



SUBMISSION TO REMAIN AS THE ACCREDITATION AUTHORITY FOR THE OSTEOPATHY BOARD OF AUSTRALIA

August 2012

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INTRODUCTION

Section 253 (4) of the *Health Practitioner Regulation National Law Act* as in force in each State and Territory (the National Law) provides that the National Boards established for the health professions must, not later than three years after the commencement day (July 2013), review the arrangements for the exercise of accreditation functions for the health profession. The review must include wide-ranging public consultation (Section 253 (5)).

The Australian and New Zealand Osteopathic Council (ANZOC) received correspondence from the Chair of the Osteopathy Board of Australia on 18 June 2012 seeking advice as to whether ANZOC wishes to continue to undertake accreditation functions under the National Law. If so, ANZOC is required to send a submission to the Osteopathy Board of Australia addressing matters specified in this submission.

There are approximately 1,668 registered osteopaths in Australia and approximately 380 registered osteopaths in New Zealand. These numbers are small compared to some of the larger professions that operate under the National Registration and Accreditation Scheme. Despite this, ANZOC has successfully developed and implemented policies and procedures that underpin its role as an accreditation authority.

ANZOC welcomes the opportunity to provide this submission to demonstrate its ongoing commitment to undertake the accreditation functions for the Osteopathy Board of Australia.

BRIEF BACKGROUND TO THE ACCREDITATION AUTHORITY

The introduction of the National Registration and Accreditation Scheme (NRAS) on 1 July 2010 saw the dissolution of the State and Territory Osteopathic Registration Boards (STORBs) and the introduction of accreditation authorities as defined in the National Law.

The STORBs established the Australian Osteopathic Council (AOC) in July 2008. In December 2008, the Australian Health Ministers' Advisory Council appointed the AOC as the accreditation authority for osteopathy until 30 June 2013. When the Osteopathic Council of New Zealand (OCNZ) joined as a member of the company, AOC changed its name to the Australian and New Zealand Osteopathic Council (ANZOC). ANZOC registered with the Australian Securities and Investments Commission (ASIC) as a company limited by guarantee on 23 February 2010.

ANZOC is an independent body with membership currently comprising a nominee from the Osteopathy Board of Australia (OBA). OCNZ ceased being a member of ANZOC in March 2012. The Board of Directors is currently comprised of eight (8) directors who are nominees of the Australian Osteopathic Association (AOA), institutions offering osteopathic programs in Australia and New Zealand and community representatives.

Clause 4 of the Constitution articulates nine (9) primary aims of ANZOC. The accreditation functions to be undertaken by ANZOC are further codified in the *Agreement for the Accreditation Function* between ANZOC and AHPRA executed on 13 June 2012. In summary, ANZOC's role is to assess and accredit osteopathic education programs that aim to graduate persons who are eligible for registration as an osteopath in both Australia and New Zealand. A secondary purpose is to assess the qualifications and skills of overseas trained osteopaths for skilled migration to Australia or eligibility to practice in Australia and New Zealand.

The *Trans Tasman Mutual Recognition Act (1997) (Clth)* (TTMRA) requires that Australia and New Zealand work together on common standards for registration and accreditation of training providers. To this end, the Constitution and processes of ANZOC include stakeholder representation from New Zealand in all Board and Committee membership to encourage collaboration and uniformity.

In accordance with the *Migration Regulations 1994 (Clth)* – regulation 2.26B, the Minister for Education has approved ANZOC as the assessing authority to conduct skills assessments for prospective migrants in the occupation Osteopath (ANZSCO 252112).

DOMAIN 1: GOVERNANCE

The accreditation authority effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role.

Attributes

1. The accreditation authority is a legally constituted body and registered as a business entity
2. The accreditation authority's governance and management structure give priority to its accreditation function relative to other activities (or relative to its importance)
3. The accreditation authority is able to demonstrate business stability, including financial viability
4. The accreditation authority's accounts meet relevant Australian accounting and financial reporting standards
5. There is a transparent process for selection of the governing body
6. The accreditation authority's governance arrangements provide for input from stakeholders including input from the community, education providers and the profession/s
7. The accreditation authority's governance arrangements comply with the National Law and other applicable legislative requirements

Compliance statement

1. ANZOC was registered with ASIC as a company limited by guarantee on 23 February 2010 (Australian Company Number 142 289 049).
2. The governance and management structure of ANZOC is clearly defined in the Constitution, giving priority to its accreditation function.
3. On 24 July 2010, ANZOC convened a Governance Workshop attended by representatives of the Board of Directors, ANZOC staff and representatives of the Forum of Health Professions Council. This workshop was fundamental in laying the foundations for "good governance" within ANZOC with the outcome of the workshop an agreed plan of action that has been continuously reviewed in successive years.

The Constitution guides the internal management of the company and is continually reviewed to ensure that it continues to reflect the changing nature of the company's operations.

The *Corporations Act 2001 (Clth)* stipulates many financial obligations upon a company limited by guarantee. Company directors must pass a solvency resolution within 2 months after each review date, unless the company has lodged a financial report under Chapter 2M of the *Corporations Act 2001*. Since registration, ANZOC has demonstrated that it is a going concern and passed only positive solvency resolutions, that is, when the directors have reason to believe that the company will be able to pay its debts as and when they become due and payable.

4. Since registration, a registered company auditor has independently audited the accounts. This is above and beyond the requirements of the *Corporations Act 2001* where small companies limited by guarantee (as defined in Section 285A of the *Corporations Act 2001*) are under no obligation to prepare a financial or director's report or have a financial report audited or notify members of reports unless under member or ASIC direction.

ANZOC has received an unqualified audit record for each year (when the auditor concludes that the financial statements give a true and fair view) in accordance with the financial reporting framework used for the preparation and presentation of the financial statements.

A significant amount of work has been completed over the past year in improving internal controls with an emphasis on ensuring financial information is accurate and reliable and compliant with all statutory and regulatory obligations. This work was commended in the auditor report to the Board of Directors for the year ending 30 June 2011.

5. Clause 9 of the Constitution prescribes the composition of the Board of Directors. The procedure used to select nominees to the Board of Directors will vary depending on the vacancy but will always comply with the fundamental principle of transparency.
6. In accordance with clause 9 of the Constitution, the Board of Directors currently comprises nominees of the AOA, institutions offering osteopathic programs in Australia and New Zealand and community representatives. The Constitution also allows representation on the Board of Directors of nominees from an osteopathic professional association in New Zealand and the registration regulatory bodies from Australia and New Zealand. The Accreditation and Overseas Assessment Committees are also comprised of registered osteopaths, representatives of institutions offering osteopathic education programs in Australia and New Zealand and community representation.
7. ANZOC has continuously met its statutory obligations under the *Corporations Act 2001*, contractual obligations under the National Law and other regulatory obligations as required from time to time.

Future work planned or underway

Work planned or underway includes the development of board positions descriptions and a Code of Conduct to further define the board structure and clarity of purpose to influence board functionality and increase the board's ability to attract suitably qualified directors.

Evidence of compliance

Attachment 1:	Constitution
Attachment 2:	Terms of Reference – Accreditation Committee
Attachment 3:	Terms of Reference – Overseas Assessment Committee
Attachment 4:	Annual Report 30 June 2010
Attachment 5:	Annual Report 30 June 2011

DOMAIN 2: INDEPENDENCE

The accreditation authority carries out its accreditation operations independently.

Attributes

1. Decision making processes are independent and there is no evidence that any area in the community, including government, higher education institutions, business, industry and professional associations has undue influence
2. There are clear procedures for identifying and managing conflicts of interest

Compliance statement

1. Committees appointed by the Board of Directors largely carry out the work of ANZOC. Each Committee has an approved Terms of Reference that articulate lines of delegation and reporting requirements.

All meetings of the Board of Directors and its Committees are minuted and retained in a Minutes Register for reference regarding any conflicts of interest. Minutes are reviewed as part of the annual statutory audit. The *ANZOC Procedures for the Accreditation of Osteopathic Courses in Australia (Revised edition June 2012)* determines the process for the accreditation and re-accreditation process with defined levels of responsibility.

2. The management of conflict of interest is underpinned by the *ANZOC Conflict of Interest Guidelines* based on the *AHPRA Guidelines for Board and Committee Members with Respect to Conflict of Interest (June 2011)*. These guidelines are reinforced in a number of documents including the *ANZOC Procedures for the Accreditation of Osteopathic Courses in Australia (Revised edition June 2012)*.

Future work planned or underway

Nil

Evidence of compliance

Attachment 6: ANZOC Conflict of Interest Policy (***not for public consultation***)

DOMAIN 3: OPERATIONAL MANAGEMENT

The accreditation authority effectively manages its resources to carry out the accreditation function.

Attributes

1. The accreditation authority manages the human and financial resources to achieve objectives in relation to the accreditation function
2. There are effective systems for monitoring and improving the accreditation authority's processes and identification and management of risk
3. The accreditation authority can operate efficiently and effectively nationally
4. There are robust systems for managing information and contemporaneous records, including ensuring confidentiality
5. In setting its fee structures, the accreditation authority balances the requirements of the principles of the National Law and efficient business practices

Compliance statement

1. ANZOC contracts executive services as defined in the Agreement for Services reviewed annually and include the management of human and financial resources to achieve objectives in relation to the accreditation function.
2. The identification and management of risk is captured in the *ANZOC Risk Management Policy* with risks logged in the *Risk Register*. In the two years that ANZOC has been operational in its current structure, it has successfully introduced a culture of continuous quality improvement including the regular review of policies and procedures.
3. ANZOC provides services on a national basis through the use of a head office in Melbourne, 1300 national local call rate telephone number and electronic communications including website and email.
4. The management of information and contemporaneous records is codified in the *Data Management and Security Policy* and the *Privacy Policy*.
5. ANZOC ensures that the principles articulated in Part 1 Section 3 of the National Law are considered when fee schedules are developed. Universities are currently charged for assessment on a direct cost recovery basis. The professional fees and expenses of the team members are paid in accordance with the *Payment of Honorariums and Other Benefits Policy* and the *Travel and Accommodation Policy*. This approach to charging for assessment was recently reviewed by the Board of Directors resulting in a change to the way fees for accreditation will be charged going forward. This new approach will come in effect from 1 January 2013 and is currently being communicated to Heads of School. The fee schedule for qualifications and skills assessments outlines the charges for the various types of assessments undertaken by ANZOC.

Future work planned or underway

In line with point (5) above, a revised schedule of fees for the accreditation of osteopathic programs of study will be introduced from 1 January 2013.

Evidence of compliance

Attachment 7:	Risk Management Policy (<i>not for public consultation</i>)
Attachment 8:	Risk Register (<i>not for public consultation</i>)
Attachment 9:	Data Management and Security Policy (<i>not for public consultation</i>)
Attachment 10:	Privacy Policy
Attachment 11:	ANZOC Schedule of Fees

DOMAIN 4: ACCREDITATION STANDARDS

The accreditation authority develops accreditation standards for the assessment of programs of study and education providers.

Attributes

1. Standards meet relevant Australian and international benchmarks
2. Standards are based on the available research and evidence base
3. Stakeholders are involved in the development and review of standards and there is wide ranging consultation
4. The accreditation authority reviews the standards regularly
5. In reviewing and developing standards, the accreditation authority takes account of AHPRA's *Procedures for Development of Accreditation Standards* and the National Law

Compliance statement

1. Prior to the introduction of the NRAS on 1 July 2010, the Australasian Conference of Osteopathic Registration Boards (ACORB) managed the development and review of standards for accreditation of osteopathic courses in Australia and New Zealand. The continuous review of the standards was informed by a review of a number of Australian and international benchmarks, including the WHO Educational Guidelines. These accreditation standards were subsequently managed by the AOC, the precursor to ANZOC.
2. The accreditation standards reflect current best practice in accreditation (articulated in the document *Standards for Professional Accreditation Processes 2008* published by Professions Australia). Accreditation standards are outcome based with graduate outcomes benchmarked against the *Capabilities for Osteopathic Practice* developed in 2009 through a project funded by the NSW Osteopathic Registration Board. The capabilities articulated in this report underpin not only the accreditation standards, but also the overseas assessment process and continuing professional development requirements.
3. The revision of the AOC Accreditation Policy and formerly the ACORB, Accreditation Policy was under discussion by AOC/ANZOC for two years before being finalised in August 2010 after extensive stakeholder consultation including the AOA Education Forum held in February 2010. Following on from that Forum, the ANZOC Accreditation Committee collated responses from the stakeholders and formed a sub-committee to review the responses and make agreed amendments to the policy document that were approved by the OBA in August 2010.
4. During the consultation process described in point (3) above, the Accreditation Committee acknowledged the need for the accreditation standards to undergo a major review within three (3) years of issue (August 2013).
5. Accreditation standards developed by ANZOC from 1 July 2010 are in accordance with procedures established by AHPRA under section 25 of the National Law. These procedures are outlined in the document *Procedures for the Development of Accreditation Standards* which is published in the AHPRA website www.ahpra.gov.au.

