AUSTRALIAN COLLEGE of PHYSIOTHERAPISTS

Information for Candidates

Conduct of ACP Clinical Exams for 2018

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Information for Candidates: Conduct of ACP Clinical Exams for 2018

Introduction

At the end of 2016 College Council approved appointment of the Exam Review Committee (ERC).
The ERC comprised of Barby Singer (Chair),
Gwen Jull and Kevin Sims (MSK discipline),
Mark Kenna and Keren Faulkner (Sports discipline),
Anne Andrews and Trish Neumann (Women's, men's and pelvic health discipline),
Liz Shannon (Neurology discipline).

The committee met between November 2016 and August 2017. In addition to extensive discussion amongst the ERC, committee members consulted within their discipline, where necessary, to inform the consensus decisions. The ERC presented its final report and recommendations to the College Council in August 2017. All recommendations were accepted and the process of implementing them was proposed to be complete at the close of the 2018 exam round. The work undertaken by this committee is thorough and of high quality. It will lead to a substantially improved examination process, achieving more accountability, transparency, consistency and robustness. The College acknowledges and thanks the ERC for their work.

The following information arsing from the review is relevant to the 2018 Specialisation Examination round.

Prior to examinations

Introduction of formal Marked Mock Exams (MME)

A formal MME, comprising *at least* a single session with a new patient and a post exam discussion using the ACP examination mark sheet, will be held:

(a) at the end of the first year of the Training Program (TP) and
(b) during the last 3-4 months of the second year of the TP.

Data from these marked mock exams will be used to inform Board of Censors decisions about:
(a) a trainee progressing from first to second year of the TP and
(b) readiness to sit the final examinations.

Number of Exam Attempts

Following discussion, the ERC requested approval to change the regulations to allow a third attempt at exams. This was approved by the Board of Censors and College Council in 2016. The policy now states:
"A trainee is allowed to attempt the examinations a maximum of twice. The Board of Censors, at its discretion may approve a third attempt at the examinations. A candidate will be required to apply in writing to the Board of Censors and to submit a Learning Contract (TP format) that clearly addresses all areas of concern raised by examiners as part of their application. The candidate will submit progress reports to the Board of Censors as required. The Board of Censors has the right to rescind the offer of a third attempt at the examinations at any time if the candidate fails to make satisfactory progress towards fulfilling the requirements of the Learning Contract.

Each subsequent attempt at the examinations will occur in the year immediately following the failed attempt. The Board of Censors, at its discretion may allow an unsuccessful candidate to defer their next attempt at the examinations for no more than twelve months".

Examining Committee
Great care is taken in the selection of the examination committee for each discipline. Examination committee meetings are held prior to the start of the exams to ensure that all examiners understand the examination process and procedures. Examiners must declare any Conflicts of Interest (CoI) and examination panels for individual candidates are carefully constructed to avoid any CoIs. There are mechanisms in place that enable recognition of issues arising during the exams and, wherever possible, resolution of such issues.

The Chief Examiner's main role is to support the examiners, including answering any queries and identifying and resolving, wherever possible, any issues arising. The College manager supports the candidates and oversees logistics and procedures. The Exam Coordinator has oversight of all examinations and supports the patients. These three individuals form a committee over the course of the weekend to ensure any issues arising are dealt with quickly and fairly.

Each examiner awards marks independently, but they also confer about elements of the examination to ensure that the assessment of candidates is well considered and balanced. The exam timetable allows time specifically for examiners to consider the performance of each candidate, on their own, and in discussion with their partner examiner.

Examining Panels
Examining Panels are responsible to the Board of Censors through the Exam Coordinator. Formation of each Panel may involve consultation with the discipline representatives on the Board of Censors and the Chief Examiner.

Number of examiners
While the benchmark is four member examiner panels, the number of examiners per candidate needs to be flexible to accommodate the needs of different groups. It is acknowledged that disciplines with fewer Fellows may be unlikely to have sufficient numbers of examiners for panels of four.
In the event that insufficient examiners are available from within the discipline, the value of out-of-discipline examiners is recognised.

Diversity of examiner panels
Selection of exam panels take into account diversity of: geography, gender, previous exam experience, and area(s) of clinical expertise.
An examiner should not re-examine a candidate whom they have previously failed. Although it is preferable not to examine a candidate from the same state, there can be exceptions where necessary; however, the examiner must have had limited interaction with the candidate to be examined.
It is preferred that an examiner should not have conducted mock exams with the candidate in the six months immediately prior to the exam round; however it is recognised that flexibility is required with disciplines with fewer potential examiners.

The Examining Panel will examine a candidate in all parts of the final examination, formulate a report on the candidate's performance and make a pass/fail recommendation for the consideration of the Board of Censors.

All examiners award marks independently. Marks from each examiner are only revealed at the end of day 2, immediately prior to the examination panel discussion.

Preparing well for the Examination
Feedback from previous exam rounds, including observations and comments from previous examiners may be found in Appendix 1.

Logistics

Professional Indemnity Cover
All candidates must provide documentary evidence of current professional indemnity insurance. Candidates are advised to check their professional indemnity cover very carefully to ensure their existing cover is not limited to a particular facility.

Authorisation to practice at the examination venue
The venues in which specialisation examinations are conducted may be required to 'authorise' candidates (other than those who normally work at the host facility) to practice physiotherapy at that venue. In order to be 'authorised' to practice at the examination venue, candidates must supply the following documentation to the College, if requested.

- Certified copy of registration certificate
- 100pts of identification documentation (certified)
- Evidence of professional indemnity cover relevant to examination host State/Territory
- Permission to conduct a police check.

College staff will communicate the due date for authorisation documentation via email. Please note that certification by a family member will not be accepted, even if they are an approved certifier. This documentation must be supplied by the specified deadline to give the host facility enough time to ensure candidates are appropriately authorised. Candidates who fail to provide this documentation by the specified deadline may jeopardise their chance to sit the examinations.

Examination timetables
Individual examination timetables (de-identified) will be forwarded to candidates prior to the final examination. A timetable with case details (name and condition) and examiners will be made available on the morning of Day 1 of examination.

Orientation session
There will be an informal orientation session at the examination venue in the afternoon of the day before the final examination commences. This session will enable candidates to familiarise themselves with the examination venue, equipment, access, security and emergency procedures. More detailed information will be provided to candidates by email closer to the date.

Structure of the examination
The examination will consist of practical exams on two patients (initial assessment and management of each patient) on the first day, with follow up assessment and management on the second day. Immediately following the follow up assessment there will be a 'post assessment' discussion between the candidate and examiners. There will also be an oral exam (viva) scheduled within this two day period.

