



Australasian Osteopathic Accreditation Council (AOAC)

Candidate Guide – Skills assessment for migration
to, and/or registration in Australia

Occupation: Osteopath (ANZSCO Code 252112)

Version 2.2 - October 2014

DISCLAIMER: The information contained in this guide, associated forms and documents and on the AOAC website is accurate at the date of publication. Small changes that may occur to the content and processes contained within this guide, associated forms and documents and on the AOAC website are not routinely notified to potential or actual candidate unless there are substantive in any way, or alter the process in any significant way.

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1. Introduction

The Australasian Osteopathic Accreditation Council (AOAC) is the assessing authority for the Department of Immigration and Border Protection (DIABP) for the assessment of qualifications and skills for migration to Australia; and is responsible for assessments of the knowledge, clinical skills and professional attributes of overseas-qualified osteopaths seeking registration in Australia with the Osteopathy Board of Australia (OBA).

The Qualifications and Skills Assessment Committee (QSAC) is a standing committee of AOAC and administers the assessment of qualifications and skills for migration to, and registration in, Australia.

1.1 Overview of AOAC assessment pathways

There are two assessment pathways available to overseas-qualified osteopaths seeking registration in Australia with the OBA:

- Competent Authority Pathway
- Standard Pathway

The Competent Authority Pathway is intended for overseas-qualified osteopaths who have completed an eligible program of study and hold current registration with the General Osteopathic Council (GOsC). For a detailed discussion of this pathway, see section 2.

The Standard Pathway is for overseas-qualified osteopaths who do not have an eligible program of study but that program of study has been determined to be substantially equivalent to an Australian program of study. For a detailed discussion of this pathway, see section 3. The differences between the two assessment pathways are detailed below:

Stage	Competent Authority Pathway	Standard Pathway
Stage 1 Desktop Assessment	Yes	Yes
Stage 2 Written Examination	No	Yes
Stage 3 Portfolio	No	Yes
Stage 4 Practical Examination	No	Yes
Completion of Open Book Examination (OBE)	Yes	Yes
Supervised practice under Provisional Registration for a minimum of six months	Yes	No

1.2 Migration to Australia

In accordance with the *Migration Regulations 1994*, the Minister has specified AOAC for Immigration and Border Protection as the assessing authority for the DIABP General Skilled Migration (GSM) program for the occupation Osteopath (ANZSCO 252112).

If you wish to apply to migrate to Australia as an Osteopath under the GSM program, you must nominate "Osteopath" as your occupations from the "Skilled Occupation List" and have your qualifications and skills assessed by AOAC using Form 1A *Application for Skills Assessment*.

AOAC can provide advice only in relation to applying for a qualifications and skills assessment. All other questions relating to migration should be directed to DIABP (www.immi.gov.au) or a Registered Migration Agent (www.mara.gov.au).

1.3 Registration in Australia

AOAC is responsible for performing assessments of the knowledge, clinical skills and professional attributes of overseas-qualified osteopaths seeking registration in Australia with OBA, 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 your qualifications, skills and competence against the requirements it has established. AOAC can provide advice only in relation to applying for a qualification and skills assessment and undertaking either the Competent Authority or Standard Assessment Pathway. All other questions relating to registration should be directed to the OBA (www.osteopathyboard.gov.au) Applicants are encouraged to contact the OBA about the requirements for registration in Australia, as the AOAC assessment is only one component of a the registration application.

1.4 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 OBA for registration. Those applying for GSM will need to submit an application to AOAC using Form 1A *Application for Skills Assessment* as part of their migration application.

1.5 Privacy notice

AOAC and its committees liaise with relevant bodies such as registration/licensing authorities, immigration and employment authorities and osteopathic 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 its website www.osteopathiccouncil.org.au/publications

2. Competent Authority Pathway

The Competent Authority Pathway allows applicants who have completed an eligible program of study and who hold current GOsC registration to apply for registration in Australia. Eligible applicants can choose either the Competent Authority or Standard Pathways however; you are not able to change pathways once a pathway has commenced.

2.1 Stage 1 - Desktop assessment

The assessment and evaluation of an applicant's *Stage 1 – Desktop Application* is based upon the following criteria:

(a) *Osteopathic qualification*

Applicants must hold an osteopathy qualification from one of the following education providers:

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

(b) *Osteopathic registration*

Applicants must be currently registered and in good standing with the GOsC. This requirement also applies to new graduates.

