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

Manual

(Version: January 2014)

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## Enquiries

The Australian College of Physiotherapists  
c/o Australian Physiotherapy Association  
Level 1, 1175 Toorak Road, Camberwell VIC 3124  
PO Box 437, Hawthorn BC VIC 3122

**P:** 03 9092 0888  
**F:** 03 9092 0899  
**E:** [college@physiotherapy.asn.au](mailto:college@physiotherapy.asn.au)  
**W:** [www.physiotherapy.asn.au/college](http://www.physiotherapy.asn.au/college)
Content

Organisational Context 6

Two Year Training Program for Specialisation 6

Prerequisites for Entry into the Training Program 6

Making Application 7

Approval of Applications 7

Acknowledgement of Prior Learning 8

Specialisation Training Program

Introduction 8

Structure of the Training Program 8

Training and Performance will be measured against four elements 9

Specific Components and Learning Activities of the Program 10

  Element 1: Development of Specialist Skills in the Area of Practice 10
  Element 2: Participation in Education of the Profession 12
  Element 3: Professional Development Activities 12
  Element 4: Participation in Research Activities 13

Formative Feedback and Reports 13

Communication 14

  Final Report 14
  Guidelines for Communication between Trainees 14
  Guidelines for Communication between Trainees and the Facilitator 14

Dispute Resolution 15

Role of the Facilitator 15

  1: Facilitate the Self-Learning Program of the Trainees 15
  2: Facilitate Trainee Study Groups 15
  3. Advise and Approve Trainee’s Nomination of Two Case Study Presentations 16

Facilitator’s Feedback, Assessment and Reporting Responsibilities 16

  Formative Feedback to Trainees 16
  Formal Feedback 17
# Australian College of Physiotherapists Training Program Manual (v. January 2014)

## Reporting Responsibilities
- Training Program: 17
- Program Extensions: 17
- Final Examinations for Specialisation: 17
- Repeat Final Examinations: 18

## Costs
- Training Program: 17
- Program Extensions: 17
- Final Examinations for Specialisation: 17
- Repeat Final Examinations: 18

## Other Requirements
- Training Sessions: 18
- Final Examinations: 18
- Additional Costs: 18
- Study Requirements: 19

## Operational Policies
- Appeals: 20

## Appendices
- Appendix 1: Application for Admission: 21
- Appendix 2: Guidelines for Presentation of Case Studies: 26
  - Written Report: 26
  - Verbal Presentation: 27
- Appendix 3: Case Study Template: 28
- Appendix 4: Template for Facilitator Reports: 31
  - 6-Month Facilitator Report: 31
  - 12-Month Facilitator Report: 33
  - 18-Month Facilitator Report: 35
  - 24-Month Facilitator Report: 37
- Appendix 5: Learning Contract (Exemplar): 39
- Appendix 6: Learning Contract Template: 45
- Appendix 7: Sub-Specialty Curricula: 48
  - Cardiorespiratory: 48
  - Continence and Women's Health: 51
  - Gerontology: 55
Musculoskeletal ................................................................. 58
Neurology .................................................................. 61
Occupational Health .................................................. 64
Paediatrics ................................................................. 68
Sports ........................................................................ 71

Appendix 8: Operational Policies .............................. 75

Acknowledgement of Prior Learning .......................... 75
Consideration of Cases of Impairment at Assessment .. 76
Dispute Resolution ...................................................... 77
External Practitioners ................................................. 78
Flexible Arrangements .............................................. 79
Occupational Health and Safety .............................. 80
Patient Safety ............................................................. 82
Poor Performance ...................................................... 84
Sitting Examinations Outside the Designated Period .. 85
Trainee Support ......................................................... 86
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 Australian College of Physiotherapists 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 sub-disciplines of physiotherapy:

- Cardiorespiratory
- Continence and Women’s Health
- Gerontology
- Musculoskeletal
- Neurological
- Occupational Health
- Paediatric
- Sports

Two Year Training Program for Specialisation

APA titled physiotherapists in the above sub-disciplines of physiotherapy can apply for the two year supervised training program to prepare 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 member of the Australian Physiotherapy Association (APA) and a Titled member of the relevant National Group
- 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
The following criterion is highly desirable:

- Demonstrated involvement in teaching;
- Demonstrated involvement in research;
- Demonstrated professional and social networks within the wider-physiotherapy sector, including on-line;
- Demonstrated commitment to discipline specific professional development.

Making Application

The Australian College of Physiotherapists only requires one copy of your submission. The following information is required:

- Your application; (Appendix 1)
- A detailed curriculum vitae;
- Copies of all transcripts of undergraduate and graduate academic records signed by a Justice of the Peace;
- Two written references attesting to your professional standing, specifically addressing that you:
  - Show initiative;
  - Are a self-directed learner;
  - Are willing to contribute to physiotherapy knowledge and practice;
  - Accept feedback and evaluation of peers.

NB. It is strongly recommended that one of the referees is a Fellow of The Australian College of Physiotherapists

- An expression of interest for enrolment in the College that should include:
  - Your current client base(s);
  - Your predominant area(s) of practice;
  - Your current employment situation;
  - A ‘statement of purpose’ outlining why you want to enrol in the program;

PLEASE NOTE: Electronic submission (.doc or .pdf) of all applications is the preferred method of receipt. Hard copy submission is also accepted.

Approval of Applications

Applications will be reviewed, evaluated and approved by the Board of Censors of the College.
Acknowledgement of Prior Learning

Applicants who are considered to have met some or all program requirements may apply to have credit given in acknowledgement of prior learning. The Board of Censors will consider a written application submitted with a statement of results. The Board of Censors may grant exemption from part or the entire training program. If full exemption is granted the applicant may proceed directly to final examination. Further detail regarding acknowledgement of prior learning 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.

The two year training program is an integral component of the specialisation process and aims to assist the trainee to achieve a 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. The facilitator shall be a fellow of the Australian College of Physiotherapists.

In the case of a sub-discipline without sufficient 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.

This manual is intended to provide guidelines for trainees and facilitators in all specialisation sub-disciplines of physiotherapy and the words “patient” and “clinical” are used in this document. However, in the domain of occupational health these terms may also be interpreted to mean a client, a work site or the built environment being assessed.

Structure of the Training Program

Trainees will form specialist study groups, consisting of a maximum of four trainees. The group’s learning activities will be facilitated by the nominated facilitator. 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 on the College’s website or online learning platform PebblePad.

At the commencement of the program, trainees and the facilitator will collaborate to identify individual learning needs and establish short and long term goals (learning objectives) for successful completion of the training program leading to presentation for final examinations for specialisation.

A report of this consultation will be presented to the Board of Censors for approval and will constitute the Learning Contract between each trainees and facilitator (the latter representing the College).

In developing specialist study group’s consideration will be given to the geographical location of both trainees and facilitators.
Training and Performance will be measured against four elements

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

On completion of this training period, the trainee will be expected to demonstrate the following standards of practice 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 at a specialist level;
- Highly developed skills in service delivery and quality improvement processes.

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 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 and will be a demonstration of specialist-level skills by the trainee to nominated fellows of the College Examining Panel.
Specific Components and Learning Activities of the Program

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. Trainees will be expected to maintain an electronic webfolio documenting activities.

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;
- Increasing depth and breadth of knowledge;
- Accessing experts in the field (physiotherapy and other relevant health professionals or stakeholders), through for example, face to face meetings, seminars, teleconferences and videoconferences.

The trainee will be required to participate in direct training with their cohort and facilitator, as well as being involved in other professional activities in order to achieve the outcomes of the four elements of the training program.

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 term of the specialisation training program, trainees will undertake full-time practice in their field of specialty for a minimum two-year continuous period (or part-time equivalent for a maximum of four continuous 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, a training program must be completed within a maximum of four years. If a trainee’s situation does not permit this, then they will be required to withdraw from the training period and commence a new training period when circumstances allow. Further detail regarding flexible training arrangements is provided in the Flexible Arrangements policy.

2. Each trainee will join a specialist study group of up to four trainees in the specialty field with a designated facilitator. In special circumstances where there is one trainee in the process, modifications will be made to the program with the facilitator.

3. As a group, trainees will participate in face-to-face meetings with the facilitator scheduled every three months throughout the two-year candidature. The duration of the meetings will be equal to one half day per trainee. For example, if the group consists of four trainee, the group will meet for two days over a weekend every three months.

   Activities during quarterly face-to-face meetings may include:

   - Assessment and management of clients by the trainees, with facilitator and peer observation, feedback and discussion;
   - Opportunities for demonstration by the facilitator;
• Opportunities for complex case demonstration by the trainees with facilitator and peer feedback and discussion;

• Seminars delivered by trainees;

• Mock examinations in preparation for final examinations;

• Other activities negotiated between the trainees and facilitator.

4. Trainees will meet together as a group (face-to-face, by teleconference, or chat room) at three month intervals; this will alternate with the sessions with the 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 prepare and deliver to the facilitator two formal case presentations (each case study must not exceed 2000 words otherwise re-submission will be required):

• **Case Study One:** Case study of a typical patient / client / workplace.
  
  Due date: Month nine (December) 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.

Case presentations will be recorded in an academic style suitable for presentation and consistent with the Guidelines for presentation of case studies (Appendix 2)

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 will be assessed by an independent College-appointed assessor.**

**NOTE:** Trainees are expected to present one of their case studies at one of the College’s biannual Clinical Discussion Evening series within their home state:

- Month 11 (February) of year one of candidature
- Month 20 (November) of year two of candidature

6. Webfolio: On entering the program, trainee will commence a webfolio of cases and/or clinical / practical experiences to illustrate their reflection on and development of standards of practice as a specialist.

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.

Each reflective exercise should be presented in no more than 500 words.