Patient referrals and imaging
Candidates will have access to the patient referral at least 10 minutes prior to the scheduled start time of the initial assessment for each clinical case. Imaging and/or imaging results will be made available where possible.

Outcome measures
All examination and treatment procedures undertaken by the candidate must be performed in the allocated examination time. Use of equipment such as US imaging, video analysis etc. is permitted but must be undertaken in the allotted examination time. It is permissible for patients to complete questionnaires after the initial assessment.

Practical examination

The nine standards of practice
The candidate will be expected to demonstrate the following standards of practice in all areas of the final examination process of Fellowship by Specialisation:

1. Highly advanced professional behaviours of a specialist physiotherapist
2. Highly advanced communication skills of a specialist physiotherapist
3. Highly advanced knowledge in the field of the physiotherapy specialty and related sciences, advanced skills in information retrieval and analysis, highly advanced skills in the application of evidence based practice
4. Highly advanced skills in physiotherapy assessment
5. Highly advanced skills in clinical reasoning
6. Highly advanced skills in development and application of an optimal physiotherapy intervention and prevention plan
7. Highly advanced skills in the evaluation of effectiveness, efficiency and cost effectiveness of physiotherapy interventions
8. Ability to contribute to multidisciplinary and heath care team management at a specialist level
9. Highly developed skills in service delivery and quality improvement processes. Candidates will also be expected to demonstrate highly advanced clinical practice within treatment records and communication with other health professionals in the form of referral letters or reports.

Selection of exam cases
The TP is designed to reflect specialist practice, with a broad base of expertise in a discipline, as well as the potential for recognition of some sub-specialisation within that clinical area.

The Chief examiner in each discipline should work with the clinicians who are responsible for identifying potential examination cases and will be consulted in relation to the final selection of examination cases. The selection is based on the 'primary presenting disorder' with the understanding that sometimes the focus of assessment and treatment can change during the actual examination.

In selecting cases, the following considerations are taken into account:
The patient is known to be reliable (will present for the exam or communicate lack of availability in a timely manner)
The patient is able to communicate effectively (that is, if the person has communication deficits, or English as a second language, an adequate communication strategy is established)
The patient has a complex presenting condition relevant to the discipline and is representative of the kinds of cases which a specialist in that discipline might typically see
Wherever possible, basic referral information is available including (at least) imaging report(s), where relevant, and information from the treating health professional, if appropriate.

In selecting cases for MSK exams, at least one case will be a 'spinal' presentation. Any peripheral case should not require specialist knowledge in another field (eg an athlete with a 'thrower's shoulder' should not be selected for MSK exams).
In selecting cases for the sports exams, no areas of sub-specialty are nominated.
In selecting cases for other disciplines, the Chief examiner will ensure that at least one of the selected cases reflects a 'core' area of specialist practice in that discipline (eg. Pelvic health for WMPH, stroke for neurology, cerebral palsy for paediatrics).

Viva Voce (oral examination)

The Viva Voce is 60 minutes in duration and will be scheduled within the two day examination period. Two of the candidate's examiners will conduct this exam. The oral examination is designed to assess:

Advanced knowledge in basic, applied and medical sciences relating to the specialty field.

- Advanced knowledge relating to specific conditions, clinical situations or settings relevant to the area of specialisation.
- Advanced knowledge of the role of the physiotherapist within the multidisciplinary and/or multiservice construct of management and prevention for the field of specialty.
- Attributes of professional leadership and responsibility.
- Attributes of ethical and socially responsible conduct.

Current Viva questions for musculoskeletal and sports disciplines may be found in Appendix 2.

Conduct of examinations

Examiners will directly observe the candidate performing the initial assessment and treatment of two patients. Examiners will observe follow-up consultations with the same two patients and there will be follow-up discussion with the examiners where the candidate will be offered the opportunity to answer any questions which the examiners may have and to elaborate their reasoning for the assessment and management of that case. Questions will vary according to the circumstances but may include the following:

- Candidate's diagnosis and analysis of the patient's problem
- Rationale and evidence base for assessment and management undertaken in initial assessment
- Rationale for Outcome measures used
- Management plan in the short and long terms
- Prognosis
- Psychosocial or environmental factors that might impact on management or outcome
- Role of others (e.g. other health professionals, family, sporting personnel, employers, insurance companies)
- Self-management and preventive measures
- Health promotion
- Relevant background from biological, medical and behavioural sciences

Practical examination procedure
The Board of Censors, through the exam coordinator, will be responsible for all examinations and the appointment of the Examination Committee and Examining Panels.

Structure of the examination
The examination will consist of practical exams on two patients (initial assessment and management of each patient) on the first day, with follow up assessment and management on the second day. Immediately following the follow up assessment there will be a 'post assessment' discussion between the candidate and examiners. There will also be an oral exam (viva), 60 minutes in duration, scheduled within this two day period.

No examination will extend over the allotted time. Examiners are instructed to leave at the designated conclusion of the examination.

10 minutes is allocated for reading time immediately prior to the initial assessment of each case on day 1.
60 minutes is allocated for the initial assessment and management on Day 1.
30 minutes is allocated for the subsequent consultation or presentation of intervention on Day 2.
15 minutes is allocated for questioning after the subsequent consultation on Day 2 for each case.
Examiners reserve the right to intervene or stop the examination if they consider the performance of the candidate to be unsafe.

Use of technology during exam
Recording of the examination, by either the candidate or the examiner, for the purpose of reviewing the candidate's performance is disallowed. The use of technology to augment the assessment process is allowed (eg. RTUS imaging, video of a movement task). This must be undertaken in the allotted examination time, although allowance for brief 'travel' can be made if the equipment to be used for the assessment (eg. treadmill) is at some distance from the location of the rest of the examination.

Verbal consent must be gained from the patient, and noted by the examiners. If the video recording is for feedback to the patient or for educational purposes (eg. a home exercise program), then it is recommended that it be made on the patient's mobile device where possible. If the video is obtained on the candidate's mobile device, the file must be deleted in the presence of the examiners and preferably the patient at the end of day 2 of the examination weekend.

