



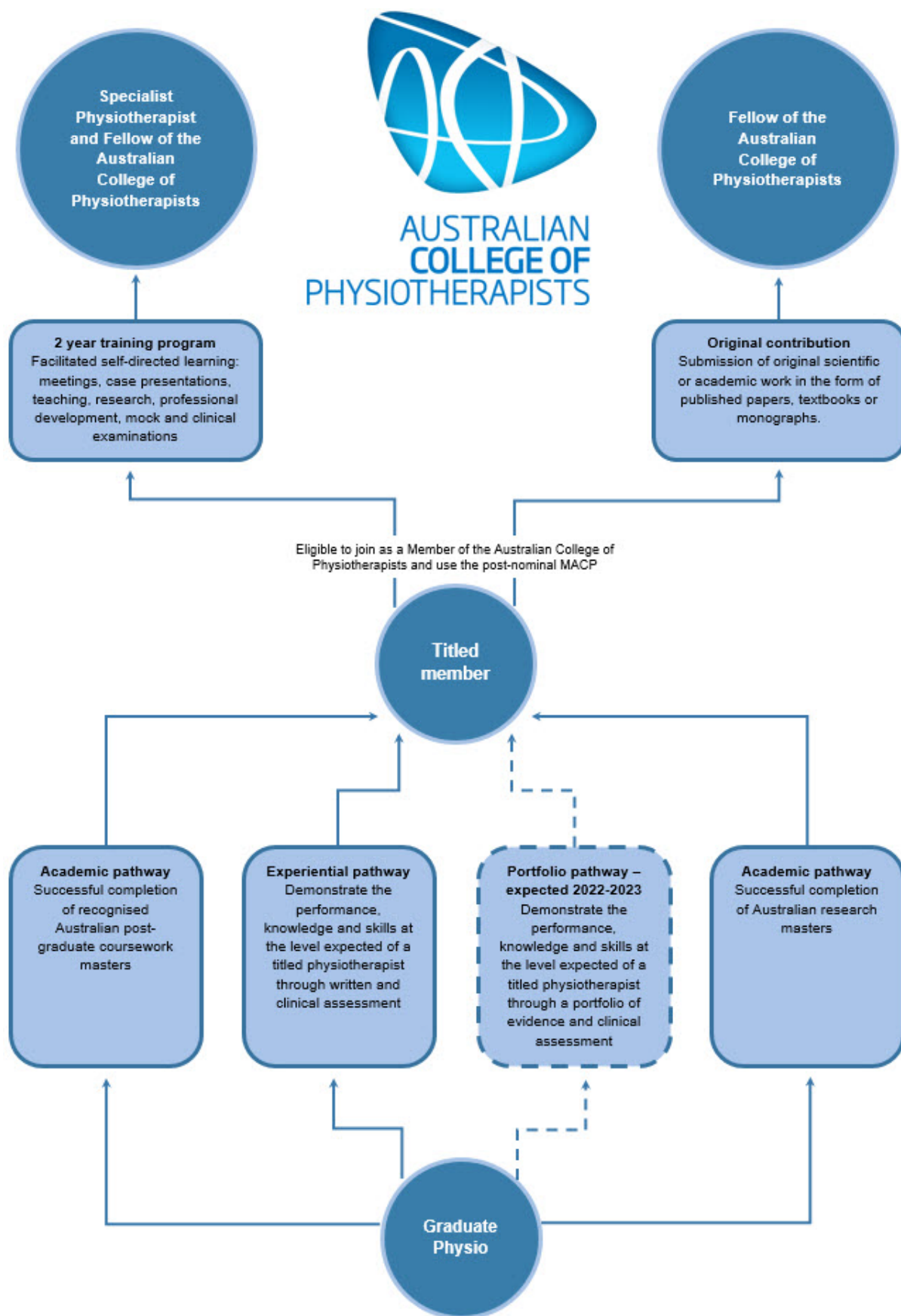
AUSTRALIAN  
COLLEGE OF  
PHYSIOTHERAPISTS

# Title Program Information Handbook

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## Program Objectives

The Australian College of Physiotherapists (ACP) Title Program is a unique opportunity to:

- Promote the highest possible clinical standards in Australia by encouraging and facilitating postgraduate study and the process of specialisation
- Establish and maintain a benchmark for standards of practice in the community
- Demonstrate to external bodies the physiotherapy profession's genuine commitment to quality assurance and high standards in an increasingly competitive marketplace
- Raise the profile and credibility of physiotherapy in Australia, and internationally - by actively promoting the 'ACP Physiotherapist' title in the community.

