



AUSTRALIAN COLLEGE  
of PHYSIOTHERAPISTS

**Two-Year Training Program  
in the  
Process of Specialisation  
in  
Physiotherapy**

**Training Program Manual**

(Version: February 2018)

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## Organisational Context

The Australian College of Physiotherapists (College) awards Fellowships by one of two processes:

1. Fellowship by Specialisation
2. Fellowship by Original Contribution

The Board of Censors of the College is responsible for the conduct of the Training Program for Specialisation and for the conduct of the final examinations for specialisation.

Fellowships by Specialisation are awarded in the following disciplines of physiotherapy:

- Cardiorespiratory
- Continence and Women's Health (Women's, Men's and Pelvic Health)
- Gerontology
- Musculoskeletal
- Neurology
- Occupational Health
- Paediatric
- Sports.

## Two Year Training Program for Specialisation

APA titled physiotherapists in the above disciplines of physiotherapy can apply for the two year Training Program to support their preparation for the final examinations for specialisation.

## Prerequisites for Entry into the Training Program

An applicant for this program must:

- Be a registered physiotherapist in Australia, a current financial member of the Australian Physiotherapy Association (APA) and a titled member of the relevant National Group
- Have three years of full time equivalent clinical practice in the discipline, either after gaining Titling via the Experiential /Hybrid Pathway, or after completion of their Master's degree

- Submit a completed Application Form for the Process of Specialisation in Physiotherapy
- Be prepared to undertake and complete all requirements of the specialisation Training Program
- Show initiative; be a self-directed learner; be willing to contribute to knowledge and practice; accept feedback and evaluation of peers and facilitators in the learning process.

Demonstration of the following criteria is highly desirable:

- Involvement in teaching or education of the profession
- Involvement in research
- Professional writing skills
- Professional and social networks within the wider physiotherapy sector, including on-line networks and social media
- Commitment to discipline specific professional development

## **Approval of Applications**

Applications will be reviewed and evaluated by the College Applications Committee. The Applications Committee makes recommendations to the Board of Censors which is the body responsible for determination of success of the application and, as such, the Board of Censors will grant approval of all successful applications.

## **Acknowledgement of Prior Learning**

Applicants who are considered to have met program requirements for elements 2 and /or 4 may have credit given in acknowledgement of prior learning. An application for Acknowledgement of Prior Learning (APL) must clearly demonstrate a continuum of, and current prior learning in relation to the element(s). To be considered current, prior learning must have been attained within three years of the year of application for admission. The Board of Censors will consider a written application submitted with a statement providing evidence in support of the request for APL. Further detail regarding APL is provided in the [APL Policy](#).

## Specialisation Training Program

### Introduction

On entering the Training Program, trainees will become Associates of the Australian College of Physiotherapists. Associate status will be conferred for the two year training period and, if approved by the Board of Censors, any subsequent period of involvement with the College prior to successful completion of final examinations, on payment of the required fee.

The two year Training Program is an integral component of the specialisation process and aims to assist the trainee to achieve specialist level in four elements in a field of specialty physiotherapy practice.

Trainees will be facilitated during this training period by a Specialist Physiotherapist nominated by the Board of Censors. In most instances, the facilitator will be a Fellow of the College.

In the case of a discipline with insufficient specialists to facilitate trainees, the Board of Censors will appoint, in consultation with the relevant APA National Group, a senior physiotherapist to be a facilitator. In such a situation, facilitator support will be provided by the discipline specific member of the Board of Censors, as required. An 'associate facilitator', who is a Fellow of the College and has experience in this role, may be appointed to support the 'novice facilitator' and ensure the trainee is provided with appropriate guidance as to the general standards expected at Fellowship level.

In certain circumstances, the role of facilitator may be shared between two Fellows of the College. The Board of Censors will determine whether such a situation is in the best interests of the trainee and facilitators. Please see [Appendix 5](#) for further information.

This manual is intended to provide guidelines for trainees and facilitators in all specialisation disciplines of physiotherapy. The words "patient" and "clinical" are used in this document, however, in the discipline of occupational health these terms may also be interpreted to mean a client, a work site or the built environment under assessment.

### Structure of the Training Program

Trainees will be allocated to specialist study groups (cohorts), each consisting of a maximum of four trainees. The cohort's learning activities will be facilitated by the nominated facilitator(s). A Training Program may be conducted with only one trainee in a specialty field of practice. Links between trainees from all specialisation disciplines will be available through the online learning platform, PebblePad.

In developing cohorts, consideration will be given to the geographical location of both trainees and facilitators. Where possible, a training cohort will be based in a single geographical area. Face to face training may be conducted in the workplace of the facilitator and / or trainees. A schedule of times and locations for training will be negotiated between the facilitator and the training cohort and will be presented to the Board of Censors for approval.



Following negotiation with the facilitator, trainees are expected to take an active role in the organisation and planning of the face to face meetings.

In cases where a trainee's place of residence is some distance to that of their facilitator or other trainees, the applicant will be advised of the availability and location of the training cohort. It will be the decision of the applicant whether or not to join that group and, as a consequence, to meet the costs of travel and accommodation as needed. The applicant may choose to wait until a training cohort is formed in his/her locality.

Within the first three months of the commencement Training Program, all trainees and facilitators will be invited to attend a teleconference at which valuable information to enhance progress through the Training Program will be provided by members of the Board of Censors and invited speakers. A second teleconference will be held for all trainees and facilitators during the first six months of the second year of the Training Program to provide additional information to enhance progress through the latter part of the program.

At the commencement of the program, trainees will identify strengths, weaknesses, opportunities and threats (ie undertake a SWOT Analysis) and develop a Learning Contract, in consultation with their facilitator and, if required, the discipline specific member of the Board of Censors. Individual trainees and their facilitator(s) will collaborate to identify individual learning needs in the context of the speciality discipline criteria ([Appendix 10](#)) and to establish short and long term goals (learning objectives) for successful completion of the Training Program leading to presentation for final examinations for specialisation. It is recommended that learning goals should be established using the SMART goal format (Specific, Measureable, Attainable, Realistic and Timely). See [Appendix 1](#) for SWOT Analysis and Learning Contract templates and [Appendix 2](#) for examples of each.

A copy of the final [SWOT Analysis](#) and [Learning Contract](#) will be presented to the Board of Censors for evaluation and approval and will constitute the Learning Contract between each trainee and facilitator (the latter representing the College). The Board of Censors may require the trainee to provide further detail or clarification of their SWOT and / or Learning Contract prior to its approval and may provide advice about specific inclusions if considered appropriate. The Learning Contract is required to be updated at the end of each quarter (six month period) of the Training Program, to reflect current achievements and new learning goals and proposed activities.

### **Training and Performance will be measured against four elements**

- Element 1. Development of specialist skills in the area of practice
- Element 2. Participation in education of the profession
- Element 3. Commitment to lifelong learning and professional development
- Element 4. Participation in research activities.

## **Expected level of achievement in Element 1 will be assessed against the nine standards of practice**

On completion of this training period, the trainee will be expected to demonstrate the following nine standards of practice, in the context of the [Discipline Curricula](#) as required of a specialist physiotherapist and Fellow of the College.

- Highly advanced professional behaviours of a specialist physiotherapist
- Highly advanced communication skills of a specialist physiotherapist
- 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
- Highly advanced skills in physiotherapy assessment
- Highly advanced skills in clinical reasoning
- Highly advanced skills in development and application of an optimal physiotherapy intervention and prevention plan
- Highly advanced skills in the evaluation of effectiveness, efficiency and cost effectiveness of physiotherapy interventions
- Ability to contribute to multidisciplinary health care team management, where appropriate at a specialist level
- Highly developed skills in service delivery and quality improvement processes.

Trainees are required to demonstrate the required level of proficiency in all elements, including participation in [mandatory marked mock exams \(MME\)](#) and successful completion of the written components of the Training Program prior to submission for examination at the end of the two year Training Program. Trainees may not proceed to examination unless approved by the Board of Censors.

[Written components](#) of the Training Program over the two year period comprise: sixteen reflections (four per quarter), regularly updated logs and evidence for activities undertaken against each of the four elements to fulfil the agreed plan of study as described in the trainee's Learning Contract; two case studies, completed assessment for the oral presentation of one case study and a professional issues essay.

Final assessment of the trainee will occur at the end of the two year training period. The trainee will be required to successfully complete oral (viva) and practical examinations in order to qualify for Fellowship

of the College and the title of Specialist Physiotherapist. These examinations will run over a two-day period. Successful completion will require a demonstration of specialist-level skills by the trainee to the College Examining Panel. Further information is available in the [procedure for marked mock exams](#), [Appendix 8](#) and [Appendix 9](#).

The normal time taken to complete the Training Program is two years. Variations to this timeline will be considered on a case by case basis by the Board of Censors in instances where the trainee encounters special circumstances such as illness. In all cases, the Training Program must be completed within a maximum of four years, including any period of deferment. If a trainee's situation does not permit this, they will be required to withdraw from the Training Program and commence a new Training Program when circumstances allow. Further detail regarding flexible training arrangements is provided in the [Flexible Arrangements Policy](#). See also [Timeframe for Completion of Training Programs and Exams Policy](#).

## **Specific Components and Learning Activities of the Program**

To meet the required standards for all elements and written components of the Training Program, trainees will be required to contribute to, and participate in, various activities over the two-year period. Trainees will be expected to identify and plan these activities in their Learning Contract and document their completion in the 'log' section of their PebblePad Workbook.

Broadly, these activities (educational tools) will include the trainee:

- Engaging in practice in the specialty field
- Engaging in critical reflection, enquiry in practice and peer review
- Engaging in research and teaching activities
- Increasing the depth and breadth of their clinical and theoretical knowledge in the specialty field
- Developing strong relationships with peers and engaging in peer teaching and support
- Accessing experts in the field (physiotherapy and other relevant health professionals or stakeholders), through, for example, face to face meetings, courses, workshops, teleconferences and videoconferences.

The trainee will be required to participate in direct training with their cohort and facilitator, as well as participating in other activities in order to achieve the outcomes of the four elements and successful completion of the MMEs and written components of the Training Program.

Progress on Element 1 – 4, written components and outcomes of MMEs will be reflected in the facilitator reports provided to the Board of Censors at six month intervals.

The following processes will assist the trainee in developing evidence of advanced and high quality practice in preparation for the final oral and practical examinations.

### **Element 1: Development of specialist skills in the area of practice**

1. During the specialisation Training Program, trainees will continue to practice in their field of specialty.
2. Each trainee will be allocated to a specialist cohort of up to four trainees in the specialty field with a designated facilitator. In special circumstances where there is only one trainee in a given cohort, modifications may be made to the program with the facilitator.
3. As a group, trainees will participate in one face-to-face meeting every three months with the facilitator scheduled in accordance with the cohort timeline, issued by the College. The duration of the meetings will be equal to one half day per trainee. For example, if the group consists of four trainees, the group will meet for two days at a time of mutual convenience within the agreed cohort timeline constraints.

Activities during face-to-face meetings may include:

- Assessment and management of clients by trainees, with facilitator and peer observation, feedback and discussion
  - Opportunities for demonstration by the facilitator and/or other Specialists
  - Opportunities for complex case demonstration by trainees with facilitator and peer feedback and discussion
  - Presentations delivered by trainees
  - Mock examinations in preparation for final examinations using the College marking schema. Where possible examiners will be Specialists from the relevant, or other related, disciplines
  - Other activities negotiated between trainees and their facilitator.
4. Trainees are strongly encouraged to meet together as a group (face-to-face, by teleconference, or skype) between meetings with their facilitator. During these sessions, trainees will critically reflect collaboratively upon experiences with scenarios / case presentations and management, clinical reasoning and other theoretical background relevant to the area of specialty practice.
  5. Trainees will undertake a program of knowledge development in consultation with the facilitator to assist them to prepare for their final examinations. Activities may include: conducting

literature reviews, accessing appropriate learning materials (research literature, webinars etc), attending conferences, observing experts etc. All learning activities should be logged in the trainee's PebblePad Workbook.

6. Progress on Element 1 will be reflected in the facilitator reports provided to the Board of Censors at six month intervals.

## **Element 2: Participation in Education of the Profession**

Trainees will demonstrate significant contributions to professional education during their two years of training which will be reflected in facilitator reports provided to the Board of Censors at six month intervals. Trainees will be required to maintain the log section of their PebblePad Workbook related to teaching activities. Supporting evidence should be provided and may include teaching or course evaluations, invitations or contracts to teach.

Teaching activities should include examples of *at least two* of the following:

- Delivery, at an advanced practice level, of continuing professional development courses within a national group program or delivery of other teaching as approved by the College
- Delivery, in long term capacity, of undergraduate or graduate entry student education
- Delivery of postgraduate student education
- Delivery, at an advanced practice level, of staff development and Training Programs
- Presentations at national or international conferences
- Supervision of postgraduate, undergraduate or APC student clinical placements.

## **Element 3: Commitment to Lifelong Learning and Professional Development Activities**

Trainees are strongly recommended to avail themselves of conferences, master classes and advanced courses in their field of specialisation. A log of professional development activities undertaken as part of the Training Program should be kept in the trainee's PebblePad Workbook. Associated with this log should be reflections on the learning activity undertaken and how the activity has addressed aspects of the Learning Contract. Progress on this element will be included in facilitator reports provided to the Board of Censors at six month intervals.

## Element 4: Participation in Research Activities

Trainees in the specialisation process are required to provide evidence of participation in research or other academic/scholarly activity. This may include involvement in research in any capacity, reviewing articles for PEDro, completing a course on evidence based practice or research methodology, or reviewing abstracts for a conference or journal. Progress will be reflected in facilitator reports provided to the Board of Censors at six month intervals. The research activity undertaken during the Training Program should also be documented in detail in the trainee's log section of the PebblePad Workbook. Supporting evidence may be required such as manuscript drafts or evidence of participation in research data collection or supervision.

Research activities should include *at least one* of the following:

1. Providing a major contribution as a treating physiotherapist in a clinical trial or supporting research activity through screening and recruitment processes, or in a hospital / university research project.
2. Contribution to research supervision, e.g. co-supervisor of an honours or other research student.
3. Publication of a case study in a peer reviewed journal  
Please note: InMotion is NOT considered to be a peer reviewed journal.
4. Publication of research and / or presentation of research at a conference / professional event.
5. Successful completion of a relevant research course (E.g. a university course in Evidence Based Practice)
6. Accredited reviewer for the PEDro database and evidence of reviews undertaken in this role
7. Other research related activity as approved by the Board of Censors.

## Written Components of the Training Program

Written components of the Training Program over the two year period comprise: sixteen reflections (four per quarter), logs and evidence for activities undertaken against each of the four elements and the Learning Contract, two case studies, completed assessments for the oral presentation of one case study and a professional issues essay. See the cohort timeline for submission dates.

### Submission deadlines

Submission deadlines for each written component are specified in the cohort timeline. Deadlines are set to ensure that trainees progress through the Training Program as smoothly as possible, assessment of written components is completed in a timely manner and reporting and feedback are managed in the

appropriate timeframe. The Board of Censors expects trainees will meet the specified deadlines. If unexpected circumstances impact on the ability of the trainee to meet a deadline, after discussion and agreement from their facilitator, the trainee will be required to apply in writing to the Board of Censors, via the College Manager for a variation to the deadline.

## Written Reflections

Over the two year period, trainees will be required to reflect on cases or clinical / practical experiences which illustrate their progress towards attainment of highly advanced behaviours in [the nine standards of practice](#).

The PebblePad Workbook should include four reflective exercises that encompass one or more of the standards in each six month period (i.e. the trainee will complete 16 reflective exercises in total over the Training Program). The Workbook is assessed by the facilitator at each six monthly interval prior to completion of the facilitator report. Members of the Board of Censors will have 'view only' access to Pebble Pad Workbooks to allow them to evaluate trainee progress over the course of the two years. The trainee is welcome to keep some reflections confidential between the trainee and their facilitator, but there must be at least 4 reflections submitted via the PebblePad Workbook in each six month period. Each reflective exercise should be presented in no more than 500 words. A guideline about reflective practice/writing is provided in the 'general resources' section of the PebblePad Workbook.

## Case Studies

Trainees will prepare and submit for assessment two formal case presentations. Case presentations must be written in an academic style, consistent with the *Guidelines for Presentation of Case Studies* and be accompanied by a completed Case Study Cover Page and Checklist. ([Appendix 3](#))

Case studies will be assessed by an independent College-appointed assessor.

Sufficient time (1-2 months) must be allowed for the drafting and revision of the written case study.

- Case Study One: Case study of a typical non-complex patient / client / workplace.

\*Due date: Month six (October) of year one of candidature.

- Case Study Two: Case study of a novel or complex patient / client / workplace.

\*Due date: Month five (August) of year two of candidature.

(\* Refer to cohort timeline for exact date of submission for each case study)

Case studies are a formal illustration of clinical reasoning skills. The cases should display evidence of advanced level of practice including advanced reasoning and problem solving in assessment and management as well as reflective practice. Case studies must adhere to the guidelines or they will not be sent for evaluation. It is expected that the facilitator will approve the case study topic and will oversee the preparation of the written case, unless they indicate that they do not wish to do so. In this situation, trainees are strongly advised to seek the assistance of the Case Study Advisory Group (CSAG). The trainee must contact the College Manager for an application form, which must be co-signed by the facilitator.

The CSAG comprises academic physiotherapists who are appointed by the College Council to assist trainees in the preparation and / or revision of their case study. Each trainee is encouraged to seek the input of CSAG during the preparation of their case studies if their facilitator indicates that they not able to assist with this task. Further information about the role of CSAG is available in [Appendix 3](#).

### **Oral presentation of a case study**

Trainees are required to prepare and deliver an oral presentation on one of their case studies at a College Discussion evening or relevant conference/session where three Fellows are available to evaluate the presentation and provide feedback using the [standard assessment form](#). It is the responsibility of the trainee to arrange for evaluation of their case presentation.

The presentation should be no longer 15 minutes, but may be required to be shorter, depending on the forum at which the case is presented. There will be an opportunity for questions from the audience, during which the trainee must be able to provide a rationale for their assessment and management of the case. Two of the three assessors must score the oral case presentation as 'satisfactory' in order for this element to be considered completed. Completed assessor reports and a self reflection by the trainee will be submitted to the College Manager as soon as possible after the oral case study presentation. Further information is available in [Appendix 4](#).

### **Professional Issues Essay**

(Note: *Assessment process under review in 2018*). Trainees will present a written paper (1000 words maximum) to their facilitator on an issue relevant to the physiotherapy profession in their field of practice at least four months before the finalisation of the training period. Trainees are required to select an area or topic which, in their opinion, is of relevance to the physiotherapy profession and which a specialist may be expected to be informed about. Trainees are required to clearly describe the chosen topic, outline why it is of importance to the physiotherapy profession and how, as specialists, they may be involved in, or influence, the chosen area. It is strongly recommended that trainees discuss potential topics with their facilitator prior to commencement of writing. Topics which may be considered include, but are not limited to, areas such as: leadership, advancement of practice, legislation or other professional activities or responsibilities.

### **Marked Mock Exams (MME)**

In August 2017, the ACP adopted a requirement for trainees and potential examination candidates to sit mandatory MMEs – one at the end of the first year of the Training Program (prior to the end of February,



in time for the 12 month Facilitator's report) and at least two between November and the end of February in the final year of the TP (in time for the 24 month Facilitator's report), or between November and the end of February preceding exams for those who deferred/were unsuccessful at the previous examination round.

The purpose of MME at the end of first year is to provide trainees, facilitators and the Board of Censors with an indicator of progress the trainee has made towards achieving the required standard. The decision taken by the Board of Censors, following input from the facilitator and trainee, to allow progress into the year 2, *will not be based solely on performance at the MME(s)*, but on all aspects of the trainee's commitment and progress over the previous period of the Training Program. However trainees who are performing only at the level expected of an APA Title holder at the end of year 1 of the Training Program will be counselled against progressing into year 2. They may elect to defer for a period of no more than 12 months, and work on a defined program of learning, or to withdraw from the Training Program.

The MME's at the end of second year will play an important role in determining the trainee's readiness to sit exams. Currently data from 'year 2' MME's must be submitted to the ACP Manager by 1st March in the year of the examination round to allow results to be discussed at the March Board of Censor's meeting when decisions about examination candidates are made. Further information is available in the [procedure for marked mock exams](#), [Appendix 8](#) and [Appendix 9](#).

## Study Requirements and time commitments

The time required to successfully complete the Training Program varies with the trainee's level of experience, exposure to a variety of conditions and cases, involvement in professional development and lifelong learning, as well as research activities and teaching. Trainees may find that some elements of the Training Program can be successfully met by documenting parts of their everyday practice. It may be necessary for some trainees to expand their practice to facilitate exposure to an appropriate variety of clinical cases by finding alternative/additional sources of employment.

As a rule of thumb, it is expected that trainees will allocate, *as a minimum*, the following time to the Training Program:

- one to two days every three months for face to face sessions with their facilitator and cohort (number of days is dependent on the number within the cohort)
- three to four hours every three months for interaction with their peers within their cohort (in addition to the face to face sessions)
- sufficient time to complete required written components and to maintain their PebblePad Workbook, and
- sufficient time to complete mock examinations, learning activities, professional development and related reading.

It is expected that many of the requirements of the program will occur within the trainee's normal working week. However, the experience of former trainees is that the workload commitments for completion of the Training Program may require dedicated time away from the normal workplace. The trainee may wish to discuss time management and clinical caseload with their facilitator if they are unsure how to integrate the program with their professional activities.

It is recommended that each trainee use their own networks to further the breadth and depth of their resources during the training period. This could include access to University libraries, access to other training activities, teaching / workshop activities, conference presentations and referral of patients.

It is also recommended that each trainee recognise that the role of the specialist physiotherapist encompasses a level of understanding and appreciation of different methods of assessment and management which may vary from those which form part of their normal practice. As such, it is recommended that all trainees consult with, observe, and undertake mock examinations / other relevant activities with expert physiotherapists in other states, in different clinical environments, and possibly with other disciplines, to facilitate the depth and breadth of their understanding of the role and responsibilities of specialist physiotherapist.