Future work planned or underway

OBA has recently approved the separation of accreditation standards and procedures into two documents. Thus, two documents will now be available namely *Standards for the Accreditation of Osteopathic Courses in Australia* and *Procedures for the Accreditation of Osteopathic Courses in Australia*. This change will be communicated to key stakeholders and the revised documents displayed on the ANZOC website.

It is expected that ANZOC will undertake a major review of the standards for the accreditation of osteopathic courses in Australia in the 2013-2014 financial year.

Evidence of compliance

Attachment 12: Accreditation Standards for the Accreditation of Osteopathic Courses in Australia (August 2010 revised June 2012)

DOMAIN 5: PROCESSES FOR ACCREDITATION OF PROGRAMS OF STUDY

The accreditation authority applies the approved accreditation standards and has rigorous, fair and consistent processes for accrediting programs of study and their education providers.

Attributes

1. The accreditation authority ensures documentation on the accreditation standards and the procedures for assessment is publicly available
2. The accreditation authority has policies on the selection, appointment, training and performance review of assessment team members. These policies provide for the use of competent persons who are qualified by their skills, knowledge and experience to assess professional programs of study and their providers against the accreditation standards
3. There are procedures for identifying, managing and recording conflicts of interest in the work of accreditation assessment teams and working committees
4. The accreditation authority follows documented processes for decision-making and reporting that comply with the National Law and enable decisions to be made free from undue influence by any interested party
5. Accreditation processes facilitate continuing quality improvement in programs of study by the responsible education provider
6. There is a cyclical accreditation process with regular assessment of accredited education providers and their programs to ensure continuing compliance with standards
7. The accreditation authority has defined the changes to programs and to providers that may affect the accreditation status, how the education provider reports on these changes and how these changes are assessed
8. There are published complaints, review and appeals processes which are rigorous, fair and responsive

Compliance statement

1. All accreditation standards and associated procedures are published on the ANZOC website at www.anzoc.org.au ANZOC also publishes on its website the current status of accredited osteopathy programs of study in Australia and New Zealand.
2. On receipt of an application for accreditation, the Accreditation Committee will establish an assessment team and appoint a Chair of the team. The team will comprise five or six people. The Chair of the assessment team would normally be expected to have been, or be currently, a senior university academic with substantial experience in health science education and accreditation. At least two of the assessment team members will be currently practicing osteopaths and at least one member (in addition to the Chair) would be expected to have been, or is currently, a senior university academic with accreditation experience. There will be among those appointed to the team a balance of experience between the basic and clinical sciences and between teaching and research. Up to two appointees may be from other health professionals. Normally, two of those appointed will reside in a State or Territory of Australia other than the State or Territory in which the institution making the application is located, or overseas.

Team members are drawn from a “pool” of personnel identified by the Accreditation Committee through sources such as osteopathic professional associations, universities and the community at large. These personnel are recognised for the skills, knowledge and expertise in academic leadership, professional education, research, clinical practice, business management and/or evaluation.

The accreditation procedures of ANZOC have been developed to ensure fairness and impartiality in all aspects of the assessment process. Members of the assessment team are appointed for their professional and educational expertise and care is taken to ensure that those selected do not have a conflict of interest or a predetermined view about the institution or its staff.

3. The Board of Directors and its Committees are required to apply the *ANZOC Conflict of Interest Guidelines*. In accordance with the *Procedures the Accreditation of Osteopathic Programs in Australia (August 2010 revised June 2012)*, all potential members of the assessment team are required to declare any actual or potential conflict of interest for consideration by the Accreditation Committee. The institution will be advised of the names and backgrounds of the persons the Accreditation Committee proposes to appoint to the assessment team and the institution may object to any or all of those proposed. These objections must be in writing and will be considered by the Accreditation Committee which may at its sole discretion propose the appointment of other persons to the assessment team or appoint those it originally proposed.
4. When the assessment team has agreed on its report, it is considered by the Accreditation Committee, which may seek clarification from the Chair of the assessment team or may suggest amendments to the wording. The institution is offered a “right of reply” to the report. If the response calls for a change in the assessment team’s report because of new information or correction of error, or if it brings the recommendations of the assessment team into question, the Chair of the assessment team will confer with its members who will determine whether or not an amended report should be issued. The ANZOC Board of Directors has ultimate responsibility for determining the final grade of accreditation based on the recommendations of the Accreditation Committee. The Executive Officer will notify the institution of the decision and advise the OBA and OCNZ of the decision with a copy of the final report.
5. While assuring that the ANZOC accreditation standards are met at a level to gain or maintain accreditation, team members are encouraged to interact with university representatives in a way that is supportive of continuous self-renewal. Team reports may include suggestions that would facilitate continuing quality improvement in osteopathic programs of study, but do not affect the final grade of accreditation.
6. University programs of study are eligible to be accredited for up to five (5) years. Conditions applied to an accreditation will specify a date by which the condition needs to be satisfied.
7. All university programs of study are required to submit an annual report that provides a progress report on issues identified in the most recent accreditation site visit report. Universities are also required to report to ANZOC any major course changes or any other issue that may require re-examination of their accreditation status.
8. ANZOC has in place a process of internal review of accreditation decisions. At 30 June 2012, no complaints or appeals had been received.

Future work planned or underway

The process for the accreditation of programs of study will be updated as part of the planned major review of the standards for the accreditation of osteopathic courses in Australia in the 2013-2014 financial year.

Evidence of compliance

Attachment 13: List of Accredited Osteopathy Programs of Study

Attachment 14: Accreditation Procedures for the Accreditation of Osteopathic Courses in Australia (August 2010 revised June 2012)

DOMAIN 6: ASSESSING AUTHORITIES IN OTHER COUNTRIES

Where the accreditation authority exercises this function, the authority has defined standards and procedures to assess examining and/or accrediting authorities in other countries.

Attributes

1. The assessment standards aim to determine whether these authorities' processes result in practitioners who have the knowledge, clinical skills and professional attributes necessary to practice in the equivalent profession in Australia
2. Stakeholders are involved in the development and review of standards and there is wide ranging consultation
3. The procedures for initiating consideration of the standards and procedures of authorities in other countries are defined and documented
4. There is a cyclical assessment process to ensure recognised authorities in other countries continue to meet the defined standards
5. The accreditation authority follows documented systems for decision-making and reporting that enable decisions to be made free from undue influence by any interested party
6. There are published complaints, review and appeals processes which are rigorous, fair and responsive

Compliance statement

1. ANZOC has demonstrated compliance with attributes 1 and 2 with the standards and procedures defined and documented in the Draft *ANZOC Policy for Assessment and Recognition of Overseas Assessment and Regulatory Authorities*. This policy is still subject to wide ranging consultation in accordance with the principles articulated in the *ANZOC Consultation Guidelines*.
2. ANZOC has thoroughly assessed the General Osteopathic Council (GOsC) course accreditation processes under Section 42 (c) of the National Law for equivalence by applying the criteria established in ANZOC's *Policy for Assessment and Recognition of Overseas Assessment and Regulatory Authorities*. It is ANZOC's understanding that it is one of the first accreditation authorities to undergo this process of first implementing a policy to evaluate an overseas assessing authority.
3. The overseas assessing authority is obliged to report to ANZOC any significant change/s to its accreditation processes that may affect its standing as an equivalent assessing authority. Similarly, ANZOC will ensure a cyclic assessment process (3 years) to ensure the assessing authority continues to meet the defined standards.

Future work planned or underway

It is anticipated that the *ANZOC Draft Policy for Assessment and Recognition of Overseas Assessment and Regulatory Authorities* will be applied to other countries' regulatory authority accreditation processes over time.

Evidence of compliance

- Attachment 15: ANZOC Draft Policy for Assessment and Recognition of Overseas Assessment and Regulatory Authorities
- Attachment 16: Report on the Equivalence of General Osteopathic Council (GOsC) and GOsC Recognised Qualifications (***not for public consultation***)

DOMAIN 7: ASSESSMENT OF INTERNATIONALLY QUALIFIED PRACTITIONERS

The accreditation authority has processes to assess and/or oversee the assessment of the knowledge, clinical skills and professional attributes of overseas qualified practitioners who are seeking registration in the profession under the National Law and whose qualifications are not approved qualifications under the National Law for the profession.

Attributes

1. The assessment standards define the required knowledge, clinical skills and professional attributes necessary to practice the profession in Australia
2. The key assessment criteria, including assessment objectives and standards are documented
3. The accreditation authority uses a recognised standard setting process and monitors the overall performance of the assessment
4. The procedures for applying for assessment are defined and published
5. The accreditation authority publishes information that describes the structure of the examination and components of the assessments
6. The accreditation authority has policies on the selection, appointment, training and performance review of assessors. Its policies provide for the use of competent persons who are qualified by their skills, knowledge and experience to assess overseas qualified practitioners
7. There are published complaints, review and appeals processes which are rigorous, fair and responsive

Compliance statement

1. In June 2010, ANZOC was awarded funding from the Australian Government Department of Health and Ageing (DoHA) to establish a new assessment process for overseas trained osteopaths. The year long project culminated in a final report to DoHA that provided a set of tools for the assessment of overseas applicants aligned with current best practice in assessment design and underpinned by broad based and future definitions of practice.

The assessment process described in the final report is based on the *Capabilities for Osteopathic Practice* developed in 2009 through a project funded by the NSW Osteopathic Registration Board. Given that these capabilities were adopted by a number of the State and Territory osteopathic registration boards prior to the commencement of the NRAS on 1 July 2010, they provided the basis for the development of the assessment process. It is worth noting that these capabilities are currently under review by the Osteopathy Board of Australia.

Since its introduction, twelve (12) overseas trained osteopaths have successfully (0 unsuccessful) completed the Australian assessment process.

2. Assessment criteria, including assessment objectives and standards are documented in the *Development of an overseas assessment process for overseas osteopaths to practice in Australasia (2011)* and summarised on the ANZOC website.
3. The assessment is based on, and aligned with the *Capabilities of Osteopathic Practice (2009)*. The *Development of an overseas assessment process for overseas osteopaths to practice in Australasia (2011)* considered the development of appropriate performance indicators to inform the ongoing overall performance of assessment.

4. All procedures for applying for assessment are documented and publicly available on the ANZOC website at www.anzoc.org.au
5. The components of the assessment process for overseas osteopaths in Australia are documented and publicly available on the ANZOC website at www.anzoc.org.au and are as follows:

Stage 1: Expression of interest and eligibility review

Candidate's qualifications are assessed as being comparable to an accredited Australian qualification and must be of an academic standard equivalent to an Australian or New Zealand Bachelor's degree (AQF level 7). English language abilities must also meet a minimum standard.

Stage 2: Written examination

Available to all candidates who have met the eligibility criteria and consists of three different written papers performed under supervised conditions. Progression to the next stage of the assessment process is dependent on passing the written examination.

Stage 3: Portfolio exercise

Available to all candidates who successfully complete stage 2 and includes regular reviews with a supervisor and the completion of various tasks such as case reviews, critical incident reports, and learning needs analysis, records review, self-learning reports and interprofessional learning/education reports.

Stage 4: Clinical examination

Available to all candidates who successfully complete stage 2 and consist of clinical assessments utilising real patients as well as other written, verbal and practical assessments.

The components of the developed assessment process for overseas osteopaths in New Zealand is similar to the above with the portfolio exercise following the practical examination and comprising a workplace based assessment over a 6 – 12 month time period under a conditional registration with the OCNZ.

6. Practical assessments are required to be undertaken at an ANZOC accredited university in which an osteopathy program of study exists. Examinations are conducted by osteopathic practitioners in Australia and New Zealand who are considered expert in assessment, clinical practice and/or educational and assessment principles. All examiners utilised by ANZOC have attended examiner training.
7. The appeals process is documented and publicly available on the ANZOC website at www.anzoc.org.au

Future work planned or underway

If the Osteopathy Board of Australia decides to introduce a competent authority pathway, documentation pertaining to the assessment of internationally qualified practitioners will be reviewed and revised accordingly.

Evidence of compliance

- Attachment 17: Development of an Overseas Assessment Process for Overseas Osteopaths to Practice in Australasia (2011) (Final Report)
- Attachment 18: Appeals Policy (Qualifications and Skills Assessment)

DOMAIN 8: STAKEHOLDER COLLABORATION

The accreditation authority works to build stakeholder support and collaborates with other national, international and/or professional accreditation authorities.