The webfolio is to include four reflective exercises that encompass one or more of the standards in each six month period. The webfolio is to be submitted to the facilitator at each six monthly interval for review (i.e. 24 in total over the training program.
7. Trainees will undertake a program of knowledge development in consultation with the facilitator to assist them in preparation for their final examinations. Activities may include: conducting literature reviews, private reading, attending a multidisciplinary conference, observing experts. A log of activities should be kept of activities completed in the trainee’s portfolio.

8. Professional Issues Assignment. 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 two 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. Trainees are required to clearly describe the chosen topic, outline how and why it is of importance to the physiotherapy profession and how, as specialists they may be involved 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.

Element 2: Participation in Education of the Profession

Trainees will demonstrate significant contributions to professional education during their two years of training. Supporting evidence should be provided and may include teaching or course evaluations, invitations or contracts to teach. Trainees will be required to maintain a log book of activities in their webfolios.

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 AECOP student clinical placements.

Element 3: Professional Development Activities

The trainees are strongly recommended to avail themselves of multidisciplinary conferences and advanced courses in the specialisation field.

A log of activities undertaken as part of the training program should be kept in the trainee’s webfolio.
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. The research activity undertaken during the training program should be documented in detail in the trainee’s webfolio.

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 student;
3. Publication of a case study;
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, accredited reviewer for the PEDRO database).

Formative Feedback and Reports

Throughout the training program, the facilitator will provide trainees with formative feedback on all work and on their progression towards application for final examination.

The facilitator will provide reports to the College of the trainee’s progress at six monthly intervals. These reports are to be countersigned by both the facilitator and the trainee.

The trainee is required to maintain a current webfolio representing activities undertaken and personal reflections completed as part of the training programme. This webfolio will be reviewed by the facilitator and will form part of the six monthly facilitator submissions. The Board of Censors may review the webfolio when considering the six monthly reports.

The report will include:

- A reflection on growth in practice;
- Copies of the four reflective exercises in practice;
- Copies of written case studies (due in the 12-month and 18-month reports);
- Details of participation in educational activities in the six-month period;
- Details of other professional development activities undertaken in the six-month period;
- Details of participation in research activities;
- A written paper on a professional issue (in the final training year);

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 the training program as determined by their learning contract and the four elements as outlined above. Conditional
Status will be awarded where areas are identified of needing furthering consideration and attention. In the instance of Conditional Status being awarded, the facilitator is to provide specific detail as to what remedial steps and actions are to be taken by the trainee to address these areas.

At the midpoint (12 months) the facilitator may, in instances where the trainee’s performance has been unsatisfactory, make a recommendation of terminating a trainee’s candidature… Candidature Terminated. In this instance the facilitator is required to clearly outline in which areas performance is unsatisfactory and what remedial steps and actions have been put in place to address these areas. The trainee is required to make submission demonstrating what steps they have taken and intend to take to address areas of concern.

A de-identified Exemplar Facilitator Report can be found in Appendix 4.

Final report

Prior to application for final examinations, the trainee will present to the Board of Censors a final written report of activities (full webfolio) undertaken to fulfil the four elements of the training program with evidence of high achievement. This report must be countersigned by the facilitator.

The facilitator will provide the Board of Censors a final report on the readiness of the trainee to sit for final examinations for specialisation. The facilitator is asked 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 both the trainee’s webfolio and the facilitator reports in its consideration of the trainee’s application to undertake the final examinations for specialisation. Once all requirements of the training program have been met, trainees will be eligible to sit for final examination.

Communication

Guidelines for communication between trainees

The trainees should establish communication networks such as email, blogs and Skype to encourage dialogue between members in their study group. Trainees are encouraged to utilise the ‘conversation’ section available on ATLAS, part of the College’s chosen online learning platform PebblePad.

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 three-monthly face-to-face meetings, normally this will consist of weekly email contact and or discussion on PebblePad.
Dispute Resolution

If a dispute arises between a facilitator and a trainee attempts should be made to resolve it at the local level. If this is unsatisfactory to either party it is to be reported to the Board of Censors (via the College Manager) by both the facilitator and the trainee. 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.

Role of the Facilitator

1. Facilitate the self-learning program of the trainee

The trainee and the facilitator will set learning objectives and goals for the two year training program and jointly develop a written learning contract. The facilitator should be a role model and adviser to assist the trainee to develop highly advanced knowledge and skills in the field of specialisation. This would include guidance in independent and facilitated lifelong learning 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 theory development to assist them in preparation for their final examinations;
- The subject and structure of the case presentations;
- The development of their reflective webfolio;
- Selection of a suitable topic on a professional issue relevant to their area of specialty practice (for example leadership, advancement of practice, legislation or other professional activities or responsibilities).

Facilitators will not be an examiner in the final examinations of any trainee they have facilitated.

2. Facilitate trainee study groups

Specialist study groups will be set up for the purpose of peer group collaboration. The facilitator will assist trainees in person in the three monthly face-to-face sessions and offer guidance as appropriate to the independent trainee discussion sessions set up to occur between the face-to-face meetings. The purpose of these peer group collaborations is to assist the trainees in developing highly advanced and quality practice in the specialty field for their preparation for the final practical examinations and the viva voce. The facilitator will facilitate useful interaction within the group and alert the College of any problems foreseen in the trainee’s training program.

The three monthly face-to-face sessions may include facilitation of one or more of the following activities:

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

The intervening three-monthly group meetings within trainee discussion sessions should be carried out by a mixture of trainee study face-to-face meetings, email, or chat room. They could include presentations by other experts in the field. The facilitator may contribute to these discussions. However the primary function of these sessions is for peer group interaction.

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

The facilitator will provide guidance in the choice of suitable cases and structure of the written presentation.

Trainees will present to the facilitator prior to submission to an independent assessor, two formal case presentations; one of which will be an interesting/unusual case, and one typical case with appropriate baseline and outcome measures. Case presentations will be recorded in an academic style suitable for presentation and consistent with the *Guidelines for presentation of case studies* (Appendix 2).

The cases should display evidence of an advanced level of practice including advanced reasoning in assessment and management as well as reflective practice.

- **Case Study One:** Case study of a typical patient / client / workplace.
  Due date: Month nine (December) 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.

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**Formative feedback to trainees**

The facilitator will provide formative feedback to trainees on:

- Their clinical and practical performance in the three monthly 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 webfolio at six monthly intervals;

- The professional issues paper - within one month of submission.
Formal feedback

The facilitator will provide formal feedback on:

- two written case presentations ensuring they meet format and style guidelines;
- progressive assessment of clinical / practical competence;
- the professional issues paper.

Reporting responsibilities

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. Areas of concern will also be reported.

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. The facilitator is asked to make an assessment and complete this 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.

Costs

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);
- on commencement of the second year ($4500 + GST);

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 submission to the Board of Censors requesting an extension and outlining the reason for it. The trainee is to outline what actions they are to undertake during this extension and how they address any areas of concern. In this instance the trainee will incur additional costs.

Final Examinations

Final examinations for specialisation will cost $3,000 (plus GST), paid in one instalment payable:

- on acceptance to sit the final examination ($3000 +GST).
Repeat Final Examinations

Resitting 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)

NB. Price may be subject to change without notice.

Other Requirements

Training Sessions

Where possible, a training cohort will be based in a single geographical area. 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.

Following negotiation with the facilitator, trainees are expected to take an active role in the organisation and planning of the face to face sessions. In cases where an applicant is some distance to the other trainees, the applicant will be advised that a training cohort is available. It will be the decision of the applicant to join that group and 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.

Final Examinations

Trainees are advised that final examinations may be held in a different state to the one in which they reside.

Additional Costs

Additional costs to the program will be identified to the trainee prior to commencement or else as soon as practicable. The College will endeavour to minimise these costs whenever possible.

The trainee is expected:

- to meet all personal travel and accommodation costs during the program (including attending conferences, attending College discussion evenings, travel to the training clinic for the face-to-face session with the cohort, accommodation as required);
- to pay for all travel and accommodation costs incurred to attend the final examination;
- to provide all equipment and other resources required for their training sessions;
- to meet all associated costs if enrolling in other courses or training;
- to provide their own internet, computer access and telephone costs throughout the two year training program;
to maintain their APA membership.

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

**Study Requirements**

It is expected that trainees will allocate the following time to the training program:

- one to two days every three months for face-to-face sessions with the 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 the cohort;
- sufficient time to complete required submissions and maintain webfolio;
- mock examination, reading and professional development time.

It is expected that the majority of other requirements of the program will occur within the trainee’s normal working week. The trainee may wish to discuss time and case management with their facilitator if they are unsure of how to integrate the program with their professional activities.

It is also 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, referral of patients.

**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/college](http://www.physiotherapy.asn.au/college)

- Acknowledgement of Prior Learning
- Consideration of Cases of Impairment at Assessment
- Dispute Resolution
- External Practitioners
- Flexible Arrangements
- Occupational Health and Safety
- Patient Safety
- Poor Performance
- Sitting Examinations Outside the Designated Period
- Trainee Support
Appeals

Trainees have the right to appeal against a decision of the College.

Appeals must be submitted within 28 days of the College’s decision being communicated to a trainee and should be in the prescribed format (Notice of Appeal).

Appeals may be requested on the sole ground that the procedure set out in this and other procedural documents of the College has not been followed.
APPENDIX 1

Application for Admission to the Two-Year Training Program in the Process of Specialisation in Physiotherapy

The Australian College of Physiotherapists (College) only requires one copy of your submission. The following information is required:

- Your application (this form).
- A detailed curriculum vitae.
- Copies of all transcripts of undergraduate and graduate academic records signed by a Justice of the Peace.
- Two written references attesting to your professional standing, specifically addressing that you:
  - Show initiative;
  - Are a self-directed learner;
  - Are willing to contribute to physiotherapy knowledge and practice;
  - Accept feedback and evaluation of peers.