## The Benefits to You

The benefits associated with achieving title include:

- Marketing and advertising opportunities
- The potential for financial benefits
- The opportunity to attract new clientele
- Enhanced employment opportunities – only APA/ACP Sports and Exercise Physiotherapists are able to work as physiotherapists for the Australian Olympic Teams
- Formal recognition of experience and qualifications by peers, the community, referrers and employers
- Personal satisfaction that you are at the peak of your profession
- Being part of a network of credentialed physiotherapy professionals
- Eligible to become Members of the College and use the designation MACP

## Prerequisites for Titling

Before undertaking titling, candidates must have:

- Current AHPRA registration without restrictions
- Current member of the Australian Physiotherapy Association (APA)
- Current membership of your national group (this is not required for *APA Research Physiotherapist* applicants)
- Meet the continuous practice area experience requirements
- Meet the recency of practice requirements
- Demonstrate 30 CPD hours within the past three years in your selected practice area
- Overseas qualified members must have a minimum three (3) years continuous practise area experience from the date certified by the Australian Physiotherapy Council.

## Pathways to Titling

With the introduction of the new Titling Milestone 3 Evidence Portfolio Pathway in 2024, the College has ceased taking applications for the Experiential pathway after **30 June 2023**.

A new evidence portfolio pathway is currently being piloted. This pathway will replace the current Experiential pathway. The Titling Evidence Portfolio Pathway is underpinned by the Competence Framework version 7.1. The Portfolio includes three (3) components – SHOW, General Reflection and Cultural Capability Reflection. The Evidence Portfolio pathway will enable physiotherapists to submit a range of evidence for assessment to demonstrate their competence against the seven (7) roles of the Competence Framework at Milestone 3 (Highly Developed). The Evidence Portfolio replaces the current written examination. Once candidates have satisfactorily met all three components of the Evidence Portfolio, they will progress to the clinical examination (by video).

In preparation for the roll out of the new Titling pathway, Phase 3 pilot commenced on 3 July 2023

## New Titling Evidence Portfolio Pathway timeline:



Titling through the new Evidence Portfolio Pathway will open to the profession in the first quarter of 2024. We are seeking expressions of interest from members who intend to apply in 2024 or beyond.

Please complete the form below to be on our waitlist.

<https://www.cognitofrms.com/APA13/ExpressionOfInterestTitlingCredentialMilestone3EvidencePortfolioPathway>

## Current status of Titling pathways

Area of practice	Academic Pathway	Experiential Pathway	Evidence Portfolio
<b>Animal Physiotherapist</b>	Open 1 Feb to 1 Dec <b>each year</b>	Currently Not Available <sup>#</sup>	<sup>#</sup> Available in the first quarter of 2024
<b>Cancer Physiotherapist</b>	Currently Not Available	Grandfathering 1 July 2019 – 31 December 2023	To be confirmed
<b>Cardiorespiratory Physiotherapist</b>	Open 1 Feb to 1 Dec <b>each year</b>	Applications ceased 30 June 2023	<sup>#</sup> Available in the first quarter of 2024
<b>Continence and Women's Health Physiotherapist</b>	Open 1 Feb to 1 Dec <b>each year</b>	Applications ceased 30 June 2023	<sup>#</sup> Available in the first quarter of 2024
<b>Gerontology Physiotherapist</b>	Open 1 Feb to 1 Dec <b>each year</b>	Applications ceased 30 June 2023	<sup>#</sup> Available in the first quarter of 2024
<b>Lymphoedema Physiotherapist</b>	Currently Not Available	Grandfathering 1 July 2019 – 31 December 2023	To be confirmed
<b>Musculoskeletal Physiotherapist</b>	Open 1 Feb to 1 Dec <b>each year</b>	Currently Not Available <sup>#</sup>	To be confirmed
<b>Neurological Physiotherapist</b>	Open 1 Feb to 1 Dec <b>each year</b>	Applications ceased 30 June 2023	<sup>#</sup> Available in the first quarter of 2024
<b>Occupational Health Physiotherapist</b>	Currently Not Available	Open 1 Feb to 1 Dec <b>each year</b>	<sup>#</sup> Available in the first quarter of 2024
<b>Paediatric Physiotherapist</b>	Open 1 Feb to 1 Dec <b>each year</b>	Applications ceased 30 June 2023	<sup>#</sup> Available in the first quarter of 2024
<b>Pain Physiotherapist</b>	✓ Open 1 Feb to 1 Dec <b>each year</b>	Currently Not Available <sup>#</sup>	<sup>#</sup> Available in the first quarter of 2024
<b>Palliative Care Physiotherapist</b>	Currently Not Available	Grandfathering 1 July 2019 – 31 December 2023	To be confirmed
<b>*Research Physiotherapist</b>	Open 1 Feb to 1 Dec <b>each year</b>	Not applicable	Not applicable
<b>Sports and Exercise Physiotherapist</b>	Open 1 Feb to 1 Dec <b>each year</b>	Applications ceased 30 June 2023	<sup>#</sup> Available in the first quarter of 2024