## **Role of the Facilitator**

### **Facilitate the self-learning program of the trainee**

The trainee and the facilitator will identify the trainee's strengths, weaknesses, threats and opportunities (ie undertake a SWOT analysis) and set learning objectives and goals for the two year Training Program and will jointly develop a written Learning Contract, as indicated above. Support is available to assist in the development of the Learning Contract (Facilitator Training Committee, via the College Manager). The facilitator will act as a mentor and adviser to assist the trainee to develop [the 9 standards of practice](#) in the field of specialisation. This will also include providing guidance in the development of independent and lifelong learning skills through practice and reflection.

In particular, the facilitator should provide guidance and advice to trainees regarding:

- Development of their skills in assessment and management of clients / situations
- A self-directed program of theoretical knowledge development to assist them in preparation for their final examinations
- Review of the Learning Contract and learning goals at each six month review
- The topic and structure of the written case presentations and the oral presentation
- The development of their reflective exercises

- Selection of a suitable topic relevant to their area of specialty practice for the Professional Issues Essay (for example leadership, advancement of practice, legislation or other professional activities or responsibilities).

A facilitator will not act as an examiner in the final examinations of any trainee they have facilitated, nor as an assessor of their case study.

## **Facilitate trainee cohorts**

Cohorts will be set up for the purpose of peer group collaboration. The facilitator will assist trainees in person in the eight face-to-face sessions and offer guidance as appropriate to the independent trainee discussion sessions that occur between the face to face meetings. The purpose of these peer group collaborations is to assist trainees in developing highly advanced and quality practice in the specialty field in preparation for the final practical and oral examinations. The facilitator will support interaction within the group and alert the Board of Censors, via the College Manager, of any problems foreseen or arising in the trainee's Training Program.

Face to face meetings may include facilitation of one or more of the following activities:

- Assessment and management of cases/clients by the trainees
- Presentation of complex cases and discussion by the trainees
- Opportunity for the facilitator/other specialists to give demonstrations
- Presentations by trainees
- Facilitated tutorials
- Mock examinations in preparation for final examinations
- Other activities negotiated by the trainees and facilitator.

Outside the scheduled eight cohort meetings, discussion sessions amongst trainees should include a mixture of trainee study meetings via face-to-face, email, or online interaction. They may also include presentations by other experts in the field. The facilitator may contribute to these discussions, however the primary function of these additional sessions is for peer group interaction.

## **Advise and approve trainee's nomination of two case study presentations**

The facilitator will provide guidance in the choice of suitable topics and structure of the written case study presentation. The facilitator may recommend that a trainee seek guidance from the Case Study Advisory Group (CSAG) at the outset of preparation of the trainee's case study.

The trainee will submit their case study topics to the Board of Censors at least one month in advance of the completed case study, in accordance with the cohort timeline, to allow time for engagement of an appropriate assessor.

Trainees will collaborate with their facilitator, and if required the CSAG, in the preparation of their case studies. Even in the event of the case study writing having been overseen by the CSAG, the facilitator must still approve the final copy prior to submission to the Board of Censors.

## **Formative Feedback to trainees**

Throughout the Training Program, the facilitator will provide trainees with formative feedback on all work and on their progression towards final examination, including:

- Their clinical and practical performance in the face-to-face sessions. This feedback will relate to achievement of [the 9 standards of practice](#) for specialisation and the trainee's progression towards the final examination
- The reflective exercises in the PebblePad Workbook
- The case studies – written and oral presentation
- The professional issues essay.

## **Facilitator Reports**

The facilitator will provide reports at six monthly intervals to the Board of Censors on the trainee's progress and activities undertaken to fulfil the four elements of the Training Program as outlined in the Learning Contract. The report must identify progress against the goals set out in the Learning Contract, as evidenced by documentation in the Pebble Pad workbook. Areas of concern will also be reported. All reports are to be countersigned by the trainee.

The template for facilitator reports can be found in [Appendix 6](#) and a sample facilitator Report can be found in [Appendix 7](#).

The **trainee** is required to maintain their PebblePad Workbook representing activities undertaken in each of the four elements, personal reflections and written components as part of the Training Program. Logs must contain evidence of activities undertaken to fulfil the requirements of each of the four elements in each six month period.

This Workbook will be reviewed by the facilitator and will form part of the six monthly facilitator submissions. The Board of Censors may review the Workbook (view only) when considering the six monthly reports. The trainee is welcome to keep some reflections confidential between the trainee and their facilitator, but there must be at least 4 reflections submitted via the PebblePad Workbook in each six month period.

The trainee and facilitator will regularly monitor progress against the goals set out in their Learning Contract, ensuring activities are undertaken in each of the four elements in each six month period. Trainees should identify which learning goals they have addressed and which goals remain, with a clear plan to address those that remain. The Learning Contract should be updated as required at each quarter of the Training Program (aligned with the reporting cycles).

## **Trainee Status Determination**

In each six monthly report, the facilitator will provide a 'status determination'. *Good Status* will be awarded where the trainee is meeting all of the requirements of *that stage of* the Training Program as determined by progress against their Learning Contract, completion of appropriate written components for that period, MMEs and the satisfactory achievement against the four elements as outlined above.

*Conditional Status* will be awarded where areas are identified as requiring further consideration and attention. In the instance of *Conditional Status* being awarded for one Element, the facilitator is to provide, as part of their facilitator report, specific detail as to what remedial steps and actions need to be taken by the trainee to address the areas of deficiency. The trainee may be asked to provide the Board of Censors with an updated Learning Contract, documenting their plan to address areas of concern. If the trainee receives conditional status *on the same Element* in a subsequent report, the matter will be discussed by the trainee, facilitator, discipline specific member of the Board of Censors, and other members of the Board of Censors as required, to determine whether the trainee should remain in the Training Program.

If the trainee receives *conditional* for 'trainee status indicative of progress towards sitting for Final Exams', the facilitator must provide specific detail as to what remedial steps and actions need to be taken by the trainee to address the areas identified. If a second *conditional* for 'trainee status indicative of progress towards sitting for Final Exams' is awarded in a subsequent report, the Board of Censors will require the trainee to submit in writing a justification for being allowed to remain in the Training Program.

A facilitator may, in instances where the trainee's performance has not been satisfactory, make a recommendation to terminate a trainee's candidature. In such an instance:

- The facilitator is required to clearly outline the areas in which performance is unsatisfactory, what remedial steps and actions have been advised/put in place to address these areas prior to the report cycle and the trainee's response to those steps and/or actions. The facilitator must provide justification for the recommendation for termination of candidature.
- If the trainee wishes to appeal the recommendation for termination of candidature, s/he is required to provide evidence which might explain the finding of unsatisfactory progress and outline evidence of steps taken, and/or intended to be taken, to address the areas of concern.

The Board of Censors is required to review facilitator reports submitted at each 6 month reporting period. The Board of Censors may request further information from a facilitator to demonstrate appropriate progress in line with the goals identified in the Learning Contract or to provide reasons why

progress demonstrated does not meet the goals and timeframes indicated in the Learning Contract. If the Board of Censors does not concur with the recommendations of the facilitator, on the basis of the information provided in the progress report and any subsequent report requested, discussion between the Board of Censors and the relevant facilitator will be held to resolve any differences. The Board of Censors holds the ultimate determination in relation to whether the trainee can continue within the Training Program.

## **Final Facilitator report**

The 24 month facilitator report will include a recommendation on the readiness of the trainee to sit for the final examinations for specialisation. The facilitator is requested to make an assessment and complete the report in good faith. This report will be signed by both the trainee and the facilitator on the understanding that the facilitator is absolved from any responsibility for the outcome of the examination process.

The Board of Censors will consider the trainee's PebblePad Workbook, successful completion of all elements of the Learning Contract, results and performance in at least two mandatory MMEs undertaken as per the [Procedures for MMEs](#) document, and the facilitator reports in its consideration of the trainee's application to undertake the final examinations for specialisation. All requirements of the Training Program, including written elements must be satisfactorily met in order for trainees to be eligible to sit for final examination.

## **Program Extensions**

If a trainee is considered, on assessment of their final report, to be '*Not Ready*' to sit the final examination, the Board of Censors may approve an extension of training time. This will be decided on a case by case basis. The trainee will be required to make a formal written submission to the Board of Censors requesting an extension and outlining the reason(s) for it. The trainee is to provide a revised Learning Contract that outlines what actions they will undertake during this extension and how they will address areas of concern. In this instance the trainee may incur additional costs (see [Appendix 11](#) for details relating to submissions related to program extensions). A trainee must complete the Training Program within four consecutive years of their start date.

If a trainee [defers from the Training Program](#), they will re-join the Training Program at the point of their last *satisfactory* for 'trainee status indicative of progress towards sitting for Final Exams'.

## **Communication**

### **Guidelines for communication between trainees**

All trainees will be provided with the contact details of all other current cohorts across all disciplines to encourage discussion and communication about issues associated with the Training Program and any others issues which the trainees may consider relevant.

Trainees should establish communication networks using tools such as email, blogs and Skype to encourage dialogue between members of their cohort. Trainees are encouraged to utilise the 'blog' section available in PebblePad. Trainees can be assured that any discussion/conversation undertaken through PebblePad will not be monitored by members of the Board of Censors, facilitators or College staff.

The Training Program is a national program across all disciplines of the College and, as such, trainees are encouraged to participate in discussions beyond their own cohort. Such participation and collaboration will enrich and broaden the training experience and strengthen the collegiate ties of all within the College.

### **Guidelines for communication between trainees and the facilitator**

The methods of communication between the trainee and facilitator will be negotiated at the beginning of the two-year program. In addition to the eight face to face meetings, such communication will normally consist of weekly email, phone, Skype or blog contact and / or discussion on PebblePad.

### **Guidelines for communication between facilitators**

All facilitators across all disciplines from each training cohort will be provided with the contact details of all other facilitators. Facilitators are encouraged to discuss issues associated with the Training Program with other facilitators, as well as seeking advice from past facilitators whose trainees have successfully completed the Training Program and others who are currently working through the program. Such participation and collaboration will enrich and broaden the Training Program and strengthen the collegiate ties of all within the College. Facilitators are also encouraged to draw upon the practical support and resources provided by the Facilitator Training Committee (FTC), and to participate in regular teleconferences and other activities provided by this group. Enquiries or requests for support should be made through the College Manager.

### **The role of College staff**

Trainees and facilitators should contact the College Manager, in the first instance, with all administrative / logistical questions and concerns. If unsure where to direct a question, or for more information on any aspect of the Training Program, the College Manager should be the first point of contact.

### **The discipline specific member of the Board of Censors**

- The Board of Censors is the body responsible for the oversight of the training program. The Board of Censors has a member from within each discipline with responsibility for a given year cohort. This person will liaise with the facilitators and trainees within their discipline cohort. Communication between the facilitator and Board of Censors discipline specific member occurs on a regular basis, usually immediately prior to (monthly) Board of Censors meetings.
- Facilitators or trainees may contact their Board of Censors discipline specific member with any issues or for guidance/assistance in how to manage any issues of concern.

## **The Facilitator Training Committee (FTC)**

The FTC is a subcommittee of the Board of Censors, whose role is to provide support for facilitators in the following ways:

- Provision of detailed advice/recommendations on how to manage the requirements for the role of facilitator.
- Provision of a supplementary Facilitators' Manual (in addition to the Training Program Manual).
- Provision of regular teleconference meetings for facilitators throughout the year at which aspects of the Training Program that are of most relevance at the time of the teleconference are discussed, facilitators have the opportunity to raise queries and clarify issues of concern to them.
- The opportunity to consult with any member of the FTC for individual advice/feedback if required through the Training Program.
- Assistance from experienced facilitators, through the FTC, to support trainee(s) with the development of their SWOT analysis and Learning Contract.

## **Dispute Resolution**

If a dispute arises between a facilitator and a trainee, attempts should be made to resolve it at the local level. If a resolution that is satisfactory to both facilitator and trainee cannot be reached, the facilitator and the trainee will each report the issue independently to the Board of Censors, via the College Manager. The Board of Censors will advise on a process to resolve the dispute. If the matter cannot be resolved, then it will be referred to the College Council. For more detail, trainees and facilitators can refer to the [Dispute Resolution Policy](#)

## **Achieving Specialist status**

A trainee is normally allowed to attempt the examinations a maximum of twice. However, 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 (Training Program format) that clearly addresses all areas of concern raised by examiners as part of their application. The candidate will submit progress reports referencing their Learning Contract to an allocated member of 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, may at its discretion allow an unsuccessful candidate to defer their next attempt at the examinations for no more than twelve months.

A trainee must complete the Training Program within four (4) consecutive years.

A candidate must complete all attempts at the examinations within four (4) consecutive years.

## **Appeals**

Trainees have the right to appeal against their examination result. Appeals must be submitted within 28 days of communication to the trainee of the College's decision and should be in the prescribed format ([Notice of Appeal](#)).



Appeals may only be requested on the ground that the procedure set out in this and other procedural documents of the College has not been followed.

## **Costs (note: all costs are subject to change without notice)**

### **Training Program**

The two year Training Program will cost \$9,000 (plus GST), paid in two instalments, payable:

- on acceptance into the program (\$4500 + GST);
- before commencement of the second year (\$4500 + GST).

Please also be aware of the additional costs listed below.

### **Final Examinations**

Final examinations for specialisation will cost \$3,000 (plus GST), paid in one instalment on acceptance to sit the final examination (\$3000 +GST). Trainees are advised that final examinations may be held in a different state to the one in which they reside. All costs associated with travel and accommodation will be the responsibility of the trainee.

### **Repeat Final Examinations**

Re-sitting of the final examinations for specialisation is at the discretion of the Board of Censors and incurs an additional cost:

- Practical Examination (\$2000 +GST)
- Practical Examination and Oral Examination (\$3,000 +GST)
- Oral Examination (\$1000 +GST)

### **Additional Costs**

Additional costs to the program will be identified to the trainee prior to commencement or as soon as practicable. The College will endeavour to minimise these costs whenever possible. Trainees are encouraged to travel to interstate to develop relationships and work with a wide variety of specialists and trainees.

The trainee is expected to:

- meet all personal travel and accommodation costs during the program, including attending face to face sessions with the cohort, conferences and other courses or training
- meet all personal travel and accommodation costs associated with visiting clinical specialists located in other states
- meet all personal travel and accommodation costs associated with completing mock exams
- meet all personal travel and accommodation costs incurred to attend the final examinations
- provide all equipment and other resources required for their training sessions
- provide their own internet, computer access and telephone and meet these costs throughout the two year Training Program
- maintain their APA and appropriate national group membership.

Note that in most cases, these costs will be tax-deductible. The trainee is encouraged to discuss this with their tax accountant or a financial advisor.

## Operational Policies

Trainees and facilitators may also be guided by the College policy documents as found in the College section of the APA website [www.physiotherapy.asn.au](http://www.physiotherapy.asn.au)

- [Acknowledgement of Prior Learning](#)
- [Consideration of Cases of Impairment at Assessment](#)
- [Conflict of Interest](#)
- [Deferment of Training Program](#)
- [Dispute Resolution](#)
- [External Practitioners](#)
- [Flexible Arrangements](#)
- [Occupational Health and Safety](#)
- [Patient Safety](#)
- [Poor Performance](#)
- [Provision of Ongoing Support Beyond the Two Year Training Program](#)
- [Readiness to Sit Final Exams](#)
- [Sitting Examinations Outside the Designated Period](#)
- [Timeframe for Completion of Training Program](#)
- [Trainee Support](#)

## APPENDICES

### Appendix 1

#### SWOT Analysis Template

<b>Trainee Name:</b>	
<b>Specialist Discipline:</b>	
<b>Facilitator:</b>	
<b>Projected Completion Date:</b>	

Identify your **Strengths, Weaknesses, Opportunities & Threats** in relation to your ability to undertake and complete each element of the 2 year Training Program. You should consider your analysis in the context of the discipline criteria (Appendix 8) and include the written components of the Training Program. You should also consider and include personal strengths, weaknesses, opportunities and threats. (eg: family commitments).

When presenting your Learning Contract below, please identify your goals in the context of SMART goals – ie goals that are:

- Specific
- Measureable
- Achievable
- Realistic
- Timely

##### Element 1: Development of specialist skills

Strengths	Weaknesses	Opportunities	Threats	Facilitator Comments

##### Element 2: Participation in education of the profession

Strengths	Weaknesses	Opportunities	Threats	Facilitator Comments

**Element 3: Professional development activities**

Strengths	Weaknesses	Opportunities	Threats	Facilitator Comments

**Element 4: Participation in research activities**

Strengths	Weaknesses	Opportunities	Threats	Facilitator Comments

**Written components**

Strengths	Weaknesses	Opportunities	Threats	Facilitator Comments

**Marked Mock Exams**

Strengths	Weaknesses	Opportunities	Threats	Facilitator Comments

## Learning Contract Template: First 6 month period

### Element 1: Development of specialist skills

What are your learning objectives?	How are you going to meet your learning objectives?	What evidence will you gather?	How are you going to prove your learning?	By When / Timeframe?

### Element 2: Participation in education of the profession

What are your learning objectives?	How are you going to meet your learning objectives?	What evidence will you gather?	How are you going to prove your learning?	By When / Timeframe?

### Element 3: Professional development activities

What are your learning objectives?	How are you going to meet your learning objectives?	What evidence will you gather?	How are you going to prove your learning?	By When / Timeframe?

### Element 4: Participation in research activities

What are your learning objectives?	How are you going to meet your learning objectives?	What evidence will you gather?	How are you going to prove your learning?	By When / Timeframe?

### Written Components: SWOT Analysis and Learning Contract, 4 X Reflections

	SWOT Analysis	Learning Contract	Case Study 1 topic	Reflections 4 X
Due date	02 July 2018	02 July 2018	03 September	03 September
Draft 1				
Draft 2				
Final				

## Learning Contract Template: Second 6 month period

### Element 1: Development of Specialist Skills

What are your learning objectives?	How are you going to meet your learning objectives?	What evidence will you gather?	How are you going to prove your learning?	By When / Timeframe?

### Element 2: Participation in education of the profession

What are your learning objectives?	How are you going to meet your learning objectives?	What evidence will you gather?	How are you going to prove your learning?	By When / Timeframe?

### Element 3: Professional Development Activities

What are your learning objectives?	How are you going to meet your learning objectives?	What evidence will you gather?	How are you going to prove your learning?	By When / Timeframe?

### Element 4: Participation in research activities

What are your learning objectives?	How are you going to meet your learning objectives?	What evidence will you gather?	How are you going to prove your learning?	By When / Timeframe?

### Written Components: First Case Study, 4 X Reflections and first mandatory Marked Mock Exam (MME)

	*Case Study 1	Reflections 4 X	MME
Due date	01 October 2018	04 March 2019	04 March 2019
Draft 1			
Draft 2			
Final			

Review and update Learning Contract

\*Oral Presentation of one of the two case studies must be completed between now and 04 November 2019

## Learning Contract Template: Third 6 month period

### Element 1: Development of Specialist Skills

What are your learning objectives?	How are you going to meet your learning objectives?	What evidence will you gather?	How are you going to prove your learning?	By When / Timeframe?

### Element 2: Participation in education of the profession

What are your learning objectives?	How are you going to meet your learning objectives?	What evidence will you gather?	How are you going to prove your learning?	By When / Timeframe?

### Element 3: Professional Development Activities

What are your learning objectives?	How are you going to meet your learning objectives?	What evidence will you gather?	How are you going to prove your learning?	By When / Timeframe?

### Element 4: Participation in research activities

What are your learning objectives?	How are you going to meet your learning objectives?	What evidence will you gather?	How are you going to prove your learning?	By When / Timeframe?

### Written Components: Second Case Study, 4 X Reflections

	Case Study 2 Topic	*Case Study 2	Reflections 4 X
Due date	01 July 2019	05 August 2019	02 September 2019
Draft 1			
Draft 2			
Final			

Review and update Learning Contract

\*Oral Presentation of one of the two case studies must be completed by 04 November 2019



## Learning Contract Template: Fourth 6 month period

### Element 1: Development of Specialist Skills

What are your learning objectives?	How are you going to meet your learning objectives?	What evidence will you gather?	How are you going to prove your learning?	By When / Timeframe?

### Element 2: Participation in education of the profession

What are your learning objectives?	How are you going to meet your learning objectives?	What evidence will you gather?	How are you going to prove your learning?	By When / Timeframe?

### Element 3: Professional Development Activities

What are your learning objectives?	How are you going to meet your learning objectives?	What evidence will you gather?	How are you going to prove your learning?	By When / Timeframe?

### Element 4: Participation in research activities

What are your learning objectives?	How are you going to meet your learning objectives?	What evidence will you gather?	How are you going to prove your learning?	By When / Timeframe?