NB. It is strongly recommended that one of the referees is a Fellow of The Australian College of Physiotherapists

- An expression of interest for enrolment in the College that should include:
  - Your current client base(s);
  - Your predominant area(s) of practice;
  - Your current employment situation; and
  - A 'statement of purpose' outlining why you want to enrol in the training program.

PLEASE NOTE: Electronic submission (.doc or .pdf) of all applications is the preferred method of receipt. Hard copy submission is also accepted.

The non-refundable application fee or printed record of electronic payment or banking deposit slip, of AUD $110.00 (incl.GST) must accompany the application.

POST APPLICATIONS TO:
The Australian College of Physiotherapists
c/o Australian Physiotherapy Association
PO Box 437
Hawthorn BC
VIC 3122
## Contact details

<table>
<thead>
<tr>
<th>Title</th>
<th>APA No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
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<table>
<thead>
<tr>
<th>Suburb/Town</th>
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<table>
<thead>
<tr>
<th>State/Territory</th>
<th>Postcode</th>
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</table>

<table>
<thead>
<tr>
<th>Work phone</th>
<th>Mobile phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Field of Specialisation *(please tick)*

- [ ] Cardiorespiratory
- [ ] Neurology
- [ ] Continence & Women’s Health
- [ ] Occupational Health
- [ ] Gerontology
- [ ] Paediatric
- [ ] Musculoskeletal
- [ ] Sports

## Title, year, and awarding institution of:

(a) Initial qualifications in physiotherapy

(b) Graduate qualifications e.g. coursework masters, professional doctorate (award, date and institution). Please enclose/attach certified copies of any postgraduate academic records.

*(Please attached additional pages if more space is required)*

## Mandatory criteria for entry into the Training Program

In order to be accepted for entry into the College’s Training Program, an applicant must:

- Be a registered physiotherapist in Australia, a member of the Australian Physiotherapy Association (APA) and a Titled member of the relevant National Group.

- 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
Titled membership

<table>
<thead>
<tr>
<th>Are you a titled member?</th>
<th>Year attained</th>
</tr>
</thead>
</table>

Are you currently registered to practice physiotherapy in Australia?

- Yes
- No

If yes, please provide your registration number…

Highly desirable criteria for entry into the Training Program

All applicants are required to write 250 words (per criteria) outlining how they satisfy all four of the Training Program’s highly desirable entry criteria.

Demonstrated involvement in teaching


Demonstrated involvement in research


Demonstrated professional and social networks within the wider-physiotherapy sector, including on-line


Demonstrated commitment to discipline specific professional development


Other attachments

- Two written references attesting to your professional standing.
  \textit{NB. It is strongly recommended that one of the referees is a Fellow of The Australian College of Physiotherapists}

- An expression of interest for enrolment in the College

- A detailed curriculum vitae which should include:
  
  i. Name, address;
  
  ii. Qualifications and awards;
  
  iii. Full record of employment including dates, indicate full or part time; type of work (e.g. paediatric, neurology, musculoskeletal, sports, general etc.)
  
  iv. Memberships of professional organisations;
  
  v. Publications, research;
  
  vi. Professional, community or voluntary service;
  
  vii. Any other information to support the application

Signed Statement / Declaration

I acknowledge having read the requirements of the Australian College of Physiotherapy two-year training program and

- Am prepared to undertake and complete all requirements of the specialisation training program,

- Will be a self-directed learner and contribute to knowledge and practice

- Will accept feedback and evaluation of peers and facilitators in the learning process

I acknowledge that information on all requirements of the Training Program has been provided to me by the College, and that I understand these requirements.

By signing this document I declare that all statements and inclusions in this application are true and correct.

\begin{tabular}{|c|}
\hline
Signature & \\
\hline
Date & \\
\hline
\end{tabular}
Fellowship by Specialisation (Two-Year Training Program)

The cost of application for Fellowship of Specialisation is $110.00 (incl. GST).

Electronic funds transfer or bank deposit

<table>
<thead>
<tr>
<th>Acc Name</th>
<th>Australian Physiotherapy Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank</td>
<td>National Australia Bank Ltd</td>
</tr>
<tr>
<td>BSB</td>
<td>083 155</td>
</tr>
<tr>
<td>Acc No.</td>
<td>489 250 709</td>
</tr>
</tbody>
</table>

Customer reference number: Quote: [ SPEC, and add your APA number ]

PLEASE NOTE:
If you are using this payment option, we need to be able to trace your transaction so please be sure to quote this customer reference number.

Charge my credit card

<table>
<thead>
<tr>
<th>Applicant</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>e-mail</td>
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<tr>
<td>Card Type</td>
<td>O Amex</td>
</tr>
<tr>
<td>Card No.</td>
<td>expiry date</td>
</tr>
<tr>
<td>Name on card</td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>

Pay by cheque

Made payable to the Australian Physiotherapy Association

Enquiries

e-mail         | college@physiotherapy.asn.au
phone          | +61 3 9092 0888
fax            | +61 3 9092 0899
Address        | The Australian College of Physiotherapists
c/o Australian Physiotherapy Association
PO Box 437
Hawthorn BC
VIC 3122
APPENDIX 2

Guidelines for presentation of case studies

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. Two case studies will be presented over the course of the training program.

- **Case Study 1**: Case study of a typical 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.

Written report

- The case study is to be no more than 2000 words in length excluding references and illustrations. This word limit will be strictly adhered to. Re-submission will be required for case studies exceeding the strict word limit.
- The introductory paragraph should provide an overview of the study in general.
- The case should be presented providing, as appropriate, information from the initial interview, history and physical examination.
- There should be clear discussion of the clinical reasoning process in evaluation and diagnosis and a clear documentation of the outcome measures used and their relationship to the goals of the intervention.
- The management program should be described with reference to the literature to support an evidence based approach to management. The clinical reasoning process for progression or modification of treatment or referral to other health practitioners should be provided. Discussion should include the role of other members of the health care team as appropriate.
- The changes in outcome measures over the treatment period should be provided (graphs or tables). In addition and as relevant to the specialty area, a post-treatment follow-up evaluation of primary outcomes (e.g. 3 months post discharge) would be highly regarded.
- A discussion should overview the case, management and outcome with reference to the literature. There should be evidence of reflective practice and indications for advances in management of similar clients in the future.
- The case study should conclude with a brief summary.

The written case study will be sent to an independent assessor for marking. If the assessor deems that the prepared case study does not meet the stated requirements it will be returned to the trainee along with the assessor’s comments and feedback. The trainee will be asked to resubmit the reviewed case study. If on resubmission the assessor deems that the case study still does not meet the required standards it will be returned to the trainee along with additional feedback. The trainee will be placed on *Conditional Status*. The trainee is then to work with their facilitator to address the areas of concern and redraft the case. The conditional status will stand until the facilitator is satisfied that all requirements for the case study have been met.
Verbal presentation

- Trainees will prepare and deliver to peers and their facilitator a verbal presentation of the case at one of the College’s biannual Clinical Discussion Evenings held in their home state or territory:
  - Month 11 (February) of year one of candidature
  - Month 20 (November) of year two of candidature
- The presentation should not exceed 15 minutes (as per time permitted for a conference presentation). There must be strict adherence to the time limit.
- There will be a 10 - 15 minute question period during which trainees should defend their evaluation and management of the case.
# APPENDIX 3

## Trainee Case Study

<table>
<thead>
<tr>
<th>Topic/condition</th>
<th>Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Relevance</td>
<td>• Structured abstract</td>
</tr>
<tr>
<td>• Interest</td>
<td>• Purpose</td>
</tr>
<tr>
<td>• Originality</td>
<td>• Methods</td>
</tr>
<tr>
<td></td>
<td>• Results</td>
</tr>
<tr>
<td></td>
<td>• Conclusions</td>
</tr>
<tr>
<td></td>
<td>• Introduction</td>
</tr>
<tr>
<td></td>
<td>• Describes the condition, relevant literature, identifies the purpose</td>
</tr>
<tr>
<td></td>
<td>• The Case Study</td>
</tr>
<tr>
<td></td>
<td>• Clear, concise, ordered</td>
</tr>
<tr>
<td></td>
<td>• Discussion</td>
</tr>
<tr>
<td></td>
<td>• Discusses (doesn’t describe)</td>
</tr>
<tr>
<td></td>
<td>• Implications of findings</td>
</tr>
<tr>
<td></td>
<td>• Questions raised</td>
</tr>
<tr>
<td>Conclusion evidence based, relevant to literature</td>
<td>References</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>• Accurate</td>
<td>o Accurate</td>
</tr>
<tr>
<td>• Relevant</td>
<td>o Relevant</td>
</tr>
<tr>
<td>• Not excessive</td>
<td>o Not excessive</td>
</tr>
</tbody>
</table>

### Figures and Tables
- Appropriate
  - Add to/clarify the report
  - Captions concise
  - Measures/data relevant

### Writing Style
- Scientific
  - Concise
  - Unambiguous

### Is the report consistent with the guidelines provided in the Training Program Manual?
- YES or NO? *(please specify)*
- If NO, what changes are required?

### As submitted, is the case report recorded in an academic style suitable for presentation?
- YES or NO? *(please specify)*
- If NO, what changes are required?

### General Comments
### 6-Month Facilitator Report

**Facilitator**

**Trainee**

**Discipline**

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

<table>
<thead>
<tr>
<th>Good Status</th>
<th>Conditional Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.</td>
<td>The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.</td>
</tr>
</tbody>
</table>

If ‘Conditional Status’ 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

<table>
<thead>
<tr>
<th>Good Status</th>
<th>Conditional Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.</td>
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</tr>
</tbody>
</table>

If ‘Conditional Status’ is recommended, please identify relevant areas and recommended remedial actions to assist the Candidate to reach the required specialist standard.