\*Research forms part of the pathway to Fellowship by Original contribution

<sup>#</sup>Will become available via the Titling Evidence Portfolio Pathway

## Academic Pathway-(Open 1 Feb to 1 Dec each year)

To be eligible under this pathway, you must have successfully completed an APA-recognised postgraduate master's degree:

- For Research Titling- An Australian master's degree by Research or Master of Philosophy (Doctor of Philosophy is also eligible as this is a higher level qualification)
- For Animal Titling- An APA-recognised Master's degree in the Animal practice area
- All other titles—An Australian master's degree by coursework in the relevant practice area.

## Experiential Pathway-Applications have ceased on 30 June 2023

Candidates who have not completed an Australian master's degree (or those who have completed an Australian Master's degree which is not on the APA-recognised list) may apply for titling through the experiential pathway.

To be eligible for this pathway candidates must have completed the pre-requisite course(s) for the title you are applying for (or demonstrate attainment of an equivalent).

**Table 1: Pre-requisite APA courses for Evidence Portfolio pathway**

<b>Cardiorespiratory</b>	One of the Cardiorespiratory Physiotherapy Level 2 courses: <ul style="list-style-type: none"><li>• Pulmonary Rehabilitation Level 2</li><li>• ICU level 2</li><li>• Virtual Cardio ICU Physio</li></ul>
<b>Women's and Men's Pelvic Health</b>	<ul style="list-style-type: none"><li>• Introductory Women's Health Physiotherapy Level 1 (online) - all</li><li>• Women's Health Through the Life Stages Physiotherapy Level 1 (online and face-to-face)</li><li>• OR</li><li>• Women's Pelvic Health Physiotherapy Level 2 (online and face-to-face)</li></ul>
<b>Gerontology</b>	Gerontology Physiotherapy Level 2
<b>Neurology</b>	Neurological Physiotherapy Level 2
<b>Occupational Health</b>	Occupational Health Physiotherapy Level 1
<b>Paediatric</b>	Paediatric Physiotherapy Level 2
<b>Pain</b>	Pain Physiotherapy Level 1
<b>Sports and Exercise</b>	Sports Physiotherapy Level 2

## Reciprocal Recognition

Candidates who have completed postgraduate master's qualifications in Sports and Exercise or Musculoskeletal physiotherapy outside of Australia may be eligible for reciprocal recognition.

Reciprocity for sports and exercise candidates is granted through The International Federation of Sports Physical Therapy (IFSPT). For more information, please visit their website.

Reciprocity for musculoskeletal physiotherapy candidates is granted through the International Federation of Orthopaedic Manipulative Physical Therapists (IFOMPT). For more information, please visit their website.

## **Cancer, Palliative Care and Lymphoedema (CPCL) Grandfathering Pathway**

From 1 July 2019 – 31 December 2023, titling will be available for the CPCL group through grandfathering. This grandfathering process is by application only, and does not require an examination. An ongoing titling pathway will be available once grandfathering concludes.

All applicants for the CPCL pathway are required to have two nominators, one who is a physiotherapist and one non-physiotherapist in the CPCL field.