Attributes

1. There are processes for engaging with stakeholders, including governments, educational institutions, health professional organisations, health providers, national boards and consumers/community
2. There is a communications strategy including a website providing information about the accreditation authority's roles, functions and procedures
3. The accreditation authority collaborates with other national and international accreditation organisations
4. The accreditation authority collaborates with accreditation authorities for the other registered health professions appointed under the National Law
5. The accreditation authority works with overarching national and international structures of quality assurance/accreditation

Compliance statement

1. ANZOC has codified its processes for engaging with key stakeholders in the *ANZOC Stakeholder engagement plan*. ANZOC continuously reviews its list of key stakeholders for currency and relevance to ensure that those professional associations that operate within the fields of allied health and complementary medicine with a demonstrated interest in osteopathy are included in all engagement activities.

Consultation with key stakeholders is underpinned by the *ANZOC Consultation Guidelines* based on the *AHPRA Consultation Process (November 2011)*.

2. ANZOC reviewed and updated the website with revised content and a new look and feel in late 2011. ANZOC continues to work with the Webmaster to improve search engine optimisation and monitoring of web site statistics. Content is continually reviewed to ensure that it remains accurate and current and reflects the nature of queries being submitted to ANZOC.
3. The GOsC has been identified as a key stakeholder as described in point (1) and when appropriate, ANZOC engages with other national and international accreditation organisations as required.
4. ANZOC is a member of the Forum of Australian Health Professions Councils with the Executive Officer and the Chairperson attending these meetings. Representatives of the Board of Directors and the Accreditation Committee also attended the Forums' Accreditation Workshop in May 2012.
5. ANZOC work with overarching national and international structures of quality assurance/accreditation such as *Procedures for the Development of Accreditation Standards (November 2011)* (the Procedures) developed by AHPRA with input from the Forum of Australian Health Professions Councils.

In adhering to the Procedures ANZOC will ensure that all parties have a clear and shared understanding. When ANZOC submits a new or revised accreditation standard to the Osteopathy Board of Australia for approval, a statement about how ANZOC has complied with the Procedures will be provided to satisfy the board about the reasons for the change and the ANZOC process.

Future work planned or underway

ANZOC is in the process of formalising a Memorandum of Agreement with the AOA and anticipates a similar process for other identified key stakeholders.

Evidence of compliance

Attachment 19: ANZOC Stakeholder Engagement Plan (***not for public consultation***)
Attachment 20: ANZOC Consultation Guidelines (***not for public consultation***)

FINANCIAL INFORMATION

Financial information will be provided as part of the 2011-2012 Annual Report

FIVE-YEAR PLAN 2013 - 2018

Over the next five years, ANZOC plans to:

1. Develop director position descriptions and a Code of Conduct to further define the board structure and clarity of purpose to influence board functionality and increase the board's ability to attract suitably qualified directors.
2. Expand company membership through ongoing discussions with relevant stakeholders.
3. Introduce a revised schedule of fees for the accreditation of osteopathic programs of study from 1 January 2013.
4. Undertake a major review of the standards for the accreditation of osteopathic courses in Australia in the 2013-2014 financial year.
5. Continue to accredit osteopathic programs of study in accordance with the *List of Accredited Osteopathic Programs of Study*.
6. Assess other appropriate overseas regulatory authorities as agreed with OBA under the Draft *Policy for Assessment and Recognition of Overseas Assessment and Regulatory Authorities*.
7. Review the documentation relating to the standard assessment pathway for overseas applicants including the candidate guides.
8. Develop module/s for overseas registered osteopaths to complete as part of meeting registration requirements.
9. Formalise Memoranda of Understanding with identified key stakeholders.

Constitution of Australian and New Zealand Osteopathic Council Limited ACN 142 289 049

Adopted 23 February 2010

Amended 30 June 2010

Amended 25 October 2011

Amended 28 March 2012

Amended 27 April 2012

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Corporations Act 2001

Company Limited by Guarantee

Constitution of Australian and New Zealand Osteopathic Council Limited

ACN 142 289 049

1. Definitions and interpretation

1.1. Definitions

In this Constitution (unless the context otherwise requires):

- (a) **Aims** is defined in **clause 4**;
- (b) **ASIC** means the Australian Securities and Investments Commission;
- (c) **Auditors** means the auditors for the time being of the Company;
- (d) **Board** means the board of Directors of the Company appointed in accordance with **clause 10(b)**;
- (e) **Business Day** means the period from 9.00am to 5.00pm during a day of the week which is not a Saturday, Sunday or public holiday in New South Wales;
- (f) **Chairperson** means the presiding member of the Board and includes the person acting as such for the time being and Deputy Chairperson has a corresponding meaning;
- (g) **Constitution** means the constitution for the time being of the Company;
- (h) **Company** means Australian and New Zealand Osteopathic Council ACN 142 289 049;
- (i) **Corporations Act** means the Corporations Act, 2001 (Cth);
- (j) **Corporation** includes a public authority, institution, association, club and partnership;
- (k) **Director** means a director of the Company appointed in accordance with **clause 9(b)**;
- (l) **Executive Officer** means the person appointed from time to time in accordance with **clause 12**;

- (m) **Financial Year** means each 12 month period ending on 30 June or such other date as determined by the Board and approved by ASIC;
- (n) **Member** means a member for the time being of the Company;
- (o) **Nominated Director** means a director nominated pursuant to clauses **10(b)**;
- (p) **Office** means the Company's registered office situated as specified in **clause 3**;
- (q) **Register** means the register of Members of the Company;
- (r) **Seal** includes the common seal of the Company;
- (s) **Secretary** means any person appointed to perform the duties of a secretary of the Company and includes an honorary secretary. If there are joint secretaries, any one or more of the joint secretaries;
- (t) **State** means New South Wales;
- (u) **Supreme Court** means the Supreme Court of New South Wales;

1.2. Interpretation

Unless the contrary intention appears in this Constitution:

- (a) words used to denote persons generally or imports a natural person include any corporation, body corporate, body politic, partnership, joint venture, association, board, group or other body (but this intention does not apply to limit or extend distinctions between natural persons and corporations in relation to membership of the Company, the Board, Directors and any committees);
- (b) **in writing** and **written** includes printing, electronic and other modes of representing or reproducing words in a visible form;
- (c) the singular includes the plural and vice versa;
- (d) words importing one gender include the other genders (but not to limit the distinctions between natural persons and corporations in relation to membership of the Company, the Board, Directors and any committees);
- (e) a reference to a person includes that person's successors and legal personal representatives;
- (f) a reference to a section, statute, regulation, proclamation, ordinance or by-law includes all sections, statutes, regulations, proclamations, ordinances or by-laws amending, consolidating or replacing it, whether passed by the same or another governmental authority with legal power to do so and a reference to a statute includes all regulations, proclamations, ordinances and by-laws issued under that statute;
- (g) a reference to a clause is a reference to a clause of this Constitution;

- (h) where a word or phrase is given a particular meaning, other parts of speech and grammatical forms of that word or phrase have corresponding meanings;
- (i) headings and boldings are for convenience only and do not affect its interpretation;
- (j) where anything required to be done under this Constitution falls to be done on a day which is not a Business Day it is deemed to be required to be done on the first Business Day following the date upon which it would otherwise be required to be done;
- (k) a reference to the Corporations Act is a reference to the Corporations Act as modified or amended from time to time;
- (l) terms defined in the Corporations Act have the same meaning in this Constitution;
- (m) notices must be in writing.

1.3. Application of the Corporations Act

- (a) This Constitution is to be interpreted subject to the Corporations Act.
- (b) Sections of the Corporations Act that apply as replaceable rules to companies under the Corporations Act do not apply to this Company.

2. Name

The name of the Company is Australian and New Zealand Osteopathic Council Limited (**ANZOC**).

3. Registered Office

The registered office of the Company will be situated at such a place as determined by the Board of Directors from time to time.

4. Aims

The primary aims of the Company are to:

- (a) Create a policy framework that helps ensure that 'equivalency', as encompassed in the Trans-Tasman Mutual Recognition Agreement, is maintained.
- (b) Assess for the purpose of granting accreditation to programs leading to the eligibility of people for registration as an osteopath in Australia and New Zealand.
- (c) Advise and make recommendations to the osteopathic regulatory authorities (or successor body(s)) relating to the accredited status to be granted to an osteopathic program.

- (d) Advise and make recommendations to the osteopathic regulatory authorities (or successor body(s)) and other relevant interest groups on matters concerning the registration of osteopaths.
- (e) Develop, review and maintain accreditation standards and processes to assess osteopathic programs.
- (f) Assess the suitability of overseas-trained osteopaths to practise in Australia and New Zealand.
- (g) Provide information and advice to government bodies concerning the adequacy of a person's skills in the field of Osteopathy for the purposes of migration to Australia and New Zealand.
- (h) Provide information and advice to government bodies relating to law and policy concerning the registration of osteopaths in Australia and New Zealand.
- (i) Establish and maintain relationships with bodies or organisations having objects and functions in whole or in part similar to the objects and functions of ANZOC.

5. **Functions and Powers of the Company**

- (a) The powers of the Company are those contained in the Corporations Act. Without limitation, the Company has power, within and outside the jurisdiction of incorporation to register or ensure the recognition of the Company as a body corporate in any place outside the jurisdiction of incorporation.
- (b) The Company must only exercise its powers to:
 - (i) carry out the Aims; and/or
 - (ii) do all things incidental or convenient to carry out the Aims.
- (c) The income and property of the Company may only be used to:
 - (i) carry out the Aims; and/or
 - (ii) do things incidental or convenient to carry out the Aims.
- (d) Except for payments made under **clause 5(e)**, no part of the income, property or profits of the Company, may be paid, transferred or distributed, directly or indirectly, by way of dividend, bonus, or otherwise to any Members or Directors.
- (e) Nothing in this **clause 5** prevents payment in good faith and approved by the Board for matters ancillary or related to the Aims, including but not limited to reasonable payments to a Member or Director:

- (i) for the provision of necessary facilities, equipment or apparatus and other administrative or fundraising expenses;
- (ii) for any goods or services rendered by a Member or a Director to the Company in a professional or technical capacity or in the ordinary course of business including remuneration of the Executive Officer;
- (iii) for any interest at a rate not exceeding the rate for the time being fixed for the purposes of this clause by the Board on money borrowed from any Member;
- (iv) for reasonable and proper rent for premises demised or let by any Member to the Company;
- (v) for the indemnification of, or payment of premiums on contracts of insurance for, any Director to the extent permitted by law and this Constitution; and
- (vi) for Directors' sitting fees.

6. Member's Liability

- (a) The liability of the Members is limited.
- (b) Every Member will contribute to the property of the Company, where the Company is wound up:
 - (i) while the Member is a Member; or
 - (ii) within one year after the Member ceases to be a Member,
 for payment of the debts and liabilities of the Company contracted before the Member ceases to be a Member and the costs, charges and expenses of winding up and adjustment of the rights of the contributories among themselves.
- (c) The amount of contribution of each Member is limited to \$20.00.

7. Membership

- (a) Before 1 July 2010 the following organisations are eligible for membership of the Company:
 - (i) the Chiropractic & Osteopathy Board of South Australia;
 - (ii) the Osteopaths Registration Board of New South Wales;
 - (iii) the Osteopaths Registration Board of Victoria;
 - (iv) the Chiropractors & Osteopaths Registration Board of Tasmania;
 - (v) the Osteopaths Board of Western Australia;
 - (vi) the Osteopaths Board of Queensland;

- (vii) the Chiropractors & Osteopaths Board of the Australian Capital Territory;
 - (viii) the Chiropractors & Osteopaths Board of the Northern Territory;
 - (ix) the Osteopathic Council of New Zealand; or
 - (x) such other organisation as the Board admits to membership in accordance with this Constitution.
- (b) After 1 July 2010, the membership of the Members listed in clause (a) (i)-(viii) above will be cancelled and the following organisations will be eligible for membership of the Company:
- (i) the Osteopathy Board of Australia (or its nominee);
 - (ii) the Australian Health Practitioner Regulation Agency (or its nominee);
 - (iii) the Osteopathic Council of New Zealand (or its nominee); and
 - (iv) such other organisation as the Board admits to membership in accordance with this Constitution.
- (c) To be eligible for membership a person must apply to the Company for membership. The application for membership will be in such form as the Board from time to time prescribes.
- (d) At the next meeting of the Board after the receipt of each application for membership, such application must be considered by the Board. The Board must determine to admit or reject the applicant. The Board is not required to give any reason for the rejection or admission of an applicant.
- (e) When an applicant has been accepted for membership the Secretary must promptly send to each applicant written notice of acceptance.
- (f) The Secretary must keep a Register setting out the name and address of each Member.

