipulation in osteopathic practice before examining and applying the HVLA to a simulated patient.

After a discussion with the examiner regarding cervical HVLA safety considerations, the candidate will perform an examination of the simulated patient's cervical spine to identify a segment that is suitable for manipulation (PLEASE NOTE: the examination of the patient's cervical spine is not an assessable component in this station). The candidate will discuss with the examiner the segment they will be focusing on and nominate the type of HVLA they will be applying. The candidate is required to justify their selection of HVLA technique to the examiner, and this needs to include a description of the proposed theoretical mechanisms underlying the technique.

The candidate needs to communicate professionally with the simulated patient prior to and during the application of the cervical HVLA technique. This should include a description of the technique. Informed consent to proceed with the technique needs to be obtained prior to application. The examiner will observe the application of the cervical HVLA technique. In the event the examiner feels the technique is not safe for the simulated patient, they may stop the candidate from continuing with the technique.

Station 7 criteria ratings

This station has some graded criteria that are scored with the below listed 4-1 rating and some competency criteria (those related to risk and safety) that are scored with either a 'yes' or 'no' in response to the candidate meeting the expected level for safe osteopathy practice in Australia.

The examiner will select a single rating for both the graded and competency based criteria as outlined below:

Criteria ratings

- 4 = Well above expected level of performance for a graduating osteopath in Australia
- 3 = Expected level of performance for a graduating osteopath in Australia
- 2 = Below expected level of performance for a graduating osteopath in Australia
- 1 = Well below expected level of performance for a graduating osteopath in Australia

A score of 4 means the candidate performed effective and efficient Cervical HVLA technique with a sophisticated level of patient centred communication and care. There were no deficiencies in identifying or managing risk and safety considerations relating to the patient.

A score of 3 means the Cervical HVLA technique was performed effectively with professional communication demonstrated with the patient. There were no deficiencies in identifying and managing risk and safety considerations relating to the patient and the techniques, and the candidate was able to justify their statements clearly.

A score of 2 means the applied Cervical HVLA technique was mostly effective but there was at least one aspect that was ineffective and/or potentially harmful or there was a deficit in knowledge regarding safety and theory related to the technique. The candidate's communication with the patient was mostly professional but there was at least one example of inappropriate and therefore unprofessional behavior. If the examiner identifies a deficiency in knowledge and/or skill that could result in risky or unsafe osteopathy practice the maximum rating that can be awarded for the related criteria is 2. A candidate can receive a rating of 2 for a criterion even in the absence of a safety or risk issue but the examiner is required to justify why the rating is below the expected level of a graduating osteopath in Australia.

A score of 1 means the candidate's communication with the patient and/or application of the cervical HVLA was highly concerning in that it was potentially harmful, disrespectful, judgmental and/or discriminatory. There is likely to be more than one safety or risk issue and the candidate often did not justify their statements in a clear and logical manner and/or techniques performed were ineffective or potentially unsafe.

Competency Criteria ratings

YES = The candidate meets the expected level of performance for a graduating osteopath in Australia and can safely practise independently

NO = The candidate does not meet the expected level of performance for a graduating osteopath in Australia and cannot safely practise independently

Station Seven: Discussion and Application of Cervical HVLA Technique					
CERVICAL HVLA TECHNIQUE SELECTED:					
Criteria #	Criteria description	Rating			
7.1	Considers and discusses all risks in relation to the cervical HVLA technique. This includes identification of all relative and absolute contraindications relevant to the application of Cervical HVLA (to the examiner)	YES	NO		
Comments on 7.1					
7.2	Effectively explains the anatomical and physiological elements of cervical artery dissection (CAD) and vertebral artery insufficiency (VBI). Candidate is able to demonstrate a thorough understanding of these conditions in the context of cervical spine manipulation.	YES	NO		
Comments on 7.2					
7.3	Discussion of technical application of Cervical HVLA techniques. Includes acknowledgement of types of Cervical HVLA, variations in techniques to suit patient preferences and underlying theory related to spinal segmental biomechanics (to the examiner)	4	3	2	1
Comments on 7.3					
7.4	Explains the proposed mechanism of therapeutic action of the selected Cervical HVLA technique including explanation of likely therapeutic effect (to the examiner)	4	3	2	1
Comments on 7.4					