Candidates are also reminded of the expectation that the granting of the “Highly Developed” ascription comes with the responsibility of being involved in future advocacy roles in CPCL.

The evidence of substantiation of prior skills and knowledge may be presented for one or more of the following sub-streams:

- (i) Cancer and/or
- (ii) Palliative Care and/or
- (iii) Lymphoedema

For example, successful applicants who provide evidence to meet the criteria in both cancer and palliative care sub-streams, would be recognised as: ACP Cancer and Palliative Care Physiotherapist.

For Applicants to Titling in Lymphoedema to be successful, evidence of current membership of the Australasian Lymphology Association National Lymphoedema Practitioners Register (NLPR), or that the criteria for accreditation with the NLPR would be met.

In addition to the same requirements outlined above, candidates for the grandfathering process must demonstrate the following:

- Exposure to a varied caseload of CPCL conditions across health sectors and evidence of work in a team-based environment
- Address the following areas:
  - Leadership: e.g. leading team meetings, committee involvement
  - Advocacy: e.g. committees, policy involvement, case discussion, mentoring
  - Teaching: e.g. conferences, in services, educational resource compilation
  - Research: e.g. publications in the area of CPCL, engagement with other researchers



## Recency of Practice & Continuous Practice Experience

The ACP has consistent standards in place to guide the profession across the Career Pathway milestone levels. Titling aligns to the Career Pathway Milestone Level 3 – Highly Developed level.

For ease, the recency of practice and continuous practice experience information and standards are contained in a single document which is available on our website.

## Titling Application Process – All Pathways

### Stage 1. Initial Application

The initial application stage establishes whether a candidate meets the minimum requirements for titling; including professional experience, education, commitment to the profession and ongoing professional development.

Experiential candidates who successfully fulfil the stage 1 (initial application) titling requirements will be provided with more detailed information and instructions about how to progress to the next stage.

Applications take approximately 6 to 8 weeks to process.

### Experiential Pathway

On successful completion of Stage 1 in the experiential pathway, candidates are required to successfully complete each stage before progressing to the next stage.

### Stage 2. Written Assessment

Comprises an open book written assessment\* which candidates have eight weeks to complete.

*\*Occupational Health - candidates have 8 weeks to submit a portfolio in lieu of a written and clinical practical assessment, the portfolio assessment includes a post-portfolio discussion.*

### Stage 3 – Clinical Practical Assessment

A clinical practical assessment which comprises two recordings and a written submission, with a follow-up discussion.

Candidates will have 12 weeks to submit their clinical practical assessment, which consists of:

- Recording of an initial assessment and implementation of treatment
- Recording of a follow-up review assessment and progression of treatment
- Written submission.

Upon receiving a satisfactory result, there is an online post-clinical practical assessment discussion (e.g Zoom or similar).

**Note:** Preparing for the submission - many physiotherapists haven't been observed for a number of years. We recommend that you complete at least five "practice runs" with a peer or colleague observe you and fill in the marksheets before you complete your submission.

- The following are provided in the appendices:
  - Appendix A - Clinical Practical Assessment-Candidate Instructions
  - Appendix B - Clinical Practical Assessment Marksheet

## Appeals, complaints and grievances

The information and forms are available under the 'Australian College of Physiotherapists Policies and Procedures' section of the ACP website: <https://australian.physio/aboutus/governance>

## Titling Fees

### Academic pathway: 2023

Initial application and document assessment	\$295 incl. GST
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### Experiential pathway: 2023

Stage 1 – initial application and document assessment	\$295 incl. GST
Stage 2 – written assessment fee (experiential only)	\$1,370 incl. GST
Stage 2 – remarking of written assessment (if required)	\$500 incl. GST
Stage 3 – clinical practical assessment fee	\$1,370 incl. GST

OHPA: \$295 application fee + \$1,370 Portfolio assessment and post portfolio discussion

### Fees structure 2024

#### Academic pathway: 2024

Initial application and document assessment	\$300 incl. GST
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### **Evidence Portfolio pathway: 2024**

Stage 1 – initial application and document assessment	\$300 incl. GST
Stage 2 – Evidence Portfolio	\$1,400 incl. GST
Stage 2 – re-assessment of Portfolio (if required)	\$500 incl. GST
Stage 3 – clinical practical assessment fee	\$1,400 incl. GST