#### Element 3. Commitment to lifelong learning and professional development

<table>
<thead>
<tr>
<th>Good Status</th>
<th>Conditional Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.</td>
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</tr>
</tbody>
</table>

If ‘Conditional Status’ 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

<table>
<thead>
<tr>
<th>Good Status</th>
<th>Conditional Status</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

If ‘Conditional Status’ is recommended, please identify relevant areas and recommended remedial actions to assist the trainee to reach the required specialist standard.

### 6-month trainee status indicative of progress towards sitting for final examination

<table>
<thead>
<tr>
<th>Good Status</th>
<th>Conditional Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.</td>
<td>The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.</td>
</tr>
</tbody>
</table>

If ‘Conditional Status’ is recommended, please identify relevant areas and recommended remedial actions to assist the trainee to reach the required specialist standard.

---

**Signature of facilitator**

**Date**

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

**Signature of trainee**

**Date**

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

| Facilitator | Trainee | Discipline |

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**

<table>
<thead>
<tr>
<th>Good Status</th>
<th>Conditional Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.</td>
<td>The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.</td>
</tr>
</tbody>
</table>

If ‘Conditional Status’ 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**

<table>
<thead>
<tr>
<th>Good Status</th>
<th>Conditional Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.</td>
<td>The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.</td>
</tr>
</tbody>
</table>

If ‘Conditional Status’ 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**

<table>
<thead>
<tr>
<th>Good Status</th>
<th>Conditional Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.</td>
<td>The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.</td>
</tr>
</tbody>
</table>

If ‘Conditional Status’ 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**

<table>
<thead>
<tr>
<th>Good Status</th>
<th>Conditional Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.</td>
<td>The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.</td>
</tr>
</tbody>
</table>

If ‘Conditional Status’ is recommended, please identify relevant areas and recommended remedial actions to assist the trainee to reach the required specialist standard.

---

**Case Study One**

<table>
<thead>
<tr>
<th>Good Status</th>
<th>Conditional Status</th>
</tr>
</thead>
</table>
| Assessor deemed case report to be:  
• Consistent with the guidelines provided in the TP candidate manual  
• Report recorded in an academic style suitable for presentation | The assessor deemed that revised case study DOES NOT yet meet the required standards:  
• Consistent with the guidelines provided in the TP candidate manual  
• Report recorded in an academic style suitable for presentation |

If ‘Conditional Status’ is recommended, trainee has four weeks in which to work with their facilitator to address the areas of concern as identified by their allocated College assessor. Once facilitator deems that these areas of concern have been addressed, the trainee will be placed on ‘Good Status’.

---

**12-month trainee status indicative of progress towards sitting for final examination**

<table>
<thead>
<tr>
<th>Good Status</th>
<th>Conditional Status</th>
<th>Candidature Terminated</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.</td>
<td>The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.</td>
<td>The trainee is to show cause as to why their candidacy should not be terminated due to the reasons outlined below.</td>
</tr>
</tbody>
</table>

If ‘Conditional Status’ is recommended, please identify relevant areas and recommended remedial actions to assist the trainee to reach the required specialist standard.  
If ‘Candidature Terminated’ is recommended, please clearly document why the trainees’ performance is unsatisfactory.

---

**Signature of facilitator**

**Date**

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

**Signature of trainee**

**Date**

**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

<table>
<thead>
<tr>
<th>Facilitator</th>
<th>Trainee</th>
<th>Discipline</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Good Status</th>
<th>Conditional Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.</td>
<td>The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.</td>
</tr>
</tbody>
</table>

If ‘Conditional Status’ 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

<table>
<thead>
<tr>
<th>Good Status</th>
<th>Conditional Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.</td>
<td>The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.</td>
</tr>
</tbody>
</table>

If ‘Conditional Status’ 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

<table>
<thead>
<tr>
<th>Good Status</th>
<th>Conditional Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.</td>
<td>The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.</td>
</tr>
</tbody>
</table>

If ‘Conditional Status’ 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

<table>
<thead>
<tr>
<th>Good Status</th>
<th>Conditional Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.</td>
<td>The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.</td>
</tr>
</tbody>
</table>

If ‘Conditional Status’ is recommended, please identify relevant areas and recommended remedial actions to assist the trainee to reach the required specialist standard.

## 18-month trainee status indicative of progress towards sitting for final examination

<table>
<thead>
<tr>
<th>Good Status</th>
<th>Conditional Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainee has displayed satisfactory progress to date and is considered suitable to continue their candidature.</td>
<td>The trainee has not displayed satisfactory progress to date however candidature may be continued provided recommended remedial action is undertaken.</td>
</tr>
</tbody>
</table>

If ‘Conditional Status’ is recommended, please identify relevant areas and recommended remedial actions to assist the trainee to reach the required specialist standard.

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

### Signature of facilitator  

**Date**

### Signature of trainee  

**Date**

**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

<table>
<thead>
<tr>
<th>Facilitator</th>
<th>Trainee</th>
<th>Discipline</th>
</tr>
</thead>
</table>

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**

<table>
<thead>
<tr>
<th>Ready</th>
<th>Not Ready</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Ready</th>
<th>Not Ready</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Ready</th>
<th>Not Ready</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Ready</th>
<th>Not Ready</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Good Status</th>
<th>Conditional Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessor deemed case report to be:</td>
<td>The assessor deemed that revised case study DOES NOT yet meet the required standards:</td>
</tr>
<tr>
<td>• Consistent with the guidelines provided in the TP candidate manual</td>
<td>• Consistent with the guidelines provided in the TP candidate manual</td>
</tr>
<tr>
<td>• Report recorded in an academic style suitable for presentation</td>
<td>• Report recorded in an academic style suitable for presentation</td>
</tr>
</tbody>
</table>

If 'Conditional Status' is recommended, trainee has four weeks in which to work with their facilitator to address the areas of concern as identified by their allocated College assessor. Once facilitator deems that these areas of concern have been addressed, the trainee will be placed on 'Good Status'.

Professional Issues Assignment

<table>
<thead>
<tr>
<th>Good Status</th>
<th>Conditional Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitator deemed assignment as adequately addressing the professional issue discussed.</td>
<td>Facilitator deemed assignment as not adequately addressing the professional issue discussed.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Ready</th>
<th>Not Ready</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

If 'Not Ready' is recommended, please identify relevant areas and recommended remedial actions to assist the Candidate to reach the required specialist standard.

Signature of facilitator

Date

The 24-month facilitator report must be counter-signed by the trainee.

Signature of trainee

Date

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.

File name: 24-Month Facilitator Report - Template
Authorised by: R Borella
Date of approval: 29.01.2014
### APPENDIX 5

#### Learning Contract

**Candidate Name:**

**Specialisation:**

**Facilitator:**

**Projected Completion Date:**

**Element 1: Development of Specialist Skills in the Area of Practice**

<table>
<thead>
<tr>
<th>What are your learning objectives?</th>
<th>How are you going to meet your learning objectives?</th>
<th>By When?</th>
<th>What evidence will you gather?</th>
<th>How are you going to prove your learning in 2 years?</th>
</tr>
</thead>
</table>
| To acquire specialist level skills in the assessment and management of the dominant pain mechanisms in a patient’s presentation:  
- Peripheral neuropathic/neurogenic pain (peripheral sensitisation)  
- Pain of central origin (central sensitisation) | 1. Attend *Mobilisation of the Nervous System* two day masterclass.  
2. Attend NOI Neuroscience and the neuromatrix conference  
3. Observe and be assessed by Specialist [Redacted]  
4. Observe Specialist [Redacted] and/or Specialist [Redacted]  
Observe Specialist or [Redacted]  
5. Attend Sydney Specialist Physiotherapist Centre Masterclass Symposium presentations by [Redacted]  
6. Involvement in research project with [Redacted] on clinical and quantitative sensory testing  
7. Review literature on testing pressure-pain, thermal pain thresholds, two-point discrimination  
7. Read Graded Motor Imagery Handbook (Moseley et al), re-read Explain Pain  
8. Apply specialist level assessment/management in 10 patients over 6 months | Cert. of attendance, Reflection  
Reflection on clinical practice  
Attendance certificate  
Reflection  
Written up study background / data  
Prepare 1-2page summary/ 5x5slide  | Portfolio of evidence  
"  
"  
"  
Written up background/ data  
Log in pebble  
Portfolio of evidence  
Present to cohort  
Case study presentation/submission |

| To acquire specialist level knowledge and understanding of the non-physiotherapeutic management (pharmacological and procedural) of persistent pain problems | 1. Observe Pain Specialists [Redacted]  
2. Tutorial by pharmacist on pharmacological management of neuropathic and central pain states  
3. Attend/Obs  