(c) *English language skills (if applicable)*

Applicants must have completed both their secondary education and osteopathic qualification on English OR have achieved a minimum score of Band 7 in each of the four components (reading, writing, speaking and listening skills) of the academic version of the International English Language Testing System (IELTS) (www.ielts.org). The IELTS may be taken overseas or in Australia. IELTS test results are valid for two years from the test date.

More information regarding the OBA's Osteopathic English Language Registration Standard can be found on the OBA website (www.osteopathicboard.gov.au/Registration-Standards.aspx)

2.2 Notification of desktop assessment results

Applicants will be notified of the outcome of the desktop assessment within four (4) weeks of receipt of a completed application.

On completion of the desktop assessment, applicants will be advised whether or not they are eligible to sit the Open Book Examination (OBE). Applicants who are assessed as not eligible to sit the OBE are provided with details of the eligibility criteria that they failed and further action they may take.

2.2 Stage 2 - Open Book Examination (OBE)

The Open Book Examination (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 OBA under section 53 (c) of the National Law and will be required for overseas-qualified osteopaths seeking registration in Australia under both the Competent Authority and Standard Pathways.

The OBE is designed to enable applicants to demonstrate their knowledge of professional, cultural and legal issues relevant to the Australian health care system. Designed as an open book examination and delivered via Survey Monkey, applicants will be instructed to refer to the relevant section of the Guide to assist in answering the questions. Some additional key points for candidates to be aware of when undertaking the OBE:

- a) The OBE requires reference to the Guide and is conducted online. Applicants are advised to download and read the Guide prior to undertaking the OBE and ensure that they have access to the internet
- b) Applicants will have 24 hours from the time the link to the OBE is sent to complete the exam. If you cannot complete the exam within 24 hours you will need to contact AOAC at gsa@osteopathiccouncil.org.au to request new login details
- c) The OBE comprises 60 questions in a combination of multiple choice and short answer format
- d) The OBE will take approximately 2 hours to complete and must be completed in one sitting
- e) The pass mark is 80%
- f) You will have a maximum of two attempts to pass the OBE. Each attempt will be taken separately. Applicants will not be charged an additional fee to re-sit the exam. Should an applicant not successfully complete the OBE in two attempts, they will be required to undertake the Standard Pathway (see Section 3) entering at stage 2 of this pathway (written examination).

2.3 Notification of OBE results

Applicants will be notified the outcome of the OBE within three weeks of receipt of the completed exam.

On successful completion of the OBE, AOAC will send a *Certificate of Assessment of Qualifications and Skills in Osteopathy* letter that must be included with the application to the OBA for Provisional Registration. Applicants assessed as not meeting the requirements of the OBE will be advised of the details of the criteria that they failed, the reasons that they failed, opportunities for re-sit assessment/s and further action they can take, including appeal.

Supervised practise under Provisional Registration is a function of the OBA and all enquiries should be directed to the OBA.

Whilst it is the applicant's responsibility to check with the OBA to ascertain what documentation is required for their registration application, applicants are advised to retain all original documents and a certified copy of the completed application form and any other relevant documentation for their records.

2.4 Forms

Form 1B-AU *UK Competent Authority Pathway*

2.5 Fees

Fees are subject to change without notice and are non-refundable.

Stage 1 – Desktop Assessment	\$1200.00 AUD
Open Book Examination	\$ 550.00 AUD

Payment methods are included in the Form 1B-AU *UK Competent Authority Pathway*. The fee for the Open Book Examination includes up to two attempts.

2.6 Appeals

Should you believe that you have valid grounds to appeal an outcome from either the *Stage 1 – Desktop assessment* or the OBE, please refer to the *AOAC Appeals Policy* available from www.osteopathiccouncil.org.au/publications

3. Standard Pathway

The Standard Pathway is open to applicants from any country (including the United Kingdom) who hold an osteopathic qualification that has been determined to be equivalent to an Australian osteopathic program of study. A diagrammatic representation of the standard pathway is included in Appendix 1.