### Written Components: Professional Issues Essay, 4 X Reflections and second Mandatory Mock Exam (MME)

	Professional Issues Essay	Reflections 4 X	MME
Due date	03 February 2020	03 February 2020	21 December 2020
Draft 1			
Draft 2			
Final			

Review and update Learning Contract

Oral Presentation of one of the two case studies must be completed by 05 November 2018

## Appendix 2

### Sample SWOT Analysis

#### Element 1: Development of specialist skills

Strengths	Weaknesses	Opportunities	Threats	Facilitator Comments
<ul style="list-style-type: none"> <li>Strong Clinical Reasoning</li> <li>Good communication with patients</li> <li>Open to constructive feedback</li> <li>Strong functional assessment and modification procedures</li> <li>Holistic treatment planning</li> </ul>	<ul style="list-style-type: none"> <li>Can compartmentalise patients into dominant classification only</li> <li>Moderate capacity to communicate neurophysiological changes to patients</li> <li>Potentially biased towards conservative management options being utilised first over medical/surgical</li> <li>Prefer simple, uncomplicated manual therapy techniques</li> <li>Unsure of sensory testing for set dermatome patterns (conjecture in the literature) and myotome testing levels</li> </ul>	<ul style="list-style-type: none"> <li>Senior physiotherapist at a clinic whereby I am allowed first and second 30 minute 'initial' consultations, replicating the hour long initial consultations in the final specialisation exams</li> <li>Fortnightly 90 minute mentoring with Specialist Physiotherapist</li> </ul>	<ul style="list-style-type: none"> <li>Young child and my partner are the top priorities in my daily and weekly schedule</li> <li>Full work schedule including 32 hours of physiotherapy employment and 12 hours of my own personal physiotherapy consultancy business, as well as 3- 5 weekly 3 hours post-graduate physiotherapy student tutoring sessions per year</li> <li>Personal trait and bent towards perfectionism meaning I can spend more time than necessary on work and Specialisation assignments</li> </ul>	

#### Element 2: Participation in education of the profession

Strengths	Weaknesses	Opportunities	Threats	Facilitator Comments
Currently supervising students at a Hospital outpatients clinic	Lack of access to post-graduate students	Personal connections with University lecturers, researchers and Specialist Physiotherapists	Affording time off work to travel to participate in unfunded education	
Participating in regular education sessions at local inter-practice professional development.		3- 5 weekly 3 hours post-graduate physiotherapy student tutoring		

### Element 3: Professional development activities

Strengths	Weaknesses	Opportunities	Threats	Facilitator Comments
<ul style="list-style-type: none"> <li>Willingness to attend regular weekend courses.</li> <li>Good contacts with local professional development run by specialists</li> </ul>	Most professional development has been tailored towards my interest in cervical spine/ whiplash conditions and persistent pain	<p>Clinical Coordinator. I organise monthly Professional Development, including Specialist Physiotherapists, Sports Physicians and Medical Consultants</p> <p>Fortnightly Professional Development with Specialist Physiotherapists</p>	<ul style="list-style-type: none"> <li>Limited financial resources to travel interstate.</li> <li>Young children and husband involved in fly in fly out employment</li> <li>Taking time off to participate in unfunded PD</li> </ul>	

### Element 4: Participation in research activities

Strengths	Weaknesses	Opportunities	Threats	Facilitator Comments
Interest in reading and applying research to daily practice	Limited understanding of principles of research design and implementation.	Personal connections with University lecturers, researchers and Specialist Physiotherapists	Limited time to dedicate.	
University access to research databases				

### Written components

Strengths	Weaknesses	Opportunities	Threats	Facilitator Comments
Strong writing skills through participation in post-graduate education.	Never prepared or considered physiotherapy case report writing.	Use CSAG		

### Marked Mock Exams

Strengths	Weaknesses	Opportunities	Threats	Facilitator Comments
Work well under pressure	No experience in clinical exams	Practice		

## Sample Learning Contract: First 6 month period

### Element 1: Development of specialist skills

What are your learning objectives?	How are you going to meet your learning objectives?	What evidence will you gather?	How are you going to prove your learning?	By When / Timeframe?
To acquire specialist level skills in the assessment, education and management of the dominant pain mechanisms in patient's presentation: - Peripheral neuropathic/neuropathic pain - Peripheral sensitisation - Central sensitisation and brain plasticity	1) Attend interstate weekend Pain specific course	Certificate of attendance	Portfolio of evidence	
	2) Review lecture on classification system for the neural system	Certificate of attendance	Portfolio of evidence	
	3) Observe Specialists assess and manage patients at 2 major public hospitals	Reflection on clinical practice	Portfolio of evidence	
	4) Review literature on testing pressure-pain, thermal pin thresholds, 2-point discrimination	Prepare 1-2 page summary	Present to cohort	
	5) Read X 2 major texts	Prepare 1-2 page summary	Present to cohort Case study presentation/ submission	
	6) Apply specialist level assessment/education/management in 10 patients over 6 months	Case Study/series	Achieve at least 4/5 mark in mock-exams within my cohort Portfolio of evidence	
To acquire specialist level knowledge and understanding of the non-physiotherapeutic management (pharmacological, psychological procedural) of persistent pain problems	1) Observe pain specialist and neurologist at a major hospital	Reflection/ Experience	Portfolio of evidence	
	2) Observe clinical psychologist's session with a chronic pain patient	Prepare 1-2 page summary/5x5 slide	Present to cohort	
	3) Attend/observe a day of multi-disciplinary pain clinic, attend STEPS program			
To acquire specialist level skills in the specific area of..., with current best theory and management options for physiotherapeutic and medical management for these disorders	1) Attend specific lecture	Certificate of attendance	Portfolio of evidence	
	2) Observe Sports Physician's assess and manage a group	Reflection/ Experience	Portfolio of evidence	
	3) Review current literature on specific pathophysiology, pathoanatomy and management	Prepare 1-2 page summary	Present to cohort	
To consolidate specialist level skills in the knowledge of motor control conditions, at an advanced level	1) Observe specialists manage patients	Reflection/ Experience	Portfolio of evidence	
	2) Attend courses to review lecture material and case presentations by specialist	Reflection/ Experience	Portfolio of evidence	
	3) Apply specialist level assessment /education /management in 3 patients, supervised by a specialist physiotherapist	Case Study/series	Case study presentation / submission	

			Achieve at least 4/5 mark in mock-exams within my cohort	
To consolidate specialist level skills in the diagnosis and management of complex shoulder, NSAP, wrist/hand disorders and knee pain	1) Attend Certificate in Advanced Sports Rehabilitation and review lecture  2) Observe Specialist manage a complex shoulder patient  3) Observe Medico manage a complex NASP, wrist/hand patient  3) Apply specialist level assessment/education/management in 3 patients, supervised by specialist physiotherapist  4) Completion of training as a Certified Mulligan Practitioner and teacher through examination by Specialists	Certificate of Attendance  Reflection  Reflection  Case Study presentation/series  Certificate of Attendance	Portfolio of evidence  Portfolio of evidence  Portfolio of evidence  Case study presentation/ submission  Portfolio of evidence Achieve at least 4/5 mark in mock-exams within my cohort	
To acquire specialist level skills in the differential diagnosis of the dizzy patient and incorporate accurate management of sensorimotor dysfunction in the cervical spine	1) Observe Senior Physiotherapist  2) Review literature on CAD Vestibular dysfunction Cervicogenic dizziness Craniovertebral instability  3) Apply specialist level assessment/education/management in 3 patients, supervised by specialist physiotherapist  4) Pebble Pad discussions with other trainees from other states	Reflection  Prepare 1-2 page summary  Case study presentation	Portfolio of evidence  Present to cohort  Case Study presentation  Achieve at least 4/5 mark in mock-exams within my cohort	
Headache	Attend courses to review lecture material and case presentations	Reflection/ Experience	Portfolio of Evidence	
Red Flags	Review APA presentation by Specialist Musculoskeletal Physiotherapist	Reflection/ Experience	Portfolio of Evidence	
Mechanisms of actions of manipulative/exercise therapy Advanced Clinical Reasoning	Review post-graduate lecture and pre-reading material for this topic 1) Attend workshop or view webinar on Advanced Clinical Reasoning 2) Read 3 articles/text book chapters authored by ...	Reflection  Certificate of Attendance	Portfolio of evidence  Portfolio of evidence	

## Element 2: Participation in education of the profession

What are your learning objectives?	How are you going to meet your learning objectives?	What evidence will you gather?	How are you going to prove your learning?	By When / Timeframe?
To enhance the clinical reasoning and skill of post-graduate physiotherapists studying the Masters of Clinical Physiotherapy and completing the Clinical units	1) Supervision of students at a Hospital outpatients clinic on the first and second semester 5 weeks clinics	Student reflective form	Portfolio of evidence	
To enhance the physiotherapy skills, clinical reasoning and knowledge of new and recently graduated physiotherapists at the Life Ready group	2) Utilise simple strengths/weaknesses forms with these students, and create a reflective form for them to fill out at the end of their placement	Student reflective form		
	1) Weekly, fortnightly and monthly mentoring sessions with review of past and current patients	Life Ready day sheets	Portfolio of evidence	
	2) Regular assessment and treatment of particularly complex patients of these physiotherapists	Completed simple clinical reasoning form		
	3) Dissemination of relevant literature to these physiotherapists	Customer satisfaction survey		
	4) Create simplified, evidence-based clinical reasoning form for physios to complete			
Delivery, at a specialist level, of staff development (lectures/tutorials) at Physio Pracice and other health professional workplaces	1) Delivery of lectures/tutorials at these workplaces	Lecture/tutorial material	Portfolio of evidence	
	2) Creation of customer satisfaction surveys	Customer satisfaction survey		

**Element 3: Professional development activities**

What are your learning objectives?	How are you going to meet your learning objectives?	What evidence will you gather?	How are you going to prove your learning?	By When / Timeframe?
Demonstrate my passion and commitment to lifelong learning	<p>Actively participate in the specialisation training over the next 2 years, to include:</p> <ul style="list-style-type: none"> <li>• Attend one weekend course</li> <li>• Attend Certificate sessions</li> <li>• Attend fortnightly professional development run by specialists</li> <li>• Attend training nights conducted for tutors on the postgraduate Master of Clinical Physiotherapy</li> <li>• Travel to other states to attend workshops with Specialists</li> </ul> <p>Observation of patient examinations by other Specialists recorded on video on the APA website</p>	Attendance certificates, reflections on changes to clinical practice	Portfolio of evidence	

**Element 4: Participation in research activities**

What are your learning objectives?	How are you going to meet your learning objectives?	What evidence will you gather?	How are you going to prove your learning?	By When / Timeframe?
Undertake sufficient participation in research activities to meet the requirements of the specialisation Training Program, and to enhance my knowledge and understanding of the process required to undertake research in a clinical setting	1) Support research activity of Dr. .... through screening and recruitment of patients. Possibly also with a Paediatric Rheumatologist	Emails, competed literature	Portfolio of evidence	

**Written Components: SWOT Analysis and Learning Contract, 4 X Reflections**

	SWOT Analysis	Learning Contract	Case Study 1 topic	Reflections 4 X
Due date	02 July 2018	02 July 2018	03 September	03 September
Draft 1				
Draft 2				
Final				

## Appendix 3

### Guidelines for presentation of case studies

Two case studies will be presented over the course of the Training Program.

- Case Study 1: Case study of a typical non-complex patient/client/workplace.
- Case Study 2: Case study of a novel or complex patient/client/workplace.

The cases should display evidence of advanced level of practice including advanced clinical reasoning in assessment and management as well as reflective practice. The following outline should serve as a guide only to the presentation of the case, as different cases will present different opportunities for discussion. The trainee must allow sufficient time for drafting the case study (at least one to two months) and for feedback from their facilitator and revision prior to submission for assessment.

The purpose of the case study is to describe, in reasonable detail, the evaluation and management of a patient/client/workplace presenting to a physiotherapist in the relevant field of practice. While presenting a case study at a level and in language suitable for publication in a peer-reviewed journal is the ultimate goal for an author of a case study, the College does not require the case study to be at this highest level of submission. The requirement of the case study from the Board of Censors is that the case study must be at a standard and depth suitable for presentation at a conference. In addition to the guidelines outlined below, it is recommended that trainees familiarise themselves with resources available on PebblePad to assist in the development of their case study and to ensure it meets the standard. The CARE checklists and guidelines, which are a consensus statement from a group of journal editors, are primarily relevant *should you wish to pursue publication options in a peer reviewed journal*.

All trainees are also advised to study the Case Study Assessor Report (below) to ensure that their final submission meets the guidelines against which it will be assessed. All final case studies are submitted to the APA Publications Editor, who will consider them for publication in APA journals and magazines. Trainees who prefer their work not be automatically submitted must advise the College Manager by [email](#).

### Written report

Case study reports must be submitted electronically using standard word processing software (e.g. MS Word) on A4 layout using a font size no smaller than 11, line spacing of 1.5, and with margins of no less than 2cm. Text should be left justified. Trainees must include their APA member number in the footer of the case study. This will enable identification for administrative purposes, whilst enabling the assessor to be blinded to the identity of the author. The Case Study must be submitted with a completed Case Study Cover Page and Checklist.

The case study is to be no more than 2500 words in length excluding abstract (maximum of 250 words) illustrations, and tables (maximum of 4 figures with captions plus 3 tables, maximum of 80 words per table) and references (maximum of 30). These limits must be strictly adhered to or the case study will be rejected by the assessor.



The Assessor uses the following categories to evaluate the case:

## **1. Writing Style**

Scientific

- Concise
- Unambiguous
- Grammatically correct
- No/minimal spelling errors

## **2. Appropriate structure of the case**

**Abstract** (maximum of 250 words, *not included in the word count*)

The abstract (on a separate page at the beginning of the report) should provide an overview of the whole case study including background, assessment and intervention/management, main outcome(s), brief discussion of issues arising and conclusion.

**Introduction** (Guide: 250-450 words):

The introduction should 'set the scene' for the topic under consideration, providing summaries of relevant contemporary literature related to the topic in general and particularly the assessment and management of the chosen case. The purpose of submission (e.g. typical case or complex /novel case and why you chose it) should be stated.

**Presentation of the case** (Guide: 1,000-1,400 words).

A clear and concise description and illustration (see below) as appropriate of:

- The reason for referral (if appropriate), subjective assessment findings, relevant patient/client features including psychosocial presentation or situation (as appropriate)
- The goals of management/intervention
- Appropriate and evidence-based choice of pre/ post assessment tools
- A clear description of, and rationale for, management /intervention(s)
- Outcomes of management /intervention(s)
- Declaration of patient consent for use of information.

There should be clear documentation of the clinical reasoning processes guiding the evaluation of the client, establishment of the hypothesis(es) /diagnosis(es) and clear documentation of the outcome measures used, the rationale for their use and the relationship of outcome measures chosen to the goals of the intervention.

The management/intervention program should be described with reference to the literature to support an evidence informed approach to management. The clinical reasoning process for progression or modification of treatment or referral to other health practitioners should be provided. The role of other members of the health care team should be described if appropriate.

Any changes in outcome measures over the treatment period should be provided (graphs or tables). In addition, and as relevant to the case, a post-treatment follow-up evaluation of primary outcomes (e.g. 3 months post discharge) would be highly regarded.

**Discussion/conclusion** (Guide: 600 words) should overview issues arising from the case, management and outcome with reference to the literature. There should be evidence of reflective practice, particularly in relation to existing literature and indications for any modification in management of similar clients in the future. In addition, an understanding of any limitations should be demonstrated (eg why guidelines were not able to be followed in this case or any restrictions on the use of best practice assessment/management, client personal/environmental factors limiting outcomes etc).

**Discussion** includes:

- a. Justification for assessment, management/ intervention(s)
- b. Implications of outcomes and potential modification of further management
- c. Issues raised by treatment effects / confounding effects of the intervention
- d. Limitations (if any)
- e. Reflection on what might have been done better or differently and why

**Conclusion(s):** main finding(s) from case, evidence based and related to previous literature

**References:** (Maximum of 30, *not included in the word count*. Consistent formatting - no style is mandated)

- a. Accurate
- b. Relevant
- c. Predominantly from peer-reviewed literature
- d. Up to date

### **3. Appropriate use of good quality figures and tables**

No more than four figures with captions and no more than three tables, (maximum of 80 words per table). *Figure captions and tables are not included in word count.*

Tables and figures must:

- Present relevant outcomes /data
- Add to / clarify report and do not repeat information in text
- Include captions which are concise and relevant

**Please note:**

Make sure that your case study is carefully proof-read prior to submission. If it demonstrates extensive spelling, typographical or formatting errors, it will be returned to the trainee for correction prior to distribution to an assessor. Equally, a case study that does not meet the guidelines will also be returned for amendment prior to assessment.

## Management of Case Studies

### ***Initial process of selection of topic & submission of case study***

- b. Trainees must discuss the topic for their case study with their facilitator and review the instructions regarding format for presentation of the case study provided above. They must also review the various documents provided in PebblePad to assist with their preparation of the case study, and to indicate standards required for the written submission. PebblePad has a number of case studies written by previous trainees. The CARE guidelines for writing case studies are primarily relevant *should you wish to pursue publication of your case study in a peer reviewed journal (ie not InMotion)*. Trainees are advised not to commence work on their case study before these two steps are completed.
- c. The final topic must be submitted to the Board of Censors in accordance with the cohort timeline. This is approximately one month before the submission date in order to allow identification of suitable assessors. Once a topic has been selected, the trainee should work in conjunction with their facilitator through a process of presentation of draft documents to the facilitator for review, advice and subsequent revision prior to reaching a final version that both trainee and facilitator agree is at a satisfactory standard to submit for evaluation. The trainee must allow sufficient time for drafting the case study (at least one to two months).
- d. If the facilitator does not have expertise in writing skills to support the trainee, and/or wishes to seek further advice, the trainee may request the assistance of the 'Case Study Advisory Group' (CSAG) for assistance with guiding the trainee through the writing process. The trainee must contact the College Manager for an application form, which must be co-signed by the facilitator. The appointed CSAG member will communicate directly with the trainee. It is the responsibility of the trainee to report to their facilitator on the progress of the case prior to submission. The facilitator must see the completed case study prior to it being submitted, or re-submitted, for evaluation.
- e. Following submission of the case study, the College Manager (or proxy) will send the written case study to an independent assessor for evaluation. In the first instance, the assessor will be blinded to the identity of the trainee.
- f. Once the assessor report is provided, the facilitator and trainee will be notified, via the College Manager or proxy, of the outcome of the case study evaluation, and the report and any comments will be forwarded. If the case study has been determined to be satisfactory, the facilitator and trainee will receive a letter from the Chief Censor formally advising of the outcome.

### ***Failure of the case study***

- g. If the case study is deemed unsatisfactory, the trainee and facilitator (or CSAG member), where relevant, must revise and resubmit the case study, within the specified timeframe. The facilitator/CSAG member and trainee must work together to review and discuss the feedback provided and plan a course of action for the trainee to work on addressing issues raised in the feedback in preparation for re-submission. The trainee may include with the re-submission a letter

outlining the amendments made to the text and commenting on/justifying where recommendations made have not been addressed.

- If at this stage of the process, the facilitator or trainee wish to seek advice from the CSAG, whether they have previously sought advice/input or not, this option is available to them, with the same requirements as outlined in relation to the initial submission.
- h. Once the facilitator and trainee are satisfied that they have addressed all feedback/comments provided by the reviewer, the case study must be re-submitted for second assessment, undertaken wherever possible, by the same assessor as for the first submission. The same processes of reporting the outcome of the second review will be followed as for the first review.
- If, following revision and second submission, the case study is still deemed not to have reached satisfactory standard, it will be returned to the facilitator and trainee with the report and feedback provided by the reviewer.
- At this stage, the trainee must request input from the CSAG, if they have not already done so. The Board of Censors will nominate a specific member of the CSAG, which may be a different person to the CSAG member previously involved, to assist the trainee further with preparation and final amendments to the case study to ensure that it does reach a satisfactory standard.
- If, following this extensive process, the case study is still deemed unsatisfactory, the trainee will be advised by the Chief Censor of an appropriate path, which may include submission of a completely new case study, for completion of the case study requirement.
- If this is the case, the trainee will *remain on conditional status* until such time as a new case study is completed and deemed satisfactory. The trainee may be advised to focus on other areas within their Learning Contract for a period of time deemed appropriate by the member of the CSAG and/or the Board of Censors before attempting a new case study.

Both case studies must be deemed satisfactory for the trainee to achieve good status and be eligible to sit for final examinations.



## Case Study Cover Page and Checklist

**Please complete and submit this page with your Case Study.**

Title of Case Study:

Author:

The author's APA Member Number:

- ☐ The author's APA member number appears in the footer of each page.
- ☐ The author's name appears **on this page only**.

**Please complete the checklist below.**

**The author has:**

- ☐ Read and understood the Case Study Guidelines (Appendix – TP Manual)
- ☐ Read and understood the Case Study Assessor's Template (Appendix – TP Manual)

Obtained the patient's consent for:

- ☐ Use of patient's information in this Case Study
- ☐ Publication of the final version of this Case Study
- ☐ Used a spell checker to minimise errors.
- ☐ Indicated the 'purpose' of the case (typical or complex case) in the abstract
- ☐ Checked that the overall word count of the case study **DOES NOT EXCEED** 2500 words.

**Checked that the case study meets the following requirements.**

- ☐ Abstract on a separate page – Maximum of 250 words (not included in overall word count)
- ☐ Figures - Maximum of 4 (four) figures with captions (not included in overall word count)
- ☐ Tables - Maximum of 3 tables, maximum of 80 words each (not included in overall word count)
- ☐ Figures and tables are referred to in the text (eg. Symptom location is illustrated in Figure x).
- ☐ References – Maximum of 30 references (not included in overall word count)

### **A note about the Case Study Advisory Group (CSAG)**

The CSAG comprises academic physiotherapists who are appointed by the Board of Censors to assist trainees in the preparation and / or revision of their case study. Each trainee is encouraged to seek the input of CSAG during the preparation of their case studies if their facilitator indicates that they are not able to assist with this task. Further information about the role of CSAG is available in the TP Manual or via the College Manager.



### Assessor's Report: Case Study

<b>Trainee</b>	
<b>Subspecialty area</b>	
<b>Case Study Title</b>	

<b>Reviewer</b>	
<b>Reviewer email</b>	
<b>Review Due Date</b>	Please return completed report to <a href="#">the College Manager</a> by:

Please note: the marking template is written on the assumption that the case study refers to assessment and management of a patient in a clinical environment.

For OH trainees, the term 'patient' and 'clinical' may need to be replaced by 'client', 'work site' or 'the built environment under assessment'.