7.5	Obtains informed consent for application of the Cervical HVLA technique from the patient. Risks, benefits and options for other techniques are explained to the simulated patient.	YES	NO
Comments on 7.5			
7.6	The Cervical HVLA technique is applied safely to the simulated patient	YES	NO
Comments 7.6			
7.7	The technique is applied in a manner that is likely to be effective	YES	NO
Comments on 7.7			
7.8	The patient's comfort and modesty are ensured throughout the technique with appropriate draping and the use of pillows where needed. The candidate communicates professionally throughout the delivery of the techniques	YES	NO
Comments on 7.8			
	Was there deficiency in knowledge and/or skills that could result in a risky or unsafe osteopathy practice?	YES	NO
	Overall Performance of the candidate on station	4	3
		2	1
Overall comments			

Appendix 6: Clinical Examination marking form (for 3 patient consultations)

Standard Pathway Assessment (SPA) Clinical Examination (CEX) marking form

Candidate code: _____

Assessor name: _____

Observed component (select all if present for entire consultation):

Date of assessment: ____ / ____ / ____

History Exam Management plan Treatment

Patient complaint: _____

Case complexity: Low Medium High

Patient age: ____ Patient number: ____ Gender: Male Female

Observation time: _____ to _____

Aspect of osteopathy practice	Unsatisfactory		Satisfactory	Exceptional	Not observed or applicable
	1	2	3	4	
Information gathering (presenting complaint and medical history)	1	2	3	4	X
Clinical examination and manual treatment skills	1	2	3	4	X
Communication skills	1	2	3	4	X
Clinical reasoning and judgement	1	2	3	4	X
Professionalism and patient management	1	2	3	4	X
Organisation & efficiency	1	2	3	4	X
Identification and management of risk including consent	1	2	3	4	X
Clinical record keeping	1	2	3	4	X
Overall clinical competence	1	2	3	4	

Aspects of the consultation were performed well

Aspects of the consultation for development and improvement

--	--

Examiner signature: _____

Rating scale

- 4) Clinical skills demonstrated exceed the expected level of a new graduate osteopath in Australia.
- 3) Clinical skills demonstrated meet the expectations of a new graduate osteopath in Australia. All safety and risk considerations were managed professionally and effectively
- 2) Clinical skills demonstrated are below the expectations of a new graduate osteopath in Australia. There are gaps in knowledge and/or skills that cause concern regarding professionalism and/or patient safety
- 1) Clinical skills demonstrated are well below the expectations of a new graduate osteopath in Australia. There are major gaps in knowledge and/or skills that cause significant concern for professionalism and/or patient safety

Descriptions for aspects of osteopathy practice observed in consultation

The table below provides examples of satisfactory and unsatisfactory candidate performance under each aspect of the consultation. Exceptional ratings result from performance that exceeds the satisfactory examples. Examiners are able to identify examples of satisfactory and unsatisfactory performance that extends beyond these examples.