Exam marking schema
As of October 2017, the Assessment of Physiotherapy Practice (APP) tool is to be used for all MMEs and Exams. This marking schema includes all current performance elements, with some minor wording revision. The APP was developed by Megan Dalton, in conjunction with Jenny Keating and Megan Davidson, and the psychometric properties of the tool have been extensively evaluated.
Ref: Dalton M., Keating J., Davidson M. (2009) Development of the Assessment of Physiotherapy Practice (APP): A standardised and valid approach to assessment of clinical competence in physiotherapy. [Australian Learning and Teaching Council (ALTC) Final report PP6-28]. Brisbane: Griffith University. Available online at: www.altc.edu.au

The APP schema effectively has two 'fail' grades and then a 'pass' can be graded as adequate, good or excellent, allowing higher quality performance to be acknowledged. The normative reference for the scoring system will be the performance (skills, knowledge and professional behaviours) expected of a 'beginner specialist' (Level 4 on the old marking schema). These marking sheets are included in Appendix 3.

The APP rating schema is as follows:
0 = Infrequently/rarely demonstrates performance indicators (fail)
1 = Demonstrates few performance indicators to an adequate standard (fail)
2 = Demonstrates most performance indicators to an adequate standard (pass)
3 = Demonstrates most performance indicators to a good standard ('credit' pass)
4 = Demonstrates most performance indicators to an excellent standard ('distinction' pass)
Not assessed = item was not assessed.

Examiners must record marks as whole numbers. Half marks (.5), hyphens (2-3) and other variations must not be used. N/A or the numbers 0, 1, 2, 3, 4, are the only marks that should appear on the mark sheets.

It is expected that all performance elements in the marking schema will be assessed over the two days of the examination, but if this is not the case, the item is scored as 'not assessed' and an adjustment is made so that the score allocated is a percentage of the total number of items assessed.

Examiners need to be very clear about when it is appropriate for a 'not assessed' score to be allocated (that is, when the behavior was not seen, but this was appropriate to the circumstance) or whether the behavior was rarely/infrequently seen and this was not the expected level of performance, in which case a zero score should be allocated.

There will be no mark allocation to the 'safety' criteria. This is a dichotomous category, with a section for comments.

Global Rating Scale (GRS)
Examiners should complete the four point GRS **before they add up their marks** at the end of the post exam discussion for each case or after the viva (where relevant) on Day 2 of the examinations. The GRS is based on the overall impression of the performance of the candidate for that case/viva (not adequate, adequate, good, or excellent). The GRS enables examiners to review the overall performance of the candidate **prior to focussing on** the individual marks allocated for each section.

Post exam discussions (with candidate at the end of day 2)
The post exam discussion should not be viewed as a 'defence' but rather as an opportunity for the candidate to elaborate their reasoning with regard to their assessment /management choices, to clarify any areas that the examiners wish to explore and to provide further evidence, if required, that they have the knowledge base expected at a beginner specialist level. Some prompts for the post exam discussion are included in Appendix 4.

Interaction with relevant others during the examination (ie: patient's family members/guardian)
Currently, in many disciplines, trainees are encouraged to focus exclusively on the interaction with the patient/client, but there are circumstances (eg. where the client is a minor) when it is appropriate and, indeed important, to include a 'relevant other' in assessment/intervention and discussion about post examination management to ensure that appropriate data are obtained and advice about management is communicated clearly. Assessors should score the relevant criteria according to the clinical scenario.

Patient notes
At the completion of the second consultation, candidates will be asked to complete their notes for each patient. These summaries should be completed outside the official examination conditions. They form part of the examination record and must be handed to College staff prior to leaving the exam venue. The examination coordinator will provide more information in the pre-examination meeting with regard to these documents. Any letters written on behalf of the patient to the referring physiotherapist, medical officer or other relevant health professional must be included with the treatment notes.

Management of 'close fail' cases
All examiners award marks independently. Marks for all sections of the exam, and the total mark for that candidate, are only revealed at the end of day 2, immediately prior to the examination panel discussion.

Candidates must pass the viva and get an overall pass mark across the two cases. If a candidate passes the viva, but fails to achieve an overall pass mark on the two clinical cases, they are not required to re-sit the viva. Over the two cases, three of four (or two of three) examiners must pass the candidate for an overall pass to be recorded.

Two scenarios are relevant to the 'close fail'.
(a) Management of a significant discrepancy in marks between examiners (the 'variant marker') leading to a pass/fail within a case.
(b) A discrepancy in performance (and therefore variance in marks) across the two cases.

The situation of discrepant performance across cases is more common. In this situation, a strong performance on one case may lead to an overall pass. If the successful case is only just at the adequate level, and the other case is close to a pass, the candidate may be a 'close fail'. All unsuccessful candidates and 'close fail' scenarios are discussed in detail.
Discussions between **all members** of the discipline examination panel for that candidate occur in the situation of the 'close fail'. The discussion is chaired by the Chief examiner or the Exam coordinator if the Chief examiner has been involved in examining the candidate. The GRS may be used to determine each examiner's intention with regard to that assessment (pass/fail). Documentation written by the candidate after the session with the patient has finished (which is part of the examination record) may be considered in the discussion of 'close fail' cases.

A majority agreement regarding pass/fail (2/3 or 3/4 examiners in that panel) will determine the final outcome. In the event of an ongoing split decision amongst examiners (2/4) with regard to overall pass/fail outcome, the Chief examiner (or their nominee if the Chief examiner has been involved in examining the candidate) has the casting vote to determine the final outcome for the examination.

Exam panel meeting: summary of feedback
The performance of every unsuccessful candidate is discussed in detail by the candidate's examination panel. Each examiner then writes an individual report which informs the summary that is eventually sent to the unsuccessful candidate and also informs the verbal feedback session, where this is undertaken. Feedback needs to be sufficiently detailed to highlight the main areas of deficit and identify what the candidate would need to do to achieve the required standard.

Ideally the individual examiner reports and the summary are completed on the final day of the exam. There may be occasions where this is not possible, or further reflection is required. Final individual examiner reports must be submitted within seven days from the completion of the exam. If required, the examiners may meet via teleconference to finalise the report. The Chief examiner is responsible for appointing a panel member to oversee the report writing and its submission to the College manager in a timely fashion.

Exam records
The exam record comprises: the examiners' original mark sheets, the Examination coordinator's results summary, the candidate's notes about the patent, any information provided *to* the patient, letters to the referring doctor/therapist, and any written information supplied *by* the patient (self-report questionnaires etc.). The College manager is responsible for the security of the exam record at the end of the examination weekend.

In addition, other documents which will become part of the exam record and will inform the provision of feedback to unsuccessful candidates include: the candidate's self-reflection on the exam (which is returned to the College manager within two weeks of the examination weekend, but remains confidential until results are released), the individual examiner reports, and the examiners' summary to the candidate.