8. Cessation of Membership

- (a) A Member may at any time by giving notice to the Secretary resign membership of the Company.
- (b) If a Member wilfully refuses or neglects to comply with the Constitution or is guilty of any conduct which, in the opinion of the Board, is unbecoming of a Member or prejudicial to the interests of the Company, the Board may by resolution censure, suspend or expel the Member from membership of the Company.
- (c) At least one week before a meeting of the Board at which a resolution to censure, suspend or expel a Member is passed the Member must be given notice of:
 - (i) the date of such meeting;

- (ii) what is alleged against the Member; and
 - (iii) the intended resolution.
- (d) That Member must, at such meeting, and before the passing of such resolution have an opportunity of giving verbally or in writing any explanation or defence the Member thinks fit.
- (e) Where a resolution is passed by the Board for expulsion, the Member will be expelled.
- (f) The Board may exclude a Member whose expulsion is being considered from participation in the affairs of the Company until the question of expulsion has been dealt with.
- (g) Subject to this Constitution, the Board may at any time and from time to time remove a Member from membership of the Company, and the name of the Member from the Register where:
 - (i) the Member resigns;
 - (ii) the Member ceases to be eligible for membership;
 - (iii) the Member being a company or corporation goes into liquidation whether voluntarily or compulsorily except for the aims of reconstruction or amalgamation;
 - (iv) the Member being an individual becomes bankrupt, makes a composition with his or her creditors, or dies;
 - (v) the Member being a partnership is dissolved for any reason provided that if more than half the former partners continue to carry on the former partnership business under the same name with or without new partners the new partnership will be entitled to continued membership; or
 - (vi) the Member is otherwise expelled under **clause 8**.
- (h) Any Member whose membership terminates for any reason will continue to be liable for any sum due by that Member (if any) to the Company.
- (i) Every person ceasing to be a Member whether by retirement, expulsion, death or otherwise forfeits all rights or claims on the Company or its property or assets.

9. **Board Composition**

- (a) The Board will be comprised of not less than 7 and not more than 17 Directors.
- (b) Before 1 July 2010 the Board will be comprised of the following Directors:
 - (i) Nominated Directors:
 - (a) one representative from each Member;

- (ii) External Directors:
 - (a) Two persons nominated by the Australian Osteopathic Association;
 - (b) One person nominated by an osteopathic professional association in New Zealand;
 - (c) Two persons nominated from institutions offering osteopathic programs in Australia;
 - (d) One person nominated from institutions offering osteopathic programs in New Zealand; and
 - (e) Two persons as community representatives.
- (c) From 1 July 2010 the Board will be comprised of the following Directors:
 - (i) Nominated Directors:
 - (a) up to two persons nominated by the Osteopathy Board of Australia; and
 - (b) up to two persons nominated by the Osteopathic Council of New Zealand;
 - (ii) External Directors:
 - (A) up to two persons nominated by the Australian Osteopathic Association;
 - (B) up to one person nominated by an osteopathic professional association in New Zealand;
 - (C) up to two persons nominated from institutions offering osteopathic programs in Australia;
 - (D) up to one person nominated from institutions offering osteopathic programs in New Zealand; and
 - (E) up to three persons as community representatives.

10. **Qualification, Nomination and Election of Directors**

- (a) The Directors must be Nominated Directors (who are to be registered osteopaths where possible) or persons who, because of their tenure of some public office or other position or activity in the community, may be expected to have a primary responsibility to the community as a whole, and a high degree of responsibility to the public in controlling and administering the Company.
- (b) Every appointment of a Nominated Director takes effect when written notice of the appointment is received at the Company's registered office together with a written consent to act as a Director. Every removal of a Nominated Director takes effect when notice of the removal is received at the registered office of the Company.
- (c) Every appointment of a Director, other than a Nominated Director, takes effect when written consent to act as a Director is received at the Company's registered office.
- (d) A Director holds office for 3 years or for such shorter period specified in the instrument of appointment of the Director. A Director is eligible for reappointment, subject to this Constitution, provided that a Director other than a Nominated Director may be removed by the Board by a simple majority of Directors voting at a meeting of the Board called for that aim.
- (e) Where the office of any Nominated Director is vacant a person may be appointed to fill the vacancy by the person or organisation who or which nominated the previous incumbent.
- (f) Where the office of any other Director becomes vacant a person qualified as set out in **clause 10(a)** may be appointed by the Board to fill the vacancy.
- (g) Where a Member ceases to be a Member the office of its Nominated Director becomes vacant.

11. **Disqualification of Directors**

- (a) A Director's office becomes vacant where the Director:-
 - (i) becomes bankrupt or makes any arrangement or composition with the Director's creditors generally;
 - (ii) becomes prohibited from being a director of a company by reason of any order made under the Corporations Act;
 - (iii) ceases to be a Director by operation of any provision contained in the Corporations Act;

- (iv) becomes of unsound mind or a person whose person or estate is liable to be dealt with in any way under the law relating to mental health;
- (v) resigns office by notice in writing to the Company;
- (vi) ceases to hold the qualification pursuant to which the Director was appointed to the Board; or
- (vii) is removed by the person or organisation who or which nominated the person as a Director.

12. Executive Officer

- (a) The Board must appoint an Executive Officer who will be determined by the Board.
- (b) The Executive Officer is responsible to the Board for the management and administration of the work of the Company.
- (c) Without affecting the generality of clause 12(b) the Executive Officer will:-
 - (i) be the executive officer of the Company in all respects;
 - (ii) use his or her best endeavours at all times to enhance the good name of ANZOC;
 - (iii) so far as the Company's available resources permit, implement the policies of the Board;
 - (iv) at least once each Financial Year prepare an annual report for the Board on the work and activities of the Institute during the preceding 12 months;
 - (v) exercise such other functions duties and responsibilities as may be determined from time to time by the Board.
- (d) The Executive Officer, in the exercise of administrative duties, is subject to the control and direction of the Board otherwise than in relation to any report or recommendation to the Board.
- (e) The Board may appoint an acting Executive Officer who will have and may exercise the powers, duties and functions of the Executive Officer in the absence of that officer.
- (f) The Board may revoke or vary the appointment of the Executive Officer as it sees fit.

13. Board Powers

Subject to this Constitution the business of the Company is managed by the Board. The Board may exercise all powers of the Company as are not, by the Corporations Act or by this Constitution, required to be exercised by the Company in general meeting.

14. **Proceedings of Directors**

- (a) The Board may meet together for the despatch of business, adjourn and otherwise regulate its meetings as it thinks fit.
- (b) A Director may at any time, and the Secretary must on the requisition of a Director, summon a meeting of the Board.
- (c) Without limitation, a meeting of Directors includes the Directors communicating with each other by any technological means by which they are able to participate in discussion where the Directors (or any one or more of them) are not physically present in the same place. A Director so participating in such meeting is deemed to be present (including for the aims of constituting a quorum) and entitled to vote at the meeting.
- (d) A resolution in writing signed by all the Directors or by all the members of any committee appointed pursuant to this Constitution for the time being entitled to receive notice of a meeting of the Board or such committee, is as valid and effectual as if it had been passed at a meeting of the Board or committee concerned duly convened and held. Any such resolution may consist of several documents in like form; each signed and dated by one or more Directors or members of the committee concerned. The resolution is passed when the last Director or member signs.
- (e) The quorum necessary for the transaction of the business of the Board is the number which represents one half of the number of Directors then holding office plus one.
- (f) Subject to this Constitution questions arising at any meeting of the Board are decided by a majority of votes and a determination by a majority of the Directors is for all purposes deemed a determination of the Board.
- (g) In a case of an equality of votes the Chairperson of the meeting has a second or casting vote.
- (h) A meeting of Directors for the time being at which a quorum is present is competent to exercise all or any of the authorities, powers and discretions by or under the regulations of the Company for the time being vested in or exercisable by the Directors generally.
- (i) The continuing Directors may act despite any vacancy in the Board.
- (j) The Directors will elect a Director as Chairperson who will chair meetings and a Deputy Chairperson and may determine the period for which the Chairperson and Deputy Chairperson. If at any meeting the Chairperson is not present within five minutes after the time appointed for holding the same the Deputy Chairperson will chair the meeting and in the absence of the Deputy Chairperson the Directors present must choose one of their number to chair the meeting.
- (k) The Directors will elect a Treasurer who is responsible to the Board for such matters as the Board determines from time to time.

- (l) All acts done by any meeting of the Board or by any committee appointed pursuant to this Constitution or by any person acting as a Director or member of any such committee will, despite that it is discovered afterwards that there was some defect in the appointment of any such Director or member of such committee or person acting or that the Directors or members of such committee or any of them were disqualified, be as valid as if every such person had been duly appointed and was qualified to be such a member.
- (m) The Board may delegate any of its powers, functions and duties (not being non-delegable duties imposed on the Board by the Corporations Act or the general law) to one or more committees consisting of such Members and such other persons as the Board thinks fit. Any committee so formed may regulate the conduct of its own affairs, but must conform to any regulations that are imposed on it by the Board.

15. **Executive Committee**

- (a) The Board will establish an Executive Committee to conduct the business of ANZOC.
- (b) The Chairperson, Deputy Chairperson and the Treasurer will form the Executive Committee and will hold office for a period of 3 years.
- (c) The Board may delegate any of its powers, functions and duties (not being non-delegable duties imposed on the Board by the Corporations Act or the general law) to the Executive Committee.
- (d) The Executive Committee may regulate the conduct of its own affairs, but must conform to any regulations that are imposed on it by the Board.

16. **Minutes**

- (a) The Board must ensure that minutes are made which record:
 - (i) proceedings and resolutions of meetings of the Members (including meetings of a committee of Members);
 - (ii) proceedings and resolutions of Directors' meetings (including meetings of a committee of Directors and of the Board);
 - (iii) resolutions passed by Directors without a meeting.
- (b) The Board must ensure that minutes of a meeting are signed within a reasonable time after the meeting by one of the following:
 - (i) the person who chairs the meeting at which proceedings were held; or
 - (ii) the person who chairs the next succeeding meeting.
- (c) The Directors must ensure that minutes of the passing of a resolution without a meeting are signed by a Director within a reasonable time after the resolution is passed.

17. Annual General Meetings

- (a) An annual general meeting of the Company must be held in accordance with the Corporations Act.
- (b) The business of the Company's annual general meeting is to receive and consider the financial report, the Directors' report and the Auditor's report and to appoint and fix the remuneration of the Auditors.

18. Calling General Meetings

- (a) Any Director may, at any time call a general meeting.
- (b) A Member may:
 - (i) only request the Board to convene a general meeting in accordance with section 249D of the Corporations Act; and
 - (ii) not request or call and arrange to hold a general meeting except under section 249E or 249F of the Corporations Act.
- (c) Subject to the Corporations Act, at least 21 days' notice of a general meeting (exclusive of the day on which the notice is served or deemed served pursuant to **clause 28(a)**, but inclusive of the day for which notice is given) must be given to all persons entitled to receive such notices from the Company.
- (d) A notice calling a general meeting must specify:
 - (i) the place, date and time for the meeting and, if the meeting is to be held in two or more places, the technology that will be used to facilitate this;
 - (ii) the general nature of the business to be considered at the meeting;
 - (iii) a place, facsimile number and electronic address for the purposes of appointing a proxy.
- (e) Neither the non-receipt of notice by any Member nor the accidental omission to give notice of any general meeting to any Member entitled to notice (including a proxy appointment form) invalidates the proceedings at or any resolution passed at that meeting.
- (f) The Board may postpone or cancel any general meeting as the Board thinks fit (other than a meeting called under **clause 18(b)(ii)**). The Board must cause notice to be given of the postponement or cancellation to all persons entitled to receive notices of general meeting from the Company.