3.1 Stage 1 - Desktop assessment

The assessment and evaluation of an applicant's *Stage 1 – Desktop Application* is based upon the following criteria:

(a) Osteopathic qualification

The minimum requirement is the equivalent of an accredited Australian osteopathic qualification. The general comparability of an applicant's educational qualification to Australian educational standards is based on guidelines contained in the AEI-NOOSR Country Education Profiles for the country concerned as well as comparison with the Australian Qualifications Framework (AQF). Further information regarding the Country Education Profiles is available on the AEI-NOOSR website (www.aei.gov.au)

(b) 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 practise. This requirement also applies to new graduates.

(c) English language skills (if applicable)

Applicants must have completed both their secondary education and osteopathic qualification on English OR have achieved a minimum score of Band 7 in each of the four components (reading, writing, speaking and listening skills) of the academic version of the International English Language Testing System (IELTS) (www.ielts.org). The IELTS may be taken overseas or in Australia. IELTS test results are valid for two years from the test date.

More information regarding the OBA's Osteopathic English Language Registration Standard can be found on the OBA website (www.osteopathicboard.gov.au/Registration-Standards.aspx)

3.2 Notification of desktop assessment results

Applicants will be notified of the outcome of the desktop assessment within four (4) weeks of receipt of a completed application.

3.3 Stage 2 - Written Examination

The *Stage 2 – Written Examination* is designed to assess an applicant's knowledge, clinical skills and patient management skills for the safe and competent practice of osteopathy in the Australian context. Questions are designed to assess an applicant's ability to apply their knowledge of osteopathic practice and to respond to questions about specific scenarios involving an osteopath. This reflects the competency standards. A summary of the written examination process is detailed below:

Duration	1 x 3-hour paper
Location	Candidates may sit for the written examination in Australia (Melbourne, Sydney and Brisbane and other capital cities if suitable arrangements can be made), New Zealand (Auckland), Europe (Athens, London, Moscow), Middle East (Ankara, Dubai, Riyadh), Sub Continent (New Delhi, Islamabad), Africa (Harare, Johannesburg, Accra, Nairobi), Asia (Hong Kong, Manila, Singapore) and South America (Lima, Sao Paolo)
Key Dates	Written examinations are scheduled for the first week of March and September each year. Candidates are required to have completed Stage 1 – Desktop Assessment prior to 5 December and 15 June respectively to ensure eligibility to sit the written examination.
Assessment Methods	Key Features (KF) Modified Essay Questions (MEQ) Extended Matching Questions (EMQ)
Indicative Content	Anatomy Physiology Pathology Radiology
Recommended Reading	Refer to Appendix 2
Assessors	2 x Registered Osteopaths one of whom must be a Head of Program in Australia
Sample Questions	Refer to Appendix 3
Indicative Pass Mark	Candidates must attain a pass mark of 70% in the KF component of the written examination and a 60% pass mark overall

Additional information regarding *Stage 2 – Written Examination*:

- Applicants will be required to be specific with answers and read the questions carefully to ensure accuracy of answers. The applicant's knowledge in assessing a patient's condition from case history, examination procedures and relevant investigations will be assessed
- It is essential that the applicant's answers clearly convey their knowledge. The assessor has to rely on the applicant's information to decide if their practise ability is safe and competent
- Applicants will not lose marks for their approach to a clinical question or the techniques/management style they select. It is recognised that there is a great deal of diversity in osteopathic practise and this is taken into account. Applicants will lose marks however if their management/diagnostic approach is clearly contraindicated on the grounds of patient safety or sound clinical judgment

3.4 Notification of written examination results

Applicants will be notified of the outcome of the written examination results within six (6) weeks of receipt of written examination from the venue.

Successful applicants will also be notified of their portfolio supervisor for the next stage of the assessment process. Applicants assessed as not meeting the requirements of the written examination will be advised of the details of the criteria that they failed, the reasons that they failed, opportunities for re-sit assessment/s and further action they can take, including appeal.

3.5 Stage 3 – Portfolio

Applicants can only progress to *Stage 3 – Portfolio* on successful completion of *Stage 2 – Written Examination*.