Post examination

Post Exam Self-reflection
All candidates are required to prepare a reflection on both cases, to be written as soon as possible after the exam and submitted to the College manager within two weeks of the examination. The post-exam reflection template is in Appendix 5. This is intended to act as an aide de memoir in the event that a feedback session is required. This self-reflection remains confidential until results are provided to candidates and a feedback panel has been formed for any unsuccessful candidates. At that time it is released to the feedback panel, to be used in addition to case notes and the examiners' report, to guide the feedback session.

The Board of Censors approves the examination results, and makes recommendations to College Council with regard to exam outcomes. In the case of any internal review of a case, the Board of Censors will take into account the recommendation of the reviewer with respect to the recommendation made to College Council.

Chief examiners will provide a brief report to the exam coordinator giving general information about behaviours that were seen during the exam round that were 'helpful' or 'less helpful'. This will be made available to facilitators and future candidates to assist their exam preparation. (See Appendix 1)

Official ACP 'support person'
Each year, the College will appoint a person who is very familiar with the post exam processes and timelines and the grounds and procedures for an appeal in a support role to candidates while they wait for results. Immediately after the examinations have finished, and before the results are released, s/he will contact all candidates and offer them general support and an opportunity to de-brief.

There is no expectation that this person has discipline specific knowledge, and it is not their role to provide any commentary on the candidate's performance. While some candidates will talk to their facilitator, and many contact the College manager during this period of waiting for results, it is considered that appointing a senior FACP to this role may allow candidates to feel better supported and may prevent/reduce feelings of dissatisfaction and alienation in some unsuccessful candidates.

Awarding of Fellowship
The Examining Panel will forward a performance report on each candidate to the Board of Censors of the Australian College of Physiotherapists.
The Board of Censors will consider the advice of the Examining Panel and will make a pass/fail recommendation to the College Council.
The College Council will make the final determination as to whether or not a candidate shall be awarded a Fellowship and will send each candidate an official letter of notification.
Successful candidates who are financial members of the College are entitled to use the letters FACP and to call themselves Specialist (Discipline) Physiotherapist (as awarded by the Australian College of Physiotherapists in XXX Year). It is essential this exact wording is used. Variations are not permitted under AHPRA regulations.
Fellows will be presented with a Certificate of Fellowship at a College graduation ceremony, normally held in conjunction with APA Conference.

Feedback to unsuccessful candidates
Each unsuccessful candidate is offered the opportunity to participate in a feedback session. This session will be scheduled no sooner than two months after the appeals period has concluded (notification of an appeal must be received 28 days from the day results are released). The feedback session may take the form of virtual meeting (eg. skype/zoom), teleconference, or a face to face meeting and will be arranged at a time of mutual convenience to all parties. It will be attended by the candidate, and the feedback panel - consisting of one Board of Censors appointed representative (who could be from another discipline), and one representative of the examination panel (Chief examiner, or one of the candidate's examiners). The candidate has the option to invite their facilitator to attend. The session will generally take no more than one hour.

The aim of the feedback session is to provide advice about where the candidate did, or did not, meet the standard expected of a beginner specialist; to identify what behaviours (skills, knowledge etc.) expected at specialist level were not seen; and to give the unsuccessful candidate direction on how to prepare for any subsequent attempt at the examination. It is not the intention of the feedback session to provide a detailed breakdown of the assessment and management of the clinical case(s), although examples of behaviours observed during the examination may be provided, to illustrate where the expected standard was not met.

Appeals
Candidates have the right to appeal against a decision of the College. Appeals must be submitted within 28 days of the College's decision being communicated to a candidate and should be in the prescribed format (Notice of Appeal). See Appendix 6 for further documentation.
Appeals may be requested on the sole ground that the procedure set out in this and other procedural documents of the Australian College of Physiotherapists has not been followed.

Appendix 1: Preparing for ACP specialisation exams

Make sure that you undertake some mock exams with ACP experienced examiners.

Ensure that your mock examiners are using the 2018 College marking sheet and that they go through it with you afterwards. Ask about any scores that were not at the 'adequate' level (2). Try to get specific information about how you could you do better.

Seek feedback that is honest and as objective as possible. This requires you to be open to critical review as it is part of the learning process. Reflect deeply on all examination feedback, not just thinking about it, but writing down the key points that you gained from the experience, in relation to the patient, your performance and the encounter overall.

Be self-critical and reflective. 'What did I do well' and 'what could I have done better' are effective questions to ask yourself at the end of a mock exam.

Aim to practice 1 patient/week, if possible, as an 'exam scenario' in your own clinic. Stop and write down your reasoning after 'Day 1', ideally discuss the reasoning with someone else (eg. Your facilitator or co-trainee or both) as the ensuing discussion can be very enlightening.

Use clinical reasoning forms and practice ways to help the examiner follow your reasoning process (eg. 'reasoning aloud' techniques).

Time management is crucial. Wasting time at the beginning of the subjective examination is usually a poor strategy. Try to hone in on the main problem and the patient's goals/ perception of the problem.

The examination time provided is sufficient to demonstrate expertise. Avoid running out of time for important issues – it is not acceptable to miss priority areas. Use a 20/20/20 rule and stick to it.

Although you may do well on the subjective examination, if you run out of time for management or perform very rushed management, you cannot achieve a pass overall. Pointless objective tests demonstrate a lack of clear clinical reasoning and prioritisation. There is no need to cover yourself by doing lots of tests when you can clearly justify well targeted assessment choices. Use effective clinical reasoning to justify doing fewer tests but perform them with a high level of expertise. Use every opportunity to demonstrate to the examiners that the assessment procedures that you use are targeted well.

Any chance to perform hands-on assessment or manual handling is an opportunity to demonstrate your expertise. Hands-on assessment can be a source of lost marks. Practice the routine physical examination process on colleagues in a constrained timeframe for a variety of different body regions and different scenarios, so that these procedures become more automatic.

Video is not a substitute for effective assessment or reasoning. There is no evidence that assessment of a 2D image is reliable or valid. Video could be used (with permission) to provide feedback or for comparison but it is not always valid for biomechanical assessment.

Candidates who can think on their feet and be responsive to the patient are demonstrating good reasoning.

Establish patient goals early and respond to these by the end of day 2 – wrap it up well.

Feedback from examiners for facilitators

1. In history taking – facilitators need to help trainees to develop pattern recognition skills, rather than using stereotyped questioning of the patient. Candidates seemed to be fearful of the consequences if they did not ask every routine question. Histories tended to be too long, probably because candidates were asking questions from a schema rather than pursuing a diagnostic hypothesis from the emerging clinical pattern. Examiners like to see candidates who have well developed listening skills, rather than applying stereotypical questioning schemas.