19. Proceedings at General Meetings

- (a) All business transacted at a general meeting, or an annual general meeting, with the exception of:

- (i) a consideration of the annual financial report, Directors' report and the Auditor's report;
 - (ii) the appointment of the Auditors, if necessary; and
 - (iii) the fixing of the Auditor's remuneration, requires a special resolution.
- (b) No business may be transacted at any general meeting of the Company unless a quorum of Members is present at the time when the meeting proceeds to business. Fifty percent of Members plus 1, present in person, is a quorum. For the purposes of this **clause 19** "Member" includes the person attending as a proxy or as representative of a Member.
- (c) If within 30 minutes from the time appointed for the meeting a quorum is not present, the meeting, if convened upon the requisition of Members, is dissolved. In any other case it is adjourned to the same day in the next week at the same time and place, or to such other day and such other time and place as the Board determines. If at the adjourned meeting a quorum is not present within 30 minutes from the time appointed for the meeting, the Members present (being not less than 4) constitute a quorum.
- (d) The Chairperson will chair every general meeting of the Company but if the Chairperson is not present within 25 minutes after the time appointed for the holding of the meeting or is unwilling to act the Members present may elect a Member present at the meeting to be chair of the meeting.
- (e) The Chairperson may, with the consent of any meeting at which a quorum is present (and must if so directed by the meeting), adjourn the meeting from time to time and from place to place, but no business will be transacted at any adjourned meeting other than the business left unfinished at the meeting from which the adjournment took place.
- (f) When a meeting is adjourned for 15 days or more, notice of the adjourned meeting must be given as in the case of an original meeting. Otherwise, it is not necessary to give any notice of an adjournment or the business to be transacted at an adjourned meeting.
- (g) At any general meeting a resolution put to the vote of the meeting will be decided on a show of hands unless a poll is (before or on the declaration of the result of the show of hands) demanded:
 - (i) by the Chairperson; or
 - (ii) by at least 3 Members present in person or by proxy.
- (h) The demand for a poll may be withdrawn.
- (i) Unless a poll is demanded a declaration by the Chairperson that a resolution has on a show of hands been carried or carried unanimously, or by a particular majority, or lost, and an entry to that effect in the book containing the minutes of the proceedings of the Company is conclusive

evidence of the fact without proof of the number or proportion of the votes recorded in favour of or against the resolution.

- (j) If a poll is duly demanded it will be taken in such manner and either at once or after an interval or adjournment or otherwise as the Chairperson directs.
- (k) The result of the poll is the resolution of the meeting at which the poll was demanded.
- (l) A poll demanded on the election of a Chairperson or on a question of adjournment must be taken immediately.
- (m) In the case of an equality of votes, whether on a show of hands or on a poll, the chair of the meeting at which the show of hands takes place or at which the poll is demanded is entitled to a second or casting vote.
- (n) Subject to **clause 19(m)** every Member present in person or by that Member's proxy or representative duly appointed has one vote.

20. **Proxies, Attorneys and Representatives**

- (a) The instrument appointing a proxy or representative must be in writing signed by the Member or of the Member's attorney duly authorised in writing or, if the Member is a corporation, either executed in accordance with section 127 of the Corporations Act or signed by an officer or attorney duly authorised by the corporate Member.
- (b) The instrument appointing a proxy or representative is deemed to confer authority to demand or join in demanding a poll.
- (c) A Member may instruct that Member's proxy or representative to vote in favour of or against any proposed resolutions.
- (d) Unless otherwise instructed the proxy or representative may vote or abstain as the proxy or representative thinks fit.
- (e) Unless otherwise indicated when voting, where a proxy votes, the proxy is deemed to have voted all directed proxies in the manner directed.
- (f) A proxy or representative need not be a Member.
- (g) The instrument appointing a proxy or representative may be in the following form or in a common or usual form:

To Australian and New Zealand Osteopathic Council Limited

I, of
being a Member of ANZOC appoint.....
of.....
or failing that person
of.....
as my proxy/representative* to vote for me at the annual
general/general* meeting of the Company, to be held on day
of..... 20... and at any adjournment.

My proxy/representative is authorised to vote *in favour of/*against the following resolutions:

Signed..... day of..... 20

Note 1. Where the Member wants to vote for or against any resolution the Member must instruct that Member's proxy/representative accordingly. Unless otherwise instructed, the proxy/representative may vote as the proxy/representative thinks fit.

*Strike out whichever is not desired.

- (h) The instrument appointing a proxy or representative and the power of attorney or other authority, if any, under which it is signed or a notarially certified copy of that power or authority must be deposited at the Office, or at such other place within the State or Territory as is specified for that purpose in the notice convening the meeting, not less than 24 hours before the time for holding the meeting or adjourned meeting at which the person named in the instrument proposes to vote, or, in the case of a poll, not less than 24 hours before the time appointed for the taking of the poll and in default the instrument of proxy is not valid. An instrument appointing a proxy or representative may be sent by facsimile transmission to the fax number or by electronic transmission to an electronic address in the notice convening the meeting provided that the date of deposit is deemed to be the next Business Day after it is sent.
- (i) A vote given in accordance with the terms of an instrument of appointment of proxy or attorney is valid despite the previous death or unsoundness of mind of the principal or revocation of the instrument or of the authority under which the instrument was executed, if no intimation in writing of such death, unsoundness of mind or revocation is received by the Company at the registered office before the commencement of the meeting or adjourned meeting at which the instrument is used.
- (j) Where a Member appoints a proxy or attorney the proxy or attorney may not vote on a show of hands. A proxy or attorney may vote on a poll.
- (k) The Board may determine that an appointment of proxy is valid even if it only contains some of the information required by section 250A(i) of the Corporations Act.
- (l) For the purposes of **clause 20(a)**, an appointment received at an electronic address will be taken to be signed by the Member if:
 - (i) a personal identification code allocated by the Company to the Member has been inserted into the appointment; or
 - (ii) the appointment has been verified in another manner approved by the Board.
- (m) A proxy's appointment is valid at an adjourned meeting.
- (n) A proxy, attorney or representative may be appointed for all meetings or for any number of meetings or for a particular purpose.

- (o) Unless otherwise provided in the appointment, the appointment of the proxy, attorney or representative confers authority to vote:
 - (i) on:
 - (a) any amendment moved to the proposed resolutions and/or on any motion that the proposed resolution not be put; and
 - (b) any procedural motion,
 - (ii) on any motion before the meeting whether or not the motion is referred to in the appointment.
- (p) Where a proxy appointment is signed by a Member but does not name or identify the proxy, the chairperson may either vote as proxy or complete the appointment by inserting the name of a Director or the Secretary.

21. Objections

- (a) An objection to the qualification of a voter may only be raised at the meeting or adjourned meeting at which the voter tendered a vote.
- (b) An objection must be referred to the chairperson of the meeting for determination. The chairperson's determination is final.
- (c) A vote which the chairperson allows despite an objection is valid for all purposes.

22. Written Resolutions of Members

- (a) The Company may pass a resolution without holding a general meeting if all Members entitled to vote on a resolution sign a document containing a statement that they are in favour of the resolution set out in the document. The resolution is passed when the last Member signs.
- (b) Separate copies of a document may be signed by Members if the wording is identical in each copy.

23. Accounts and Company Records

- (a) The Company must keep true financial records of all assets, investments and money received by the Company subject to any trusts or conditions and of all money received and expended by the Company. At least once in every Financial Year the financial records of the Company must be examined by the Auditors who will report to the Members in accordance with the provisions of the Corporations Act.
- (b) The Board must from time to time determine in accordance with this Constitution and the Corporations Act at what times and places and under what conditions or regulations the financial and other records of the Company are open to inspection of Members.

- (c) The Board must cause a financial report, Director's report and Auditor's report to be prepared, distributed and presented to each annual general meeting as required by the Corporations Act. Unless the Corporations Act otherwise provides, the financial report must be made up to a date no more than 5 months before the date of the meeting.

24. Audit

Auditors will be appointed and the Auditors' duties regulated in accordance with the Corporations Act.

25. Cheques

All cheques, promissory notes, bank drafts, bills of exchange and other negotiable instruments must be signed, drawn, accepted, endorsed or otherwise executed as the Board from time to time determines. All money received by the Company must be deposited at the earliest possible date to the credit of the Company's bank account. Receipts for money received must be issued promptly and signed by a Director or by such other person as the Board from time to time determines.

26. Secretary

The Board may appoint a Secretary for such term and upon such conditions as the Board thinks fit. Any Secretary appointed may be removed by the Board. Nothing prevents the Board from appointing a Member as honorary secretary.

27. Seal

The Board will provide for the safe custody of the Seal which may only be used by the authority of the Board, and every instrument to which the Seal is affixed must be signed by a Director and countersigned by the Secretary or by a second Director or by some other person appointed by the Board for that purpose.

28. Notices

- (a) Any notice required by law or by or under this Constitution to be given to any Member may be given by sending it:
 - (i) by post to that Member at that Member's registered address, or (if that Member has no registered address within Australia) to the address, if any, within Australia supplied by that Member to the Company for the giving of notices to that Member;
 - (ii) by facsimile transmission to the facsimile number (if any) nominated by the Member; or
 - (iii) by electronic means to the electronic address (if any) nominated by the Member.

Where notice is sent by post, service of the notice is deemed to be effected by properly addressing, prepaying and posting a letter containing the notice, and to have been effected in the case of a notice of a meeting 3 days after it is posted. Where service is effected by

facsimile transmission or electronic means the date of service is deemed to be the next Business Day after it is sent.

- (b) Notice of every general meeting must given in the manner authorised by this Constitution to:
 - (i) every Member except those Members who (having no registered address within Australia) have not supplied to the Company an address within Australia for the giving of notices; and
 - (ii) the Auditors.

No other person is entitled to receive notices of general meetings.

- (c) Notice to joint Members must be given to the joint Member named first in the register of Members.

29. Indemnity

- (a) Every Director, Auditor, Secretary and other officer for the time being of the Company will be indemnified out of the assets of the Company against any liability arising out of the holding or execution of the duties of his or her office:
 - (i) to another person (other than the Company or a related body corporate of the Company) unless the liability arises out of conduct involving a lack of good faith;
 - (ii) for costs and expenses incurred by him or her in defending any proceedings, whether civil or criminal, in which judgment is given in his or her favour or in which he or she is acquitted or in connection with any application in relation to such proceedings in which relief is granted to him or her by the court under the law.
- (b) To the extent permitted by law the Company may pay a premium in respect of a contract insuring any Director, Auditor, Secretary or other officer of the Company against any liability incurred by him or her as such an officer or Auditor. The Company may, however, pay such a premium even though it may not be liable under this Constitution or permitted under the Corporations Act to indemnify him or her against such liability.

30. By-Laws, Rules and Regulations

The Board may from time to time make such by-laws, rules and regulations not inconsistent with the Constitution as in the opinion of the Board are necessary and desirable for the proper control, administration and management of the Company's operations, finances, affairs, interests, effects and property and for the contributions, duties, obligations and responsibilities of the Members and amend or rescind from time to time any such by-laws, rules or regulations.

31. Winding up or Dissolution of Company

If upon the winding up or dissolution of the Company there remains after satisfaction of all its debts and liabilities any property, the same must not be

paid to or distributed amongst the Members but must be given or transferred to a fund, authority or institution:

- (a) with aims similar in whole or in part to the Aims; and
- (b) which has deductible gift recipient status, and
- (c) whose Constitution prohibits the distribution of income and property among its members to an extent at least as great as is imposed on the Company under or by virtue of **clause 5**,

such funds, authorities or institutions to be determined by the Board at or before the time of dissolution or, in default, by application to the Supreme Court for determination.



Australian and New Zealand Osteopathic Council (ANZOC)

Accreditation Committee

TERMS OF REFERENCE

Purpose

To oversee the processes involved in granting accreditation to programs that lead to the eligibility of people for registration as an osteopath in Australia and New Zealand.

Functions

The role of the Accreditation Committee is to:

- (a) Advise and make recommendations to osteopathic regulatory authorities relating to the accredited status to be granted to an osteopathic program
- (b) Develop, review and maintain accreditation standards and processes to assess osteopathic programs
- (c) Appoint accreditation assessment teams as required
- (d) Maintain a schedule of accreditation status
- (e) Review and follow up Annual Reports and Periodic Reports from institutions
- (f) Periodically review the Accreditation Policy
- (g) Advise the ANZOC Board of Directors on the suitability of osteopathy programs undergoing accreditation and graduates being qualified for registration in Australia and New Zealand
- (h) Ensure ongoing review and development of the accreditation process to ensure that it remains robust, defensible and equitable
- (i) Ensure that 'equivalency' as per the Trans-Tasman Mutual Recognition Agreement, is maintained
- (j) Manage the relevant appeals process

Reporting

The Accreditation Committee will report to the Executive Committee quarterly and to Board of Directors of ANZOC at its Annual General Meeting, or as required

Meetings

The Committee will meet at least six times per year (by teleconference or in person) or as required.

Committee Structure

The Committee will have:

- (a) At least one member who is an ANZOC director (one will be the Chairperson)
- (b) At least one nominee from the Australian Osteopathic Association (AOA) or a professional osteopathic body in New Zealand
- (c) At least one nominee from an Australian or New Zealand osteopathic program (Head of Program or higher)
- (d) At least one senior academic from outside the field of osteopathy that is currently engaged or has been engaged in a teaching program
- (e) At least one layperson with relevant skills and background

The Committee will select a Chairperson and two Deputy Convenors, one representing New Zealand and one representing Australia. The Chairperson shall ensure the Committee reviews the Terms of Reference annually and makes recommendations to the Board of Directors.