<b>Abstract</b> (Max 250 words) <i>Not included in the word count</i>	<b>Structured abstract</b> includes: f. Background to case topic g. Assessment h. Management/Intervention i. Outcomes/results j. Discussion ± Conclusions	
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<b>Introduction</b>  (Guide 250-450 words)	<b>Introduction</b> describes: k. The case and condition / pathology l. Relevant literature m. The purpose of submission (e.g. typical case or complex /novel case)	
<b>Presentation of the case</b>  (Guide 1,000-1,400 words)	<b>The Case Study</b> includes: A clear and concise description and illustration (see below) as appropriate of: n. The reason for referral (if appropriate), subjective assessment findings, relevant patient/client features including psychosocial presentation or situation (as appropriate) o. The goals of management/intervention p. Appropriate and evidence-based choice of pre/ post assessment tools q. A clear description of, and rationale for, management /intervention(s) r. Outcomes of management /intervention(s) s. Declaration of patient consent for use of info	
<b>Discussion/conclusion</b>  (Guide 600 words)	<b>Discussion</b> includes: t. Justification for assessment, management/ intervention(s) u. Implications of outcomes and potential modification of further management v. Issues raised by treatment effects / confounding effects of the intervention w. Limitations (if any) x. Reflection on what might have been done better or differently and why <b>Conclusion(s)</b> – main finding(s) from case, evidence based and related to previous literature	
<b>References</b>	y. Accurate z. Relevant	

Maximum of 30 <i>Not included in the word count.</i>	aa. Predominantly from peer-reviewed literature bb. Up to date cc. Consistent formatting (no style is mandated)	
---	---	--

<b>Figures and Tables</b> Limited to up to four figures with captions plus three tables, (maximum of 80 words per table). <i>Figure captions and tables are not included in word count</i>	Appropriate use of good quality figures and tables <ul style="list-style-type: none"> <li>• Present relevant outcomes /data</li> <li>• Add to / clarify report and do not repeat information in text</li> <li>• Captions are concise and relevant</li> </ul>	
--	--	--

<b>Writing Style</b>	Scientific <ul style="list-style-type: none"> <li>• Concise</li> <li>• Unambiguous</li> <li>• Grammatically correct</li> <li>• No/minimal spelling errors</li> </ul>	
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<b>Is the report consistent with the guidelines provided in the Training Program Manual and reported in a suitable academic style?</b>	YES or NO? <i>(please specify)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If NO, what changes are required?		

<b>Has the candidate demonstrated advanced knowledge in the presentation of the case and relevant literature, moderate to high level clinical reasoning and critical</b>	YES or NO? <i>(please specify)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If NO, what changes are required? (you may chose to annotate the actual case report to indicate recommended changes).		



reflection skills in this case study report		
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**General Comments (both constructive critique that would enhance the report and any general feedback);**  
**If a re-submission - has candidate addressed previous feedback (please add an additional page if required).**

Please indicate if there is any necessity for direct contact between the assessor and trainee to discuss the feedback    YES ☐ NO ☐

## Appendix 4

### Oral presentation of a case study

Trainees are required to prepare and deliver a verbal presentation of one of their case studies at a College Discussion evening or relevant conference/session where three Fellows will evaluate the presentation and provide feedback using a standard assessment form.

The presentation should be no longer 15 minutes, but may be required to be shorter, depending on the forum at which the case is presented. There will be an opportunity for questions from the audience, during which the trainee must be able to defend their assessment and management of the case.

Two of the three assessors must score the oral case presentation as 'satisfactory' in order for this for this element to be considered completed. Completed assessor reports and a self reflection (see below) by the trainee are to be submitted to the College Manager as soon as possible after the oral case study presentation.

#### Some advice for successful oral case presentation

##### 1. Slides

- You should aim to have *no more than one slide per minute* (fewer if some are complex and will take time to explain). Consequently for this presentation you should only have about 15 slides, fewer is the time allocation is less
- Structure your presentation similarly to the written case – intro/background, assessment findings and interpretation, management, outcomes of treatment and brief discussion/conclusion. You should finish with a reflection on what could have been done better/differently (what you have learned)
- Pick an easy to read font and consistently use the same type of font and size on all slides (literature citations may be in a smaller font, but should still be legible)
- Dark text on a pale background will always be the best choice. Whatever colour scheme you chose, keep the design/background very basic and simple
- Remember that your slides are there to support your presentation - if you simply read all of the content of your slides, the audience will get bored and stop listening
- Keep the content of each slide simple. Make good use of keywords to highlight your main points. Avoid long sentences or lots of bullet points on one slide
- 'A picture is worth a thousand words'. Slides with more images than text help the audience to listen to you, and not get distracted reading the slide

## *2. Presentation*

- In addition to a well-prepared talk, it is important that you present yourself professionally
- An enthusiastic and confident manner will maintain your audience's attention
- A little humour can help to engage the audience but avoid gimmicks (such as excessive animation!)
- Practice, practice aloud, practice - know your slides inside out. Use timed practice to make sure that you can cover all your material without having to rush
- Attend to the warning signal that indicates that you only have a few minutes left
- Speak with confidence – loud and clear, but don't speak too fast. Although there will be number of Fellows in the room, they may not have expertise in the topic of your case, and YOU are the expert on your client – so be confident in your knowledge
- Talk to your audience, not to the screen. Try to maintain eye contact with the audience as much as possible
- If you are using a laser pointer, anticipate that you might be a bit shaky. It is acceptable to rest your forearm/hand on the lectern (if there is one). Ensure that you don't point the laser at the audience!
- Anticipate the sorts of questions you might be asked so that you can be prepared to answer them (you can even plant a few easy ones in the audience with a friend/colleague or get someone to ask about things that they know you didn't get a chance to cover if you run out of time).

## Oral Presentation Assessment Forms

### Case Study Oral Presentation Evaluation Form: Assessor

Candidate's Name	Comments (please turn over if more space required)
<b>Content</b> 50% weighting <ul style="list-style-type: none"> <li>• Important information about the case is presented</li> <li>• Differential diagnosis and management are clear</li> <li>• Evidence of high level clinical reasoning</li> <li>• Evidence of advanced reflective practice</li> <li>• Sound use of relevant literature</li> <li>• Conclusions are appropriate</li> </ul>	
<b>Presentation</b> 20% weighting <ol style="list-style-type: none"> <li>1. Information is well organised for presentation</li> <li>2. Stimulates and maintains interest</li> <li>3. Highly competent manner of delivery</li> <li>4. Completed presentation in allocated time</li> </ol>	
<b>AV material</b> 10% weighting <ol style="list-style-type: none"> <li>1. Clear and well-constructed</li> <li>2. Used appropriately to enhance the presentation.</li> </ol>	
<b>Discussion/ question answering ability</b> 20% weighting <ol style="list-style-type: none"> <li>1. Consistently able to reply spontaneously with a logical and concise answer that demonstrates a thorough understanding of the case and relevant literature</li> </ol>	
ASSESSMENT (please tick)	<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
Assessor's name	Signature _____ Date _____



**Australian College of Physiotherapists**  
**Case Study Oral Presentation Self -Evaluation Form**

Trainee Name: \_\_\_\_\_

Date: \_\_\_\_\_ Venue: \_\_\_\_\_

City: \_\_\_\_\_ Approximate number in audience: \_\_\_\_\_

Title of Conference/Event: \_\_\_\_\_

Title of Case Study presented: \_\_\_\_\_

Names of ACP assessors

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please use dot points to summarise the main changes that you would make to your presentation, based on the feedback which you have received, should you present this material again to another audience.

**Please complete this form, collect the three completed and signed assessment forms and send to [the College Manager](#) within one week of your presentation.**

## Appendix 5

### Shared facilitator role

If the role of facilitator is shared between two individuals, the following considerations must be made:

- If both facilitators are Fellows of the College, in most instances, they will be drawn from the same discipline and from the discipline of the trainee. In exceptional circumstances, appointment of one facilitator from outside the discipline of the trainee may be considered and implemented by the Board of Censors
- In the situation of discipline areas with small numbers of fellows, one facilitator may be a titled member of the relevant special group, but the other must be a Specialist Fellow of the College, ideally with experience as a facilitator
- All requirements of facilitators as described in the training manual must be shared between co-facilitators. Co-facilitators will develop a contract including details of the specific roles and responsibilities to be fulfilled by each facilitator. While it is expected that the day to day roles of co-facilitators will adapt to the needs and dynamics of the cohort, responsibilities in relation to reporting will be clearly stated
- One facilitator will be nominated as the 'senior' member who holds ultimate responsibility for all reporting processes to the Board of Censors
- All reports to the Board of Censors must be co-signed by both facilitators
- In the event of a dispute between facilitators in relation to standing of a trainee in their cohort, process outlined in the [College Dispute Resolution Policy](#) will be followed.

## Appendix 6

### 6-Month Facilitator Report

<b>Facilitator</b>	
<b>Trainee</b>	
<b>Discipline</b>	

Element 1. Development of specialist skills in the area of practice			
Good Status		Conditional Status	
The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.		The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.	
As a result of your review of progress with the trainee, please identify, and detail briefly, the areas where the trainee will require more focused work in the next 6 months to achieve the required specialist standard.			

Element 2. Participation in professional education			
Good Status		Conditional Status	
The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.		The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.	
As a result of your review of progress with the trainee, please identify, and detail briefly, the areas where the trainee will require more focused work in the next 6 months to achieve the required specialist standard..			

Element 3. Commitment to lifelong learning and professional development			
Good Status		Conditional Status	
The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.		The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.	
As a result of your review of progress with the trainee, please identify, and detail briefly, the areas where the trainee will require more focused work in the next 6 months to achieve the required specialist standard..			

Element 4. Participation in research activities			
Good Status		Conditional Status	
The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.		The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.	
As a result of your review of progress with the trainee, please identify, and detail briefly, the areas where the trainee will require more focused work in the next 6 months to achieve the required specialist standard.			

6-month trainee status indicative of progress towards sitting for final examination			
Good Status		Conditional Status	
The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.		The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.	
As a result of your review of progress with the trainee, please identify, and detail briefly, the areas where the trainee will require more focused work in the next 6 months to achieve the required specialist standard.			

<b>Signature of facilitator</b>		<b>Date</b>	
---------------------------------	--	-------------	--

*The final report must be counter-signed by the trainee.*

<b>Signature of trainee</b>		<b>Date</b>	
-----------------------------	--	-------------	--

*NB. By signing this report, trainees are acknowledging they are aware of their facilitator's opinion of their progress towards successful final examination. Your signature is not indicative of your agreement of their opinion.*



## 12-Month Facilitator Report

<b>Facilitator</b>	
--------------------	--

<b>Trainee</b>	
----------------	--

<b>Discipline</b>	
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Please comment on the trainee's progress across the four elements of the Training Program:

Element 1. Development of specialist skills in the area of practice			
Good Status		Conditional Status	
The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.		The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.	
As a result of your review of progress with the trainee, please identify, and detail briefly, the areas where the trainee will require more focused work in the next 6 months to achieve the required specialist standard.			

Element 2. Participation in professional education			
Good Status		Conditional Status	
The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.		The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.	
As a result of your review of progress with the trainee, please identify, and detail briefly, the areas where the trainee will require more focused work in the next 6 months to achieve the required specialist standard.			

Element 3. Commitment to lifelong learning and professional development			
Good Status		Conditional Status	
The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.		The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.	
As a result of your review of progress with the trainee, please identify, and detail briefly, the areas where the trainee will require more focused work in the next 6 months to achieve the required specialist standard.			

Element 4. Participation in research activities			
Good Status		Conditional Status	
The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.		The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.	
As a result of your review of progress with the trainee, please identify, and detail briefly, the areas where the trainee will require more focused work in the next 6 months to achieve the required specialist standard.			

Case Study One			
Good Status		Conditional Status	
Assessor deemed case report to be:		The assessor deemed that revised case study DOES NOT yet meet the required standards:	
<ul style="list-style-type: none"> <li>Consistent with the guidelines provided in the TP candidate manual</li> <li>Report recorded in an academic style suitable for presentation</li> </ul>		<ul style="list-style-type: none"> <li>Consistent with the guidelines provided in the TP candidate manual</li> <li>Report recorded in an academic style suitable for presentation</li> </ul>	
If 'Conditional Status' is recommended, trainee and facilitator must follow the recommendations provided in Appendix 3 of the Training Manual to work towards achievement of a successful outcome of the case study.			

12-month trainee status indicative of progress towards sitting for final examination					
Good Status		Conditional Status		Candidature Terminated	
The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.		The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.		The trainee is to show cause as to why their candidacy should not be terminated due to the reasons outlined below.	
As a result of your review of progress with the trainee, please identify, and detail briefly, the areas where the trainee will require more focused work in the next 6 months to achieve the required specialist standard.					
If 'Candidature Terminated' is recommended, please clearly document why the trainee's performance is unsatisfactory.					

**Completed marking schema from one mandatory marked mock exam must be attached to this report.**

<b>Signature of facilitator</b>	<b>Date</b>

*The final report must be counter-signed by the trainee.*

<b>Signature of trainee</b>	<b>Date</b>

*NB. By signing this report, trainees are acknowledging they are aware of their facilitator's opinion of their progress towards successful final examination. Your signature is not indicative of your agreement of their opinion.*

## 18-Month Facilitator Report

<b>Facilitator</b>	
<b>Trainee</b>	
<b>Discipline</b>	

Please comment on the trainee's progress across the four elements of the Training Program:

Element 1. Development of specialist skills in the area of practice			
Good Status		Conditional Status	
The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.		The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.	
As a result of your review of progress with the trainee, please identify, and detail briefly, the areas where the trainee will require more focused work in the next 6 months to achieve the required specialist standard.			

Element 2. Participation in professional education			
Good Status		Conditional Status	
The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.		The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.	
As a result of your review of progress with the trainee, please identify, and detail briefly, the areas where the trainee will require more focused work in the next 6 months to achieve the required specialist standard.			

Element 3. Commitment to lifelong learning and professional development			
Good Status		Conditional Status	
The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.		The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.	
As a result of your review of progress with the trainee, please identify, and detail briefly, the areas where the trainee will require more focused work in the next 6 months to achieve the required specialist standard.			

Element 4. Participation in research activities			
Good Status		Conditional Status	
The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.		The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.	
As a result of your review of progress with the trainee, please identify, and detail briefly, the areas where the trainee will require more focused work in the next 6 months to achieve the required specialist standard.			

18-month trainee status indicative of progress towards sitting for final examination			
Good Status		Conditional Status	
The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.		The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.	
As a result of your review of progress with the trainee, please identify, and detail briefly, the areas where the trainee will require more focused work in the next 6 months to achieve the required specialist standard.			

<b>Signature of facilitator</b>		<b>Date</b>	
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*The final report must be counter-signed by the trainee.*

<b>Signature of trainee</b>		<b>Date</b>	
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*NB. By signing this report, trainees are acknowledging they are aware of their facilitator's opinion of their progress towards successful final examination. Your signature is not indicative of your agreement of their opinion.*

## 24-Month Facilitator Report

<b>Facilitator</b>	
<b>Trainee</b>	
<b>Discipline</b>	

Please comment on the trainee's readiness to sit for final examination across the four elements of the Training Program:

Element 1. Development of specialist skills in the area of practice			
Ready		Not Ready	
The trainee has displayed satisfactory progress upon completion of the two-year Training Program and is considered READY to sit for final examinations for specialisation.		The trainee has not displayed satisfactory progress upon completion of the two-year Training Program and is considered NOT READY to sit for final examinations for specialisation.	
If 'Not Ready' is recommended, please identify relevant areas and recommended remedial actions to assist the trainee to reach the required specialist standard			

Element 2. Participation in professional education			
Ready		Not Ready	
The trainee has displayed satisfactory progress upon completion of the two-year Training Program and is considered READY to sit for final examinations for specialisation.		The trainee has not displayed satisfactory progress upon completion of the two-year Training Program and is considered NOT READY to sit for final examinations for specialisation.	
If 'Not Ready' is recommended, please identify relevant areas and recommended remedial actions to assist the trainee to reach the required specialist standard			

Element 3. Commitment to lifelong learning and professional development			
Ready		Not Ready	
The trainee has displayed satisfactory progress upon completion of the two-year Training Program and is considered READY to sit for final examinations for specialisation.		The trainee has not displayed satisfactory progress upon completion of the two-year Training Program and is considered NOT READY to sit for final examinations for specialisation.	
If 'Not Ready' is recommended, please identify relevant areas and recommended remedial actions to assist the trainee to reach the required specialist standard			

Element 4. Participation in research activities			
Ready		Not Ready	
The trainee has displayed satisfactory progress upon completion of the two-year Training Program and is considered READY to sit for final examinations for specialisation.		The trainee has not displayed satisfactory progress upon completion of the two-year Training Program and is considered NOT READY to sit for final examinations for specialisation.	
If 'Not Ready' is recommended, please identify relevant areas and recommended remedial actions to assist the trainee to reach the required specialist standard			

Case Study Two			
Good Status		Conditional Status	
Assessor deemed case report to be:		The assessor deemed that revised case study DOES NOT yet meet the required standards:	
<ul style="list-style-type: none"> <li>Consistent with the guidelines provided in the TP candidate manual</li> <li>Report recorded in an academic style suitable for presentation</li> </ul>		<ul style="list-style-type: none"> <li>Consistent with the guidelines provided in the TP candidate manual</li> <li>Report recorded in an academic style suitable for presentation</li> </ul>	
If 'Conditional Status' is recommended, trainee and facilitator must follow the recommendations provided in Appendix ?? of the Training Manual to work towards achievement of a successful outcome of the case study. Please note that the trainee may not advance to final examinations until Case Study 2 has been completed satisfactorily.			

Professional Issues Essay			
Good Status		Conditional Status	
Facilitator deemed essay as adequately addressing the professional issue discussed.		Facilitator deemed essay as not adequately addressing the professional issue discussed.	
If 'Conditional Status' is recommended, trainee has four weeks in which to address the areas of concern as identified by their facilitator. Once facilitator deems that these areas of concern have been addressed, the trainee will be placed on 'Good Status'.			

24-month trainee status indicative of readiness to sit for final examinations			
Ready		Not Ready	
The trainee has displayed satisfactory progress upon completion of the two-year Training Program and has satisfied all requirements for Elements 1-4 of the Training Program and is considered READY to sit for final examinations for specialisation.		The trainee has not displayed satisfactory progress upon completion of the two-year Training Program and has not satisfied all requirements for Elements 1-4 of the Training Program and is considered NOT READY to sit for final examinations for specialisation.	
If 'Not Ready' is recommended, please identify relevant areas and recommended remedial actions to assist the Candidate to reach the required specialist standard			

**Completed marking schema from two mandatory marked mock exams must be attached to this report.**

Signature of facilitator		Date	
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*The 24-month facilitator report must be counter-signed by the trainee.*

Signature of trainee		Date	
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*NB. By signing this report, trainees are acknowledging they are aware of their facilitator's opinion of their progress towards successful final examination. Your signature is not indicative of your agreement of their opinion.*

## Appendix 7

### Sample 6 month Facilitator's Report

<b>Facilitator</b>	
<b>Trainee</b>	
<b>Discipline</b>	

Element 1. Development of specialist skills in the area of practice			
Good Status		Conditional Status	
The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.	<b>X</b>	The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.	
As a result of your review of progress with the trainee, please identify, and detail briefly, the areas where the trainee will require more focused work in the next 6 months to achieve the required specialist standard.			
<p>The trainee has displayed satisfactory progress in relation to this element. In relation to dizziness, he has reviewed the literature, participated in discussion forums, observed 2 specialists (names of specialists removed) and written a reflection on this. The reflection displays a deeper level of learning in regards to what he has learnt from these activities. He has recognised and we have discussed that the next step is to translate this new knowledge into his clinical practise.</p> <p>In addition the candidate has reviewed the literature in regard to classification of idiopathic neck pain, and produced a presentation on this as well as revising the presentation based on feedback.</p> <p>He has participated in 2 face to face meetings, demonstrating implementation of his learning into clinical practise. An example was that a lumbar spine patient demonstrated a clear directional preference and the trainee was able to recognise this and implement the appropriate management.</p> <p>Prior to the Training Program he may not necessarily have done so.</p> <p>We have devised a clinical reasoning template in regard to the cervical spine for the trainee to use to assist in deeper integration of new knowledge to the cervical spine patient he treats. This was in regards to establishing diagnoses and relative contributions to pain as well as perhaps integrating the Childs sub-classification systems.</p>			

Element 2. Participation in professional education			
Good Status		Conditional Status	
The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.	<b>X</b>	The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.	
As a result of your review of progress with the trainee, please identify, and detail briefly, the areas where the trainee will require more focused work in the next 6 months to achieve the required specialist standard.			
<p>The trainee has displayed satisfactory progress in this area. He has taught on the manual concepts course with two esteemed physiotherapists. He devised learning objectives, and a participant feedback form. He has reflected on the feedback and plans to adjust his teaching next opportunity.</p> <p>In addition, he has participated in education of his peers at a masterclass forum, by presenting a case study.</p>			

Element 3. Commitment to lifelong learning and professional development			
Good Status		Conditional Status	
The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.	<b>X</b>	The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.	
As a result of your review of progress with the trainee, please identify, and detail briefly, the areas where the trainee will require more focused work in the next 6 months to achieve the required specialist standard.			
<p>The trainee has displayed satisfactory progress in relation to this element. He has attended courses on the lumbar spine and the sporting knee. We have discussed the next step is to reflect on this learning and demonstrate how he has integrated this into his clinical practice.</p>			

Element 4. Participation in research activities			
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Good Status		Conditional Status	
The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.	<b>X</b>	The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.	
As a result of your review of progress with the trainee, please identify, and detail briefly, the areas where the trainee will require more focused work in the next 6 months to achieve the required specialist standard.			
The trainee has submitted and had a research article accepted for publication in Manual Therapy. He is the first author. This article has been uploaded onto PebblePad. This satisfies the requirements in regard to this element other than completion of his case studies.			

6-month trainee status indicative of progress towards sitting for final examination			
Good Status		Conditional Status	
The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.	<b>X</b>	The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.	
As a result of your review of progress with the trainee, please identify, and detail briefly, the areas where the trainee will require more focused work in the next 6 months to achieve the required specialist standard.			
The trainee is progressing well and is dedicated to his candidature. He displays commitment and dedication and has already implemented several areas of learning into his clinical practice.			