The portfolio involves the completion of various tasks based around real patient experiences and associated discussions with an AOAC allocated supervisor. Applicants will have up to 3 – 6 months in normal circumstances to satisfactorily complete the portfolio requirement. An indicative timeline is included as Appendix 4. You will normally be required to compile the portfolio between the written and practical examinations.

It is preferable that applicants will already be working as an osteopath in their country of origin in order to satisfy the requirements of this stage of the assessment. Recently graduated applicants who have only worked in their undergraduate/pre-entry level training clinics should use their experiences from that training clinic in order to complete the tasks for the portfolio. It is usual that the education provider will release anonymised patient records for this purpose, however should this not be possible, applicants are advised to contact AOAC. The portfolio comprises the following elements:

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

There are no absolute right or wrong answers to such tasks as critical incident reports or case based discussions. The assessment is based on the applicant's reflection, depth of analysis, its relevance to patient care and to osteopathy, and how it illustrates the candidate's level of understanding. Each portfolio is double marked to ensure reliability.

Supervisory relationship during the portfolio

- Your supervisor may not be the person who employs you, or who you are directly with
- Supportive assessing relationships such as these require effective communication between both parties and are often a two-way learning process. It is the applicant's responsibility to ensure timely communication with their supervisor
- If for any reason you feel that communication is not satisfactory, or there is some other problem in your relationship with your supervisor, contact AOAC as soon as possible

3.6 Notification of portfolio results

Applicants will be advised that their results are at or above the required standard for the stage of the assessment and are recommended for the next stage of the assessment. Alternatively, applicants may be advised that their portfolio contents and discussions show evidence of clinical performance sufficiently below the required standards recommended for the next stage of assessment.

Portfolio results will be considered together with those of the *Stage 2 – Written Examination* and a combined outcome will be given to you at the end of *Stage 3 – Portfolio* regarding your suitability to progress to *Stage 4 – Clinical Examination*. In order to become eligible for recommendation for General Registration with the OBA applicants will need to achieve the required standards in all assessment stages.

3.7 Stage 4 – Practical Examination

The *Stage 4 – Practical Examination* is designed to evaluate the clinical competence of applicants in terms of osteopathic knowledge, clinical skills and professional attitudes for the safe and effective independent clinical practice of osteopathy in the Australian community. A separate candidate guide will be provided to you (also available on the AOAC website) prior to the practical examination that contains information on timetabling and useful information on the day such as what equipment you can and cannot use. A summary of the practical examination process is detailed below:

Duration	1 x full day with 6 patients
Location	Victoria University (Melbourne)
Key Dates	The practical examination is held twice yearly in February and late July/early August.
Assessment Methods	Mini Clinical Examination (Mini CEX) Patient feedback Record review Self-evaluation form Case based discussion Direct Observed Procedural Skills (DOPS)
Indicative Content	Applicants will have approximately 45 minutes to complete each patient encounter. For each patient, applicants will be required to take a case history, perform an examination and treat the patient as they would in their own practice. Assessors will come in and out randomly to review performance.
Recommended Reading	Refer to Appendix 2
Assessors	3 x Registered Osteopaths per every two candidates
Sample Questions	Not applicable
Pass Mark	Applicants must be able to demonstrate to the assessors that they are suitable to practise osteopathy independently in Australia.

Limited registration

In order to undertake the practical examination, and for insurance purposes, applicants are required to have limited registration with the OBA (<http://www.osteopathyboard.gov.au/Registration/Forms.aspx>) 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 OBA at least one month prior to the scheduled practical examination date.

3.8 Notification of practical examination results

Applicants will be notified of the outcome of the practical examination results within two (2) weeks of receipt of assessment documentation.

Applicants assessed as not meeting the requirements of the practical examination are advised of the details of the criteria that they failed, the reasons that they failed, opportunities for supplementary or re-sit assessments and further action they can take, including appeal.

3.9 Stage 5 - Open Book Examination (OBE)

The Open Book Examination (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 OBA under section 53 (c) of the National Law and will be required for overseas-qualified osteopaths seeking registration in Australia under both the Competent Authority and Standard Pathways.