	Examples of satisfactory performance	Examples of unsatisfactory performance
Information gathering (presenting complaint and medical history)	<ul style="list-style-type: none"> Questioning gathers all relevant information for the presenting complaint Medical history information gathered is sufficient to consider all systems of the body in the context of the presenting complaint Questioning minimises risk for the patient by extracting a thorough presenting complaint and medical history 	<ul style="list-style-type: none"> Gaps in medical history information gathering that may lead to compromising patient safety Lack of follow up on pertinent event/aspect of patients presenting complaint and/or medical history
Clinical examination and manual treatment skills	<ul style="list-style-type: none"> Clinical examination plan aligns with the information gathered from the patient in determining primary cause of pain and investigating areas of clinical concern from history The performed examination is safe and effective in assessing the targeted tissues and/or systems The examination enables the ability to elicit clinical signs (positive and negative findings) Applied manual techniques are safe and likely to be effective in the targeted tissues 	<ul style="list-style-type: none"> Clinical examination plan lacks alignment with information gathered from patient. Some tests were not indicated, and/or some tests were not included that would have added in clinical reasoning Clinical examination/s were performed inadequately resulting in inaccurate or untrustworthy information Critical examination/s were not performed Clinical examinations/manual technique/s applied to patient are unlikely to be effective and/or were excessively painful for the patient
Communication skills	<ul style="list-style-type: none"> Professional and respectful questioning and interaction with patient Ability to adapt questioning and communication with patient Clear explanation throughout consultation Obvious behaviours of listening to patient Communication facilitates building positive patient rapport 	<ul style="list-style-type: none"> Unprofessional and/or disrespectful communication with patient Patient communication lacked clarity and some discussions/explanations were unclear in their delivery and applicability for this patient Non-verbal communication requires development to facilitate building positive patient rapport
Clinical reasoning and judgement	<ul style="list-style-type: none"> Ability to consider the information gathered and examination findings in formulating likely diagnosis and management plan Considers risk and benefits of designed management plan The candidate uses the examination findings to differentiate normal and abnormal findings in developing diagnosis and management plan 	<ul style="list-style-type: none"> Inability to formulate logical diagnosis based on case history information and clinical examination findings Lacks confidence in making a diagnosis(es) Limited ability to consider and inquire about associate signs, symptoms and/or factors that may be influencing the patient

Professionalism and patient management	<ul style="list-style-type: none"> • Maintains patients comfort through draping and being responsive to their needs throughout the consultation • Observable behaviours that reflects a respect of the patient • Maintains a clean and ordered treatment room/area • Personal presentation is professional and tidy • Considers patient confidentiality during and after the consultation 	<ul style="list-style-type: none"> • Lack of appropriate draping or insensitivity to patient comfort • Unresponsive to individual patient needs or requirements • Observed patient social discomfort due to candidate’s behaviour or language • Candidate’s personal appearance or hygiene lacks professionalism • Inadequate storage and management of privacy documentation
Organisation and efficiency	<ul style="list-style-type: none"> • The sequence of the consultation and is ordered effectively • The different stages of the consultation are timed appropriately ensuring all components are covered relative to the patient • Patient positions for examination and manual technique components are efficient • Consultation commences and concludes within schedule appointment timeframe 	<ul style="list-style-type: none"> • Consultation lacks ordered sequencing • Time allocation to components within consultation are not appropriate to patient • Aspects of consultation are rushed or shortened and not completed thoroughly • Consultation does not commence and/or conclude in scheduled appointment timeframe (unless extenuating patient circumstances/risk determine a need for extended consultation)
Identification and management of risk	<ul style="list-style-type: none"> • Informed consent is adequately obtained and obtained • Arising issues/questions relating to consent are appropriately managed • Risks relating to any aspect of the patient and/or consultation are managed promptly and effectively 	<ul style="list-style-type: none"> • Consent is not explained adequately and/or obtained and/or managed • Risk/s are not identified and/or managed promptly and effectively • A manual technique or aspect of patient management is contraindicated
Clinical record keeping	<ul style="list-style-type: none"> • Clinical record is legible, well-structured and easy to read • Information gathered from patient is clearly stated and accurately recorded • Discussion of informed consent is appropriately documented • Examinations performed with findings are clearly stated • All manual techniques applied and patient management strategies are recorded • Abbreviations in record are clear and accepted 	<ul style="list-style-type: none"> • Clinical record has gaps in detail and does not provide accurate details of the presenting complaint, medical history, examination, treatment and management • Abbreviations are unclear or not customary • Informed consent is not documented

Appendix 7: Example Questions for Stage 5 - OBE



Example 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