### **Links**

APA Career Pathway: Standards - Recency of Practice & Continuous Practice Experience  
[https://australian.physio/sites/default/files/APA%20Standards\\_RecencyContinuousPractice\\_v1.0.pdf](https://australian.physio/sites/default/files/APA%20Standards_RecencyContinuousPractice_v1.0.pdf)

Ahpra-Physiotherapy Board – CPD Guidelines  
<https://www.physiotherapyboard.gov.au/Codes-Guidelines/CPD-guidelines.aspx>

International Federation of Sports Physical Therapy (IFSPT)  
<https://ifspt.org>

International Federation of Orthopaedic Manipulative Physical Therapists (IFOMPT)  
<http://www.ifompt.org/MEMBERSHIP+ORGANISATIONS+AND+RIGs/Reciprocal+Recognition.html>

Document certification  
<https://www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents.aspx>

## Frequently Asked Questions

### Who can become a Titled Physiotherapist?

Any APA member who is serious about a professional career in the relevant area of physiotherapy and meets the eligibility criteria can become an ACP title holder. The title is a benchmark of physiotherapy practice; it is a measure of career progress for APA physiotherapists.

### What titles can I apply for?

- ACP Animal Physiotherapist
- ACP Cancer Physiotherapist
- ACP Cardiorespiratory Physiotherapist
- ACP Continence and Women's Health Physiotherapist
- ACP Gerontology Physiotherapist
- ACP Lymphoedema Physiotherapist
- ACP Musculoskeletal Physiotherapist
- ACP Neurological Physiotherapist
- ACP Occupational Health Physiotherapist
- ACP Paediatric Physiotherapist
- ACP Pain Physiotherapist
- ACP Palliative Care Physiotherapist
- ACP Research Physiotherapist
- ACP Sports and Exercise Physiotherapist

### What is the pathway for the ACP Research Physiotherapist title?

The Research titling stream is part of the pathway to Original Contribution/Research Fellowship.

### How long will it take for my academic application to be processed?

Academic applications are normally processed within 6 to 8 weeks, however there may be times when processing can take longer.

### Who can I ask if I have any queries regarding titling?

The Titling Officer at APA National Office: Phone: (03) 9092 0888

Email: [ng.title@australian.physio](mailto:ng.title@australian.physio)

**Is an Australian master's degree by research or PhD accepted for Research Title?**

Yes. A master's degree by research or Master of Philosophy qualification from an Australian university is accepted. Members with a Doctor of Philosophy are also eligible as this is a higher level qualification.

**Can a Graduate Entry master's degree allow me to apply for Academic Titling?**

A graduate entry master's degree may be used for Experiential Titling. A postgraduate coursework master's degree is required for Academic Titling pathways.

**Can my master's degree count towards my CPD hours?**

Yes. Formal tertiary courses can count towards your annual CPD hours.

**What counts as CPD?**

Ahpra-Physiotherapy Board of Australia's Continuing professional development registration standard requires all physiotherapists practising in Australia to maintain a portfolio that documents their participation in continuing professional development (CPD) and is a record of learning aims and reflection of impact on practice.

**What can be included as practice-area CPD?**

The CPD activity must contribute to both maintaining and improving your competence in your chosen scope of practice.

**I've done a double master's degree; can I complete one form?**

No. If you are applying for two titles simultaneously, you will need to complete two separate applications and pay for each application.

Exception: CPCL Grandfathering - during the grandfathering phase between 1 July 2019 - 31 December 2023, candidates may apply for multiple CPCL titles on one application form and only pay one fee.

**Has the name of the Continence and Women's Health Title changed along with the national group name?**

Not yet. Work is underway to put the framework and pre-requisites in place to support this transition. The anticipated timeline to change this and reflect the national group name is in 2024. Currently the Title remains *ACP Continence and Women's Health Physiotherapist*.

**Who can certify documents?**

A certified copy is a copy of a primary document that is endorsed, stating that it is a true copy of the primary document. It certifies that the primary document is genuine, and that the copy provided is true. Documents can be certified by a person who is authorised as a witness for statutory declarations.