The OBE is designed to enable applicants to demonstrate their knowledge of professional, cultural and legal issues relevant to the Australian health care system. Designed as an open book examination and delivered via Survey Monkey, applicants will be instructed to refer to the relevant section of the Guide to assist in answering the questions. Some additional key points for applicants to be aware of when undertaking the OBE:

- a) The OBE requires reference to the Guide and is conducted online. Applicants are advised to download and read the Guide prior to undertaking the OBE and ensure that they have access to the internet
- b) Applicants will have 24 hours from the time the link to the OBE is sent to complete the exam. If you cannot complete the exam within 24 hours you will need to contact AOAC at gsa@osteopathiccouncil.org.au to request new login details
- c) The OBE comprises 60 questions in a combination of multiple choice and short answer format
- d) The OBE will take approximately 2 hours to complete and must be completed in one sitting
- e) The pass mark is 80%
- f) You will have a maximum of two attempts to pass the OBE. Each attempt will be taken separately. Applicants will not be charged an additional fee to re-sit the exam. Should an applicant not successfully complete the OBE in two attempts, under the Standard Pathway, they will be referred to the QSAC who will determine the options available to the applicant, taking into account their performance in the other stages of the assessment pathway.

3.10 Notification of final result of standard pathway

Results on all five stages of the Standard Assessment will be made available to applicants up to 28 days following completion of all components of the Standard Pathway. This is to allow sufficient time for results to be received, assessed, ratified and verified by the QSAC.

AOAC will post you an official *Certificate of Assessment of Qualifications and Skills in Osteopathy* letter that must be included with your application for General Registration to the OBA and any application for migration. In addition, AOAC will advise the OBA of the names of successful applicants.

Applicants are reminded that any person wishing to practise osteopathy in Australia must be registered to do so. Successful completion of the Standard Assessment Pathway does not guarantee automatic registration. Applicants who have successfully completed the Standard Pathway must apply to DIABP to migrate to Australia and/or the OBA to register in Australia.

3.11 Forms

Form 1C *Application for the Assessment of Eligibility to Undertake the Professional Examinations in Osteopathy*

Applicants are not required to complete a separate form for each stage of the assessment pathway. AOAC will advise you in writing of whether or not you are able to progress to the next stage and mechanisms for payment.

3.12 Fees

Fees are subject to change without notice and are non-refundable.

Stage 2 – Written Examination	\$1200.00 AUD
Stage 3 – Portfolio	\$1000.00 AUD
Stage 4 – Practical Examination	\$2500.00 AUD
Open Book Examination	\$ 550.00 AUD

Payment methods are included in the above forms. The fee for the Open Book Examination includes up to two attempts.

3.13 Appeals

Should you believe that you have valid grounds to appeal an outcome from any of the five stages of the Standard Pathway, please refer to the *AOAC Appeals Policy* available from www.osteopathiccouncil.org.au/publications

4. Special Consideration and Further Attempts

4.1 Special consideration

Applicants are required to attend every part of the assessment that they are scheduled to undertake. No part of an assessment should be missed merely because the applicant does not feel able to do their best. The illness, accident and misadventure provisions are designed to cover applicants who perform below expectations because of illness, accident or misadventure. Applicants are not expected to attend the assessment/s against specific medical advice.

If applicants are prevented from attending any part of the assessment, or consider that their performance has been affected by illness, accident, or unforeseen misadventure, immediately before or during the examination, they may request special consideration for another attempt at the examination. The applicant must notify AOAC at the earliest opportunity. If such a problem occurs during an assessment, the lead examiner should be notified at once.

It is an applicant's right to lodge a request for special consideration. The applicant must make such applications, unless the applicant is incapacitated. A request for special consideration in respect to an incapacitated applicant may be submitted on their behalf by a parent, spouse, guardian or other authorised third party.

For a request for special consideration due to illness to be considered, it must be supported by a specific independent written statement or sickness certificate from a medical practitioner, registered clinical psychologist, dentist or other registered health professional, dated at the time of the assessment. Supplementary written evidence may be attached. The written statement/sickness certificate should outline the nature, effects and implications of the illness in relation to the assessment and be signed and dated by the relevant registered health professional and include their address and contact telephone numbers.

In cases of accident or misadventure, a request for special consideration must be supported by evidence from an independent person where appropriate. It should outline the nature, effects and implications of the event or incident on assessment and be signed and dated by the relevant person and include their address and contact telephone numbers.

All requests for special consideration with supporting documentation should be submitted to AOAC within seven days of the assessment date.