| Would you like to acquire specialist level knowledge and understanding of the non-physiotherapeutic management (pharmacological and procedural) of persistent pain problems? | Reflection/Experience  
Prepare 1-2page summary/ 5x5slide | Portfolio of evidence  
Present to cohort |
<table>
<thead>
<tr>
<th>What are your learning objectives?</th>
<th>How are you going to meet your learning objectives?</th>
<th>By When?</th>
<th>What evidence will you gather?</th>
<th>How are you going to prove your learning in 2 years?</th>
</tr>
</thead>
<tbody>
<tr>
<td>To acquire specialist level skills in the manual assessment and manual therapy treatment of patients with upper cervical spine disorders, including but not limited to the differential diagnosis and management of headache</td>
<td>1. Observe two Specialists assess and treat the upper cervical spine 2. Observe [ ] assess and treat UCx spine 3. Tutorial with [ ] on manual assessment and treatment of UCx 4. Observe [ ] in Headache Clinic (?for manual technique rather than clinical reasoning) 5. Observe neurologist [ ] in assessment/ DDx/Mx of headache 6. Attend [ ] &quot;Masterclass in Cervicogenic Headache (March 2012) 7. Attend and assist [ ] workshop &quot;the assessment and management of headache' (April 2012) 7. Integrate these learnings into my assessment and management of patients with UCx disorders</td>
<td></td>
<td>Cert. of attendance, Reflection Reflection on clinical practice Attendance certificate Reflection Written up study background / data Prepare 1-2page summary/ 5x5slide Case study/series</td>
<td>Portfolio of evidence Reflection/Experience Prepare 1-2page summary/ 5x5slide Case study/series Present to cohort Case study presentation/submission</td>
</tr>
<tr>
<td>To acquire specialist level skills in the differential diagnosis of the dizzy patient and incorporate accurate measurement and management of sensorimotor dysfunction in the cervical spine</td>
<td>1. Observe Specialist [ ] 2. Review literature on  ▪ CAD ▪ Vestibular dysfunction ▪ Cervicogenic dizziness ▪ Craniovertebral instability 3. Read relevant section from course notes “the complete cervical spine” 4. Attend Sydney Specialist Physiotherapist Centre Masterclass Symposium presentations by [ ] 4. Incorporate use of objective measures (eg laser pointer) in the assessment of the sensorimotor system</td>
<td></td>
<td>Reflection/Experience</td>
<td>Portfolio of evidence Present to cohort</td>
</tr>
<tr>
<td>To acquire specialist level skills in the assessment and management of the thoracic spine and ribs</td>
<td>1. Attend &quot;the Sporting Thorax&quot; 3 day course by [ ] 2. Review current literature on the motor control of the thorax 3. Review the anatomy and biomechanics of the thoracic spine and rib cage 3. Observe Specialist [ ] 4. Apply specialist level assessment and management in 8 patients over 6 months</td>
<td></td>
<td>Cert of Attendance Prepare 1-2page summary/ 5x5slide Case study/series</td>
<td>Portfolio of evidence Present to cohort</td>
</tr>
<tr>
<td>What are your learning objectives?</td>
<td>How are you going to meet your learning objectives?</td>
<td>By When?</td>
<td>What evidence will you gather?</td>
<td>How are you going to prove your learning in 2 years?</td>
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</tbody>
</table>
| To consolidate skills in the assessment and differential diagnosis of lumbo-pelvic-hip disorders and apply specialist level management using a biopsychosocial framework | 1. Observe Specialist [Blank] (lumbar)  
2. Observe Specialist [Blank] (pelvic girdle)  
3. Observe Specialist [Blank] (hip)  
5. Apply skills in 8 patients over 6 months |  | Reflection  
Reflection  
Reflection  
Course feedback  
Case study/series | Portfolio of evidence  
Portfolio of evidence  
Case study presentation/submission |
| To acquire specialist level skills in the diagnosis and management of complex knee disorders | 1. Observe Specialist [Blank]  
2. Review literature on anterior knee pain  
3. Attend [Blank] ‘Masterclass in Anterior Knee Pain’  
4. Apply skills in 8 patients over 6 months | Reflection/Experience  
Prepare 1-2page summary/ 5x5slide  
Cert of Attendance  
Case study | Portfolio of evidence  
Present to cohort  
Case study presentation/submission |
| To consolidate skills in the differential diagnosis and management of complex upper limb disorders, including shoulder, NSAP and conditions of the wrist | 1. Attend Sydney Specialist Physiotherapist Centre Masterclass Symposium presentations by [Blank]  
2. Observe Specialist [Blank]  
3. Observe Specialist [Blank]  
4. Observe Specialist in the assessment and management of the wrist  
5. Apply specialist level assessment and management in 5 patients over 6 months |  | Cert of Attendance  
Reflection  
Case study/series | Portfolio of evidence  
Case study/series |
## Element 2: Participation in education of the profession

<table>
<thead>
<tr>
<th>What are your learning objectives?</th>
<th>How are you going to meet your learning objectives?</th>
<th>What evidence will you gather?</th>
<th>How are you going to prove your learning in 2 years?</th>
</tr>
</thead>
</table>
| To enhance the learning experience and clinical reasoning capabilities of physiotherapy undergraduates | 1. Design and utilise student feedback forms  
2. Regular (casual) lecturing/tutoring at [Institution] physiotherapy students (2-4) over the training period with emphasis on clinical reasoning | Contract/student feedback  
Student feedback | Portfolio of Evidence                                                                                     |
| To enhance the clinical reasoning, knowledge and skills of new graduates at [Institution] through the implementation of a high level New Graduate Program | 1. Coordination of the New Graduate Program at [Institution]  
2. Development of a new graduate "competency record"  
3. Mentoring of new graduate 3 hours per week | Mentor observation checklists  
Completed clinical reasoning forms  
Customer satisfaction survey | Portfolio of Evidence                                                                                     |
| Delivery, at a specialist level, of staff development and training programs at [Institution]      | 1. Perform annual Professional Development Reviews as part of the Performance Management Program  
2. "Work in Progress' meetings with staff to facilitate ongoing learning  
3. Observation of physiotherapist's initial assessment using a 'peer observation checklist', flowed by provision of feedback  
4. File audits >12 per physio per year, using file audit checklist  
5. Coordination of bimonthly CPD meetings | Documentation of procedures  
Tracking document for PDR, WIP, Mentor observation, File Audit results, feedback from CPD meetings | Portfolio of Evidence                                                                                     |
| Delivery, at Specialist level, CPD courses approved by the College                               | 1. Presenter on Spinal Level 1  
2. Presenter of Spinal Level 2  
Participant feedback | Portfolio of Evidence                                                                                     |
Element 3: Professional Development Activities

<table>
<thead>
<tr>
<th>What are your objectives?</th>
<th>How are you going to meet your learning objectives?</th>
<th>What evidence will you gather?</th>
<th>How are you going to prove your learning in 2 years?</th>
</tr>
</thead>
</table>
| Demonstrate my passion and commitment to lifelong learning | Actively participate in the specialisation training program over the next 2 years, to include:  
  - Mobilisation of the Nervous System Masterclass  
  - NOI 2012 Conference: Neuroscience and the neuromatrix  
  - Masterclass in Cervicogenic Headache  
  - Thorax: The Missing Link  
  - Clinical Reasoning Masterclass  
  - Workshop “the assessment and management of headache”  
  - : Masterclass in Anterior knee Pain  
  - Sydney Specialist Physiotherapist Centre Masterclass Symposium  
  - Dynamic taping Workshop  
  - Spinal Level 1  
  - Discover the Sports Thorax 3 day course  
  - : workshop A Contemporary Biopsychosocial Approach to the Management of Lumbo-pelvic Pain | Attendance Certificates, Reflections on changes to clinical practice | Portfolio of evidence Log in Pebble |
Element 4: Participation in Research Activities

<table>
<thead>
<tr>
<th>What are your objectives?</th>
<th>How are you going to meet your learning objectives?</th>
<th>What evidence will you gather?</th>
<th>How are you going to prove your learning in 2 years?</th>
</tr>
</thead>
</table>
| 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. Participation in QST research with [REDacted]  
2. Preparation, at Specialist level, of a case study for submission for journal publication  
3. Active Clinician on Triggers For LBP Study | Study details – background, methods, results etc  
Case study written up  
Study documentation including protocol | Portfolio Of Evidence  
Case Study presentation |
### Element 1: Development of Specialist Skills in the Area of Practice

<table>
<thead>
<tr>
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</table>
Trainee Name: 
Specialist Discipline: 
Facilitator: 
Projected Completion Date: 

## Element 2: Participation in Education of the Profession

<table>
<thead>
<tr>
<th>What are your learning objectives?</th>
<th>How are you going to meet your learning objectives?</th>
<th>What evidence will you gather?</th>
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</tbody>
</table>
Trainee Name: 

Specialist Discipline: 

Facilitator: 

Projected Completion Date: 

## Element 3: Professional Development Activities

<table>
<thead>
<tr>
<th>What are your objectives?</th>
<th>How are you going to meet your learning objectives?</th>
<th>What evidence will you gather?</th>
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<td>What evidence will you gather?</td>
<td>How are you going to prove your learning in two years?</td>
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</table>
APPENDIX 7