<b>Signature of facilitator</b>	
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<b>Date</b>	
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*The final report must be counter-signed by the trainee.*

<b>Signature of trainee</b>	
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<b>Date</b>	
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*NB. By signing this report, trainees are acknowledging they are aware of their facilitator's opinion of their progress towards successful final examination. Your signature is not indicative of your agreement of their opinion.*



## Appendix 8

### Examination Assessment Sheets

Australian College of Physiotherapists  
**INITIAL ASSESSMENT - Examination Mark Sheet**

<b>Examiner:</b>			
<b>Date:</b>			
<b>Time:</b>		<b>Room:</b>	

<b>Candidate:</b>	
<b>Patient initials; Condition:</b>	
<b>Case:</b>	

#### 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.		
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 and appropriate screening tools and outcome measures that will form the basis for examination, management and reassessment.		
<b>Comments:</b>		

PHYSICAL EXAMINATION (Reference Standards 3 & 4)	Rating
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, able to modify as appropriate. Gains targeted information on which to proceed.	
<b>Comments:</b>	

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

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.	
<b>Comments:</b>	

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.	
<b>Comments:</b>	

ONGOING ASSESSMENT - RESPONSE TO PATIENT /CLIENT (Reference Standard 7)	Rating
Flexible and adaptable. Extremely responsive to patient/client's expectations, understanding, and reactions. Quickly notices subtle changes in patient/client's response and introduces new assessment procedures or interventions in response to findings.	
<b>Comments:</b>	

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 likely mechanisms, underpinning pain and dysfunction 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. Professional and empathetic consultation and goal setting with patient/client. High level documentation including relevant information and informed consent.	
<b>Comments:</b>	

SAFETY (Reference Standard 7)	YES/NO
Predictive ability ensures safe and wise execution of intervention(s) and appropriate anticipatory planning. Consideration of adequate informed consent and infection control ensure patient/client safety.	

Additional Comments:

Examiner’s Signature:

Date:

Australian College of Physiotherapists  
**FOLLOW-UP ASSESSMENT – Examination Mark Sheet**

<b>Examiner:</b>			
<b>Date:</b>			
<b>Time:</b>		<b>Room:</b>	

<b>Candidate:</b>	
<b>Patient's initials; Condition:</b>	
<b>Case:</b>	

**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.

ASSESSMENT: PATIENT /CLIENT INTERVIEW	Rating
Questions selectively, thoroughly, efficiently and appropriately. 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.	
Able to modify assessment or add assessment if necessary, shows sensitivity and flexibility. Gains targeted information on which to proceed. Modifies and adapts assessment according to response to previous intervention.	
<b>Comments:</b>	





Australian College of Physiotherapists  
**POST EXAM DISCUSSION – Examination Mark Sheet**

<b>Examiner:</b>			
<b>Date:</b>			
<b>Time:</b>		<b>Room:</b>	

<b>Candidate:</b>	
<b>Patient initials; Condition:</b>	
<b>Case:</b>	

**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:** \_\_\_\_\_



<b>Examiner:</b>			
<b>Date:</b>			
<b>Time:</b>		<b>Room:</b>	

<b>Candidate:</b>	
<b>Patient initials; Condition:</b>	
<b>Case:</b>	

#### 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.

CLINICAL REASONING IN ASSESSMENT	Rating
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
Innovative and broad range of actual and possible management approaches. Able to support management decisions with very high level of problem solving & theory. Decision making reflects a personal model of practice developed from clinical experience and well integrated with research evidence.	
<b>Comments:</b>	

CRITICAL REFLECTION ON OUTCOMES	Rating
<p>Understands and is able to discuss reliability and validity of measurement tools used.</p> <p>Able to interpret and critique patient/client outcomes against assessment findings and goals of the intervention.</p> <p>Reflectively critiques own reasoning process in relation to assessment and intervention.</p>	

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

**Comments:**

**Additional Comments:**

**Examiner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Australian College of Physiotherapists  
**VIVA VOCE ASSESSMENT**

<b>Candidate:</b>			
<b>Date:</b>			
<b>Time:</b>		<b>Room:</b>	
<b>Examiner:</b>			

**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

<b>Candidate:</b>			
<b>Date:</b>			
<b>Time:</b>		<b>Room:</b>	
<b>Examiner:</b>			

**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.

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 9**

### **Suggestions for mock examiners to guide feedback to trainees (single day exam)**

#### **Patient interview**

- Patient perspectives/goals
- Pain/dysfunction type; source of pain /dysfunction, differential diagnosis
- Precautions for management
- Priorities for objective examination

#### **Physical examination**

- Physical impairments and source of symptoms
- Contributing (non-physical) factors
- Pain /dysfunction type

#### **Analysis and Management plan**

- Assessment/re-assessment
- Use of outcome measures
- Explanation/education

#### **Intervention**

- Appropriateness of management choices/ application of intervention
- Modification of program/feedback on performance
- Reassessment post intervention
- Plans for further assessment (day 2)
- Plans for treatment progression/self management (day 2)
- Views about prognosis

#### **Overall performance (try to provide specific examples)**

- What was done well (level of a beginner specialist)?
- What could have been done better (performance was not at level of a beginner specialist)?
- Did the trainee address the patient's main goal(s)/problem?

#### **Recommendations for future development**

- What areas of knowledge and which skills do they need to work on over the next six months (try to be as specific as possible)

### Post-exam discussion prompts (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 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 help us to understand 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?”
- “What do you feel that you did well in this exam? “

Were there any areas in which you would like to have done better?”



## Clinical Reasoning and Reflection Form

### History / Subjective

1. Describe the patient's presenting symptoms / problem list

Problem	Contributing Factors

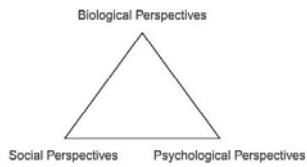
2. Consider three hypotheses for their symptoms / problem list

Hypothesis	Key Feature	Distinguishing Feature
1.		
2.		
3.		

3. Explain why each question was asked and how selective questioning contributed to reprioritising the hypothesis

Hypothesis	Explanation of Questioning
1.	
2.	
3.	





### Clinical Reasoning After Subjective

4. List your competing hypotheses including supportive and negating evidence for each

Prioritised Hypothesis	Supporting Evidence	Negating Evidence

5. What are your priorities (in order) to examine in the PE?

1.	
2.	
3.	
4.	

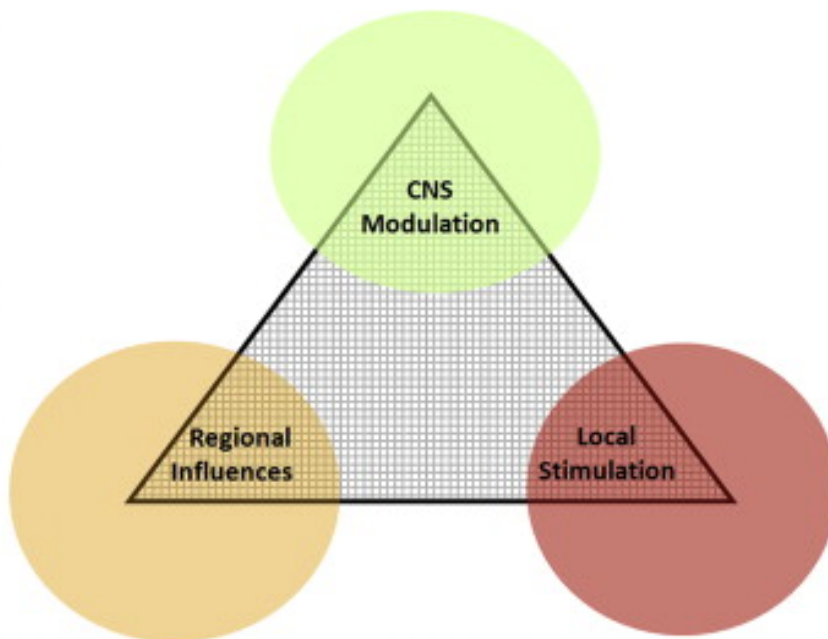
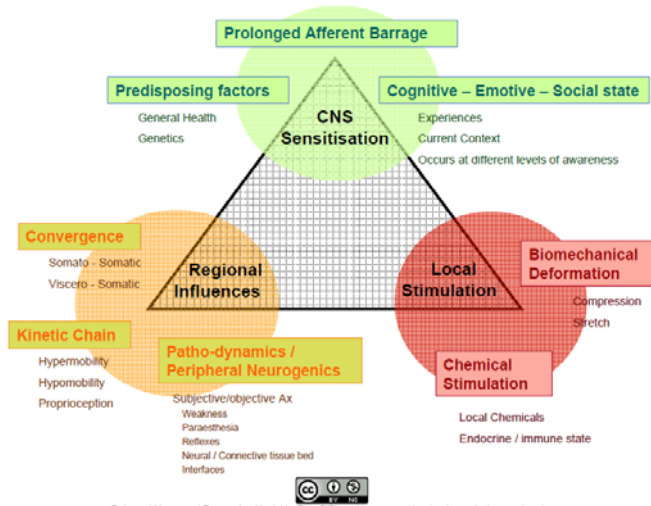
### Clinical Reasoning During Physical Examination

6. What are the key factors in the physical examination that you can identify as 'special'?

1.	
2.	
3.	
4.	

7. If you were allowed one more PE test at the end of the PE what would it be and why?

**Pain and Movement Reasoning Model**  
(O'Shaughnessy & Jones, 2008)



### Clinical Reasoning After Physical Examination

8. List current hypotheses, do they differ from those listed in Q4?

Hypothesis	Supporting Evidence	Negating Evidence	Differ? How/ Why?

### Management

9. What are the three main priorities for management and why?

1.	
2.	
3.	

10. What is the patient's prognosis?

--

## Plan for day 2

11. Your plan for Day 2?

Review Outcome	Further Examination	Physical Treatment	Management Plan
If Better			
If Worse			

12. Management Plan

## Overall Reflection

13. Reflecting on what you have learned from this experience, how might you modify your approach to examination and management of a patient in this context?

Adapted by: Hannah Graetz ACP Associate member, WMPH (November 2017) – from clinical reasoning form used at ACP Associate’s Day (October 2017) by Trudy Rebbeck, Mike Ryan, Mark Kenna, Mary Magarey and Darren Beales.

## **Appendix 10**

### **Discipline Curricula**

#### **Cardiorespiratory**

The following discipline specific components will be addressed at an advanced level during the Training Program by trainees in the cardiorespiratory discipline stream.

Learning objectives that will form the program of knowledge development for each trainee will be framed in terms of these components.

Assessment of trainees will measure both the generic performance standards and the specialist level knowledge and skills specific to these components.

1. Dyspnoea/pain
2. Exercise in disease states
3. The aging or pregnant cardiorespiratory system
4. The critically ill patient
5. Chronic respiratory disorders
6. Mechanisms of action of cardiorespiratory interventions and advanced understating of outcome measures
7. Examination of any patient from a cardiorespiratory view
8. Safety in cardiorespiratory practice
9. Professional, cultural and ethical issues specific to the scope of practice of cardiorespiratory physiotherapy.
10. Evidence based practice in cardiorespiratory physiotherapy

	Component	Knowledge	Skills
1	Dyspnoea/pain	<p>Mechanisms of dyspnoea in acute, subacute and chronic states</p> <p>Understanding of the interactions between physiological and behavioural drivers of dyspnoea</p> <p>Appreciation of the effect of acute pain on the cardiorespiratory system and current methods of management</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>High level patient explanations of diagnosis and treatment options</p> <p>Multi-professional options for dyspnoea/pain management</p>
2	Exercise in disease states	<p>Contemporary knowledge of disordered exercise physiology and implications for rehabilitation e.g. chronic respiratory diseases, cardiac conditions, metabolic conditions, critical care acquired weakness</p> <p>Changes in peripheral muscle properties in disease states and implications for rehabilitation</p> <p>Advanced level of understanding of respiratory muscle function in health and disease</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment options and skills</p> <p>High level patient explanations of diagnosis and management</p>
3	The aging or pregnant cardiorespiratory system	<p>Understanding of implications of aging on the Cardiorespiratory system in both the acute and chronic situations</p> <p>Understanding of implications of pregnancy on the Cardiorespiratory system in both the acute and chronic situations</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>Advanced skills in wellness and prevention programs</p> <p>High level patient explanations</p> <p>Multi-professional options for management</p>
4	The critically ill patient	<p>High level understanding of disease processes of common conditions in critical care e.g. ARDS, Sepsis, severe trauma, neurological injury</p> <p>High level understanding of high risk surgical patient, those at risk for respiratory failure or readmission to ICU</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced management skills</p> <p>Consideration of the bio-psychosocial aspects of client care</p>

	Component	Knowledge	Skills
5	Chronic respiratory disorders	Appreciation of pathophysiology and implications for management of chronic respiratory conditions e.g. COPD, cystic fibrosis and bronchiectasis.	Highly advanced clinical reasoning and assessment skills Highly advanced treatment skills and management
6	Mechanisms of action of cardiorespiratory interventions and advanced understating of outcome measures	Advanced level of understanding of Cardiorespiratory interventions e.g. NIV, airway clearance Advanced level of understanding of all outcome measures	Highly advanced clinical reasoning and assessment skills Highly advanced treatment & management skills
7	Examination of any patient from a cardiorespiratory view	Advanced ability to interpret radiology, pathology & clinical examination tests. Able to appreciate cardiorespiratory effects of disease states in other specialties e.g. neurology (stroke), musculoskeletal and consult with other specialities accordingly	Highly advanced clinical reasoning and assessment skills Highly advanced management skills Consideration of the bio-psychosocial aspects of client care
8	Safety in cardiorespiratory practice	Advanced knowledge of conditions interventions and treatment effects/interactions	Highly advanced clinical reasoning and assessment skills Highly advanced multi-professional management and referral practices
9	Professional, cultural and ethical issues specific to the scope of practice of cardiorespiratory physiotherapy.	Leadership in cardiorespiratory physiotherapy and relationships with other health care professionals; policy makers Cultural influences and the receipt of cardiorespiratory management Patient centred influences on management delivery	Highly advanced professional and leadership skills Highly advanced communication skills Consideration of the bio-psychosocial aspects of client care
10	Evidence based practice in cardiorespiratory physiotherapy	Evidence from systematic review and randomised controlled trials Clinical practice guidelines Clinical utility of the evidence in an EBP framework	Highly advanced clinical reasoning and assessment skills Highly advanced treatment skills Patient explanation of diagnosis and management

## **Continence and Women's Health (Women's, Men's and Pelvic Health)**

The following discipline specific components will be addressed at an advanced level during the Training Program by trainees in the Continence and Women's Health discipline stream.

Learning objectives that will form the program of knowledge development for each trainee will be framed in terms of these components.

Assessment of trainees will measure both the generic performance standards and the specialist level knowledge and skills specific to these components.

1. Continence disorders in men, women and children
2. Pelvic floor disorders in men, women and children
3. Sexual dysfunction in men and women
4. Pelvic Pain in men and women
5. Women in the childbearing year
6. Aging women, menopause and osteoporosis
7. Gynaecology and oncology in women
8. Infection control and safety in Continence and Women's health physiotherapy practice
9. Professional, cultural and ethical issues specific to the scope of practice of Continence and Women's health physiotherapy
10. Evidence based practice in Continence and Women's Health Physiotherapy



	Component	Knowledge	Skills
1	Continence disorders	<p>Advanced understanding of mechanisms of urogenital and anorectal continence in females and males</p> <p>Differential diagnosis of continence disorders in females and males</p> <p>Advanced understanding the role of physiotherapy in the multi-disciplinary management of continence disorders</p> <p>Understanding the role of physiotherapy in the health promotion and prevention of continence disorders</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>Patient explanation of diagnosis and treatment options</p> <p>Multi-professional options for continence management</p> <p>Advanced skills in continence promotion and prevention programs</p>
2	Motor control and pelvic floor disorders	<p>Changes in muscle properties and implications for rehabilitation</p> <p>Differential diagnosis of pelvic floor disorders in females and males</p> <p>Contemporary knowledge of exercise physiology and disordered motor control and implications for rehabilitation</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>Patient explanation of diagnosis and treatment options</p>
3	Pain and pelvic disorders	<p>Mechanisms of pain in acute, subacute and chronic states</p> <p>Differential diagnosis of pain of central and peripheral origin</p> <p>Recognition of psychological reactions and drivers of pain</p> <p>Understanding of the interactions between physiological and behavioural drivers of pain</p> <p>Advanced understanding the role of physiotherapy in the multi-disciplinary management of pain disorders</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>Patient explanation of diagnosis and treatment options</p> <p>Multi-professional options for pain management</p>
4	Sexual dysfunction	<p>Mechanisms of sexual dysfunction</p> <p>Differential diagnosis of sexual dysfunction disorders</p> <p>Advanced understanding the role of physiotherapy in the multi-disciplinary management of sexual dysfunction disorders</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>Patient explanation of diagnosis and treatment options</p> <p>Multi-professional options for management of sexual dysfunction</p>

	Component	Knowledge	Skills
5	Women's Health	<p>Advanced study of female growth and development and conditions that are unique, more common or more serious or require different intervention in women</p> <p>Advanced understanding the role of physiotherapy in the prevention and multi-disciplinary management of conditions during the childbearing year</p> <p>Advanced understanding the role of physiotherapy in the multi-disciplinary management of gynaecological conditions</p> <p>Advanced understanding the role of physiotherapy in the multi-disciplinary management of breast and gynaecological oncology conditions</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>Patient explanation of diagnosis and management</p> <p>Multi-professional options for management</p> <p>Advanced skills in wellness and prevention programs</p> <p>Advanced skills in health promotion</p>
6	Exercise in Women	<p>Advanced study of the unique and changing exercise needs of women through the life stages.</p> <p>Advanced knowledge of the individual and group exercise programs</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>Advanced skills in individual and group wellness and prevention programs</p> <p>Patient explanation of diagnosis and management</p>
6	Women and aging	<p>Advanced study of menopause and aging</p> <p>Advanced study of osteoporosis</p> <p>Understanding the role of physiotherapy in the prevention and management of disorders associated with aging</p> <p>Wellness programs</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>Advanced skills in wellness and prevention programs</p> <p>Patient explanation of diagnosis and management</p> <p>Multi-professional options for management</p>
8	Infection control and safety in Continence and Women's Health physiotherapy practice	<p>Advanced knowledge of Infection control and safety procedures in Continence and Women's Health physiotherapy practice</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced communication skills</p>

	Component	Knowledge	Skills
9	Professional, cultural and ethical issues specific to the scope of practice of Continence and Women's Health physiotherapy.	<p>Leadership in Continence and Women's Health physiotherapy and relationships with other health care professionals; policy makers</p> <p>Cultural influences and the receipt of Continence and Women's Health management</p> <p>Patient centred influences on management delivery</p>	<p>Highly advanced professional and leadership skills</p> <p>Highly advanced communication skills</p>
10	Evidence based practice in Continence and Women's Health Physiotherapy	<p>Evidence from systematic review and randomised controlled trials</p> <p>Clinical practice guidelines</p> <p>Clinical utility of the evidence in an EBP framework</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>Patient explanation of diagnosis and management</p>

## Gerontology

The following discipline specific components will be addressed at an advanced level during the Training Program by trainees in the gerontology discipline stream.

Learning objectives that will form the program of knowledge development for each trainee will be framed in terms of these components.

Assessment of trainees will measure both the generic performance standards and the specialist level knowledge and skills specific to these components.

1. Pain in the elderly
2. Motor control in elders
3. Balance and postural control
4. Activity limitations and participation restrictions in the elderly
5. Exercise and activity in the elderly
6. The aging process and impact on physical health
7. Problems associated with aging with a disability
8. Safety in gerontological practice
9. Professional, cultural and ethical issues specific to the scope of practice of gerontological physiotherapy.
10. Evidence based practice in gerontological physiotherapy

	Component	Knowledge	Skills
1	Pain in the elderly	<p>Mechanisms of pain in acute, subacute and chronic states</p> <p>Differential diagnosis of pain of central and peripheral origin</p> <p>Recognition of psychological reactions and drivers of pain</p> <p>Understanding of the interactions between physiological and behavioural drivers of pain in elders</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>Patient explanation of diagnosis and treatment options</p> <p>Multi-professional options for pain management</p>
2	Motor control in elders	<p>Contemporary knowledge of disordered motor control and implications for gerontological physiotherapy</p> <p>Changes in muscle properties with aging and implications for gerontological physiotherapy</p> <p>Advanced understanding of varying frameworks of gerontological physiotherapy management</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment options</p> <p>High level patient explanations of diagnosis and management options</p> <p>Highly advanced multi-professional management and referral practices</p>
3	Balance and postural control	<p>Advanced knowledge of the mechanisms of balance and postural control</p> <p>Advanced understanding of the role of the gerontological physiotherapist in falls prevention and risk management</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>High level patient explanations of diagnosis and management options</p> <p>Multi-professional options for falls prevention management</p>
4	Activity limitations and participation restrictions in the elderly	<p>Advanced level of understanding of reasons for and methods of prevention for activity limitations in elders</p> <p>Knowledge of interactions between the biological systems and their interactions with the individual's functional disability and participation limitations.</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment options and skills</p> <p>High level patient explanations of diagnosis and management</p>
5	Exercise and activity in the elderly	<p>Advanced level of understanding of the evidence for the physiological, functional and psychosocial benefits of exercise for elders.</p> <p>Advanced understanding of wellness programs for elders</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced management skills</p> <p>High level patient explanations and management options</p>

	Component	Knowledge	Skills
6	The aging process and impact on physical health	<p>Advanced knowledge of the impact of aging on body systems and the implications for gerontological physiotherapy practice</p> <p>Advanced knowledge of cognition in elders, the processes that may affective cognitive function and the implications for gerontological physiotherapy practice</p> <p>Differential diagnosis of cognitive impairment and confusional states in elders.</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment &amp; management skills</p> <p>Highly advanced multi-professional management and referral practices</p>
7	Aging with a disability	<p>Advanced knowledge of effects of aging on pre-existing disabilities (e.g. TBI, Spinal cord injury, CP)</p> <p>Advanced level of understanding of gerontological interventions for this client group.</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced management skills</p> <p>Highly advanced multi-professional management and referral practices</p>
8	Safety in gerontological practice	<p>Advanced knowledge of conditions, interventions and treatment effects/interactions</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced multi-professional management and referral practices</p>
9	Professional, cultural and ethical issues specific to the scope of practice of gerontological physiotherapy.	<p>Leadership in gerontological physiotherapy and relationships with other health care professionals and policy makers</p> <p>Cultural influences and the receipt of management</p> <p>Patient centred influences on management delivery</p> <p>Opportunities and barriers in residential care facilities</p>	<p>Highly advanced professional and leadership skills</p> <p>Highly advanced communication skills</p> <p>Highly advanced teamwork skills</p>
10	Evidence based practice in gerontological physiotherapy	<p>Evidence from systematic reviews and randomised controlled trials relevant to gerontological physiotherapy practice</p> <p>Advanced knowledge of outcome measures for gerontological physiotherapy practice</p> <p>Appreciation of advantages/disadvantages of clinical practice guidelines</p> <p>Clinical utility of the evidence in an EBP framework</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>Patient explanation of diagnosis and management</p>

## Musculoskeletal

The following discipline specific components will be addressed at an advanced level during the Training Program by trainees in the musculoskeletal discipline stream.