4.2 Further Attempts

Applicants who were unsuccessful in any stage of either the Competent Authority Pathway or Standard Pathway may be eligible to undertake further attempts of the assessment. The **maximum** number of attempts for each assessment is listed below:

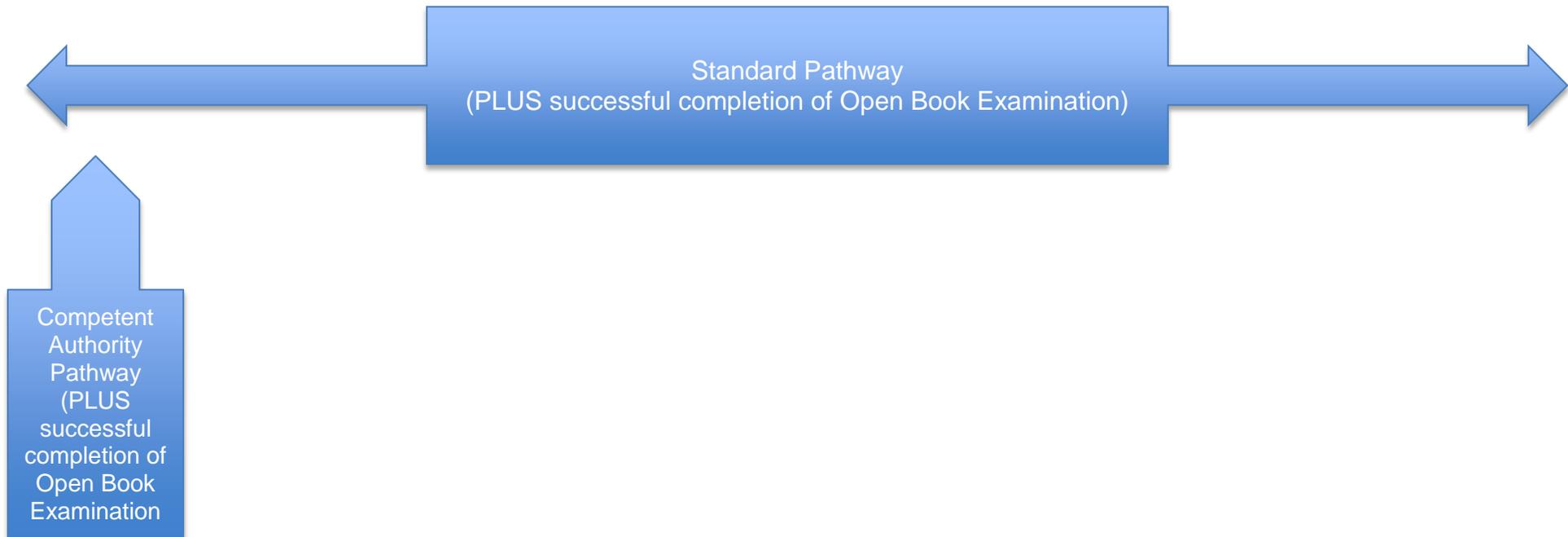
Written Examination	2
Portfolio	2
Practical Examination	2
Open Book Examination	2

5. Appendices

- Appendix 1: AOAC Assessment Pathways
- Appendix 2: Recommended Reading
- Appendix 3: Sample Written Examination Questions
- Appendix 4: Indicative Portfolio Timetable

Appendix 1: AOAC Assessment Pathways

Desktop Assessment	Written Examination Offshore (or onshore, not yet working as an osteopath)			Portfolio Offshore (or onshore, not yet working as an osteopath)							Practical Examination Onshore (not yet working as an osteopath)					
Form 1B-AU or Form 1C	Key Features Paper	Modified Essay Paper	Extended Matching Paper	Critical Incident Reports	Self-Learning Reports	Records Review	Supervisor Reports and Feedback Review	Case Based Discussions	Inter-professional learning	Learning Needs Analysis	Other Items	Mini CEX	DOPS	Patient Feedback	Cased Based Discussion	Record Review



Appendix 2: Recommended Reading

The Qualifications and Skills Assessment Committee (QSAC) of the Australasian Osteopathic Accreditation Council (AOAC) has developed the following list of resources to assist candidates in preparing for their skills assessment for migration and/or registration in Australia.