2. Examiners would like to see 'who' the candidates are as clinicians, rather than seeing what the candidates think the examiners want them to be. There were many examples of tests being done or questionnaires being completed which, on questioning, candidates said they would be unlikely to use on the first examination of the patient (which was the more appropriate position). In other words, much of the time, candidates admitted to behaving differently than they actually would in practice. For instance, candidates tended to use expressions like 'in this artificial environment'. Examiners want to see what candidates would really do, rather than (as above), doing what they think examiners want them to do. Much of the time, they seemed to be 'second guessing' what the examiners wanted to see.

3. Facilitators need to reassure candidates that they do not have to do everything. In the discussion after the examination, candidates can say that they chose not to do 'so and so' for the following reasons. In other words, examiners would like to see candidates follow a line of clinical reasoning throughout the examination, rather than feel they will be penalised for not doing all tests that could possibly be done on the patient. Candidates should consider that statistically, the more physical tests undertaken, the more likely it will be that chance findings (read "positive findings") will be found that must be differentiated from "real and relevant findings" of clinical significance.

4. Candidates need to remember that the exam is a 2-day process, and that they will not be penalised for leaving some of the examination to day 2, or if they do forget to do something on day 1, they can do it on day 2.

5. Rather than doing 'everything', examiners would like to see candidates develop expert skills in 'prioritising' their assessment and matching that to a meaningful treatment/intervention/management approach.

6. On reflecting more about common shortcomings amongst candidates, it was evident that consideration of patient activity and exercise programs was applied at a very low key level – candidates need to take care to utilize collaborative SMART goals in activity and exercise programs - these form the basis of CBT approaches that have good evidence in facilitating compliance and improving outcomes in persistent pain states.

Appendix 2: Viva Voce Questions

Musculoskeletal Physiotherapy Viva Voce Questions

The viva voce examination will include questions related to any of the topics listed below:

1. Contemporary issues in pain: Discuss physiological and behavioural drivers of pain and how they might interact in a pain state. Discuss how such features are recognised clinically in the assessment and management of patients with musculoskeletal conditions and what guides treatment decisions. Relate particularly to the field of low back and neck pain.

2. *Discuss the evidence for physical, behavioural and functional alterations in the motor system in relation to either a cervical, lumbar or extremity musculoskeletal disorder. Discuss how this evidence will influence assessment and exercise prescription in patients with these disorders?*

3. Discuss the evidence base for manipulative therapy and therapeutic exercise for either neck or low back pain.

4. Discuss the evidence for the mechanisms of action of manipulative / musculoskeletal physiotherapy.

5. Discuss the need, methods and evidence for sub-grouping within the non-specific diagnosis of mechanical back and/or neck pain.

6. Discuss the differential diagnosis and evidence base for the management of headache by physical therapies.

7. Discuss conditions that may masquerade as musculoskeletal pain states and their clinical recognition.

8. Discuss potential red flag musculoskeletal conditions and their clinical recognition.

9. Choose either an overuse injury of the shoulder or knee - discuss the evidence for contemporary diagnosis and management

10. The differential diagnosis of dizziness: consider vertebrobasilar insufficiency, cervical vertigo and vestibular dysfunction.

11. Nominate and discuss major professional and/or ethical issues relating to contemporary musculoskeletal physiotherapy therapy practice.

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Sports Physiotherapy Viva Voce Questions

The viva voce examination will include questions related to any of the topics listed below:

1. Choose an overuse injury relevant to your special interests. Discuss aetiology, pathoanatomy, pathomechanics and pathology in context of the evidence based clinical management (diagnosis, assessment, motor control, treatment and prevention) approaches.

2. The management of Tendonopathy should always include high load eccentric exercise and the cessation of anti-inflammatory medications. Discuss in light of contemporary models of Tendon Pathology and the evidence base for the treatment of tendon pathology.

3. Anterior Cruciate Injury: Debate whether surgery is essential to continued sporting participation in view of the discussion regarding copers vs non copers and the evidence base for the rehabilitation of this injury.

4. The chronic ankle injury and the role of proprioception in the condition and how it is best managed.

5. Choose Shoulder Impingement or Shoulder Instability syndrome in sport. Consider contemporary diagnostic and management issues in discussion of cases studies from your practice.

6. Discuss the pathomechanics of acute and recurrent muscle injuries in either the hamstring, quadriceps or calf and the current management principles in athletes.

7. An athlete presents with pain vaguely located in the inguinal canal region. Discuss the structures that could be commonly implicated in the generation of this pain in a sporting context and some of the current intervention strategies.

8. Discuss the contemporary literature regarding the role of neural tissue in the management of sports injuries.

9. Discuss the role of pre-season and in season screening in the performance plan for sports people.

10. Nominate and discuss the major professional and ethical issues related to your own practice and the wider contemporary sports physiotherapy setting.

Appendix 3: Examination Mark Sheets

NB: Text in red indicates minor wording change from 2017

Australian College of Physiotherapists

INITIAL ASSESSMENT - Examination Mark Sheet

Examiner:			
Date:			
Time:		**Room:**	

Candidate:	
Patient initials; Condition:	
Case:	

Scoring rules:

- Evaluate the performance against the **minimum** competency level expected for a **beginner specialist.**
- Circle only one number for each item. If a score falls between numbers on the scale **the higher number** should be allocated.
- **Not assessed** - an item should only be scored as 'not assessed' when there is a credible reason that the criterion was not seen during the examination. If an item is 'not assessed' the total potential score is adjusted for the missed item.

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 **beginner specialist** (pass)

3 = Demonstrates most performance indicators to a good standard (credit pass)

4 = Demonstrates most performance indicators to an excellent standard (distinction pass)

Not assessed – it is acceptable that the criterion was not able to be evaluated.