Learning objectives that will form the program of knowledge development for each trainee will be framed in terms of these components.

Assessment of trainees will measure both the generic performance standards and the specialist level knowledge and skills specific to these components.

1. Pain and musculoskeletal disorders
2. Motor control in musculoskeletal disorders
3. The aging musculoskeletal system
4. Trauma and overuse injuries of the musculoskeletal system.
5. Classification of musculoskeletal pain states
6. Mechanisms of action of musculoskeletal physiotherapy interventions
7. Radiology for musculoskeletal physiotherapy practice
8. Safety in musculoskeletal physiotherapy practice
9. Professional, cultural and ethical issues specific to the scope of practice of musculoskeletal physiotherapy
10. Evidence based practice in Musculoskeletal Physiotherapy

	Component	Knowledge	Skills
1	Pain and musculoskeletal disorders	<p>Mechanisms of pain in acute, subacute and chronic states</p> <p>Differential diagnosis of pain of central and peripheral origin</p> <p>Recognition of psychological reactions and drivers of pain</p> <p>Understanding of the interactions between physiological and behavioural drivers of pain</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>Patient explanation of diagnosis and treatment options</p> <p>Multi-professional options for pain management</p>
2	Motor control in musculoskeletal disorders	<p>Contemporary knowledge of disordered motor control and implications for rehabilitation</p> <p>Changes in muscle properties and implications for rehabilitation</p> <p>Brain plasticity and implications for rehabilitation</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>Patient explanation of diagnosis and management</p>
3	The aging musculoskeletal system	<p>Prevention of disease progression in peripheral and spinal degenerative disease and other disorders of aging</p> <p>Consideration of presentations in acute, subacute and chronic stages</p> <p>Wellness programs</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>Advanced skills in wellness and prevention programs</p> <p>Patient explanation of diagnosis and management</p> <p>Multi-professional options for management</p>
4	Trauma and overuse injuries of the musculoskeletal system	<p>Differential diagnosis of complex spinal and extremity musculoskeletal disorders in acute, subacute and chronic presentations.</p> <p>Knowledge of the interactions between biological systems and their interactions with the individual's functional disability and participation limitations</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>Patient explanation of diagnosis and management</p> <p>Multi-professional options for management</p>
5	Classification of musculoskeletal pain states	<p>Current classification systems for spinal and extremity joint musculoskeletal disorders</p> <p>Clinical utility of classification systems in acute, subacute and chronic states</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p>



	Component	Knowledge	Skills
6	Mechanisms of action of musculoskeletal physiotherapy interventions	Neurophysiological, mechanical and psychological underpinnings of musculoskeletal physiotherapy practice	Highly advanced clinical reasoning and assessment skills Highly advanced treatment skills
7	Radiology for musculoskeletal physiotherapy practice	Radiation safety Indications for referral for plain x-rays, CT, US imaging, MRI Clinical Guidelines for radiology use	Highly advanced clinical reasoning and assessment skills
8	Safety in musculoskeletal physiotherapy practice	Advanced knowledge of conditions and drug side effects/interactions that may masquerade as musculoskeletal pain states and their clinical recognition	Highly advanced clinical reasoning and assessment skills Highly advanced multi-professional management and referral practices
9	Professional, cultural and ethical issues specific to the scope of practice of musculoskeletal physiotherapy.	Leadership in musculoskeletal physiotherapy and relationships with other health care professionals; policy makers Cultural influences and the receipt of musculoskeletal management Patient centred influences on management delivery	Highly advanced professional and leadership skills Highly advanced communication skills
10	Evidence based practice in Musculoskeletal Physiotherapy	Evidence from systematic review and randomised controlled trials Clinical practice guidelines Clinical utility of the evidence in an EBP framework	Highly advanced clinical reasoning and assessment skills Highly advanced treatment skills Patient explanation of diagnosis and management

## Neurology

The following discipline specific components will be addressed at an advanced level during the Training Program by trainees in the Neurology discipline stream.

Learning objectives that will form the program of knowledge development for each trainee will be framed in terms of these components.

Assessment of trainees will measure both the generic performance standards and the specialist level knowledge and skills specific to these components.

1. Motor control in neurological disorders
2. Balance and postural control
3. Activity limitations and participation restrictions in neurological conditions
4. Non motor problems in neurological diseases
5. The acute, chronic and degenerative neurological condition
6. Mechanisms of action of neurological interventions
7. Outcome measures in neurological physiotherapy
8. Safety in neurological practice
9. Professional, cultural and ethical issues specific to the scope of practice of neurological physiotherapy
10. Evidence based practice in neurological physiotherapy

	Component	Knowledge	Skills
1	Motor control in neurological disorders	<p>Contemporary knowledge of disordered motor control and implications for neurological physiotherapy</p> <p>Changes in muscle properties and implications for neurological physiotherapy</p> <p>Advanced understanding of varying frameworks of neurological physiotherapy management</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment options</p> <p>High level patient explanations of diagnosis and management options</p> <p>Highly advanced multi-professional management and referral practices</p>
2	Balance and postural control	<p>Mechanisms of balance and postural control</p> <p>Advanced understanding of the role of the neurological physiotherapist in falls prevention and risk management</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>High level patient explanations of diagnosis and management options</p> <p>Multi-professional options for falls prevention management</p>
3	Activity limitations and participation restrictions in neurological conditions	<p>Advanced level of understanding of reasons for and methods of prevention for activity limitations</p> <p>Knowledge of interactions between the biological systems and their interactions with the individual's functional disability and participation limitations.</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment options and skills</p> <p>High level patient explanations of diagnosis and management</p>
4	Non motor problems in neurological diseases	<p>Contemporary knowledge of non-motor problems and implications for clinical practice.</p> <p>Understanding of the interaction between motor and non-motor problems and their interaction with an individual's functional disability and participation limitations</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>High level patient explanations</p> <p>Multi-professional options for management</p>
5	The acute, chronic and degenerative neurological condition	<p>High level understanding of pathophysiology and associated motor problems and the implications of common conditions in neurology including stroke, Parkinson's disease, spinal cord injury, multiple sclerosis, lower motor neurone lesion and traumatic brain injury</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced management skills</p> <p>High level patient explanations of diagnosis and management options</p>

	Component	Knowledge	Skills
6	Mechanisms of action of neurological interventions	<p>Contemporary knowledge of neuroplasticity and its implications for neurological physiotherapy</p> <p>Advanced level of understanding of available neurological interventions.</p> <p>Clinical utility of equipment and aids in neurological physiotherapy.</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment &amp; management skills</p>
7	Outcome measures in neurological physiotherapy	<p>Contemporary knowledge of issues related to outcome measurement in neurological physiotherapy.</p> <p>Clinical utility of outcome measurement in acute, sub-acute and chronic patient populations.</p> <p>Advanced knowledge and understanding of the limitations and validity of outcome measures</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced management skills</p>
8	Safety in neurological practice	<p>Advanced knowledge of conditions interventions and treatment effects/interactions</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced multi-professional management and referral practices</p>
9	Professional, cultural and ethical issues specific to the scope of practice of neurological physiotherapy.	<p>Leadership in neurological physiotherapy and relationships with other health care professionals; policy makers</p> <p>Cultural influences and the receipt of neurological management</p> <p>Patient centred influences on management delivery</p>	<p>Highly advanced professional and leadership skills</p> <p>Highly advanced communication skills</p>
10	Evidence based practice in neurological physiotherapy	<p>Evidence from systematic review and randomised controlled trials</p> <p>Appreciation of advantages/disadvantages of clinical practice guidelines</p> <p>Clinical utility of the evidence in an EBP framework</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>Patient explanation of diagnosis and management</p>

## Occupational Health

The following discipline specific components will be addressed at an advanced level during the Training Program by trainees in the Occupational Health Physiotherapy (OHP) discipline stream.

Learning objectives that will form the program of knowledge development for each trainee will be framed in terms of these components

Assessment of trainees will measure both the generic performance standards and the specialist level knowledge and skills specific to these components.

1. Workplace Legislation
2. Causation and contributing factors to occupational health and wellbeing, occupational illness and injury
3. OHP interventions
4. Evaluation
5. Work trauma, diseases of occupation and work related injury
6. Promoting Wellness at Work
7. Work Injury/Illness Prevention
8. Work Injury/Illness Management
9. Evidence based practice in OHP practice
10. Professional and ethical issues in OHP practice

	Component	Knowledge	Skills
1.	Workplace Legislation	<p>Workplace and related legislation in relevant jurisdictions, in a broad national and international context</p> <p>Implications of legislation for all stakeholders including specific implications for OHP</p>	<p>Highly advanced interpretation of workplace related legislation in relation to stakeholders.</p> <p>Highly advanced practice of OHP skills in accordance with legislative framework</p>
2.	Causation and contributing factors to occupational health and wellbeing, occupational illness and injury	<p>Relationship between work history, work practice, work environment, lifestyle and mechanisms of injury and illness. The effects of change in the workplace.</p> <p>Biophysical, psychosocial, organisational and economic factors affecting work health.</p> <p>Highly advanced knowledge base of contemporary views in relation to OHS</p> <p>Key stakeholders' perspective of workplace health and safety, injury prevention and management.</p> <p>Safe systems of work</p>	<p>Highly advanced reasoning skills drawing on the different paradigms of key stakeholders</p> <p>Highly advanced ability to discern safe and unsafe elements and systems of work practice</p>
3.	OHP Interventions	<p>Contemporary knowledge and application of workplace ergonomics</p> <p>Principles of adult learning, education and training</p> <p>Project management of OHS interventions within an organisation including immediate on-site injury management, change management, priority setting and participative ergonomics.</p> <p>Integrated with Safety management Systems</p>	<p>Highly advanced reasoning skills, assessment and management skills.</p> <p>Highly advanced skills in the selection and application of ergonomic tools</p> <p>Highly advanced delivery of appropriate training and education sessions</p> <p>Consultation with employers and employees</p>
4.	Evaluation	<p>Methods of evaluation of OHP interventions in workplace wellness, injury prevention and injury management</p> <p>Evaluation of outcomes and incorporating feedback into the development of subsequent strategies</p> <p>Measurement using lead and lag indicators.</p>	<p>Highly advanced reasoning skills</p> <p>Explanation of benefits and weaknesses of different evaluation methods to key stakeholders</p> <p>Able to critically interpret both qualitative and quantitative work illness and injury data</p>

	Component	Knowledge	Skills
5.	Work trauma, diseases of occupation and work related injury system	<p>Commonly encountered occupational related conditions (in depth knowledge of MSDs and also including knowledge of other conditions for example stress, NIHL dermatitis, respiratory conditions and cancer)</p> <p>Evidence for work relatedness of musculoskeletal disorders in acute, subacute and chronic presentations.</p> <p>Interactions between work systems and human factors, (e.g. biological systems and their interactions with the individual's functional ability and participation limitations)</p>	<p>Highly advanced reasoning and assessment skills</p> <p>Highly advanced management skills</p> <p>Explanation to stakeholders of diagnosis and management</p> <p>Multi-professional options for management</p>
6.	Promoting Workplace Wellness	<p>Principles and practice of the workplace as a setting for health promotion</p> <p>Environmental factors to create a healthy workplace: physical, psychosocial, and economic</p> <p>Setting appropriate work duties for individual and groups of staff including those with special needs e.g. older workers, workers with physical or intellectual restrictions</p> <p>Barriers to workplace wellness and how to overcome them</p> <p>Measurement tools for health promoting activities at work</p>	<p>Explanation to relevant stakeholders about healthy workplace settings and practices</p> <p>Highly advanced skills in the promotion, delivery and management of workplace wellness</p> <p>Highly advanced appropriate evaluation skills</p>
7.	Work injury prevention	<p>Principles and practice of contemporary work injury prevention</p> <p>Ergonomic and other tools to identify hazards and conduct risk assessments</p> <p>Risk management (including control hierarchy) and priority setting</p> <p>Accident and incident investigation</p> <p>Communication strategies to facilitate change</p> <p>The role of stakeholders in injury prevention</p>	<p>Sound theoretical principles underlie interventions</p> <p>Highly advanced observational and interpretive skills</p> <p>Highly advanced management skills</p> <p>Appropriate communication and explanation (verbal and written) to all stakeholders involved in work injury prevention</p>

	Component	Knowledge	Skills
8.	Work injury management	<p>Principles and practice of contemporary work injury management</p> <p>Multiple issues leading to chronicity and prevention/early detection/management thereof, including management both at the workplace and within the compensation system</p> <p>Multidisciplinary collaboration</p> <p>Barriers to successful return to work and how to manage them</p> <p>Role of the Union in the workplace</p> <p>Knowledge of industrial processes and needs including work rates, chain of command, direct and indirect labour, Australian Standards and return on investment into OHP in the workplace.</p>	<p>Highly advanced skills in workplace injury management interventions</p> <p>Appropriate communication and explanation to all stakeholders involved in work injury management</p> <p>Multi professional options</p>
9.	Evidence based practice in OHP	<p>Evidence from systematic reviews and randomised controlled trials</p> <p>Clinical practice guidelines and their relevance to work injury management</p> <p>Outcome measures and their use within OHP practice</p> <p>Limitations of evidence in OHP Practice</p>	<p>Highly advanced reasoning and assessment skills</p> <p>Highly advanced management skills</p> <p>Stakeholder explanation of management and reasoning</p>
10.	Professional and ethical issues in OHP practice	<p>Leadership in OHP practice and relations with other stakeholders including employers, employees, health care professionals, insurers and policy makers</p> <p>Barriers to communication and how to overcome them</p> <p>Ethical issues in occupational health</p> <p>Cultural influences within the workplace and OHP practice</p> <p>Promoting OHP to relevant stakeholders</p>	<p>Highly advanced communication with all stakeholders.</p> <p>Highly advanced professional and leadership skills</p> <p>Highly advanced understanding of ethical issues in OH physiotherapy practice</p>



## Paediatrics

The following discipline specific components will be addressed at an advanced level during the Training Program by trainees in the paediatric discipline stream.

Learning objectives that will form the program of knowledge development for each trainee will be framed in terms of these components.

Assessment of trainees will measure both the generic performance standards and the specialist level knowledge and skills specific to these components.

1. Pain and paediatric disorders
2. Motor control in paediatric disorders
3. Peri natal paediatric conditions
4. Developmental paediatric disorders
5. Chronic and complex paediatric conditions
6. Mechanisms of action of paediatric physiotherapy interventions
7. Radiology for paediatric physiotherapy practice
8. Safety in paediatric physiotherapy practice
9. Professional, cultural and ethical issues specific to the scope of practice of paediatric physiotherapy
10. Evidence based practice in Paediatric Physiotherapy

	Component	Knowledge	Skills
1	Pain and paediatric disorders	<p>Mechanisms of pain in acute, subacute and chronic states from early infancy to adolescence</p> <p>Differential diagnosis of pain of central and peripheral origin</p> <p>Recognition of psychological reactions and drivers of pain</p> <p>Understanding of the interactions between physiological and behavioural drivers of pain</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>Patient and caregiver explanation of diagnosis and treatment options</p> <p>Multi-professional options for pain management</p>
2	Motor control in paediatric disorders	<p>Contemporary knowledge of disordered motor function/control and implications for treatment and rehabilitation</p> <p>Changes in muscle properties and implications for rehabilitation</p> <p>Brain plasticity and implications for rehabilitation</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>Patient and caregiver explanation of diagnosis and management</p> <p>Highly advanced diagnostic skills of movement disorders</p>
3	Peri natal paediatric conditions	<p>Differential diagnosis, assessment and management of peri natal conditions</p> <p>Consideration of clinical presentations in neurological, musculoskeletal and cardiothoracic conditions in acute and subacute stages</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>Advanced skills in management</p> <p>Patient and caregiver explanation of diagnosis and management</p> <p>Multi-professional options for management</p>
4	Developmental paediatric disorders	<p>Knowledge of normal and abnormal neuromotor and biomechanical development</p> <p>Knowledge of the interactions between biological systems and the individual's functional disability and participation limitations</p> <p>Understanding of the role of physiotherapy in a multidisciplinary team management of developmental disorders</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>Patient and caregiver explanation of diagnosis and management</p> <p>Multi-professional options for management</p>

	Component	Knowledge	Skills
5	Chronic and complex paediatric conditions	<p>Knowledge of the progression of congenital and acquired childhood conditions and their impact on function and activity participation</p> <p>Knowledge of the role of physiotherapy and the multidisciplinary team in management of ongoing and complex congenital conditions</p> <p>Consideration of transitional arrangements into adult care</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>Modification of management priorities with changing clinical, educational, social and environmental circumstances</p>
6	Mechanisms of action of paediatric physiotherapy interventions	<p>Neurophysiological, mechanical and psychological underpinnings of paediatric physiotherapy practice</p> <p>Advanced understanding of the cognitive and developmental level of the child as it relates to physiotherapy intervention</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>Highly advanced skills in age and developmental stage appropriate interventions</p> <p>Family Centred Practice</p>
7	Radiology for paediatric physiotherapy practice	<p>Radiation safety</p> <p>Indications for referral for plain x-rays, CT, US imaging, MRI</p> <p>Clinical Guidelines for radiology use</p>	<p>Highly advanced clinical reasoning and assessment skills</p>
8	Safety in paediatric physiotherapy practice	<p>Advanced knowledge of conditions and drug side effects/interactions that may masquerade as paediatric pain states and their clinical recognition</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced multi-professional management and referral practices</p>
9	Professional, cultural and ethical issues specific to the scope of practice of paediatric physiotherapy.	<p>Leadership in paediatric physiotherapy and relationships with other health care professionals; policy makers</p> <p>Cultural influences and the receipt of paediatric management</p> <p>Patient centred influences on management delivery</p>	<p>Highly advanced professional and leadership skills</p> <p>Highly advanced communication skills</p> <p>Family Centred Practice</p>
10	Evidence based practice in Paediatric Physiotherapy	<p>Evidence from systematic review and randomised controlled trials</p> <p>Clinical practice guidelines</p> <p>Clinical utility of the evidence in an EBP framework</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced treatment skills</p> <p>Patient explanation of diagnosis and management</p>

## Sports

The following discipline specific components will be addressed at an advanced level during the Training Program by trainees in the sports physiotherapy discipline stream.

Learning objectives that will form the program of knowledge development for each trainee will be framed in terms of these components.

Assessment of trainees will measure both the generic performance standards and the specialist level knowledge and skills specific to these components.

1. Musculoskeletal pain states in the context of the active population
2. Motor learning and motor control in the context of the active population
3. The body's response to trauma and overuse injuries of the musculoskeletal and neural systems in the context of sport and the active population
4. The role of Sports Physiotherapy in prescription of exercise in the context of sport and the active population
5. Medical investigations relevant for Sports Physiotherapy practice and use of sports related performance evaluation instruments
6. Safety in Sports Physiotherapy practice
7. Evidence based practice in Sports Physiotherapy
8. The role of the Sports Physiotherapist and pre-season/competition/activity screening, and wellness monitoring in the performance plan for athletes and the active population
9. The role and responsibilities of the Sports Physiotherapist in the context of the Sports Health and Sports Performance Team.
10. Professional, cultural and ethical issues related to contemporary sports physiotherapy practice

	Component	Knowledge	Skills
1	Musculoskeletal pain states in the context of the active population	<p>Mechanisms of pain in acute, subacute and chronic states</p> <p>Differential diagnosis of pain of central and peripheral origin</p> <p>Recognition of psychosocial reactions and drivers of pain</p> <p>Understanding of the interactions between physiological and behavioural drivers of pain</p>	<p>Highly advanced bio-psychosocial approach to patient assessment and management</p> <p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced recognition of when response to pain has become counter-productive to recovery</p> <p>Highly advanced communication and educative skills</p> <p>Multi-professional options for pain management</p>
2	Motor learning and motor control in the context of the active population	<p>Contemporary knowledge of the theories of motor learning and implications for Sports Physiotherapists</p> <p>Contemporary knowledge of normal and disordered motor control and implications for rehabilitation</p> <p>Changes in muscle properties and implications for rehabilitation</p> <p>Brain plasticity and implications for rehabilitation</p>	<p>Highly advanced ability to integrate motor learning strategies into skill development, injury prevention and injury management</p> <p>Highly advanced clinical reasoning skills</p> <p>Highly advanced evaluation and management skills for impaired motor control</p>
3	The body's response to trauma and overuse injuries of the musculoskeletal and neural systems in the context of sport and the active population	The physiological, mechanical and neurological response to trauma and overuse in all tissues of the neural, musculoskeletal and fascial systems	<p>Highly advanced clinical assessment skills</p> <p>Highly advanced clinical reasoning skills</p> <p>Highly advanced clinical management skills, all in the context of the athletic and active population.</p>
4	The role of Sports Physiotherapy in prescription of exercise in the context of sport and the active population	<p>The physiology of exercise</p> <p>The evidence in support of integration of exercise in performance enhancement, injury prevention and injury management of the athletic and active population</p>	<p>Highly advanced assessment skills in relation to evaluation of physical capacity in the context of the athletic and active population.</p> <p>Highly advanced skills in exercise prescription in the context of performance enhancement, injury prevention and injury management of the athletic and active population.</p>

	Component	Knowledge	Skills
5	Medical investigations relevant for Sports Physiotherapy practice and use of sports related performance evaluation instruments	<p>Radiation safety</p> <p>Indications for referral for plain x-rays, CT, US imaging, MRI</p> <p>Clinical Guidelines for radiology use</p> <p>Indications for referral for relevant haematological tests</p> <p>Knowledge of sports performance evaluation instruments and their use in performance enhancement, injury prevention and injury management</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced multi-professional management and referral practices</p> <p>Highly advanced sports evaluation skills</p>
6	Safety in Sports Physiotherapy practice	<p>Advanced knowledge of conditions and drug side effects/interactions that may masquerade as musculoskeletal pain states and their clinical recognition</p>	<p>Highly advanced clinical reasoning and assessment skills</p> <p>Highly advanced multi-professional management and referral practices</p>
7	Evidence based practice in Sports Physiotherapy	<p>Advanced knowledge of the evidence behind key aspects of Sports Physiotherapy assessment and management</p> <p>Advanced understanding of the role of evidence based practice within Sports Physiotherapy</p> <p>Evidence high quality research in the field of Sports Physiotherapy and Sports Health</p> <p>Clinical practice guidelines</p> <p>Clinical utility of the evidence in an EBP framework</p>	<p>Highly advanced critical thinking skills</p> <p>Highly advanced clinical reasoning skills</p> <p>Highly advanced ability to read and interpret relevant literature and integrate different levels of evidence as appropriate in the context of Sports Physiotherapy practice</p>
8	The role of the Sports Physiotherapist and pre-season/competition/activity screening, and wellness monitoring in the performance plan for athletes and the active population	<p>Reliability and relevance of test selection. Monitoring systems and application</p> <p>Influence of screening on injury prevention and performance enhancement</p>	<p>Highly advanced clinical assessment skills</p> <p>Highly advanced management skills</p>

	Component	Knowledge	Skills
9	The role and responsibilities of the Sports Physiotherapist in the context of the Sports Health and Sports Performance Team.	<p>The role of all participants in the Sports Health and Sports Performance team</p> <p>The science and clinical utility associated with each of the participants in the Sports Health and Sports Performance team</p>	<p>Highly advanced communication skills</p> <p>Highly advanced skills in collaboration</p> <p>Highly advanced multi-professional management and referral practices</p>
10	Professional, cultural and ethical issues related to contemporary sports physiotherapy practice	<p>Leadership in Sports Physiotherapy and relationships with other health care professionals; policy makers</p> <p>Cultural influences and the receipt of musculoskeletal management in the context of the athletic and active population</p> <p>Patient centred influences on management delivery</p>	<p>Highly advanced professional and leadership skills</p> <p>Highly advanced communication skills</p>

## Appendix 11

### Policies and Procedures

#### Policy: Acknowledgement of Prior Learning

##### Introduction

The Specialisation training program is based on an expectation that trainees will be committed to lifelong learning. Due to the advanced nature of the Specialisation Program, a trainee will usually not have the prior learning needed to be exempted from any aspect of the program. However, the College does recognise that individual trainees may have specialised knowledge or skills in some areas relevant to the training program which then enables them to apply for consideration of acknowledgement of prior learning. This is the basis of the College's Acknowledgement of Prior Learning (APL) policy.