## Appendix A: Clinical Practical Assessment-Candidate Instructions

On satisfactory completion of Stage 3 - Clinical Practical assessment, you will be granted the Titling credential.

### Key information

#### Submission deadline

You have **12 weeks** from the date the candidate materials were emailed to submit the clinical practical assessment.

#### Preparing for the clinical practical assessment

For many physiotherapists, this may be the first time for many years that their clinical practice will be assessed. It is recommended that you do five or more practice sessions as part of your preparation, including discussions about your clinical reasoning and the evidence base. These practices may be with colleagues, peers, friends or family. Practice under time constraints with the video recording is highly recommended, with the opportunity to subsequently personally review, reflect and critique performance under assessment conditions.

#### Overview of the steps

Detailed instructions and information, including timeframes, are provided in later sections of this document.

#### Complete the assessment

Record two client/patient appointments:

- Initial appointment
- Follow-up appointment

Written responses: clinical practical assessment and critical self-evaluation

#### Submit

Two assessors will independently review and complete their initial assessment

#### Post-assessment discussion

Assessors and candidate arrange a post-assessment discussion via videoconference (or teleconference)

#### Documents supplied by ACP

You will be provided a set of documents:

- Stage 3 Clinical Practical Assessment Instructions (this document)
- Professional Practice Standards
- Candidate Consent Form
- Client/Patient Consent Form
- Client/Patient Information Sheet
- Recording Hyperlinks template
- Written Response template
- Marksheets – for reference

## Clinical Practical Assessment

### Purpose

The clinical practical assessment requires the submission of video recordings and related written material. This assessment stage is complementary to the previous Titling stages.

The recordings allow the candidate to demonstrate their clinical and problem solving skills in the context of the normal workload and work environment. This allows the candidate the flexibility to select a client/patient who permits them to demonstrate their skills in their area of clinical expertise.

The written component related to the recordings allows the candidate to demonstrate their capacity to critically reflect and be aware of their strengths and limitations, thus enabling setting of personal and professional goals.

### Select client/patient and gain consent

- i. Select a suitable **new** client/patient from your caseload.
- ii. Obtain written informed consent from the chosen client/patient to be recorded for teaching and educational purposes on the supplied form.
- iii. Retain the original permission form in your files, you will include a copy with your submission.

### Two sessions must be recorded

You are required to video record two sessions:

1. an initial assessment and implementation of treatment; and
2. a follow-up review assessment after a suitable time interval and progression of treatment.

### Recording requirements

- The recording format must be supplied as an MP4 videorecording or standard video format
- Each session must be a single recording without edits. You are not permitted to alter the sound or do a voice over. You can use a dot point running sheet (See B. Written Submission) to draw the assessor's attention to specific items shown on the assessment. You can in effect, set up the video with your intervention area "in frame" (or dynamic, mobile recording) and do the majority of the assessment/initial intervention without touching the video. When you review the video you can direct the assessors to the "chosen sections".
- Where possible and appropriate, set-up the recording device in a quiet room (camera, tablet, videorecorder, etc.). If more appropriate for your setting: mobile, dynamic videoing with another person recording is allowed (all other requirements still apply)
- Ensure that there is a full view of therapist and patient recorded
- The candidate should not talk to camera; it is permissible to utilise the 'think aloud' approach.
- If you exceed the specified time recommendations, the examiner will stop viewing the video
- **Important note:** test the audio quality to ensure client/patient and therapist can be clearly heard

If any of these requirements are not met, you may be asked to resubmit.

### Session 1 – key requirements

The recording of the first session should illustrate the following elements:

- Present or demonstrate the key points of your initial assessment. This could include information from other healthcare team members and/or family / carers in the context of the assessment, as well as an objective assessment that identifies the most relevant impairments limiting activity and participation levels.
- Present some key aspects of your intervention which you implemented during the initial session. This should be related to the goals that you and the client/patient set and could include you demonstrating activities to parents/carers.

Length of video for session 1 - no greater than forty-five (45) minutes

*Note: If you exceed the specified time recommendations, the examiner will stop viewing the video at 45 minutes*

## **Session 2 – key requirements**

The second session is the follow up intervention that is clearly linked to initial assessment after an appropriate and suitable interval\* has transpired to allow demonstration of:

- reassessment including some measurement of outcome
- progression of intervention.