Sub-Specialty Curricula

Cardiorespiratory

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

The following specialty 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
<table>
<thead>
<tr>
<th>Component</th>
<th>Knowledge</th>
<th>Skills</th>
</tr>
</thead>
</table>
| 1 Continence disorders        | Advanced understanding of mechanisms of urogenital and anorectal continence in females and males  
Differential diagnosis of continence disorders in females and males  
Advanced understanding the role of physiotherapy in the multidisciplinary management of continence disorders  
Understanding the role of physiotherapy in the health promotion and prevention of continence disorders | Highly advanced clinical reasoning and assessment skills  
Highly advanced treatment skills  
Patient explanation of diagnosis and treatment options  
Multi-professional options for continence management  
Advanced skills in continence promotion and prevention programs |
| 2 Motor control and pelvic floor disorders | Changes in muscle properties and implications for rehabilitation  
Differential diagnosis of pelvic floor disorders in females and males  
Contemporary knowledge of exercise physiology and disordered motor control and implications for rehabilitation | Highly advanced clinical reasoning and assessment skills  
Highly advanced treatment skills  
Patient explanation of diagnosis and treatment options |
| 3 Pain and pelvic disorders   | Mechanisms of pain in acute, subacute and chronic states  
Differential diagnosis of pain of central and peripheral origin  
Recognition of psychological reactions and drivers of pain  
Understanding of the interactions between physiological and behavioural drivers of pain  
Advanced understanding the role of physiotherapy in the multidisciplinary management of pain disorders | Highly advanced clinical reasoning and assessment skills  
Highly advanced treatment skills  
Patient explanation of diagnosis and treatment options  
Multi-professional options for pain management |
| 4 Sexual dysfunction          | Mechanisms of sexual dysfunction  
Differential diagnosis of sexual dysfunction disorders  
Advanced understanding the role of physiotherapy in the multidisciplinary management of sexual dysfunction disorders | Highly advanced clinical reasoning and assessment skills  
Highly advanced treatment skills  
Patient explanation of diagnosis and treatment options  
Multi-professional options for management of sexual dysfunction |
<table>
<thead>
<tr>
<th>Component</th>
<th>Knowledge</th>
<th>Skills</th>
</tr>
</thead>
</table>
| 5 Women’s Health                | Advanced study of female growth and development and conditions that are unique, more common or more serious or require different intervention in women  
Advanced understanding the role of physiotherapy in the prevention and multi-disciplinary management of conditions during the childbearing year  
Advanced understanding the role of physiotherapy in the multi-disciplinary management of gynaecological conditions  
Advanced understanding the role of physiotherapy in the multi-disciplinary management of breast and gynaecological oncology conditions | Highly advanced clinical reasoning and assessment skills  
Highly advanced treatment skills  
Patient explanation of diagnosis and management  
Multi-professional options for management  
Advanced skills in wellness and prevention programs  
Advanced skills in health promotion |
| 6 Exercise in Women             | Advanced study of the unique and changing exercise needs of women through the life stages.  
Advanced knowledge of the individual and group exercise programs | Highly advanced clinical reasoning and assessment skills  
Highly advanced treatment skills  
Advanced skills in individual and group wellness and prevention programs  
Patient explanation of diagnosis and management |
| 6 Women and aging               | Advanced study of menopause and aging  
Advanced study of osteoporosis  
Understanding the role of physiotherapy in the prevention and management of disorders associated with aging  
Wellness programs | Highly advanced clinical reasoning and assessment skills  
Highly advanced treatment skills  
Advanced skills in wellness and prevention programs  
Patient explanation of diagnosis and management |
| 8 Infection control and safety in Continence and Women’s Health physiotherapy practice | Advanced knowledge of Infection control and safety procedures in Continence and Women’s Health physiotherapy practice | Highly advanced clinical reasoning and assessment skills  
Highly advanced communication skills |
<table>
<thead>
<tr>
<th>Component</th>
<th>Knowledge</th>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Professional, cultural and ethical issues specific to the scope of practice of Continence and Women’s Health physiotherapy.</td>
<td>Leadership in Continence and Women’s Health physiotherapy and relationships with other health care professionals; policy makers</td>
</tr>
<tr>
<td></td>
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<td>Cultural influences and the receipt of Continence and Women’s Health management</td>
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<td>Patient centred influences on management delivery</td>
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<tr>
<td>10</td>
<td>Evidence based practice in Continence and Women’s Health Physiotherapy</td>
<td>Evidence from systematic review and randomised controlled trials</td>
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<td>Clinical practice guidelines</td>
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<td>Clinical utility of the evidence in an EBP framework</td>
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</tbody>
</table>
Gerontology

The following specialty 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
<table>
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<tr>
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</thead>
</table>
| 1 Pain in the elderly | Mechanisms of pain in acute, subacute and chronic states  
Differential diagnosis of pain of central and peripheral origin  
Recognition of psychological reactions and drivers of pain  
Understanding of the interactions between physiological and behavioural drivers of pain in elders | Highly advanced clinical reasoning and assessment skills  
Highly advanced treatment skills  
Patient explanation of diagnosis and treatment options  
Multi-professional options for pain management |
| 2 Motor control in elders | Contemporary knowledge of disordered motor control and implications for gerontological physiotherapy  
Changes in muscle properties with aging and implications for gerontological physiotherapy  
Advanced understanding of varying frameworks of gerontological physiotherapy management | Highly advanced clinical reasoning and assessment skills  
Highly advanced treatment options  
High level patient explanations of diagnosis and management options  
Highly advanced multi-professional management and referral practices |
| 3 Balance and postural control | Advanced knowledge of the mechanisms of balance and postural control  
Advanced understanding of the role of the gerontological physiotherapist in falls prevention and risk management | Highly advanced clinical reasoning and assessment skills  
Highly advanced treatment skills  
High level patient explanations of diagnosis and management options  
Multi-professional options for falls prevention management |
| 4 Activity limitations and participation restrictions in the elderly | Advanced level of understanding of reasons for and methods of prevention for activity limitations in elders  
Knowledge of interactions between the biological systems and their interactions with the individual’s functional disability and participation limitations. | Highly advanced clinical reasoning and assessment skills  
Highly advanced treatment options and skills  
High level patient explanations of diagnosis and management |
| 5 Exercise and activity in the elderly | Advanced level of understanding of the evidence for the physiological, functional and psychosocial benefits of exercise for elders.  
Advanced understanding of wellness programs for elders | Highly advanced clinical reasoning and assessment skills  
Highly advanced management skills  
High level patient explanations and management options |
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<tr>
<th>Component</th>
<th>Knowledge</th>
<th>Skills</th>
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</table>
| 6  The aging process and impact on physical health                       | Advanced knowledge of the impact of aging on body systems and the implications for gerontological physiotherapy practice  
Advanced knowledge of cognition in elders, the processes that may affective cognitive function and the implications for gerontological physiotherapy practice  
Differential diagnosis of cognitive impairment and confusional states in elders. | Highly advanced clinical reasoning and assessment skills  
Highly advanced treatment & management skills  
Highly advanced multi-professional management and referral practices |
| 7  Aging with a disability                                               | Advanced knowledge of effects of aging on pre-existing disabilities (e.g. TBI, Spinal cord injury, CP)  
Advanced level of understanding of gerontological interventions for this client group. | Highly advanced clinical reasoning and assessment skills  
Highly advanced management skills  
Highly advanced multi-professional management and referral practices |
| 8  Safety in gerontological 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 gerontological physiotherapy. | Leadership in gerontological physiotherapy and relationships with other health care professionals and policy makers  
Cultural influences and the receipt of management  
Patient centred influences on management delivery  
Opportunities and barriers in residential care facilities | Highly advanced professional and leadership skills  
Highly advanced communication skills  
Highly advanced teamwork skills |
| 10 Evidence based practice in gerontological physiotherapy               | Evidence from systematic reviews and randomised controlled trials relevant to gerontological physiotherapy practice  
Advanced knowledge of outcome measures for gerontological physiotherapy practice  
Appreciation of advantages/disadvantages of 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 |
Musculoskeletal

The following specialty 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
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<tr>
<th>Component</th>
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<th>Skills</th>
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<tbody>
<tr>
<td>1</td>
<td><strong>Pain and musculoskeletal disorders</strong>&lt;br&gt;Mechanisms of pain in acute, subacute and chronic states&lt;br&gt;Differential diagnosis of pain of central and peripheral origin&lt;br&gt;Recognition of psychological reactions and drivers of pain&lt;br&gt;Understanding of the interactions between physiological and behavioural drivers of pain</td>
<td>Highly advanced clinical reasoning and assessment skills&lt;br&gt;Highly advanced treatment skills&lt;br&gt;Patient explanation of diagnosis and treatment options&lt;br&gt;Multi-professional options for pain management</td>
</tr>
<tr>
<td>2</td>
<td><strong>Motor control in musculoskeletal disorders</strong>&lt;br&gt;Contemporary knowledge of disordered motor control and implications for rehabilitation&lt;br&gt;Changes in muscle properties and implications for rehabilitation&lt;br&gt;Brain plasticity and implications for rehabilitation</td>
<td>Highly advanced clinical reasoning and assessment skills&lt;br&gt;Highly advanced treatment skills&lt;br&gt;Patient explanation of diagnosis and management</td>
</tr>
<tr>
<td>3</td>
<td><strong>The aging musculoskeletal system</strong>&lt;br&gt;Prevention of disease progression in peripheral and spinal degenerative disease and other disorders of aging&lt;br&gt;Consideration of presentations in acute, subacute and chronic stages&lt;br&gt;Wellness programs</td>
<td>Highly advanced clinical reasoning and assessment skills&lt;br&gt;Highly advanced treatment skills&lt;br&gt;Advanced skills in wellness and prevention programs&lt;br&gt;Patient explanation of diagnosis and management&lt;br&gt;Multi-professional options for management</td>
</tr>
<tr>
<td>4</td>
<td><strong>Trauma and overuse injuries of the musculoskeletal system</strong>&lt;br&gt;Differential diagnosis of complex spinal and extremity musculoskeletal disorders in acute, subacute and chronic presentations.&lt;br&gt;Knowledge of the interactions between biological systems and their interactions with the individual’s functional disability and participation limitations</td>
<td>Highly advanced clinical reasoning and assessment skills&lt;br&gt;Highly advanced treatment skills&lt;br&gt;Patient explanation of diagnosis and management&lt;br&gt;Multi-professional options for management</td>
</tr>
<tr>
<td>5</td>
<td><strong>Classification of musculoskeletal pain states</strong>&lt;br&gt;Current classification systems for spinal and extremity joint musculoskeletal disorders&lt;br&gt;Clinical utility of classification systems in acute, subacute and chronic states</td>
<td>Highly advanced clinical reasoning and assessment skills&lt;br&gt;Highly advanced treatment skills</td>
</tr>
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<td>Component</td>
<td>Knowledge</td>
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<tr>
<td>6</td>
<td>Mechanisms of action of musculoskeletal physiotherapy interventions</td>
<td>Highly advanced clinical reasoning and assessment skills</td>
</tr>
<tr>
<td></td>
<td>Neurophysiological, mechanical and psychological underpinnings of musculoskeletal physiotherapy practice</td>
<td>Highly advanced treatment skills</td>
</tr>
<tr>
<td>7</td>
<td>Radiology for musculoskeletal physiotherapy practice</td>
<td>Highly advanced clinical reasoning and assessment skills</td>
</tr>
<tr>
<td></td>
<td>Radiation safety</td>
<td></td>
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<td></td>
<td>Indications for referral for plain x-rays, CT, US imaging, MRI</td>
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<td></td>
<td>Clinical Guidelines for radiology use</td>
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<tr>
<td>8</td>
<td>Safety in musculoskeletal physiotherapy practice</td>
<td>Highly advanced clinical reasoning and assessment skills</td>
</tr>
<tr>
<td></td>
<td>Advanced knowledge of conditions and drug side effects/interactions that may masquerade as musculoskeletal pain states and their clinical recognition</td>
<td>Highly advanced multi-professional management and referral practices</td>
</tr>
<tr>
<td>9</td>
<td>Professional, cultural and ethical issues specific to the scope of practice of musculoskeletal physiotherapy.</td>
<td>Highly advanced professional and leadership skills</td>
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<td>Leadership in musculoskeletal physiotherapy and relationships with other health care professionals; policy makers</td>
<td>Highly advanced communication skills</td>
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<td>Cultural influences and the receipt of musculoskeletal management</td>
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<td></td>
<td>Patient centred influences on management delivery</td>
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<tr>
<td>10</td>
<td>Evidence based practice in Musculoskeletal Physiotherapy</td>
<td>Highly advanced clinical reasoning and assessment skills</td>
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<tr>
<td></td>
<td>Evidence from systematic review and randomised controlled trials</td>
<td>Highly advanced treatment skills</td>
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<td></td>
<td>Clinical practice guidelines</td>
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<td></td>
<td>Clinical utility of the evidence in an EBP framework</td>
<td>Patient explanation of diagnosis and management</td>
</tr>
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</table>
Neurology