PATIENT /CLIENT INTERVIEW (Reference Standards 3 & 4)	Rating
Questions patient/client selectively, thoroughly, efficiently and appropriately.	
Is able to pursue assessment according to a highly advanced line of reasoning, which incorporates available medical, radiological or other including psychosocial, information.	
Identifies most relevant problems including patient/client goals Identifies appropriate screening tools and outcome measures that will form the basis for examination, management and reassessment.	
Comments:	

Australian College of Physiotherapists

INITIAL ASSESSMENT - Examination Mark Sheet

PHYSICAL EXAMINATION (Reference Standards 3 & 4)	Rating
Is able to pursue a physical examination according to a highly advanced line of reasoning which extends from the patient/client interview.	
Demonstrates highly advanced assessment skills.	
Uses a range of appropriate assessment domains Is able to modify as appropriate. Gains targeted information on which to proceed.	
Comments:	

OUTCOME OF EXAMINATION	Rating
Clearly demonstrates an advanced understanding of the patient/client's presenting problem.	
Comments:	

MANAGEMENT PLANNING (Reference Standards 5 & 6)	Rating
Identifies intervention options according to a highly advanced line of reasoning which extends from the outcomes of the examination.	
Clearly outlines intervention options to the patient /client and considers their values and preferences in deciding on how to proceed.	
Constructs a management plan that is collaborative, comprehensive and targeted towards the individual's goals, needs, and capacity.	
Comments:	

Australian College of Physiotherapists

INITIAL ASSESSMENT - Examination Mark Sheet

INTERVENTION (Reference Standards 6 & 7)	Rating
Demonstrates highly skilled execution of chosen intervention(s) in an efficient and effective manner. Is highly responsive to changes and patient/client responses concurrent with the intervention implementation.	
Comments:	

ONGOING ASSESSMENT - RESPONSE TO PATIENT /CLIENT (Reference Standard 7)	Rating
Demonstrates the ability to be flexible, adaptable and rapidly responsive to patient/client's expectations, their understanding of the management approach, and reactions to the intervention(s). Notices subtle changes in patient/client's response and introduces new assessment procedures or interventions appropriately in response to findings	
Comments:	

COMMUNICATION AND PROFESSIONALISM (Reference Standards 1 & 2)	Rating
Consistently seeks patient/client's input, listens reflectively and responds appropriately. Explains the source(s), contributing and causative factors, and mechanisms underpinning impairments, activity limitations, or participation restrictions as required Explains ongoing management and any program to be undertaken by the patient /client clearly and succinctly, ensuring there is complete understanding and acceptance by the patient/client. Displays professional and empathetic consultation and goal setting with patient/client. Demonstrates high level documentation skills including all relevant information and provision of informed consent.	
Comments:	

Australian College of Physiotherapists

INITIAL ASSESSMENT - Examination Mark Sheet

SAFETY (Reference Standard 7)	**YES/NO**
Predictive ability ensures safe and wise execution of intervention(s) and appropriate anticipatory planning. Demonstrates consideration of issues related to obtaining informed consent. Implements measures to ensure patient/client safety at all times.	

Additional Comments:

Examiner's Signature: _____ Date: _____

Australian College of Physiotherapists

FOLLOW-UP ASSESSMENT – Examination Mark Sheet

Examiner:			
Date:			
Time:		**Room:**	

Candidate:	
Patient's initials; Condition:	
Case:	

Scoring rules:

- Evaluate the performance against the **minimum** competency level expected for a **beginner specialist.**
- Circle only one number for each item. If a score falls between numbers on the scale **the higher number** should be allocated.
- **Not assessed** - an item should only be scored as 'not assessed' when there is a credible reason that the criterion was not seen during the examination. If an item is 'not assessed' the total potential score is adjusted for the missed item.

Rating scale

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1 = Demonstrates few performance indicators to an adequate standard (inadequate)

2 = Demonstrates most performance indicators to an adequate standard at the level of a **beginner specialist** (pass)

3 = Demonstrates most performance indicators to a good standard (credit pass)

4 = Demonstrates most performance indicators to an excellent standard (distinction pass)

Not assessed – it is acceptable that the criterion was not able to be evaluated.

ASSESSMENT: PATIENT /CLIENT INTERVIEW	**Rating**
Questions selectively, thoroughly, efficiently and appropriately. Is able to pursue assessment according to an advanced line of reasoning. Assesses response to previous intervention against findings and goals. Clarifies any factors from the initial interview. Uses most appropriate outcome measures.	
PHYSICAL EXAMINATION	**Rating**
Uses advanced skills of reassessment to interpret response to previous intervention. Uses appropriate assessment domains relevant to the patient/client's problem and goals.	
Gains targeted information on which to proceed. Is able to modify assessment or add additional assessments if necessary, Shows sensitivity and flexibility in re-assessing the patient/client, including modifying and adapting the assessment according to response to previous intervention(s).	
Comments:	

Australian College of Physiotherapists

FOLLOW-UP ASSESSMENT – Examination Mark Sheet

INTERVENTION /MANAGEMENT PLAN	Rating
Develops a collaborative, targeted and comprehensive management plan that is evidence based, highly relevant, and specific to patient/client's problems and achievement of goals. Selects optimum interventions/management relevant to assessment Progresses, modifies or adapts intervention based on patient/client's previous response.	
Comments:	

APPLICATION OF INTERVENTION	Rating
Demonstrates highly skilled execution of intervention(s) in an efficient manner. Is highly responsive to changes concurrent with the intervention implementation.	
Comments:	

ONGOING ASSESSMENT AND RESPONSE TO PATIENT/CLIENT	Rating
Is highly responsive to reassessment outcomes and adapts assessment procedures or interventions in response to findings as appropriate.	
Comments:	

Australian College of Physiotherapists

FOLLOW-UP ASSESSMENT – Examination Mark Sheet

COMMUNICATION AND MANAGEMENT	Rating
Communicates future management plan & implications to patient/client, accurately, clearly & succinctly.	
Is able to identify domains of presentation that are outside scope of practice and recommend referral to relevant expert(s).	
Comments:	

SAFETY (Reference Standard 7)	Y/N
Predictive ability ensures safe and wise execution of intervention(s) and appropriate anticipatory planning. Implements measures to ensure patient/client safety at all times.	

Additional Comments:

Examiner's Signature: _____ **Date:** _____

Australian College of Physiotherapists

POST EXAM DISCUSSION – Examination Mark Sheet

Examiner:				**Candidate:**	
Date:				**Patient initials; Condition:**	
Time:		**Room:**		**Case:**	

Scoring rules:

- Evaluate the performance against the **minimum** competency level expected for a **beginner specialist.**
- Circle only one number for each item. If a score falls between numbers on the scale **the higher number** should be allocated.
- **Not assessed** - an item should only be scored as 'not assessed' when there is a credible reason that the criterion was not seen during the examination. If an item is 'not assessed' the total potential score is adjusted for the missed item.

Rating scale

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1 = Demonstrates few performance indicators to an adequate standard (inadequate)

2 = Demonstrates most performance indicators to an adequate standard at the level of a **beginner specialist** (pass)

3 = Demonstrates most performance indicators to a good standard (credit pass)

4 = Demonstrates most performance indicators to an excellent standard (distinction pass)

Not assessed – it is acceptable that the criterion was not able to be evaluated.

CLINICAL REASONING IN ASSESSMENT	Rating
Able to provide a succinct, accurate summary of patient/client's problems. Clinical reasoning process is well articulated and reflects a substantial, well organized, knowledge base. Able to link patient/client's problems to pathophysiology and function and to identify impact of environmental and personal factors at an advanced level.	