Membership

The Accreditation Committee will comprise of 5 to 7 members as determined by the ANZOC Board of Directors. Members will ordinarily be appointed for 3-year terms, and consecutive terms are permissible.

The Board of Directors will consider succession planning when making appointments in order to ensure continuity of purpose and maintain institutional knowledge.

Selection of members will ensure that the following skills and experience are available to the committee:

- (a) Experience in osteopathic accreditation assessment, mentoring or preceptorship
- (b) High level academic experience in the area of education and clinical assessment
- (c) Understanding of Australian and New Zealand health care and immigration regulatory frameworks
- (d) Current involvement in osteopathic education in Australia or New Zealand
- (e) Understanding of the role of coaching and mentoring in encouraging excellence in service delivery



Australian and New Zealand Osteopathic Council (ANZOC)

Overseas Assessment Committee

TERMS OF REFERENCE

Purpose

To assess the suitability of overseas-trained osteopaths to practise in Australia and New Zealand

Functions

The role of the Overseas Assessment Committee is to:

- (a) Manage the operation of the ANZOC overseas assessment process as detailed in the ANZOC Procedures Manual – Assessment of Professional Qualification in Osteopathy for Registration and General Skilled Migration
- (b) Advise the ANZOC Board of Directors on the suitability of overseas trained osteopaths for registration in Australia and New Zealand
- (c) Ensure ongoing review and development of the assessment process to ensure that it remains robust, defensible and equitable
- (d) Ensure that “equivalency” as per the Trans Tasman Mutual Recognition Agreement (TTMRA) is maintained
- (e) Make recommendations to the ANZOC Board of Directors in processes and policies regarding the assessment of overseas trained osteopaths for registration in Australia and New Zealand and General Skilled Migration in Australia
- (f) Manage the relevant appeals process
- (g) Review the schedule of fees for the overseas process annually and make recommendations to the ANZOC Board of Directors for variations as appropriate

Reporting

The Overseas Assessment Committee will report to the Executive Committee quarterly and to Board of Directors of ANZOC at its Annual General Meeting, or as required

Meetings

The Committee will meet at least four times per year (by teleconference or in person) or as required.

Committee Structure

The Committee will have:

- (a) At least two members who are ANZOC directors (one will be the Chairperson)
- (b) At least one practising osteopath from each jurisdiction
- (c) At least one layperson with relevant skills and background

The Committee will select a Chairperson and two Deputy Convenors, one representing New Zealand and one representing Australia. The Chairperson shall ensure the Committee reviews the Terms of Reference annually and makes recommendations to the Board of Directors.

Membership

The Overseas Assessment Committee will comprise of 5 to 7 members as determined by the ANZOC Board of Directors. Members will ordinarily be appointed for 3-year terms, and consecutive terms are permissible.

The Board of Directors will consider succession planning when making appointments in order to ensure continuity of purpose and maintain institutional knowledge.

Selection of members will ensure that the following skills and experience are available to the committee:

- (a) Experience in osteopathic competence assessment, mentoring or preceptorship
- (b) Experience in conducting osteopathic clinical examinations
- (c) Knowledge of current theories and processes for the assessment of clinical competency
- (d) High level academic experience in the area of education and clinical assessment
- (e) Understanding of Australian and/or New Zealand health care and immigration regulatory frameworks
- (f) Current involvement in osteopathic education in Australia or New Zealand
- (g) Understanding of the role of coaching and mentoring in encouraging excellence in service delivery

Australian and New Zealand Osteopathic Council Limited

(a company limited by guarantee)

ABN 45 142 289 049

Financial Report 30 June 2010

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Australian and New Zealand Osteopathic Council Ltd

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Corporate Information

Australian and New Zealand Osteopathic Council Ltd

Directors	Michael Mulholland-Licht	Chairperson
	Stiofan Mac Suibhne	Deputy Chairperson
	Jennifer Paull	Treasurer
	Dr Amanda Heyes	
	Dr Natalie Rutsche	
	Dr Benjamin Field	
	Richard Gordon Friis de Barry	
	Dr Luke Rickards	
	Dr Brett Vaughan	
	Dr Kate Blackmore	
	Dr Ray Myers	
	Prof Clive Standen	
	Dr Christine Ewan	
	Ms Suzie Linden	
<hr/>		
Company Secretary	Jennifer Diepeveen	
<hr/>		
Registered Office	c/- Steven J Miller & Co 2A Rofe Street, Leichhardt NSW 2040	
<hr/>		
Principle Place of Business	Suite 12, 318 Sydney Road Balgowlah NSW 2093	
<hr/>		
Auditors	Steven J Miller & Co Chartered Accountants	
<hr/>		

Directors' Report

Australian and New Zealand Osteopathic Council Ltd

Your directors present this financial report to the members of the company for the period ended 30 June 2010.

Directors

The names of the directors in office during the period and until the date of this report are:

	Date appointed	Date of cessation	Board		Accred		OQAC		Policy	
			A	B	A	B	A	B	A	B
M Mulholland-Licht	26 Feb 2010	continuing	1	1	-	-	18	20	1	2
S Mac Suibhne	26 Feb 2010	continuing	1	1	-	-	18	20	1	2
J Paull	26 Feb 2010	continuing	1	1	2	4	17	20	-	-
Dr A Heyes	26 Feb 2010	continuing	1	1	-	-	17	20	-	-
Dr N Rutsche	26 Feb 2010	continuing	1	1	-	-	3	20	-	-
Dr B Field	26 Feb 2010	continuing	-	1	-	-	-	-	-	-
R G Friis de Barry	26 Feb 2010	continuing	1	1	-	-	-	-	-	-
Dr L Rickards	26 Feb 2010	continuing	1	1	-	-	-	-	-	-
Dr B Vaughan	26 Feb 2010	continuing	1	1	-	-	-	-	1	2
Dr K Blackmore	26 Feb 2010	continuing	1	1	-	-	-	-	-	-
Dr R Myers	26 Feb 2010	continuing	1	1	-	-	-	-	-	-
Prof C Standen	26 Feb 2010	continuing	1	1	2	4	-	-	-	-
Dr C Ewan	26 Feb 2010	continuing	-	1	2	4	-	-	-	-
S Linden	26 Feb 2010	continuing	1	1	-	-	-	-	1	2

A Number of meetings attended

B Number of meetings held during the time the director held office during the period

Accred Accreditation committee

OQAC Overseas Qualifications Assessment Committee

Details of directors' qualifications, experience and special responsibilities can be found on page 7 of this report.

Company secretary

Ms Jennifer Diepeveen has been the Company Secretary since February 2010.

Operating result

The surplus for the period amounted to **\$4,414**.

Dividends

The company's constitution prohibits the declaration or payment of dividends.

Directors' Report

Australian and New Zealand Osteopathic Council Ltd

Principal activities

The primary aims of the Company are to:

- (a) Create a policy framework that helps ensure that 'equivalency', as encompassed in the Trans-Tasman Mutual Recognition Agreement, is maintained.
- (b) Assess for the purpose of granting accreditation to programs leading to the eligibility of people for registration as an osteopath in Australia and New Zealand.
- (c) Advise and make recommendations to the osteopathic regulatory authorities (or successor body(s)) relating to the accredited status to be granted to an osteopathic program.
- (d) Advise and make recommendations to the osteopathic regulatory authorities (or successor body(s)) and other relevant interest groups on matters concerning the registration of osteopaths.
- (e) Develop, review and maintain accreditation standards and processes to assess osteopathic programs.
- (f) Assess the suitability of overseas-trained osteopaths to practise in Australia and New Zealand.
- (g) Provide information and advice to government bodies concerning the adequacy of a person's skills in the field of Osteopathy for the purposes of migration to Australia and New Zealand.
- (h) Provide information and advice to government bodies relating to law and policy concerning the registration of osteopaths in Australia and New Zealand.
- (i) Establish and maintain relationships with bodies or organisations having objects and functions in whole or in part similar to the objects and functions of ANZOC.

There were no significant changes in the nature of the activities of the company during the period.

Review of operations

ANZOC's principal activities during the period were the accreditation assessment review of Southern Cross University, which holds Conditional Provisional Accreditation (June 2010) and commencement of the full accreditation assessment of Victoria University.

ANZOC obtained a funding agreement with the Department of Health and Ageing for the development of the Overseas Assessment Process based on the UTS Capabilities Research. Whilst the agreement was finalised in late June, the project would commence in the new financial year and the funding would also be received in the new financial year accordingly.

ANZOC signed an Interim Letter of Agreement with the Australian Health Practitioner Regulation Agency in late June as the Accreditation body in Australia for osteopathy.

Directors' Report

Australian and New Zealand Osteopathic Council Ltd

Indemnification and insurance of directors and officers

No indemnities have been given or insurance premiums paid, during or since the end of the financial period, for any person who is or has been an officer or auditor of the company.

Auditor's independence

A copy of the auditor's independence declaration as required under section 306(2) of the Corporations Acts 2001 is included on page 8.

Significant changes in state of affairs

In the opinion of the directors there were no significant changes in the state of affairs of the company that occurred during the financial period under review not otherwise disclosed in this report or the financial statements.

After balance date events

There has not arisen in the interval between the end of the financial period and the date of this report any item, transaction, or event of a material and unusual nature that in the opinion of the directors, is likely to affect significantly the operations of the company, the results of those operations, or the state of affairs of the company in subsequent financial years.

Future developments

The company will continue to carry on the principal activities as noted above. There are no likely developments in the activities in future years which will affect the results and therefore require disclosure.

Environmental issues

The company's operations are not regulated by any particular and significant environmental regulation under a law of the Commonwealth or State.

Directors' benefits

Since the end of the previous financial year no director of the company has received or become entitled to receive any benefit (other than the benefits included in Note 10 to the financial statements) because of a contract made by the company with the director or with a firm of which the director is a member, or with an entity in which the director has a substantial interest.

Proceedings on behalf of the entity

No person has applied for leave of Court to bring proceedings on behalf of the entity or intervene in any proceedings to which the entity is a party for the purpose of taking responsibility on behalf of the entity for all or any part of those proceedings.

Directors' Report

Australian and New Zealand Osteopathic Council Ltd

Directors' qualifications, experience and special responsibilities

Name	Experience	Special responsibilities
M Mulholland-Licht	Osteopath	Chairperson
S Mac Suibhne	Osteopath	Deputy Chairperson
J Paull	Osteopath NT Nominee	Treasurer
Dr A Heyes	Osteopath Member – Osteopaths Board of WA	
Dr N Rutsche	Osteopath Chairperson – Osteopaths Board of Queensland	
Dr B Field	Osteopath Deputy President – ACT Osteopaths Board	
R G Friis de Barry	Osteopath	
Dr L Rickards	Osteopath	
Dr B Vaughan	Osteopath	
Dr K Blackmore	Osteopath/Educationalist AOA Nominee	
Dr R Myers	Osteopath/Educationalist	
Prof C Standen	Osteopath/Educationalist	
Dr C Ewan	Senior Academic Medical doctor	
S Linden	Lawyer	

Signed in accordance with a resolution of the directors.

MICHAEL MULHOLLAND-LICHT

Director

Sydney

Dated / /

Auditor's Independence Declaration

To the Directors of the Australian and New Zealand Osteopathic Council Limited:

I declare that, to the best of my knowledge and belief, during the period ended 30 June 2010 there have been no contraventions of:

- (i) The auditor independence requirements of the Corporations Act 2001 in relation to the audit
- (ii) Any applicable code of professional conduct in relation to the audit.

STEVEN J MILLER & CO
Chartered Accountant

S J MILLER
Principal

Sydney

Dated / /

Income Statement

for the period ended 30 June 2010

Australian and New Zealand Osteopathic Council Ltd

	Note	26 Feb 2010 to 30 June 2010 \$
Revenue	3	31,405
Expenses		
Accreditation costs		(3,174)
Administration expenses		(5,051)
Committee expenses		(9,868)
Project expenses		(3,898)
Service fees		(5,000)

Net surplus for the period		4,414 =====

The above income statement should be read in conjunction with the accompanying notes.

Balance Sheet

as at 30 June 2010

Australian and New Zealand Osteopathic Council Ltd

	Note	26 Feb 2010 to 30 June 2010 \$
ASSETS		
Current assets		
Cash and cash equivalents	4	11,195
Prepayments	5	1,327

Total current assets		12,522

TOTAL ASSETS		12,522
		=====
LIABILITIES		
Current liabilities		
Trade and other payables	6	8,108

Total current liabilities		8,108

TOTAL LIABILITIES		8,108
		=====
NET ASSETS		4,414
		=====
EQUITY		
Accumulated funds		4,414
		=====

The above balance sheet should be read in conjunction with the accompanying notes.