The following principles have been adopted to guide the development and maintenance of this collection of resources:

1. Resources will be compiled from relevant articles from peer-reviewed journals, texts, web based resources and publications from health authorities. The list will be reviewed at once a year and more often as required. The QSAC will regularly review the reading list and amended as required; and
2. The lists will be developed and reviewed using the following criteria:
 - a. Relevance to current osteopathic practice in the Australian context which reflects both scope of practice and the range of conditions presenting in Australian practices;
 - b. Evidence based and reflects sound research practice; and
 - c. The most recent editions.

Clinical Practice

Australian Acute Musculoskeletal Pain Guidelines Group 2003 Evidence-Based Management of Acute Musculoskeletal Pain Australian Academic Press Pty. Ltd Bowen Hills Australia ISBN 1 875378 49 9

Found at: http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/cp94.pdf

Clar et al 2014 Clinical effectiveness of manual therapy for the management of musculoskeletal and non-musculoskeletal conditions: systematic review and update of UK evidence report Chiropractic & Manual Therapies 22:12 found at:

<http://www.chiromt.com/content/pdf/2045-709X-22-12.pdf>

Charlton JE 2005 Core Curriculum for Professional Education in Pain (3rd Edition) International Association for the Study of Pain available at <http://www.iasp-pain.org/PublicationsNews/Bookstore.aspx>

Graven-Nielsen T Lars Arendt-Nielsen L Mense S 2008 Fundamentals of Musculoskeletal Pain

ISBN: 978-0-931092-95-4 found at:

http://ebooks.iasp-pain.org/fundamentals_of_musculoskeletal_pain/

IASP Curriculum Outline on Pain for Physical Therapy and IASP Interprofessional Pain Curriculum Outline found at

<https://www.iasp-pain.org/Education/CurriculaList.aspx?navItemNumber=647>

Cleland J 2007 Orthopaedic Clinical Examination: An evidence based approach for Physical Therapists Saunders Philadelphia PA

Tierney LM Henderson MC 2005 The Patient History Evidence Based approach Lange New York NY

Petty NJ 2004 Principles of Neuromusculoskeletal Treatment and Management A guide for Therapists. Churchill Livingstone Edinburgh UK

Waddell G 2004 The Back Pain Revolutions 2nd Ed Churchill Livingstone Edinburgh UK

Lederman E The fall of the postural–structural–biomechanical model in manual and physical therapies: Exemplified by lower back pain *CPDO Online Journal* (2010), March, p1-14. www.cpdo.net

Cancer Council Understanding skin cancer: A guide for people with cancer, their families and friends (March 2014) <http://www.cancercouncil.com.au/wp-content/uploads/2014/05/UC-Skin-CAN734.pdf>

Internal medicine including visceral pain states

Clinical Evidence online is a useful source of evidence informed summaries found at: <http://clinicalevidence.bmj.com/x/index.html>

D. Engeler et al 2012 Guidelines on Chronic Pelvic Pain European Association of Urology found at http://www.uroweb.org/gls/pdf/24_Chronic_Pelvic_Pain_LR%20II.pdf

Tripp DA Nickel JC 2013 Psychosocial Aspects of Chronic Pelvic Pain IASP

Pathology

Kumar, V., Abbas, A. K., & Fausto, N. (2004). Robbins and Cotran's pathological basis of disease (7th ed.). Elsevier Science.

Newman Dorland, W. A. (2003). Dorland's illustrated medical dictionary (31st ed.). W. B. Saunders Co.

Radiology

Yochum, T.R., & Rowe, L.R., (2005). Yochum and Rowe's essentials of skeletal radiology. (3rd.). Baltimore, MD. Lippincott, Williams & Wilkins.

Manual Therapy

Gibbons P Tehan P Manipulation of the Spine Thorax and Pelvis: An Osteopathic Perspective 3rd Ed. Elsevier

Injury management including rehabilitation

Brukner, K., & Khan, K. (2012). Clinical sports medicine. (4th ed.). McGraw Hill.