The following specialty 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
<table>
<thead>
<tr>
<th>Component</th>
<th>Knowledge</th>
<th>Skills</th>
</tr>
</thead>
</table>
| 1 Motor control in neurological disorders | Contemporary knowledge of disordered motor control and implications for neurological physiotherapy  
Changes in muscle properties and implications for neurological physiotherapy  
Advanced understanding of varying frameworks of neurological physiotherapy management | Highly advanced clinical reasoning and assessment skills  
Highly advanced treatment options  
High level patient explanations of diagnosis and management options  
Highly advanced multi-professional management and referral practices |
| 2 Balance and postural control | Mechanisms of balance and postural control  
Advanced understanding of the role of the neurological physiotherapist in falls prevention and risk management | Highly advanced clinical reasoning and assessment skills  
Highly advanced treatment skills  
High level patient explanations of diagnosis and management options  
Multi-professional options for falls prevention management |
| 3 Activity limitations and participation restrictions in neurological conditions | Advanced level of understanding of reasons for and methods of prevention for activity limitations  
Knowledge of interactions between the biological systems and their interactions with the individual’s functional disability and participation limitations. | Highly advanced clinical reasoning and assessment skills  
Highly advanced treatment options and skills  
High level patient explanations of diagnosis and management |
| 4 Non motor problems in neurological diseases | Contemporary knowledge of non-motor problems and implications for clinical practice.  
Understanding of the interaction between motor and non-motor problems and their interaction with an individual’s functional disability and participation limitations | Highly advanced clinical reasoning and assessment skills  
Highly advanced treatment skills  
High level patient explanations  
Multi-professional options for management |
| 5 The acute, chronic and degenerative neurological condition | 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 | Highly advanced clinical reasoning and assessment skills  
Highly advanced management skills  
High level patient explanations of diagnosis and management options |
<table>
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<th>Component</th>
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<th>Skills</th>
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<tbody>
<tr>
<td>7</td>
<td>Outcome measures in neurological physiotherapy</td>
<td>Contemporary knowledge of issues related to outcome measurement in neurological physiotherapy. Clinical utility of outcome measurement in acute, sub-acute and chronic patient populations. Advanced knowledge and understanding of the limitations and validity of outcome measures.</td>
</tr>
<tr>
<td>8</td>
<td>Safety in neurological practice</td>
<td>Advanced knowledge of conditions interventions and treatment effects/interactions.</td>
</tr>
<tr>
<td>9</td>
<td>Professional, cultural and ethical issues specific to the scope of practice of neurological physiotherapy.</td>
<td>Leadership in neurological physiotherapy and relationships with other health care professionals; policy makers. Cultural influences and the receipt of neurological management. Patient centred influences on management delivery.</td>
</tr>
</tbody>
</table>
Occupational Health

The following specialty 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
<table>
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<tr>
<th>Component</th>
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<th>Skills</th>
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</thead>
</table>
| 1.        | Workplace Legislation                                                    | Highly advanced interpretation of workplace related legislation in relation to stakeholders.  
Workplace and related legislation in relevant jurisdictions, in a broad national and international context  
Implications of legislation for all stakeholders including specific implications for OHP | Highly advanced practice of OHP skills in accordance with legislative framework |
| 2.        | Causation and contributing factors to occupational health and wellbeing, occupational illness and injury | Highly advanced reasoning skills drawing on the different paradigms of key stakeholders  
Highly advanced ability to discern safe and unsafe elements and systems of work practice | Relationship between work history, work practice, work environment, lifestyle and mechanisms of injury and illness. The effects of change in the workplace.  
Biophysical, psychosocial, organisational and economic factors affecting work health.  
Highly advanced knowledge base of contemporary views in relation to OHS  
Key stakeholders perspective of workplace health and safety, injury prevention and management.  
Safe systems of work |
| 3.        | OHP Interventions                                                        | Highly advanced reasoning skills, assessment and management skills.  
Highly advanced skills in the selection and application of ergonomic tools  
Highly advanced delivery of appropriate training and education sessions  
Consultation with employers and employees | Contemporary knowledge and application of workplace ergonomics  
Principles of adult learning, education and training  
Project management of OHS interventions within an organisation including immediate on-site injury management, change management, priority setting and participative ergonomics.  
Integrated with Safety management Systems |
| 4.        | Evaluation                                                               | Highly advanced reasoning skills  
Explanation of benefits and weaknesses of different evaluation methods to key stakeholders  
Able to critically interpret both qualitative and quantitative work illness and injury data | Methods of evaluation of OHP interventions in workplace wellness, injury prevention and injury management  
Evaluation of outcomes and incorporating feedback into the development of subsequent strategies  
Measurement using lead and lag indicators. |
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<th>Component</th>
<th>Knowledge</th>
<th>Skills</th>
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<tbody>
<tr>
<td>5. Work trauma, diseases of occupation and work related injury system</td>
<td>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) Evidence for work relatedness of musculoskeletal disorders in acute, subacute and chronic presentations. Interactions between work systems and human factors, (e.g. biological systems and their interactions with the individual’s functional ability and participation limitations)</td>
<td>Highly advanced reasoning and assessment skills Highly advanced management skills Explanation to stakeholders of diagnosis and management Multi-professional options for management</td>
</tr>
<tr>
<td>6. Promoting Workplace Wellness</td>
<td>Principles and practice of the workplace as a setting for health promotion Environmental factors to create a healthy workplace: physical, psychosocial, and economic 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 Barriers to workplace wellness and how to overcome them Measurement tools for health promoting activities at work</td>
<td>Explanation to relevant stakeholders about healthy workplace settings and practices Highly advanced skills in the promotion, delivery and management of workplace wellness Highly advanced appropriate evaluation skills</td>
</tr>
<tr>
<td>7. Work injury prevention</td>
<td>Principles and practice of contemporary work injury prevention Ergonomic and other tools to identify hazards and conduct risk assessments Risk management (including control hierarchy) and priority setting Accident and incident investigation Communication strategies to facilitate change The role of stakeholders in injury prevention</td>
<td>Sound theoretical principles underlie interventions Highly advanced observational and interpretive skills Highly advanced management skills Appropriate communication and explanation (verbal and written) to all stakeholders involved in work injury prevention</td>
</tr>
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<td>Component</td>
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| **8. Work injury management** | Principles and practice of contemporary work injury management  
Multiple issues leading to chronicity and prevention/early detection/management thereof, including management both at the workplace and within the compensation system  
Multidisciplinary collaboration  
Barriers to successful return to work and how to manage them  
Role of the Union in the workplace  
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. | Highly advanced skills in workplace injury management interventions  
Appropriate communication and explanation to all stakeholders involved in work injury management  
Multi professional options |
| **9. Evidence based practice in OHP** | Evidence from systematic reviews and randomised controlled trials  
Clinical practice guidelines and their relevance to work injury management  
Outcome measures and their use within OHP practice  
Limitations of evidence in OHP Practice | Highly advanced reasoning and assessment skills  
Highly advanced management skills  
Stakeholder explanation of management and reasoning |
| **10. Professional and ethical issues in OHP practice** | Leadership in OHP practice and relations with other stakeholders including employers, employees, health care professionals, insurers and policy makers  
Barriers to communication and how to overcome them  
Ethical issues in occupational health  
Cultural influences within the workplace and OHP practice  
Promoting OHP to relevant stakeholders | Highly advanced communication with all stakeholders.  
Highly advanced professional and leadership skills  
Highly advanced understanding of ethical issues in OH physiotherapy practice |
Paediatrics