##### Exemption of Part of the Training Program

Training and performance in the Specialisation Program is measured against four elements. However, only two of these elements may be the subject of an Application for APL.

Element 1 - Development of specialist skills in the area of practice - cannot be subject to APL. This is in recognition of the individualised nature of the Specialist Program, which involves development of an individual learning contract and ongoing assessment and formative feedback provided to the trainee. As the delivery of training will be based on the experience and learning needs of the trainee, there are no structured components of any individualised program from which to seek exemption.

Likewise, Element 3 - Commitment to lifelong learning and professional development - is based on the experience gaps and training needs of an individual trainee, identified in their learning contract. Areas in which the trainee is already proficient are identified by the trainee and their facilitator, and further learning/development in these areas is acknowledged as not being required. This does not require a formal application for APL.

The elements for which a current or prospective trainee may apply for APL are:

- Element 2. Participation in professional education.
- Element 4. Participation in research activities.

The Board of Censors will consider a written application submitted with evidence to support significant prior learning in these two elements. Any training (for instance a research degree) or experience (for instance an academic teaching role) that is proposed to exempt the trainee from participation in that element during the training program must have been undertaken in the previous three years. Following an evaluation of the evidence provided, the Board of Censors may grant exemption from the relevant component(s) of the training program.

##### Financial Outcome

There is no deduction of fees based on successful application of APL for any exemption of any part of the training program.

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AUSTRALIAN COLLEGE  
of PHYSIOTHERAPISTS

## Policy: Conflict of interest (Col)

Wherever possible, College members must avoid being placed in a situation where they are taking action, making a decision or have the ability to influence any action or decision of the College that involves a Conflict of Interest (Col), or the reasonable perception of a Col. Likewise College members must avoid conflicts of commitment that impair their ability to fulfil their duties on the College.

As soon as a College member becomes aware that he or she has a Col or a potential Col in the process of making a decision or other action in their capacity as a College member, they must immediately declare it and, unless it is resolved, take no further part in any interaction with the relevant individual, negotiation or decision on the subject.

## Procedure: Conflict of Interest

### Purpose

The purpose of this document is to define required actions of College members with respect to conflicts of interest (Col) as defined in the Australian College of Physiotherapists' Policy on Conflict of Interest and is to be read in conjunction with that document.

These procedures apply to any defined person.

### Definitions

#### Close personal relationship:

Family relationships (siblings, parent, child, spouse including de facto spouse, partner, relations by marriage, grandchild and grandparent), business arrangements (business partners, employees, employers) and emotional relationships (including sexual relationship and close friendships).

**Conflict of interest:** Occurs when professional duty is in conflict with professional or private interests potentially restricting an individual's objectivity, leading to unfair advantage or disadvantage for one or a number of parties. A conflict of interest may be actual, perceived or potential.

**Defined person:** Any office bearer of the College, trainee, candidate, examiner/assessor, supervisor or staff member.

**Financial interest:** Any right, claim, title or legal share in something having a monetary or equivalent value over which the member has control.

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**Perceived conflict of interest:** The appearance to a reasonable person that the member's personal/professional interests could improperly influence the performance of the member's duties, may be actual or perceived.

**Personal interests:** Interests that can bring a benefit or disadvantage to the member or to others they may wish to benefit or disadvantage. Personal interests include financial interests and those arising from close personal relationships or involvement in cultural, sporting, religious or social activities and interests that may lead to a tendency or predisposition to favour or to be prejudiced against a person or an organisation.

**Potential conflict of interest:** Arises where a member has personal/professional interests that could conflict with his or her College duties in the future.

**Conflict of commitment:** Arises when a member of the College is unable to perform their duties for a prolonged period of time as a result of other commitments that may be related to paid employment, family commitments, or other circumstances that are not readily defined.

**Associate of the College:** A person who has committed, by signing an agreement and paying the relevant fees, to undertake either the Training Program for Fellowship by Specialisation or the process of preparation for Fellowship by Original Contribution.

**Candidate:**

1. An Associate of the College who has been accepted by the College to undertake the final examinations in the process of Clinical Specialisation.
2. An Associate of the College who is undertaking the preparation towards Fellowship by Original Contribution.

**Trainee:** An Associate of the College who is undertaking the Training Program for Fellowship by Specialisation.

## **Procedure**

The primary obligation of any defined person is to disclose the potential Col in advance or as soon as practical. Failure to disclose a potential Col may result in an individual being removed from their position within the College until such time as the Col is resolved.

### ***Defined person***

If a College member believes, or suspects they have a real or potential Col, they must immediately disclose such Col to the President of the College or Chief Censor, as appropriate, by completing a Disclosure of Conflict of Interest Form. Verbal disclosure is only sufficient if occurring in a recordable (minuted) circumstance.

### ***College Staff***

If a College staff member is in doubt as to whether a conflict exists, they should seek advice from the President of the College and/or Chief Censor as appropriate.

### ***President of the College or Chief Censor***

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Due for review: January 2017

If the President of the College or Chief Censor believes a potential Col exists, they must direct the defined person to complete a Disclosure of Conflict of Interest Form. Alternatively they should disclose such a potential Col at the beginning of a formal minuted meeting of the relevant body of the College.

### **Management of conflicts of interest**

Once a Col is identified and the individual concerned has either completed and submitted the Disclosure of Conflict of Interest Form, or such conflict has been declared and minuted in an official meeting, an appropriate person\*-must devise a suitable-plan to resolve or manage the Col.

*\* An appropriate person is a disinterested party holding an Executive position within the BoC or the ACP. In most instances, this person will be either the College President or Chief Censor.*

A management plan states matters including the:

- Nature of the member's situation and how it might constitute a Col
- Decisions or actions that the member agrees to take or do.

A management plan must be:

- Signed by all parties and placed on file;
- Reviewed annually or on an 'as needs' basis.
- Marked "confidential" and access strictly limited to those people who need access for official purposes.

If a Col has been noted and minuted, in most instances the individual(s) will be asked to take no part in any issues related to the Col situation – for example, leave the meeting for the period of discussion to which the Col applies

### **Management of perceived/potential conflicts of interest**

Requests for consideration of a perceived/potential conflict should:

- Outline (either verbally or in writing) all the relevant facts, including the parties concerned, the nature of the Col and the reason(s) for requesting advice; and
- Be forwarded to the appropriate person.

The appropriate person should attempt to resolve the issue or refer it to another suitable disinterested party to provide direction on how the Col should be managed.

### **Failure to comply with conflict of interest procedure**

If a member fails to comply with this procedure, action may be taken to remove him/her from his/her position within the College until such time as the Col is resolved.

### **Explanatory notes**

The following explanations are for illustrative purposes only and are not intended to include or define all situations.

### **When a Col is not considered to be present**

In certain circumstances a relationship may exist between individuals within the College that is not considered to lead to a Col. Such situations include but are not limited to:

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### ***Interaction between a College official and Trainees/Candidates in the Specialisation Training Program***

- A College official observing a Trainee assessing and managing a patient/client or equivalent situation relevant to the particular discipline and providing feedback on the situation, as part of the Trainee(s)' participation in the Specialisation Training Program;
- A College official providing interactive workshop activities to Trainee(s) as part of their participation in the Specialisation Training Program;
- A College official providing advice on presentation or content of a written assignment that forms part of the Trainee's participation in the Specialisation Training Program;
- A College official providing reference material to Trainee(s) of value to their participation in the Specialisation Training Program.

### ***Interaction between a College official and Facilitators of the Specialisation Training Program***

- A College official providing advice to a College Facilitator in the context of a particular Trainee in the Specialisation Training Program;
- A College official providing advice to a Facilitator on presentation or content of a written assignment that forms part of a Trainee's participation in the Specialisation Training Program;
- A College official providing reference material to Facilitator(s) of value to Trainee(s) as part of the Trainee(s)' participation in the Specialisation Training Program.

### ***Interaction between a College official and candidates in the Fellowship by Original Contribution Program***

- A College official providing advice, or reading material associated with the submission for consideration of Fellowship by Original Contribution to either the candidate or the Supervisor of a Candidate in the Fellowship by Original Contribution Program;
- A College official providing reference material to the Candidate or Supervisor of a Candidate for Fellowship by Original Contribution.

Such activities can be considered part of normal practice within the Training Program for Fellowship by Specialisation or Fellowship by Original Contribution. In such situations, a Col is only considered where a situation arises that has put the relationship between the College member and Candidate/Trainee in a compromising position, such as outlined above. In addition, the following situations should be considered:

- Where there has been disagreement between Trainee/Candidate and the College member;
- Where the College member has been a member of a previous examination panel in which a Candidate has failed.

Except in unavoidable circumstances, the following situations should be considered:

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- A member of the Board of Censors should not act as Facilitator for a Trainee in the Training Program for Fellowship by Specialisation;
- A Trainee's Facilitator should not serve in the role of examiner for that Trainee at Final Examination;
- A member of the College who has acted in the role of examiner for a Candidate at a previous Final Examination in which the Candidate was not successful should not, except in extraordinary circumstances, act as an examiner in any subsequent Final Examination for that Candidate;
- A member of the Board of Censors should not act as Supervisor for a Candidate in the program for Fellowship by Original Contribution;
- A member of the Board of Censors should not act as an Examiner for the thesis of a Candidate in the program for Fellowship by Original Contribution.
- Any official of the College should not provide a reference for an applicant to the Training Program for Fellowship by Specialisation or Fellowship by Original Contribution.

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## Policy: Consideration of cases of impairment at assessment

### Introduction

The College's training and examination processes aim to provide candidates with conditions that allow and encourage performance to the best of their ability.

Illness, accident or disability has the potential to compromise performance. The general principles governing this situation are as follows:

- Candidates should not be disadvantaged unnecessarily as a result of events outside their control. Nevertheless, in seeking to redress any disadvantage, no action should be taken which could be construed to be unfair to other candidates.
- Some guidelines can be formulated for the procedures to be followed in some cases of illness or disability however, it is impossible to foresee every eventuality.
- Where a problem arises which is not covered in the Regulations, instructions to examiners, or these guidelines, advice should be sought from the Manager - Australian College of Physiotherapists and the Chief Censor.

### Acute Illness occurring at the time of examination

In the event that an examiner becomes aware that a candidate is ill, he/she should notify the Chief Examiner (or delegate) who will determine whether, in his/her opinion, the illness is incapacitating and then if appropriate, advise the candidate to withdraw and notify the Chief Censor in writing of this action. The Chief Examiner needs to ensure patient safety is maintained at all times.

In the event of illness or disability occurring prior to or during any part of the examination, no special consideration will be given to a candidate who elects to continue with the Examination.

Sudden illness or accident which precludes a candidate from attending all or part of an examination may provide grounds for a rescheduling of the exam. Application for this consideration must be made by the candidate and supported by a medical certificate or any other relevant documentation.

Further action is at the discretion of the Board of Censors, on the advice of the Chief Examiner

### Chronic Illness or Disability

Candidates with a chronic illness or disability will not normally be granted any concession with respect to any part of an examination. If a candidate believes that extraordinary consideration should be given to particular circumstances, a fully documented application should be submitted to the Chief Censor at least four weeks prior to the advertised closing date for applications. Further action is at the discretion of the Board of Censors.

### Related Documents

ACP Policy - Patient Safety

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## Policy: Deferment of Training Program



### Introduction

A trainee, having been offered a place in the Training Program, may apply to the Board of Censors to defer entry to the program either prior to commencement or at any stage during the Training Program. Deferment will only be considered under exceptional circumstances and is granted at the discretion of the Board of Censors. A fully documented case for deferment should be submitted to the Chief Censor for consideration by the Board of Censors as soon as practicable. Individual circumstances will be considered on a case-by-case basis. Decisions made by the Board of Censors are final.

### Deferment at Commencement of Training Program

A trainee, having been offered a place in the Training Program, may defer entry to the program. The trainee will be offered a place in the next intake, subject to availability of a suitable cohort.

### Deferment During Training Program

A trainee may defer only once. If deferment is granted, the trainee will re-enter the Training Program at the point of their last satisfactory result for 'trainee status indicative of progress towards sitting for Final Exams' on their facilitator's report (6, 12 or 18 months), subject to availability of a cohort and facilitator willing to take on an additional trainee, a situation that cannot be guaranteed. In the event of deferment, Training Program fees received will be held until recommencement of the program.

### Withdrawal

If a trainee chooses to withdraw, they cannot enter the program without reapplication and payment of relevant fees.

### Refunds

Any fees paid by candidates who are subsequently granted deferment from either entry to, or continuation of, the Training Program will be retained by the College pending the candidate's recommencement.

Candidates withdrawing from the Training Program prior to the first face to face meeting (approximately three months into the first year of the program) will be entitled to a full refund of fees paid. Withdrawal after that date will entitle the candidate to a partial refund on a pro rata basis.

### Related Documents

ACP Policy: Timeframe for completion of Training Program and Exams

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## Policy: Dispute Resolution

### Introduction

The College's training and examination processes aim to provide candidates with conditions that allow and encourage performance to the best of their ability. This includes an approach to open lines of communication between all participants, secretariat, facilitators and examiners and the provision of sufficient information for decision making. Should a dispute arise between any of the parties it will be resolved as follows:

### Dispute Resolution

If a dispute arises between a facilitator and a candidate, this will be reported to the Board of Censors by both the facilitator and the candidate.

The Board of Censors will advise on a process to resolve the dispute.

If the matter cannot be resolved, then it will be referred to the College Council.

If a dispute arises between a candidate and a member of staff, another educator or the organisation, this will be reported by the relevant party(s) to the General Manager, Member Groups and Professional Development.

The General Manager, Member Groups and Professional Development will advise on a process to resolve the dispute.

If the matter cannot be resolved, then it will be referred to the College Council.

All dispute matters will be treated as confidential and will not prejudice assessment outcomes.

### Appeals

The Process for appealing an examination result is documented in the Candidate Manual provided for each set of final examinations.

### Related Documents

ACP Policy - Poor performance

ACP Regulations 2009

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## Policy: External practitioner

### Introduction

The College's Training Program will be delivered predominantly by Fellows of the College. The program delivery is designed with a mentoring, action-learning approach which will provide high calibre facilitation to trainees. It will engage Fellows and additionally support them to maintain and develop their own skills and experience through the training of others.

### External practitioners

When additional expertise is required the College will engage appropriately skilled and experienced external practitioners either as educators, facilitators or examiners.

In the case of a sub-discipline with an insufficient number of specialists to facilitate the Training Program, the Board of Censors will appoint, in consultation with the APA National Groups, a senior physiotherapist to be a facilitator.

Practitioners from other health disciplines may also be engaged as required, at the discretion of the Board of Censors, to participate in the program delivery or assessment.

### Rules of engagement

External practitioners will be advised of the educational objectives relevant to the section of the program with which they are involved.

External practitioners will be advised of all College policies relevant to their participation with the program.

External practitioners providing facilitation will receive induction, a facilitation manual and be required to meet the same expectations as College facilitators.

The expectations of external practitioners will be outlined for them in a position description form specific to their role and which includes accountabilities, selection criteria, requirements and remuneration.

### Related Documents

Examiner Manual

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# Policy Flexible Arrangements



## Introduction

The College's training and examination processes aim to provide trainees with conditions that allow and encourage performance to the best of their ability.

To meet the required standards for all elements of the Training Program, trainees will be required to contribute to and participate in various activities over the two year period.

The program duration of two years, which builds on postgraduate masters level specialty coursework degrees (or equivalent post professional training), is considered appropriate to support the professional and personal development required for practice as a specialist physiotherapist.

During the term of the specialisation Training Program, trainees will undertake full-time practice in their field of specialty for a minimum 2 year continuous period.

## Part Time Practice

Trainees are permitted, on approval from the Board of Censors and in consultation with their facilitator, to complete the practice requirements through part-time equivalent practice for a maximum of four (4) continuous years.

## Special Circumstances

Special circumstances of an unexpected nature such as illness, injury, pregnancy or change to employment will also be considered on a case by case basis.

## Variations

Any variations to the period of training must be negotiated between trainee and facilitator and approved by the Board of Censors.

If agreement cannot be reached between facilitator and trainee advice should be sought from the Manager - Australian College of Physiotherapists and the Chief Censor.

In all cases, a Training Program must be completed within a maximum of four (4) years.

## Non-compliance

If a trainee's situation does not permit this, they will be required to withdraw from the Training Program and may be permitted to commence a new Training Program when circumstances allow.

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## Policy: Occupational health and safety

### Introduction

The College has a legal and moral responsibility to ensure it provides a workplace that is safe and without risks to health, as far as is reasonably practicable. The College is committed to the health, safety and welfare of all employees, trainees, facilitators, educators and examiners involved in College operations.

### Staff

Staff members will refer to and comply with the APA Occupational Health and Safety Policy.

### Practice and Examination Sites

All trainees, facilitators, educators and examiners will have access to and comply with the Occupational Health and Safety policies and procedures as well as the Emergency procedures of the host organisation.

This information will be provided as part of the Training Program induction and exam orientation.

### Key Risk Areas

All trainees, facilitators, educators and examiners need to ensure they are aware of all policies and protocols in the key risk areas related to their practice which may include but are not be limited to:

- Manual Handling
- Infection Control
- Equipment safety including use of electrophysical agents
- Hydrotherapy and Pool Safety
- Resuscitation and life support
- Stress management

### Adverse Events

In the event of an injury to a trainee or staff member in the course of training or assessment, appropriate injury management and follow up will be conducted and documented by either the facilitator or chief examiner. Adverse events will be reported to the Manager, ACP.

### Responsible Officer

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The Manager, ACP is responsible for the implementation, monitoring, compliance and review of this policy. The Manager will consult with staff and trainees on these matters before reporting to College Council regarding the policy and any adverse events.

#### **Related Documents**

APA Occupational Health and Safety Policy.

Guidelines for the Clinical Use of Electrophysical Agents 2001

Guidelines for Physiotherapists Working in and/or Managing Hydrotherapy Pools 2002

Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting. DOHA 2008 Available at : <http://www.health.gov.au/internet/main/publishing.nsf/content/icg-guidelines-index.htm>

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## Policy: Patient safety

### Introduction

A high level of professional conduct and safe and ethical practice is expected of trainees, all of whom are entering the program as very experienced clinicians. As registered practitioners and members of the Australian Physiotherapy Association (APA), trainees are expected to practice according to the Australian Standards for Physiotherapy and the APA Code of Conduct, both in the workplace and during training sessions.

### Supervision

Patient safety is an absolute priority of the College. Facilitators will ensure patient safety during the clinical component of the face-to-face sessions when practice is directly supervised.

Facilitators will ensure that trainees are well prepared before attempting any new high risk assessment or treatment techniques and ensure that these are only executed at an appropriate stage of the training.

When a trainee is experiencing difficulty or performing below an expected and defined level, the facilitator will intervene appropriately.

### Assessment

This is also the case during the clinical examination process when an examiner is obliged to intervene if they consider that patient safety is likely to be compromised.

### Ethical Practice

Trainees, in practising according to the Code of Conduct, will be conscious of all ethical issues related to their scope of practice.

Formal written consent will be obtained from all patients volunteering to be assessed and treated by trainees either during training or at examination. A standard form will be utilised.

### Professional Indemnity

All trainees and facilitators are required to have Professional Indemnity Insurance Arrangements (PII) in place that cover all practice during training. Trainees are advised to check with their insurer that their level of cover is appropriate for all anticipated activities. Trainees who have PII arrangements through their employer may find that they are not covered for training or exams outside the workplace or in another jurisdiction. It is the trainee's responsibility to ensure their arrangements are adequate and take out additional cover as required.

The College does not provide professional indemnity insurance.

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Due for review: January 2017

## Complaints Management

Should a patient wish to make a complaint following assessment or treatment by a trainee, they will have the opportunity to speak confidentially with either the facilitator, if it is during training or with an examiner, if the complaint arises out of the final examinations.