CLINICAL REASONING IN MANAGEMENT	Rating
Demonstrates an innovative and broad range of actual and possible management approaches. Able to support management decisions with well targeted problem solving and appropriate theoretical background. Decision making reflects a personal model of practice developed from clinical experience and well integrated with research evidence.	
Comments:	

Australian College of Physiotherapists

POST EXAM DISCUSSION – Examination Mark Sheet

CRITICAL REFLECTION ON OUTCOMES	Rating
Understands and is able to discuss reliability and validity of measurement tools used, including normative values if available. Is able to interpret and critique patient/client outcomes against assessment findings and goals of the intervention. Reflectively critiques own reasoning process in relation to assessment and intervention.	

FUTURE MANAGEMENT PLANNING	Rating
Understands and is able to discuss prognosis. Is able to develop a collaborative comprehensive, appropriate plan for progression of patient /client management, based on excellent theory & evidence, as well as taking into account the patient/client's values, preference and capacity. Excellent, comprehensive discharge plans (if appropriate). Outlines comprehensive and well developed plans for ongoing management (if appropriate).	
Comments:	

Additional Comments:

Examiner's Signature: _____ **Date:** _____

Australian College of Physiotherapists
PRACTICAL EXAMINATION - CASE ASSESSMENT

Examiner:			
Date:			
Time:		**Room:**	

Candidate:	
Patient initials; Condition:	
Case:	

GLOBAL RATING SCALE

Please complete this section BEFORE you add up /finalise your detailed marks for this case.

In your opinion as an ACP examiner, the overall performance of this Candidate in this clinical exam against the **minimum** competency level expected for a **beginner specialist** was:

☐ Not adequate ☐ Adequate ☐ Good ☐ Excellent

Examiner's Signature: _____ **Date:** _____

Australian College of Physiotherapists
VIVA VOCE ASSESSMENT

Candidate:			
Date:			
Time:		**Room:**	
Examiner:			

GLOBAL RATING SCALE

Please complete this section BEFORE you add up /finalise your detailed Viva Voce marks.

In your opinion as an ACP examiner, the overall performance of this Candidate in this Viva Voce Exam against the **minimum** competency level expected for a **beginner specialist** was:

☐ Not adequate ☐ Adequate ☐ Good ☐ Excellent

Examiner's Signature: _____ **Date:** _____

Australian College of Physiotherapists

VIVA VOCE ASSESSMENT Examination Mark Sheet

Candidate:			
Date:			
Time:		**Room:**	
Examiner:			

Scoring rules:

- Evaluate the performance against the **minimum** competency level expected for a **beginner specialist.**
- Circle only one number for each item. If a score falls between numbers on the scale **the higher number** should be allocated.
- **Not assessed** - an item should only be scored as 'not assessed' when there is a credible reason that the criterion was not seen during the examination. If an item is 'not assessed' the total potential score is adjusted for the missed item.

Rating scale

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1 = Demonstrates few performance indicators to an adequate standard (inadequate)

2 = Demonstrates most performance indicators to an adequate standard at the level of a **beginner specialist** (pass)

3 = Demonstrates most performance indicators to a good standard (credit pass)

4 = Demonstrates most performance indicators to an excellent standard (distinction pass)

Not assessed – it is acceptable that the criterion was not able to be evaluated.

CRITERIA	Rating
Advanced knowledge in basic, applied and medical sciences relating to the specialty field.	
Advanced knowledge relating to specific conditions, situations or settings relevant to the area of specialisation.	
Advanced knowledge of the role of the physiotherapist within the multidisciplinary and/or multiservice construct of management and prevention for the field of specialty.	
Attributes of professional leadership and responsibility.	
Attributes of ethical and socially responsible conduct	
Comments	

Examiner's Signature: _____ **Date:** _____

Appendix 4: Suggested Prompts for the Post-exam Discussion (15 minutes)

This discussion should provide the trainee with an opportunity to demonstrate their understanding of the patient's presentation and elaborate their clinical reasoning process and the evidence base for their choices of assessment and management.

Keep in mind that the questions should seek to recognise the priorities, reasoning and evidence guiding decisions. There are situations in which very open or highly focussed questions are appropriate. It is important to consider the marking guide and focus on areas in which the trainee has not scored highly – it may be necessary to go to these areas first in the question time.

The language used below might be useful as a guide.

- "Thank you. There are a few questions we have in order to understand your decision making more clearly. Can you please elaborate…"
- "Can you tell us what the main issues were in this case?"
- "What do you feel were the perspectives of this patient in regard to the impairment(s)?"
- "Can you discuss the pain/dysfunction mechanisms involved?" / "What do you think was the main source of symptoms?"
- "How did you prioritise the relevance of the symptoms?"
- "Can you please outline the reasoning behind your choice of intervention(s)? Which information from the examination led you to select this approach? Is there particular evidence which supports this intervention?"
- "Can you elaborate the ongoing management plan for this patient?"
- "Are there any other investigations / objective assessment tests / interventions that you'd like to consider in the future for this patient?"
- "How will the outcome be measured in this case?
- What guides you to expect that your management plan will work?"
- "What do you think the prognosis is in this case? Do you think the patient understands their prognosis?"
- "What were the patient's goals for the session? Do you feel these were addressed?"

Appendix 5: Post-Exam Self-reflection Template

Candidate Self-reflection on Specialisation Exams

As part of the examination process you are required to complete this self reflection. The purpose of this exercise is to capture and document details of the cases that you were examined on, and your initial perceptions about your exam performance. *You will retain this self reflection until after exam results are available.* If required, this will assist with preparation for your feedback session.

When documenting your reflections, incorporate *keywords* which will prompt your recall in the future.

CASE ONE
The patient/client – write a concise summary including their presenting condition, relevant history and demographics.

Use the following headings to identify areas of the assessment and management of this case where you were satisfied with your performance (where you felt that it met the standard expected of a beginner specialist) AND where you were less satisfied / unsatisfied with your performance (where you felt that it DID NOT meet the standard expected of a beginner specialist).