Statement of Changes in Equity

for the period ended 30 June 2010

Australian and New Zealand Osteopathic Council Ltd

	26 Feb 2010 to 30 June 2010 \$
Balance at 1 July	-
Net surplus for the period	4,414

Balance at 30 June	4,414
	=====

The above statement of changes in equity should be read in conjunction with the accompanying notes.

Cash Flow Statement

for the period ended 30 June 2010

Australian and New Zealand Osteopathic Council Ltd

	Note	26 Feb 2010 to 30 June 2010 \$
Cash flows from operating activities		
<i>Receipts</i>		
Interest received		37
Receipts from members		34,505
<i>Payments</i>		
Other suppliers		(23,347)

Net cash inflow from operating activities	8	11,195
Net increase in cash and cash equivalents held		11,195
Cash and cash equivalents at the beginning of the financial period		-

Cash and cash equivalents at the end of the financial period	4	11,195
		=====

The above cash flow statement should be read in conjunction with the accompanying notes.

Notes to the Financial Statements

for the period ended 30 June 2010

Australian and New Zealand Osteopathic Council Ltd

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Notes to the Financial Statements

for the period ended 30 June 2010

Australian and New Zealand Osteopathic Council Ltd

1 Corporate information

The financial report of the Australian and New Zealand Osteopathic Council Limited for 30 June 2010 was authorised for issue in accordance with a resolution of the directors.

The Australian and New Zealand Osteopathic Council Limited is a company limited by guarantee, incorporated and domiciled in Australia.

The company was incorporated on 26 February 2010.

2 Summary of significant accounting policies

(a) Basis of preparation

The financial report is a general purpose financial report, which has been prepared in accordance with the Corporations Act 2001, Australian Accounting Standards and other authoritative pronouncements of the Australian Accounting Standards Board. The report has been prepared on an accruals basis and is based on historical costs. It does not take into account changing money values or, except where stated, current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets.

The financial report is presented in Australian dollars.

(b) Significant accounting judgements, estimates and assumptions

The presentation of financial statements requires management to make judgements, estimates and assumptions that affect the application of policies and reported amounts of assets, liabilities, income and expenses. The estimates and associated assumptions are based on historical experience and other various factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgements. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Notes to the Financial Statements

for the period ended 30 June 2010

Australian and New Zealand Osteopathic Council Ltd

2 Summary of significant accounting policies continued

(c) Taxation

Income tax

The company is currently not exempt from income tax. Recommendations will be made to the Australian Taxation Office to enable the company to achieve tax exemption status. Refer Note 9.

Goods and services tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST except where the amount of GST is not recoverable from the ATO, in which case it is recognised as part of the cost of acquisition of an asset or as part of an item of expense.

Trade receivables and trade payables are recognised inclusive of GST.

The net amount of GST recoverable from or payable to the ATO is included as part of receivables or payables.

Cash flows are included in the statement of cash flows on a gross basis. The GST component of cash flows arising from investing and financing activities which is recoverable from or payable to the ATO is classified as operating cash flows.

(d) Cash and cash equivalents

Cash and cash equivalents in the balance sheet comprise cash at bank and in hand and short term deposits with an original maturity of three months or less. For the purposes of the cash flow statement, cash and cash equivalents as defined above, net of any outstanding bank overdrafts.

(e) Revenue recognition

Revenue is measured at the fair value of the consideration received or receivable. Amounts disclosed are net of goods and services tax (GST). Revenue is recognised for the major business activities as follows:

Interest income

Revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

Notes to the Financial Statements

for the period ended 30 June 2010

Australian and New Zealand Osteopathic Council Ltd

2 Summary of significant accounting policies continued

(f) Trade and other receivables

Trade receivables are recognised and carried at original invoice amount less allowance for doubtful debts. Trade receivables are due for settlement no more than 30 days from the date of recognition.

Collectability of trade receivables is reviewed on an ongoing basis. Receivables which are known to be uncollectible are written off. An allowance for doubtful receivables is established when there is objective evidence that the company will not be able to collect all amounts due according to the original terms of receivables. The amount of the allowance is recognised in the income statement.

(g) Trade and other payables

Trade and other payables represent liabilities for goods and services provided to the company prior to the end of the financial year that are unpaid. These amounts are usually settled in 30 days. The notional amount of the payables is deemed to reflect fair value.

(h) New standards and interpretations not yet adopted

The AASB has issued new and amended accounting standards and interpretations that have mandatory application dates for future reporting periods as follows:

AASB 1053 – Application of Tiers of Australian Accounting Standards establishes a differential financial reporting framework consisting of two Tiers of reporting requirements for preparing general purpose financial statements. All non for profit sector entities apply either Tier 1 or Tier 2 in preparing general purpose financial statements. The application start date of the Standard is 1 July 2013.

AASB 2010-2 – Amendments to Australian Accounting Standards arising from reduced disclosure requirements provides further information regarding the differential reporting framework and the two Tiers of reporting requirements for preparing general purpose financial statements. The application start date of the Standard is 1 July 2013.

Notes to the Financial Statements

for the period ended 30 June 2010

Australian and New Zealand Osteopathic Council Ltd

26 Feb 2010
to 30 June 2010
\$

3 Revenue

From continuing operations

Interest received	37
Registration Boards' fees received	31,368

Total revenue	31,405
	=====

4 Cash and cash equivalents

Cash at bank and on hand	11,195
	=====

(a) Reconciliation to cash at the end of the period

The above figures are reconciled to cash at the end of the financial period as shown in the statement of cash flows as follows:

Balance per statement of cash flows	11,195
	=====

5 Prepayments

Current

Prepaid insurances	1,327
	=====

6 Trade and other payables

Current

Sundry creditors	5,519
Net GST payable	1,554
Loan payable – Australian Osteopathic Council	1,035

	8,108
	=====

Notes to the Financial Statements

for the period ended 30 June 2010

Australian and New Zealand Osteopathic Council Ltd

26 Feb 2010
to 30 June 2010
\$

7 Auditor's remuneration

The auditor of the Australian and New Zealand Osteopathic Council Limited is Steven J Miller & Co.

Amounts due and receivable by Steven J Miller & Co for:

Assurance services

Audit services

Audit of the financial report	2,000
	=====

8 Reconciliation of surplus from ordinary activities to net cash inflow from operating activities

Surplus from ordinary activities	4,414
----------------------------------	-------

Changes in operating assets and liabilities

(Increase)/decrease in prepayments	(1,327)
(Decrease)/increase in trade and other payables	8,108

Net cash inflow from operating activities	11,195
	=====

9 Contingent liabilities

The company is currently undergoing a review of its income tax exemption status. Although initial correspondence from the Australian Taxation Office (ATO) has rejected the company's application for tax exemption, the company's directors will lodge an objection with the ATO.

Based on the principal of mutuality, the estimated tax payable by the company for the period ended 30 June 2010 is zero as all income for the period has been received by members.

Notes to the Financial Statements

for the period ended 30 June 2010

Australian and New Zealand Osteopathic Council Ltd

10 Director and executive disclosures

(a) Directors

Directors of the company in office during the period are disclosed in the directors' report that accompanies these financial statements.

(b) Directors' compensation

The directors act in an honorary capacity and receive no compensation for their services.

(c) Transactions with director-related entities

No director or executive has entered into a material contract with the company since the end of the previous financial year and there were no material contracts involving directors' interests subsisting at period end.

(d) Key management personnel compensation

Those persons who have authority for planning, directing and controlling the company's activities, directly or indirectly, are:

Jennifer Diepeveen Executive Officer

26 Feb 2010
to 30 June 2010
\$

Short term employee benefits	5,000
	=====

11 Members' guarantees

The guarantee of members in the event of the winding up of the company is limited to \$20 per member. At 30 June 2010, the company has a total of 9 members representing a total guarantee of \$180.

Directors' Declaration

In the opinion of the directors of the Australian and New Zealand Osteopathic Council Limited:

- (a) the financial statements and notes, set out on pages 9 to 19 are drawn up in accordance with the Corporations Act 2001, including;
 - (i) giving a true and fair view of the financial position of the company as at 30 June 2010 and of its performance, as represented by the results of its operations and its cash flows, for the period ended on that date; and
 - (ii) complying with Accounting Standards and Corporations Regulations; and
- (b) there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This statement is made in accordance with a resolution of the directors.

MICHAEL MULHOLLAND-LICHT
Director

Sydney

Dated / /

Independent Audit Report

To the members of the Australian and New Zealand Osteopathic Council Ltd

Report on the financial report

I have audited the accompanying financial report of the Australian and New Zealand Osteopathic Council Limited (the company), which comprises the balance sheet as at 30 June 2010 and the income statement, statement of changes in equity and cash flow statement for the period ended on that date, a summary of significant accounting policies and other explanatory notes and directors' declaration.

The responsibility of the directors for the financial report

The directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the *Corporations Act 2001*. This responsibility includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances. In Note 2, the Directors also state, in accordance with Australian Accounting Standards AASB 101 *Presentation of Financial Statements*, that the financial report, comprising the financial statements and notes, complies with International Financial Reporting Standards.

Auditor's responsibility

My responsibility is to express an opinion on the financial report based on my audit. I have conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the company's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

Independent Audit Report

To the members of the Australian and New Zealand Osteopathic Council Ltd

Auditor's responsibility continued

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

In conducting my audit, I have complied with the independence requirements of the *Corporations Act 2001*.

Auditor's opinion pursuant to the Corporations Act 2001

In my opinion, the financial report of the Australian and New Zealand Osteopathic Council Limited as of 30 June 2010 is in accordance with:

- a) the *Corporations Act 2001*, including:
 - i. giving a true and fair view of the Company's financial position as at 30 June 2010 and of its performance for the period ended on that date; and
 - ii. complying Australian Accounting Standards and the Corporations Regulations 2001; and
- b) the financial report also complies with the International Financial Reporting Standards as disclosed in Note 2.

STEVEN J MILLER & CO

Chartered Accountant

S J MILLER

Principal

Sydney

Dated / /

Additional Financial Information Disclaimer

Australian and New Zealand Osteopathic Council Ltd

The additional financial data presented on page 24 is in accordance with the books and records of the company which have been subjected to the auditing procedures applied in my statutory audit of the company for the period ended 30 June 2010. It will be appreciated that my statutory audit did not cover all details of the additional financial information. Accordingly, I do not express an opinion on such financial information and no warranty of accuracy or reliability is given.

In accordance with my firm's policy, I advise that neither the firm nor any member or employee of the firm undertakes responsibility arising in any way whatsoever to any person (other than the company) in respect of such information, including any errors or omissions therein, arising through negligence or otherwise however caused.

STEVEN J MILLER & CO

Chartered Accountant

S J MILLER

Principal

Sydney

Dated / /

Detailed Income Statement

for the period ended 30 June 2010

Australian and New Zealand Osteopathic Council Ltd

	26 Feb 2010
	to 30 June 2010
	\$
INCOME:	
Interest received	37
Registration Boards' fees received	31,368

TOTAL INCOME	31,405
	=====
EXPENDITURE	
Accreditation expenses	3,174
Administrative expenses	3,449
Board and committee member fees and expenses	8,914
Conferences	954
Insurances	1,602
Project expenses	3,898
Service fees – Executive Officer	5,000

TOTAL EXPENDITURE	26,991

NET SURPLUS	4,414
	=====

The above UNAUDITED detailed income statement should be read in conjunction with the disclaimer



Australian and New Zealand Osteopathic Council Limited

ABN 45 142 289 049

Annual Report for the year ended 30 June 2011

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Corporate Information

Directors	Michael Mulholland-Licht Stiofan Mac Suibhne Marion Clark Kate Blackmore Christine Ewan Suzie Linden Ray Myers Clive Standen	Chairperson Deputy Chairperson Treasurer
Company Secretary	Rachel Portelli	
Registered Office	c/- Steven J Miller & Co 2A Rofe Street, Leichhardt NSW 2040	
Principal Place of Business	Suite 12, 318 Sydney Road Balgowlah NSW 2093	
Auditors	Steven J Miller & Co Chartered Accountants	

Directors' Report

Directors' Report

The directors of Australian and New Zealand Osteopathic Council Limited (ANZOC or the company) submit herewith the financial report of the company for the year ended 30 June 2011. In order to comply with the provisions of the *Corporations Act 2001*, the directors' report as follows:

Principal Activities, Objectives and Measures of Performance

The principal activities of ANZOC are the accreditation of osteopathy programs leading to the eligibility of graduates for registration as osteopaths in Australia and New Zealand and the assessment of the suitability of overseas-trained osteopaths to practise in Australia and New Zealand.