If the patient is not satisfied that their complaint has been addressed they will be advised to report it to the appropriate statutory authority in that jurisdiction e.g. Health Complaints Commissioner or Physiotherapy Registration Board.

## Reporting

Facilitators and examiners are obliged to report any concerns regarding patient safety to the Board of Censors.

The Board of Censors will refer any matters that require consideration with regard to curriculum or program delivery to the Program Advisory Group.

Details of all complaints will be recorded and reported to the Board of Censors.

Any instances of perceived professional misconduct will be reported directly to the Physiotherapy Registration Board.

The Board of Censors will, in keeping with APA complaints management policy, report any concerns they have regarding injurious or prejudicial conduct to the Association's National Professional Standards Panel.

The Board of Censors will report annually to the College Council regarding issues of patient safety, patient complaints and trainee professional misconduct including a nil report.

## Related Documents

Australian Standards for Physiotherapy

APA Code of Conduct

APA National Professional Standards Committee Regulations and Procedures

What to do if a complaint is made against you – Information for APA members

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## Policy: Poor Performance

### Introduction

The College's training and examination processes aim to provide trainees / candidates with conditions that allow and encourage performance to the best of their ability.

### Early Identification

Facilitators are responsible for early identification of poor performance.

The structure in place to assess and provide feedback to trainees facilitates this requirement.

The facilitator will provide formal formative feedback to trainees on:

- Their clinical and practical performance in the eight face to face sessions. This feedback will relate to achievement of the standards of practice for specialisation and the trainee's progression towards the final examination.
- The reflective exercises in the portfolio at 6 monthly intervals.
- The professional issues paper - within one month of submission.

The facilitator will provide reports at 6 monthly intervals to the Board of Censors on the trainee's progress and activities undertaken to fulfil the four elements and written components of the Training Program. Areas of concern will be reported.

Ultimately, the facilitator will provide to the Board of Censors a final report on the readiness of the trainee to sit for the final examinations for specialisation.

### Performance Management

Remediation of poor performance and learning will be proposed by the facilitator, agreed by the trainee and approved by the Board of Censors.

Mechanisms may include repetition or augmentation of learning experiences.

Extension of the training period will also be considered up to the maximum period of 4 years.

The Board of Censors reserves the right to discontinue the Training Program of a trainee who has demonstrated poor compliance with an agreed remediation plan and consistently poor performance, particularly where such poor performance impacts negatively on the other members of the cohort.

### Related Documents

ACP Policy - Patient Safety

ACP Policy - Dispute Resolution

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## Policy: Provision of ongoing support beyond the two Year Training Program for Fellowship by Specialisation



### Preamble

Situations may arise where trainees for Fellowship by Specialisation having completed the two year training program are deemed not ready to sit final examinations, or chose not to sit for personal reasons, at the normal scheduled time. Additionally, occasions also arise when candidates fail the examinations and express a desire to re-sit. Associate Members of the College in these situations may be classified as follows:

#### *Condition A*

A trainee who has completed the two year training program but has not fulfilled all the requirements of the training program and is therefore ineligible to sit the final examination.

#### *Condition B*

A trainee who has been advised by their facilitator, and accepted the advice, that they are not ready to sit the final examinations, who choses to defer and sit the following year, or who choses not to sit the exams for personal reasons (to be read in conjunction with the deferment policy).

#### *Condition C*

A candidate who has failed the final examination and wishes to re-sit the following year. Such a candidate reverts to 'trainee' (or Associate Member) status until approved to re-sit the final examinations.

A trainee who fulfils the criteria for Conditions A, B or C must apply to the Board of Censors (BoC) for consideration for ongoing contact with the College and the Training Program to retain access to various defined components of the Training Program. Such application should be made on the appropriate form.

The BoC has a number of options available for consideration in relation to opportunities for trainees who fulfil the criteria above.

The BoC will review the individual trainee's situation and determine which of the options may be offered to the trainee to allow them to proceed in the training program and prepare for the examinations.

While the BoC, in most instances, will draw from the following options, each situation will be reviewed individually.

All options are subject to availability of resources and appropriate payment of fees commensurate with the option that is pursued. Trainees are therefore encouraged to complete the 2-year training program within the allotted 2-year time and then proceed to exams or consider their options to defer as per the deferment policy.

A decision by the BoC that none of the options is available will lead to termination of candidature.

The BoC's decision is final.

### Options

Irrespective of which of the following options is deemed to be appropriate, the trainee would be required to complete a revised learning contract at the beginning of the 3<sup>rd</sup> year. They would also be required to organise a minimum of two marked mock exams, one in November (6 months) and one in March (12 months) of the 3<sup>rd</sup> year, each involving at least one experienced examiner who is a Fellow of the College. The results of these marked mock exams would be used by the BoC to gauge the trainee's progress at the appropriate 6 and 12 month submission times. The BoC will also utilise these data to inform their decision to allow a trainee an opportunity to sit/re-sit.

#### Option 1

If available and acceptable to the cohort, the trainee may join another cohort for that cohort's 'unfacilitated' meetings. The trainee would have no contact with a facilitator, therefore, no reports would be provided on the trainee's progress to the BoC through the year except for the outcome of marked 'mock' exams, organised by the trainee. Payment of a full year College membership fee would be required.

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## Option 2

If available and acceptable to the facilitator and cohort, the trainee may join another cohort in full training capacity. The facilitator would provide reports and marked 'mock' exam results to the BoC at the 6 and 12 month scheduled times in the extra year. A fee commensurate with the fee for one year of the training program would be required for Option 2.

## Option 3

If available and acceptable to the facilitator, the trainee may meet with a facilitator on one or two occasions over the year for a facilitated half-day to assess their progress. Following the facilitated half day, the facilitator would provide reports and marked 'mock' exam results to the BoC at the scheduled times in the extra year. A fee commensurate with half the yearly training program fee would be required for Option 3.

## Option 4

Should the BoC determine that none of the above options apply to a particular trainee and/ or the BoC determines that special circumstances demand a more tailored option, it may choose to enact Option 4. This option provides for a combination of any or all of the above training resources listed in options 1-3 (i.e. access to facilitator face to face, access to trainee cohorts in full or limited training capacity, access to electronic training resources). The specific combination of available resources chosen by the BoC will be influenced by an analysis of the trainee's needs and circumstances.

The constituent parts of the 3<sup>rd</sup> year learning package will be determined by the BoC and will be influenced by feedback provided to the trainee by their facilitator during their training period and/or by their examiners where relevant, and consideration of a revised learning contract. If a facilitator is unavailable, the trainee will be expected to provide monthly submissions to a discipline specific BoC member, or a College appointed mentor, for ongoing appraisal of progress. Payment for a full year Associate Membership of the College would be required. Additional fees will also be charged commensurate with the learning resources package determined by the BoC.

Commencement of any of the Options at a time other than at the beginning of the training year will require payment of the equivalent fee on a pro rata basis.

## Related Documents

ACP Policy: Timeframe for completion of Training Program and Exams

ACP Policy: Deferral of Training

ACP Policy: Readiness to sit final exams for Fellowship by Specialisation

ACP Policy: Timeframe for Completion of Training Program and Exams

Approved (ACP Council): August 2010; revised September 2017

Due for review: January 2019

Australian College of Physiotherapists Training Program Manual (v. January 2018)

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Approved (ACP Council):	August 2010
Due for review:	January 2017

## Policy: Readiness to Sit Final Exams

### Preamble

The Australian College of Physiotherapist's (ACP) Training Program (TP) is a two year, individualised, self directed, learning program, facilitated by an ACP appointed specialist from the same discipline. At the end of the two year TP, facilitators make a recommendation to the Board of Censors (BoC) with regard to their candidate's readiness to sit the final examinations for Fellowship by Specialisation. Candidates may also be applying to the BoC to sit final examinations having deferred their first attempt, or having been unsuccessful in a previous attempt (year 3 trainees). Conduct of the final specialisation examinations requires a considerable investment on behalf of all involved. It is not in the best interest of candidates, facilitators, or the College, to allow candidates who have not demonstrated the ability to perform at the standard of a beginner specialist to undertake the final examinations for Fellowship by Specialisation.

### Process of determining readiness to sit final examinations

Several formal marked mock exams, using the ACP examination mark sheet, will be held in the last four months prior to application to sit the final examinations. Marks must be available for *at least* two mock exams each involving a single session with a new patient (no longer than 60–90 minutes - dependent upon the specialist discipline), and a 15 minute post exam discussion where the trainee can elaborate their reasoning about assessment and management. At least two examiners must be involved in these mock exams (this could be the facilitator and one independent experienced ACP Examiner or one experienced ACP Examiner and a 'trainee examiner').

The recommendation made by the facilitator, where appropriate, to the BoC at the 24 month mark regarding 'readiness to sit' the specialisation exam will be informed by the marks achieved in mock exams undertaken during the last few months, as well as taking into consideration a range of data across the last six months of the TP, or year three, whichever is appropriate.

Trainees who are not recommended to sit by their facilitator, or who are deemed to be not ready to sit by the BoC member overseeing their progress if they are in a year three situation, on the basis that they have not achieved a mark close to that expected of a beginner specialist on at least one case of their past two mock exams, would be required to provide a rationale in writing to the BoC to support their request to sit in that exam round. Approval to undertake the final specialisation examinations will be made by the BoC based on careful consideration of all the available information.

The BoC's decision is final.

### Related Documents

ACP Policy: Timeframe for completion of Training Program and Exams

ACP Policy: Deferral of Training

ACP Policy: Provision of ongoing support beyond the two Year Training Period for Fellowship by Specialisation

Approved (ACP Council): August 2010; revised September 2017

Due for review: January 2019

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Approved (ACP Council):	August 2010
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## Policy: Sitting exams outside the designated period

### Introduction

The College's examination periods aim to provide candidates with a clear endpoint to their Training Program. As such, they are provided to each candidate two years in advance.

Except in cases of acute illness occurring at the time of examination, there is limited possibility of deferring or rescheduling an examination. If a candidate believes that extraordinary consideration should be given to particular circumstances, a fully documented application should be submitted to the Chief Censor as soon as practicable (at least four weeks prior to the examination date if circumstances allow). The decision to defer or reschedule an examination will be made at the discretion of the Board of Censors.

The general principles governing this situation are as follows:

- Candidates should not be disadvantaged unnecessarily as a result of events outside their control. Nevertheless, in seeking to redress any disadvantage, no action should be taken which could be construed to be unfair to other candidates.
- Some guidelines can be formulated for the procedures to be followed in some cases of personal issues such as hospitalisation or the passing of a family member; however, it is impossible to foresee every eventuality.
- Where a problem arises that is not covered in the Regulations, instructions to examiners, or these guidelines, advice should be sought from the Manager - Australian College of Physiotherapists and the Chief Censor.

### Successful Deferment / Rescheduling of Examination

If the Board of Censors decides to reschedule an examination for a candidate, the candidate will usually be allocated the next available examination period. To ensure maintenance of their specialist-level skill base, the candidate will need to extend their candidature (at least one 3 month period) and pay the required fee. This fee may be waived at the discretion of the College Council.

Any rescheduled exam will be charged on a cost recovery basis. This will mean that the candidate will have to pay for all associated costs for the rescheduled exam; which, without the economy of scale available to a full training cohort, may result in the candidate incurring a higher fee.

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

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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.

A trainee must complete the Training Program within four (4) consecutive years.

A candidate must complete all attempts at the examinations within four (4) consecutive years.

### **Related Documents**

ACP Policy - Consideration of cases of impairment at assessment

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## Policy: Timeframe for Completion of Training Program and Exams

### Introduction

The Training Program for Specialisation can be considered as a 3 phase process consisting of the first year of training (phase 1), the second year of training (phase 2) and the final examinations (phase 3). A trainee may choose to exit the Training Program at the completion of either phase 1 or 2, without going on to complete the examination phase. A trainee may make this decision for many reasons – some examples include a change in personal circumstances, a change in career direction or the simple recognition of having gained sufficient knowledge from the program and the trainee seeing no need to go through the examination process to achieve Specialisation.

A trainee may also choose to defer candidature through either phase 1 or phase 2. However, a trainee must complete the Training Program within four (4) consecutive years. A trainee may attempt the examinations a maximum of twice. The second attempt must occur in the year immediately following the failed first attempt.

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.

A trainee must complete the Training Program within four (4) consecutive years.

A candidate must complete all attempts at the examinations within four (4) consecutive years.

### Re-entry to the Training Program

Trainees granted deferment are required to re-enter the Training Program at the point of their last satisfactory facilitator's report (6, 12 or 18 months), subject to availability of a cohort and facilitator willing to take on an additional trainee, a situation that cannot be guaranteed. If no suitable cohort or facilitator is available, the trainee may be required to wait a further twelve (12) months for a suitable training situation. The College will make every endeavour to ensure that a suitable cohort is available at this time, even if the trainee is required to work in a cohort of one (1).

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## Extraordinary Consideration

In exceptional circumstances, the Board of Censors may, at its discretion, give extraordinary consideration to vary the timeframe for completion of the Training Program. If a trainee believes that extraordinary consideration should be given to particular circumstances, a fully documented application should be submitted to the Chief Censor as soon as practicable. Individual circumstances will be considered on a case-by-case basis. Decisions made by the Board of Censors are final.

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## Policy: Trainee Support

### Introduction

The College's Training Program is designed to be supportive of trainees. The facilitator will be a role model and adviser to assist the trainee to develop highly advanced knowledge and skills in the field of specialisation. This will include guidance in independent and facilitated life-long learning through practice and reflection and career guidance.

Trainees will also receive peer support through the small study groups formed.

It is anticipated that individuals will, through these strategies, have adequate support to develop both personally and professionally to achieve their educational goals during the two year program.

### Referral

Where a trainee considers that they require personal or professional support beyond the capacity of the facilitator and the College, they will be offered access to a limited number of counselling sessions. The sessions will be provided by an accredited counselling service external to the College.

Support of this kind may be proposed by a facilitator in discussions with the trainee. Trainees may alternatively initiate a request for additional support.

### Process

Requests must be directed to the Manager, ACP who will facilitate the referral process.

All requests will be strictly confidential and will have no bearing on assessment outcomes.

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## Procedure: Mandatory Marked Mock Exams

### Introduction

In August 2017, the ACP adopted a requirement for trainees/ potential examination candidates to sit mandatory marked mock exams (MME):

- (a) at the end of the first year of the Training Program (TP) (*prior to the due date for the 12 month Facilitator's report*) and,
- (b) between November and the end of February, in the final year of the TP /or between November and the end of February preceding exams for those who deferred/were unsuccessful at the previous examination round. Currently this means that data from 'year 2' MME's must be submitted to the ACP Manager *by 1<sup>st</sup> March in the year of the examination round* to allow results to be discussed at the March Board of Censor's meeting when decisions about examination candidates are made.

Please see the '*Readiness to sit*' policy (Appendix 1) for further detail.

### Procedure

Trainees/facilitators and specialists/clinicians involved in the organisation of mock exams are reminded to be aware of approval processes that might be required, particularly for mock examinations held at health department facilities, and to ensure that adequate time is available to gather the appropriate documentation and receive the necessary approvals.

*At least two examiners must be involved* in these mock exams, one of whom is an experienced ACP Examiner. For instance the examination panel may comprise the facilitator and one experienced ACP Examiner, or one experienced ACP Examiner and a 'trainee examiner'. The 2017 ACP examination mark sheet(s) must be used for the MME (Appendix 2).

Potential exam candidates are reminded that, in the final examination, they will not usually be examined by a FACP from their own state, nor (if they are a re-sit) by someone who has examined them previously. Consequently it is advisable to try and use examiners in these categories as an examiner in the MME's in the 6 months before the final examinations.

In MMEs, each examiner must assess the trainee independently, but if they wish, they can discuss their findings and provide the trainee with a single mark for that case. If they wish to mark independently, and there is a pass/fail discrepancy between the examiners, the Board of Censors will take into account the mark provided by the *more experienced ACP Examiner* when considering the outcome of the MME.

The mark for the viva (if conducted) is considered separately. Candidates *in the final examinations* (not MMEs) must pass both the viva and the clinical cases (3 out of 4 examiners must award a mark of 50% or greater in the cases) to be successful overall.

### Post exam feedback

A template to guide feedback after the mock exam from the independent examiner to the trainee has been developed – see [Appendix 9](#).

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The process of writing brief individual examiner's reports will also be included in mock exams wherever possible to assist examiners to become more familiar with what is expected, and to increase the value of feedback to trainees and facilitators.

### Marking system

The scoring system used in the Assessment of Physiotherapy Practice (APP) tool has replaced the previous 1-5 scoring system. The normative reference for the scoring system in ACP examinations is the performance (skills, knowledge and professional behaviours) expected of a 'beginner specialist' (Level 4 on the old marking schema) – see [Appendix 8](#).

At the end of second year, (between November and the end of February) marks must be available for *at least* two mock exams each involving a single session with a new patient (no longer than 60–90 minutes - dependent upon the discipline), and a 15 minute post exam discussion where the trainee is given the opportunity to elaborate their reasoning about assessment and management.

According to the '*Readiness to sit*' policy, the potential exam candidate must achieve a mark "close to that expected of a beginner specialist *on at least one case* of their past two mock exams". This has been defined as greater than or equal to 45% of the total possible mark for the criteria examined.

**NB: This is for MMEs only – the pass mark at the final examination remains 50 /100.**

The mark that this standard equates to, depending on the components of the examination undertaken, is detailed in the table below. The different components (day 1, day 2, post exam discussion) are listed separately and then in their combinations. For instance a *one day MME* would be expected to comprise an initial assessment plus post exam discussion, whereas a *two day MME* would include the initial assessment, follow up assessment and the post exam discussion. There is no requirement to do a viva examination. As outlined below, a "pass" (in a one day exam) would be a mark equal to, or greater than, 31 (45% of 68). A "pass" in a two day exam would be a mark equal to, or greater than, 45/100.

Exam components	Total possible mark (using APP – max score = 4)	Acceptable score for MME (45% of total marks)
Initial assessment <b>only</b> (13 criterion)	13 x 4 = 52 marks	52 x 0.45 = 23.4 (pass = <b>23</b> )
Follow up assessment <b>only</b> (8 criterion)	8 x 4 = 32 marks	32 x 0.45 = 14.4 (pass = <b>14</b> )
Post exam discussion <b>only</b> (4 criterion)	4 x 4 = 16 marks	16 x 0.45 = 7.2 (pass = <b>7</b> )
<b>One day exam</b> (initial <b>plus</b> post exam discussion)	13 + 4 = 17 x 4 = 68 marks	68 x 0.45 = 30.6 (pass = <b>31</b> )
<b>Two day exam</b> (initial <b>plus</b> FU <b>plus</b> post exam discussion)	13 + 8 + 4 = 25 x 4 = 100 marks	100 x 0.45 = 45 (pass = <b>45</b> )
Viva (5 criterion)	5 x 4 = 20 marks	20 x 0.45 = 9 (pass = <b>9</b> )

### Use of data from MMEs

The decision taken by the BOC, following input from the facilitator and trainee, to allow progress into year 2, or to grant approval to sit the final specialisation exams, **will not be based solely on performance at the MME(s), but on all aspects of the trainee's commitment and progress over the previous period of the TP**. However trainees who are performing only at the level expected of an APA Title holder at the end of year 1 of the TP will be counselled against progressing into year 2. They may elect to defer for a period of no more than 12 months, and work on a defined program of learning, or to withdraw from the TP.

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## Procedure: Provision of ongoing support to members of the Training Program for Fellowship by Specialisation



### Preamble

Situations may arise where trainees for Fellowship by Specialisation do not complete the 2-year the Training Program and/or are deemed not ready to sit final examinations at the normal scheduled time. Occasions also arise when candidates fail the clinical examinations and express a desire to re-sit.

Associate Members of the College in these situations may be classified as follows:

- **Condition A:** A trainee who has not completed all the requirements of the Training Program and is therefore ineligible to sit the final examination.
- **Condition B:** A trainee who has been advised by their facilitator, and accepted the advice, that they are not ready to sit the final examinations, choosing to defer and sit the following year.
- **Condition C:** A candidate who has failed the final examination and wishes to re-sit the following year. Such a candidate reverts to 'trainee' status until approved to re-sit the final examinations.

A trainee who fulfils the criteria for Conditions A, B or C must apply to the Board of Censors (BoC) for consideration for ongoing contact with the College and the Training Program to retain access to various defined components of the Training Program. Such application should be made on the appropriate form.

The BoC has a number of options available for consideration in relation to opportunity for trainees who fulfil the criteria above. The BoC will review the individual trainee's situation and determine whether any or all of the options may be offered to the trainee to allow them to proceed in the Training Program.

While the BoC, in most instances, will draw from the following options, each situation will be reviewed individually.

A decision by the BoC that none of the options is available will lead to termination of candidature. The BoC's decision is final.

All options are subject to availability of resources. Trainees are therefore encouraged to complete the 2-year Training Program within the allotted 2-year time frame.

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## **Options**

### **Option 1**

If available and acceptable to the cohort, the trainee may join another cohort for that cohort's 'unfacilitated' meetings. The trainee would have no contact with a facilitator, therefore, no reports would be provided on the trainee's progress to the BoC through the year. A fee commensurate with full year Associate Membership of the College would provide ongoing access to Training Program electronic resources.

### **Option 2**

If available and acceptable to the facilitator and cohort, the trainee may join another cohort in full training capacity. The facilitator would provide reports to the BoC at the 6 and 12 month scheduled times in the extra year. A fee commensurate with the yearly fee for the Training Program would be required for Option 2.

### **Option 3**

If available and acceptable to the facilitator, the trainee may meet with a facilitator on two occasions over the year for a facilitated half-day to reassess their progress. The facilitator would provide reports to the BoC at the 6 and 12 month scheduled times in the extra year. A fee commensurate with half the yearly Training Program fee would be required for Option 3.

### **Option 4**

A trainee may choose to have no formal contact with a College training cohort or Facilitator and continue a self-directed program. Payment for a full year Associate Membership of the College would be required for ongoing access to the Training Program electronic resources.

Commencement of any of the Options other than at the beginning of the training year will require payment of the equivalent fee on a pro rata basis.

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