The following specialty 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. Perinatal 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
<table>
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<tr>
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<th>Skills</th>
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</thead>
<tbody>
<tr>
<td>1 Pain and paediatric disorders</td>
<td><strong>Knowledge</strong>&lt;br&gt;Mechanisms of pain in acute, subacute and chronic states from early infancy to adolescence&lt;br&gt;Differential diagnosis of pain of central and peripheral origin&lt;br&gt;Recognition of psychological reactions and drivers of pain&lt;br&gt;Understanding of the interactions between physiological and behavioural drivers of pain</td>
<td><strong>Skills</strong>&lt;br&gt;Highly advanced clinical reasoning and assessment skills&lt;br&gt;Highly advanced treatment skills&lt;br&gt;Patient and caregiver explanation of diagnosis and treatment options&lt;br&gt;Multi-professional options for pain management</td>
</tr>
<tr>
<td>2 Motor control in paediatric disorders</td>
<td><strong>Knowledge</strong>&lt;br&gt;Contemporary knowledge of disordered motor function/control and implications for treatment and rehabilitation&lt;br&gt;Changes in muscle properties and implications for rehabilitation&lt;br&gt;Brain plasticity and implications for rehabilitation</td>
<td><strong>Skills</strong>&lt;br&gt;Highly advanced clinical reasoning and assessment skills&lt;br&gt;Highly advanced treatment skills&lt;br&gt;Patient and caregiver explanation of diagnosis and management&lt;br&gt;Highly advanced diagnostic skills of movement disorders</td>
</tr>
<tr>
<td>3 Perinatal paediatric conditions</td>
<td><strong>Knowledge</strong>&lt;br&gt;Differential diagnosis, assessment and management of perinatal conditions&lt;br&gt;Consideration of clinical presentations in neurological, musculoskeletal and cardiothoracic conditions in acute and subacute stages</td>
<td><strong>Skills</strong>&lt;br&gt;Highly advanced clinical reasoning and assessment skills&lt;br&gt;Highly advanced treatment skills&lt;br&gt;Advanced skills in management&lt;br&gt;Patient and caregiver explanation of diagnosis and management&lt;br&gt;Multi-professional options for management</td>
</tr>
<tr>
<td>4 Developmental paediatric disorders</td>
<td><strong>Knowledge</strong>&lt;br&gt;Knowledge of normal and abnormal neuromotor and biomechanical development&lt;br&gt;Knowledge of the interactions between biological systems and the individual’s functional disability and participation limitations&lt;br&gt;Understanding of the role of physiotherapy in a multidisciplinary team management of developmental disorders</td>
<td><strong>Skills</strong>&lt;br&gt;Highly advanced clinical reasoning and assessment skills&lt;br&gt;Highly advanced treatment skills&lt;br&gt;Patient and caregiver explanation of diagnosis and management&lt;br&gt;Multi-professional options for management</td>
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<tr>
<td>Component</td>
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| 5 | Chronic and complex paediatric conditions | Knowledge of the progression of congenital and acquired childhood conditions and their impact on function and activity participation  
Knowledge of the role of physiotherapy and the multidisciplinary team in management of ongoing and complex congenital conditions  
Consideration of transitional arrangements into adult care | Highly advanced clinical reasoning and assessment skills  
Highly advanced treatment skills  
Modification of management priorities with changing clinical, educational, social and environmental circumstances |
| 6 | Mechanisms of action of paediatric physiotherapy interventions | Neurophysiological, mechanical and psychological underpinnings of paediatric physiotherapy practice  
Advanced understanding of the cognitive and developmental level of the child as it relates to physiotherapy intervention | Highly advanced clinical reasoning and assessment skills  
Highly advanced treatment skills  
Highly advanced skills in age and developmental stage appropriate interventions  
Family Centred Practice |
| 7 | Radiology for paediatric 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 paediatric physiotherapy practice | Advanced knowledge of conditions and drug side effects/interactions that may masquerade as paediatric 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 paediatric physiotherapy. | Leadership in paediatric physiotherapy and relationships with other health care professionals; policy makers  
Cultural influences and the receipt of paediatric management  
Patient centred influences on management delivery | Highly advanced professional and leadership skills  
Highly advanced communication skills  
Family Centred Practice |
| 10 | Evidence based practice in Paediatric 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 |
Sports

The following specialty 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
10. Professional, cultural and ethical issues related to contemporary sports physiotherapy practice
<table>
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<tr>
<th>Component</th>
<th>Knowledge</th>
<th>Skills</th>
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</thead>
</table>
| 1 Musculoskeletal pain states in the context of the active population | Mechanisms of pain in acute, subacute and chronic states  
Differential diagnosis of pain of central and peripheral origin  
Recognition of psychosocial reactions and drivers of pain  
Understanding of the interactions between physiological and behavioural drivers of pain | Highly advanced bio-psychosocial approach to patient assessment and management  
Highly advanced clinical reasoning and assessment skills  
Highly advanced recognition of when response to pain has become counter-productive to recovery  
Highly advanced communication and educative skills  
Multi-professional options for pain management |
| 2 Motor learning and motor control in the context of the active population | Contemporary knowledge of the theories of motor learning and implications for Sports Physiotherapists  
Contemporary knowledge of normal and disordered motor control and implications for rehabilitation  
Changes in muscle properties and implications for rehabilitation  
Brain plasticity and implications for rehabilitation | Highly advanced ability to integrate motor learning strategies into skill development, injury prevention and injury management  
Highly advanced clinical reasoning skills  
Highly advanced evaluation and management skills for impaired motor control |
| 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 | Highly advanced clinical assessment skills  
Highly advanced clinical reasoning skills  
Highly advanced clinical management skills, all in the context of the athletic and active population |
| 4 The role of Sports Physiotherapy in prescription of exercise in the context of sport and the active population | The physiology of exercise  
The evidence in support of integration of exercise in performance enhancement, injury prevention and injury management of the athletic and active population | Highly advanced assessment skills in relation to evaluation of physical capacity in the context of the athletic and active population.  
Highly advanced skills in exercise prescription in the context of performance enhancement, injury prevention and injury management of the athletic and active population. |
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<th>Component</th>
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| 5 Medical investigations relevant for Sports Physiotherapy practice and use of sports related performance evaluation instruments | Radiation safety  
Indications for referral for plain x-rays, CT, US imaging, MRI  
Clinical Guidelines for radiology use  
Indications for referral for relevant haematological tests  
Knowledge of sports performance evaluation instruments and their use in performance enhancement, injury prevention and injury management | Highly advanced clinical reasoning and assessment skills  
Highly advanced multi-professional management and referral practices  
Highly advanced sports evaluation skills |
| 6 Safety in Sports 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 |
| 7 Evidence based practice in Sports Physiotherapy                         | Advanced knowledge of the evidence behind key aspects of Sports Physiotherapy assessment and management  
Advanced understanding of the role of evidence based practice within Sports Physiotherapy  
Evidence high quality research in the field of Sports Physiotherapy and Sports Health  
Clinical practice guidelines  
Clinical utility of the evidence in an EBP framework                        | Highly advanced critical thinking skills  
Highly advanced clinical reasoning skills  
Highly advanced ability to read and interpret relevant literature and integrate different levels of evidence as appropriate in the context of Sports Physiotherapy practice |
| 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 | Reliability and relevance of test selection. Monitoring systems and application  
Influence of screening on injury prevention and performance enhancement                                                                                                                                  | Highly advanced clinical assessment skills  
Highly advanced management skills |

Australian College of Physiotherapists Training Program Manual (v. January 2014) 73
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<th>Knowledge</th>
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<td>9</td>
<td>The role and responsibilities of the Sports Physiotherapist in the context of the Sports Health and Sports Performance Team. The role of all participants in the Sports Health and Sports Performance team The science and clinical utility associated with each of the participants in the Sports Health and Sports Performance team</td>
<td>Highly advanced communication skills Highly advanced skills in collaboration Highly advanced multi-professional management and referral practices</td>
</tr>
<tr>
<td>10</td>
<td>Professional, cultural and ethical issues related to contemporary sports physiotherapy practice Leadership in Sports Physiotherapy and relationships with other health care professionals; policy makers Cultural influences and the receipt of musculoskeletal management in the context of the athletic and active population Patient centred influences on management delivery</td>
<td>Highly advanced professional and leadership skills Highly advanced communication skills</td>
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Policy: Acknowledgement of Prior Learning

Introduction

Due to the advanced nature of the Specialisation Program, a candidate will usually not have the prior learning needed to be exempted from the program. The College does recognise, however, that careers do not always follow an upward progression, such that a candidate may have specialised knowledge or skills in some areas of the training program. This is the basis of the College’s Acknowledgement of Prior Learning (APL) procedure.

Exemption of Part of the Training Program

Training and performance of the Specialisation Program is measured against four elements. Three of these may be the subject of an Application for APL.

The remaining element (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 ongoing assessment and formative feedback of the candidate. As the delivery of training will be based on the needs of the candidate, there are no structured components of any individualised course to be subject for Application of APL.

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

- Element 2. Participation in professional education.
- Element 3. Commitment to lifelong learning and professional development.
- Element 4. Participation in research activities.

The Board of Censors will consider a written application submitted with evidence against the elements. The Board of Censors may grant exemption from part of the training program.

Financial Outcome

There is no deduction of fees based on successful application of APL for any exemption of elements 2, 3 or 4 or any part of the training program.
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
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 Manager, Policy and Professional Standards Division.

The Manager, Policy and Professional Standards 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 APC Regulations and the Candidate Manual provided for each set of final examinations.

Related Documents

ACP Policy - Poor performance
ACP Regulations 2009
Policy: External practitioners

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 Council, 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

Facilitator Manual
Examiner Manual
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, candidates 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 practise as a specialist physiotherapist.

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

Part Time Practice

Candidates 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 candidates’ situation does not permit this, they will be required to withdraw from the training program and permitted to commence a new training program when circumstances allow.
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
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
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 exam 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.

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 exam.

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.

Approved (ACP Council): August 2010
Due for review: January 2015
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
Policy: Poor performance

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.

Early Identification

Facilitators are responsible for early identification of poor performance.

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

The facilitator will provide formal formative feedback to candidates on:

- Their clinical and practical performance in the three monthly face-to-face sessions. This feedback will relate to achievement of the standards of practice for specialisation and the candidate’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 candidate’s progress and activities undertaken to fulfil the four elements 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 candidate 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 candidate 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 this impacts negatively on the other members of the study group.

Related Documents

ACP Policy- Patient Safety
ACP Policy –Dispute Resolution
Policy: Sitting examinations 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 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.

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.

Related Documents

ACP Policy - Consideration of cases of impairment at assessment
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 or the Manager, Professional Standards and Policy Division who will facilitate the referral process.

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