DAY 1: Patient/client Interview

Satisfied with performance	Less satisfied / dissatisfied with performance

DAY 1: Physical examination

Satisfied with performance	Less satisfied / dissatisfied with performance

DAY 1: Intervention

Satisfied with performance	Less satisfied / dissatisfied with performance

DAY 1: Post intervention management and advice

Satisfied with performance	Less satisfied / dissatisfied with performance

DAY 2: Re-assessment: Interview

Satisfied with performance	Less satisfied / dissatisfied with performance

DAY 2: Re-assessment: Physical examination

Satisfied with performance	Less satisfied / dissatisfied with performance

DAY 2: Intervention

Satisfied with performance	Less satisfied / dissatisfied with performance

DAY 2: Post intervention management and advice

Satisfied with performance	Less satisfied / dissatisfied with performance

DAY 2: Post examination discussion with examiners

Satisfied with performance	Less satisfied / dissatisfied with performance

Viva Voce

Satisfied with performance	Less satisfied / dissatisfied with performance

CASE TWO

The patient/client – write a concise summary including their presenting condition, relevant history and demographics.

Use the following headings to identify areas of this case where you were satisfied with your performance (where you felt that it met the standard expected of a beginner specialist) AND where you were less satisfied / unsatisfied with your performance (where you felt that it DID NOT meet the standard expected of a beginner specialist).

DAY 1: Patient/client Interview

Satisfied with performance	Less satisfied / dissatisfied with performance

DAY 1: Physical examination

Satisfied with performance	Less satisfied / dissatisfied with performance

DAY 1: Intervention

Satisfied with performance	Less satisfied / dissatisfied with performance

DAY 1: Post intervention management and advice

Satisfied with performance	Less satisfied / dissatisfied with performance

DAY 2: Re-assessment: Interview

Satisfied with performance	Less satisfied / dissatisfied with performance

DAY 2: Re-assessment: Physical Examination

Satisfied with performance	Less satisfied / dissatisfied with performance

DAY 2: Intervention

Satisfied with performance	Less satisfied / dissatisfied with performance

DAY 2: Post intervention management and advice

Satisfied with performance	Less satisfied / dissatisfied with performance

DAY 2: Post examination discussion with examiners

Satisfied with performance	Less satisfied / dissatisfied with performance

Appendix 6: Appeal Documentation

Notice of Appeal

Candidates have the right to appeal against a decision of the College with regard to their examination results. Appeals must be submitted within 28 days of the College's decision being communicated to a candidate and should be in the prescribed format (Notice of Appeal). Appeals may be requested on the sole ground that the procedure set out in procedural documents of the Australian College of Physiotherapists has not been followed.

On completion, a signed copy of this form should be sent to the Manager, Australian College of Physiotherapists
Email: college@physiotherapy.asn.au; post PO box 437 Hawthorn BC Vic 3214.

Name of Candidate: _____

Date of decision being appealed against: _____

Brief description of decision being appealed against:

Procedural grounds for appeal:

Evidence for appeal:

Signature of Candidate: _____ Date: _____

Regulations Governing Appeals

11. Appeals
11.1 Candidates shall have the right to appeal against a decision of the Council regarding the awarding of a Fellowship in accordance with Regulation 11.2.

11.2 A person who is aggrieved by a Council decision may request an appeal in respect of that decision on the sole ground that the procedure set out in these Regulations has not been followed. A person is not entitled to appeal a Council decision on the basis that the correct or preferable decision was not made on the material before the decision-maker.

11.3 An application for appeal (Notice of Appeal) must be made in the form prescribed by the Council and shall be made within 28 days of the Council's original decision being communicated to the appellant. An appeal must outline the grounds and evidence on which the appeal is based.

11.4 The Council shall establish an Appeals Committee to consider a written appeal submitted by a candidate. This Committee shall comprise a representative of an Examining Panel, a representative of the Board of Censors and one other person nominated by the Board of Directors. Such representatives shall not have been a party to the original decision of the College to which the appeal relates. The Council shall appoint the Chair of the Appeals Committee from the members of the Appeals Committee.

11.5 An appellant shall have the option of presenting their appeal personally to the Appeals Committee and shall advise on the Notice of Appeal whether they wish to take up this option.

11.6 The Chief Executive Officer or his or her nominee shall give an appellant at least 28 days prior notice of the date, time and place that the Appeal Committee shall be convened.

11.7 Where an appellant elects to present their appeal personally at the Appeals Committee meeting, the appellant may:
11.7.1 present his or her Notice of Appeal but shall not be permitted to introduce grounds of appeal or evidence not previously raised in his or her Notice of Appeal
11.7.2 be accompanied by another person, who must not be a legal representative, but is not entitled to be represented as the appeal must be presented personally and
11.7.3 attend the meeting in person or by teleconference but if attending in person shall be responsible for their own costs of attendance.

11.8 Appeal hearings shall involve as little formality and technicality as the proper consideration of the appeal permits.

11.9 The Appeals Committee may make inquiries and obtain any information it needs to decide a matter before it. However, where an appellant admits, or does not dispute a matter, the Appeals Committee may make a decision without the need to inquire into that particular matter. As a guide this information may include but shall not be limited to:
11.9.1 the personal presentation of the Notice of Appeal by the appellant;
11.9.2 the Examiners' Summary Report;
11.9.3 these Regulations of the College.

11.10 In order for an appeal to be successful an appellant will need to establish one or more grounds as specified in Regulation 11.2.

11.11 Decisions of an Appeal Committee are decisions about which a majority of the Committee agrees.
11.12 After considering an appeal, the Appeals Committee may either:

11.12.1 **uphold** the original decision of the College and dismiss the appeal in which case the original decision of the College will stand or;
11.12.2 **overturn** the original decision of the College and grant the appeal in which case the Appeals Committee may substitute its decision for the original decision and such substitute decisions may include, without limitation, granting the appellant a full pass in the final examination for Specialisation or granting the appellant a partial pass in the final examination for Specialisation or;
11.12.3 **set aside** the original decision of the College in which case the Appeals Committee may, without limitation, allow the appellant to resit the final examination for Specialisation without the payment of additional examination fees or allow the appellant to resubmit original work for a thesis with corrections for consideration by an Examining Panel that will comprise members who were not part of the original Examining Panel or the Appeals Committee or allow the appellant to resubmit a published textbook with justifications for consideration by an Examining Panel that will comprise members who were not part of the original Examining Panel or the Appeals Committee or allow the appellant to re-complete or resubmit any other aspect of a Fellowship by Specialisation or Fellowship by Original Contribution as the Appeals Committee at its discretion sees fit.

11.13 The Chief Executive Officer or his or her nominee shall minute the outcome of the appeal and communicate the decision of the Appeals Committee to the appellant and the College Council in writing no later than 14 days after the date the appeal was decided by the Appeals Committee.

11.14 The decision of the Appeals Committee shall be final and binding on the College and the appellant.

11.15 Where an appeal is dismissed the candidate may be required to pay a fixed amount of $2000 towards the costs and expenses of the College in considering the appeal.