\*A 'suitable time interval' may vary and will be dependent on setting and acuity. For example, 7-10 days may be appropriate in ambulatory care and some rehabilitation scenarios. In acute and early rehabilitation settings, a follow up & progression within a 48-72 hour period may be desired.

Length of recording for session 2 – no greater than thirty (30) minutes.

*Note: If you exceed the specified time recommendations, the examiner will stop viewing the video at 30 minutes*

## **B. Written submission**

Written responses to the following should be submitted on the template provided.

- a) Provide a summary of the client/patient's details. This could include: age, gender, diagnosis, reason for referral or assessment, brief medical and family history. Also state the type of assessment to be carried out (initial, review, etc.)
- b) To facilitate viewing of the video, provide a dot point running sheet to draw the assessor's attention to the critical tasks and assessment findings that you would like to emphasise and to highlight the interventions that were effectively introduced. (This may be provided on the supplied template or you may provide it as a separate attachment.)
- c) Provide a brief summary of the client/patient's impairments, activity limitations and your plan for intervention including goals that you set with your client/patient. As part of the intervention plan, you should outline the strategies that you would use to help you to achieve the goals (e.g. task practice / environmental set-up / practice conditions / use of equipment / relatives etc.)
- d) Briefly outline the changes which were demonstrated as a result of your interventions. This summary may include the effect of the environment, use of relatives, carers and friends, out of therapy practice sessions, and evaluation of the interventions and expected timeframes for treatment course or likely improvements to be meaningful for client/patient.

Length (a-d): 750-1000 words maximum

- e) Provide a critical self-evaluation of your own performance while assessing and treating your client/patient. The critique should acknowledge your strengths and weaknesses, and suggest how your performance may be enhanced as a result of this experience in self-reflection and evaluation. Please conclude the self-review with a set of personal / professional goals that you would use to continue developing as a physiotherapist working in your practice area.

Length (e): 500 words maximum



## **Post-assessment discussion**

After the assessors have reviewed your submitted material a follow up 45-minute videoconference (or teleconference) will be scheduled. This will provide an opportunity for discussion and clarification.

Questions and circumstances will vary but could include the following:

- Candidate's diagnosis and analysis of the client/patient's impairment;
- Rationales for management undertaken in the initial assessment;
- Outcome measures selection and timing;
- Evidence for intervention;
- Management plan in the short and long terms;
- Reflections and learnings from the credentialing process to date; and
- The candidate's personal and professional goals.

## Appendix B: Clinical Practical Marksheet

Included in this document are mark sheets for:

- Initial assessment
- Follow-up assessment
- Post-assessment discussion

### Scoring rules

- Evaluate the performance against the **minimum** competency level expected for a **Titled-Highly Developed physiotherapist**.
- **Score only one number for each criterion.** Half marks (0.5, ½) and ranges (1-2) must not be used.
- If a score falls between numbers on the scale **the higher number** should be allocated.
- **Not assessed** – a criterion should only be scored as 'not assessed' when there is a credible reason that the criterion was not seen during the assessment. If a criterion is 'not assessed' the total potential score is adjusted for the missed criterion.

### Rating scale

- 0 = Infrequently/rarely demonstrates the performance indicators (inadequate)
- 1 = Demonstrates few performance indicators to an adequate standard (inadequate)
- 2 = Demonstrates most performance indicators to an adequate standard at the level of a **Titled-Highly Developed physiotherapist** (pass)
- 3 = Demonstrates most performance indicators to a good standard (pass)
- 4 = Demonstrates most performance indicators to an excellent standard (pass)
- n / a It is acceptable that the criterion was not able to be evaluated
- =

## INITIAL ASSESSMENT – Marksheet

Gathers and interprets relevant information	Rating
Gather relevant information and accurately interpret all information in medical chart, all tests, pathology & radiological investigations to an advanced level	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Comments:	

Assessment – client/patient interview and physical examination	Rating
Questions client/patient thoroughly and appropriately;; tends to follow predetermined structure with evidence of ability to pursue a line of reasoning	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Uses advanced skills of assessment, may miss very subtle signs	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Uses range of appropriate assessment domains	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Able to modify assessment, if necessary, flexible. Gains adequate information.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Comments:	