Cameron MH Monroe LG 2007 Physical Rehabilitation Evidence-Based Examination, Evaluation, and Intervention St Louis Saunders Elsevier

Saidoff DC McDonough AL 2002 Critical Pathways in Therapeutic Intervention: Extremities and Spine St Louis Mosby

Counselling and Interpersonal skills

Corey, G. (2013). Theory and practice of counselling and psychotherapy. (9th ed.). California Brooks/Cole.

Outcome Measures

Transport Accident Commission of Victoria Outcome Measures found at:
<http://www.tac.vic.gov.au/providers/clinical-resources/outcome-measures>

Safety

Kerry R et al 2008 Manual Therapy and Cervical Arterial Dysfunction, Directions for the Future: A Clinical Perspective J Man Manip Ther. 16(1): 39–48 found at
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2565074/>

Philosophy

Fryer, G. 2013 Special issue: Osteopathic principles. Int J Osteopath Med.16:1:1-2
Thompson OP Petty NJ Moore AP 2013 Reconsidering the patient-centeredness of osteopathy Int J Osteopath Med.16:1:25-32

Penney NJ 2013 The Biopsychosocial model: Redefining osteopathic philosophy?
Int J Osteopath Med.16:1:33-37

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Osteopathic Practice in Australia

Australasian Osteopathic Accreditation Council 2014 Information about Osteopathic Practice in Australia - A guide for graduates trained overseas Australian Osteopathic Council Melbourne Australia
Found at: <http://www.osteopathiccouncil.org.au/publications.html>

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<http://www.osteopathyboard.gov.au/>

Appendix 3: Sample Written Examination Questions

SECTION ONE – EXTENDED MATCHING QUESTION SECTION

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

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

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

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

For example:

Correct entry:

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

The following are all examples of incorrect box responses:

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

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

EMQ Sample Question # 1

Options:

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

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

Vignette one

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

Answer: B

Vignette two

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

Answer: E

Vignette three

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

Answer: H

EMQ Sample Question # 2

Options:

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

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

Vignette one

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

Answer: A

Vignette two

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

Answer: C

Vignette three

A 52 year-old man presents with a 4-month history of right shoulder pain after falling from his bicycle. His pain and shoulder movement restriction has become progressively worse, with increasing limitation in both active and passive movements in all ranges. He further states that any sudden movement provokes tremendous pain that can last for hours. Put your answer in the box below.

Answer: I

SECTION TWO – KEY FEATURES QUESTION SECTION

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

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

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

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

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

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

The question will receive no mark if:

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

KF Sample Question # 1

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

Q1: *List three differential diagnoses (3 marks)*

Answer:

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

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

Answer:

Osteosarcoma of the femur

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

Answer:

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

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

Answer:

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

KF Sample Question # 2

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

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

- a. Cervicogenic
- b. TMJ pain
- c. Temporal arteritis *
- d. Trigeminal neuralgia *
- e. Transient ischaemic attack
- f. Hypertension
- g. Tension type headache
- h. Migraine *
- i. Meningitis
- j. Brain tumour
- k. Drug induced
- l. Subarachnoid haemorrhage

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

Answer:
Temporal arteritis

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

Answer:

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

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

Answer:

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

SECTION THREE – MODIFIED ESSAY QUESTION SECTION

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

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

ME Sample Question # 1:

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

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

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

Answer:

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

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

Answer:

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

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

Answer:

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

ME Sample Question # 2:

A woman aged 45 who has consulted you previously for non-specific back pain limps in on crutches complaining of severe right mid and upper calf pain that onset suddenly during a netball game 5 days earlier. She felt something “go” in her calf and had to be helped off the court. She has been unable to put weight on the foot and has been using crutches ever since. Extensive bruising has developed over the medial aspect of the lower half of the calf and under the medial malleolus. She has played netball competitively since her teens and has occasionally gone over on her ankle but otherwise not sustained any injuries. Her health is checked annually by a GP and she is not under medical management for any condition.

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

Observation:

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

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

Answer:

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

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

Answer:

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

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

Answer:

- Partial weight bearing, gentle controlled motion exercises (for example, seated, feet on floor, gently try to lower heel towards ground and return)
- Continue to use crutches
- Shows with a stable low heel on both feet will be better than flat shoes or bare feet and assist return to walking

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

Answer:

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

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

Answer:

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

Appendix 4: Portfolio Schedule

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

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