Selection of intervention	Rating
Treatment aims and interventions efficiently decided, prioritizes well. Selects appropriate interventions based on a relevant assessment.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Selectively constructs an intervention drawn from a base of standard interventions	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Comments:	

Application of intervention	Rating
Proficient, effective execution of techniques. Aware of changes in the client/patient during the intervention, not as responsive.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Comments:	

Continual re-assessment / response to client/patient	Rating
Responsive to client/patient, shows some flexibility and adaptability, quickly notices major changes, takes longer to notice subtle changes and act accordingly. Reassesses client/patient at cessation of treatment, communicates implications to client/patient.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Comments:	

Management planning	Rating
Develops a management plan that is relevant to client/patient' problems and goals	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Comments:	

Safety	Rating
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Totally safe execution of treatment, plans ahead to stay safe	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Comments:	

Communicates effectively	Rating
Seeks client/patients input and responds to patient appropriately. Explains ongoing management & independent programme to client/patient, clearly, succinctly. Professional consultation & goal setting with client/patient.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Comments:	

Operates effectively in health care setting	Rating
Communicates with all relevant members of team involved in client/patient management. Functions at a high level appropriate to the management environment.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Comments:	

Professionalism	Rating
Demonstrates professional skills, high level of documentation Informed consent	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Comments:	

## FOLLOW UP ASSESSMENT – Marksheet

Assessment – client/patient interview and physical examination	Rating
Questions client/patient thoroughly and appropriately;, tends to follow predetermined structure with evidence of ability to pursue a line of reasoning	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Uses advanced skills of assessment, may miss very subtle signs	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Uses range of appropriate assessment domains	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Able to modify assessment, if necessary, flexible. Gains adequate information.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Comments:	

Selection of intervention	Rating
Treatment aims and interventions efficiently decided, prioritizes well. Selects appropriate interventions based on a relevant assessment.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Selectively constructs an intervention drawn from a base of standard interventions	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Comments:	

Application of techniques	Rating
Proficient, effective execution of techniques. Aware of changes in the client/patient during the intervention, not as responsive.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Comments:	

Continual re-assessment / response to client/patient	Rating
Responsive to client/patient, shows some flexibility and adaptability, quickly notices major changes, takes longer to notice subtle changes and act accordingly. Formally reassesses client/patient at cessation of treatment, communicates implications to client/patient.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Comments:	

Management planning	Rating
Develops a management plan that is relevant to client/patient' problems and goals	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Comments:	

Safety	Rating
Totally safe execution of treatment, plans ahead to stay safe	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Comments:	

Communicates effectively	Rating
Seeks client/patients input and responds to patient appropriately. Explains ongoing management & independent programme to client/patient, clearly, succinctly. Professional consultation & goal setting with client/patient.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Comments:	

Operates effectively in health care setting	Rating
Communicates with all relevant members of team involved in client/patient management. Functions at a high level appropriate to the management environment.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Comments:	

Professionalism	Rating
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Demonstrates professional skills, high level of documentation Informed consent	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Comments:	

## Post-Clinical Practical Assessment Discussion-Marksheet

Articulation of clinical reasoning assessment	Rating
Able to articulate clinical reasoning process at a high level. Reflects processes of hypothetico-deductive reasoning with the generation of appropriate range of hypotheses. Uses some pattern recognition as appropriate. Well ordered, accurate summary of client/patient's problems. Clinical reasoning process reflects a large organised knowledge base. Able to link problem identification to pathophysiology, client/patient function and environmental impacts at a high level.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Comments:	

Justification for selection of management	Rating
Broad range of actual & possible treatment techniques. Able to defend treatment decisions with high level of problem solving & theory. More evidence of a developing personal practice model. Demonstration of solid evidence base.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Comments:	

Articulation and interpretation of outcomes	Rating
Understands reliability and validity of measurement tools. Able to discuss this at high level. Able to interpret client/patient outcomes against assessment findings and to some extent the goals of the intervention.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Comments:	

Future management planning	Rating
Able to suggest comprehensive, appropriate plan for progression of client/patient based on solid theory & evidence. Excellent, comprehensive discharge plans (if appropriate).	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> n/a
Comments:	