The aims of ANZOC as outlined in the Constitution are to:

- Create a policy framework that helps ensure that 'equivalency', as encompassed in the Trans-Tasman Mutual Recognition Agreement, is maintained.
- Assess, for the purpose of granting accreditation to programs, the eligibility of people for registration as osteopaths in Australia and New Zealand.
- Advise and make recommendations to the osteopathic regulatory authorities [or successor body(s)] relating to the accredited status to be granted to an osteopathic program.
- Advise and make recommendations to the osteopathic regulatory authorities [or successor body(s)] and other relevant interest groups on matters concerning the registration of osteopaths.
- Develop, review and maintain accreditation standards and processes to assess osteopathic programs.
- Assess the suitability of overseas-trained osteopaths to practise in Australia and New Zealand.
- Provide information and advice to government bodies concerning the adequacy of a person's skills in the field of osteopathy for the purposes of migration to Australia and New Zealand.
- Provide information and advice to government bodies relating to law and policy concerning the registration of osteopaths in Australia and New Zealand.
- Establish and maintain relationships with bodies or organisations having objects and functions in whole or in part similar to the objects and functions of ANZOC.

ANZOC's short-term objective is to maintain a stable governance structure supported by documented policies and procedures for accreditation and assessment of overseas qualified osteopaths accessible on a user-friendly website.

ANZOC's long-term objective is to be recognised internationally as having a best practice model for the assessment of overseas-qualified osteopaths evidenced by the number of these osteopaths successfully migrating to Australia.

Directors' Report (continued)

To achieve these objectives, ANZOC has adopted the following strategies:

- The Board and its Committees work in partnership with each other and a wide range of sector stakeholders, evidenced by their ongoing support for ANZOC's programs and initiatives
- ANZOC ensures that its member and sector stakeholders understand and participate in its programs and initiatives through ongoing consultation to ensure the success of its programs
- The Board and its Committees are committed to ensuring public safety by accrediting programs against a set of rigorous standards and assessing overseas qualified osteopaths in line with current best practice
- The Board and its Committees work within a well defined corporate governance framework and provide clear expectations of professional accountabilities and responsibilities to all stakeholders

Results of Operations

The surplus of the company for the year ended 30 June 2011 is \$48,445 (2010: surplus \$4,414).

Review of Operations

From 1 July 2010 for a period of three years, ANZOC was appointed to perform accreditation functions under the *Health Practitioner Regulation National Law 2009* (National Law).

In the year ending 30 June 2011, ANZOC awarded full accreditation for five years to the Victoria University osteopathy program commencing 1 January 2011. Ongoing monitoring of the Southern Cross University osteopathy program, which currently holds conditional provisional accreditation, continued.

In June 2010, ANZOC was awarded funding from the Australian Government Department of Health and Ageing (DoHA) to establish a new assessment process for overseas trained osteopaths. The year long project culminated in a final report to DoHA that provided a set of tools for the assessment of overseas applicants aligned with current best practice in assessment design and underpinned by broad based and future orientated definitions of practice. Commencing in January 2011, the assessment process has attracted significant interest from overseas trained osteopaths with four osteopaths successfully completing the four-stage assessment process to 30 June 2011 and 7 applicants at various stages of the assessment process.

In April 2011, the Osteopathic Council of New Zealand (OCNZ) opened a competent authority pathway to registration for United Kingdom trained osteopaths. This is also attracting significant interest with over 5 osteopaths taking advantage of this option to 30 June 2011.

Directors' Report (continued)

Significant Changes In the State of Affairs

There were no significant changes in the company's state of affairs during the financial year.

Performance In Relation to Environmental Regulation

The operations of the company are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

Likely Developments and Future Results

The company expects to maintain the present status and level of operations and hence there are no likely developments in the company's operations. The company is continually updating, reviewing and improving its management and governance practices to ensure that the strategic objectives of the company are met. A review of the Constitution is planned.

Dividends

The company is limited by guarantee and its Constitution precludes the payments of dividends.

Events Subsequent to Balance Date

In September 2011, the Osteopathic Council of New Zealand indicated its intent to withdraw its membership from ANZOC. The Directors are currently considering alternative options available to the company and will address the expected changes in a review of the Constitution.

No further matters or circumstances have arisen since the end of the financial year that has significantly affected or may significantly affect, the operations of the company, the results of those operations, or the state of affairs of the company in future financial years.

Directors

Michael Mulholland-Licht (Chairperson)

Michael Mullholland-Licht is a practising osteopath, an experienced educator and public speaker. In private practice in Sydney since 1986, Michael is a Past President of the Australian Osteopathic Association (AOA) and the World Osteopathic Health Organisation (WOHO).

He is in the inaugural Chairperson of the Australian and New Zealand Osteopathic Council (ANZOC) and also sits on the Board of Directors of the Osteopathic International Alliance (OIA). He also lectures in Osteopathic Manipulative Techniques (OMT) in Australia, Europe and South America.

Completing a D.O (Doctor of Osteopathy) at the Pacific College of Osteopathic Medicine, Sydney in 1984, he is a member of the Australian Osteopathic Association, which is committed to ongoing education.

Directors' Report (continued)

Directors

Stiofán Mac Suibne (Deputy Chairperson)

Stiofán is currently the Chair of the Osteopathic Council of New Zealand. He worked in private practice in Christchurch from 2005 to 2010 and is currently taking a break from full-time practice to pursue further studies. He is particularly interested in developing the scope of practice and developing post-graduate pathways for osteopaths.

Stiofán has a degree in Molecular Biology (Univ. London) and worked as a research scientist before undertaking audit training and working as a financial manager in social and healthcare organisations. He completed his osteopathic training in 2001, B.Sc. (Hons) Osteopathy at the London School of Osteopathy and taught for several years at both the British and London schools of osteopathy. He has several postgraduate qualifications; Post Graduate Certificate in Education (Univ. Greenwich), Certificate in Health Promotion (Open University) and Acupuncture in Western Medical Practice (British Medical Acupuncture Society / Univ. Hertfordshire). He is currently studying for a Master's in Health Science through the AUT.

Marion Clark (Treasurer)

Marion has followed a career in nursing, hospital management and national public policy advisory and management with over ten years as Chief Executive and Registrar of the Nursing Council of New Zealand. She brings to the Board an extensive background in health professional regulation including experience in accreditation of health professional (nursing) programs and an in depth knowledge of the Health Practitioner Regulation National Law 2009 (the National Law) gained developing policy to shape the current legislation.

With over 20 years experience in national health workforce development policy and regulation Marion was until recently the Principal Technical Specialist in Health Workforce New Zealand within the New Zealand Ministry of Health.

Kate Blackmore

Kate graduated from RMIT as an Osteopath in 2001. In 10 years of practice, she has gained a breadth of experience working with people of all ages in large and small practices from the inner city to rural towns.

Kate is renewed and challenged by her work educating student osteopaths at Victoria University. Kate takes a holistic view of health care using hands-on techniques to enhance general health and assist in the treatment of systemic illness and specific complaints.

Directors' Report (continued)

Directors

Christine Ewan

Christine is an Emeritus Professor of the University of Wollongong and has been a Deputy Vice Chancellor Academic, Pro Vice Chancellor Academic and Dean. In these roles she was responsible for strategic planning, faculty performance, academic quality assurance, and teaching and learning support and infrastructure. She was awarded a Member of the Order of Australia for contributions in this area in the Illawarra.

Christine has also worked as General Manager, Planning and Innovation in the NSW Department of Education, where she was responsible for strategic planning, research, evaluation and performance measurement and reporting. She has authored numerous books and articles on higher education, especially in the health professions. She has also served on numerous national committees including the National Health & Medical Research Council, the Australian Osteopathic Council, the Australian Environmental Health Council and the Australian Universities Teaching Committee.

Suzie Linden

Suzie Linden joined the Board of ANZOC in February 2010. She has practised in the field of health law and bioethics for most of her professional career, dealing with complex health law, medico-legal, regulatory and ethical issues, including consent and informed decision-making, end of life decision-making, mental health, privacy and confidentiality, infection control, the regulation of human research and conduct of clinical trials, risk management, legal compliance and governance obligations.

Suzie was the founder and continues to be the editor of the Australian Health Law Bulletin, which she established in 1992. She has been a member of numerous Federal and State Government advisory bodies, and currently sits as a member of the Human Research Ethics Committee of the Department of Health (Vic).

Suzie also teaches Clinical Ethics and Law, in the Faculty of Medicine, Monash University.

Ray Myers

Ray is osteopathic discipline lead at RMIT University in Melbourne. In this role he is responsible for the coordination and program quality assurance of the academic offerings of the Unit. Qualifying with a Bachelor of Applied Science in Osteopathy in 1995 and a Master of Osteopathic Science in 1998, Ray's two main research interests include the examination of processes of determining outcomes for osteopathy where standard clinical trial methodology is not appropriate and investigating the phenomena and therapeutic processes associated with osteopathy in the cranial field.

Directors' Report (continued)

Directors

Clive Standen

Associate Professor Clive Standen graduated from the British School of Osteopathy (London) in 1978 and completed an MA in Philosophy and Healthcare at the University of Wales in 1993. He was Principal and Chief Executive of the BSO from 1990 to 1998. Clive has lectured and examined in many different countries, including France, Italy, Canada, Russia, Sweden and Norway, developing educational osteopathy programs in several of those countries. In 1999 he was the first complementary health practitioner to be appointed to the position of Non-Executive Director on the Board of a National Health Service Hospital Trust. Since 2001 he has been Associate Professor and Associate Head of School for Osteopathy at Unitec in Auckland, New Zealand. He was responsible for the development and implementation of the Master of Osteopathy degree that comprises the second element of Unitec's five-year osteopathic education program.

Company Secretary

Jennifer Diepeveen – resigned 1 June 2011

Rachel Portelli – appointed 1 June 2011

Indemnification of Officers and Auditors

During the financial year, the company paid a premium in respect of a contract insuring the directors of the company (as named above), the company secretary and all executive officers of the company and of any related body corporate against a liability incurred as such a director, secretary or executive officer to the extent permitted by the Corporations Act 2011. The contract of insurance prohibits disclosure of the nature of the cover and the amount of the premium.

The company has not otherwise, during or since the financial year, except to the extent permitted by law, indemnified or agreed to indemnify an officer or auditor of the company or of any related body corporate against a liability incurred as such officer or auditor.

Proceedings on Behalf of the Company

No person has applied for leave of the Court to bring proceedings on behalf of the company, or to intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or part of those proceedings.

The company was not a party to any such proceedings during the year.

Auditor's Independence

A copy of the auditor's independence declaration for the year ended 30 June 2011 has been received and can be found in the directors' report on page 11.

Directors' Report (continued)

Directors' Meetings

Director	Date of appointment	Date of cessation	Board		Accreditation		Executive^	
			A	B	A	B	A	B
M Mulholland-Licht	26 Feb 2010	-	3	3	*	*	10	10
S Mac Suibhne	26 Feb 2010	-	3	3	*	*	9	10
J Paull#	26 Feb 2010	1 Jun 2011	2	2	3	3	7	7
A Heyes	26 Feb 2010	1 Jul 2010	-	-	*	*	*	*
N Rutsche	26 Feb 2010	1 Jul 2010	-	-	*	*	*	*
B Fields	26 Feb 2010	1 Jul 2010	-	-	*	*	*	*
R G Friis de Barry	26 Feb 2010	1 Jul 2010	-	-	*	*	*	*
L Rickards	26 Feb 2010	1 Jul 2010	-	-	*	*	*	*
B Vaughan	26 Feb 2010	1 Jul 2010	-	-	*	*	*	*
K Blackmore	26 Feb 2010	-	2	3	*	*	*	*
R Myers	26 Feb 2010	-	2	3	*	*	*	*
C Standen	26 Feb 2010	-	3	3	3	4	*	*
C Ewan	26 Feb 2010	-	3	3	3	4	*	*
S Linden	26 Feb 2010	-	3	3	*	*	*	*
M Clark	13 Dec 2010	-	2	2	*	*	6	6

* The Board member is not a member of this sub-committee

^ Clause 15 of the Constitution states that the Chairperson, Deputy Chairperson and Treasurer will form the Executive Committee

J Paull held the position of Treasurer until February 2011

A Number of meetings attended

B Number of meetings held during the time the director held office during the period

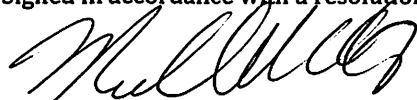
Member's Guarantee

The company is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute a maximum of \$20 each towards meeting any outstandings and obligations of the company. At 30 June 2011 the number of members was 1 (2010: 1 member).

Auditor's Independence

A copy of the auditor's independence declaration for the year ended 30 June 2011 has been received and can be found in the directors' report on page 11.

Signed in accordance with a resolution of the Board of Directors.

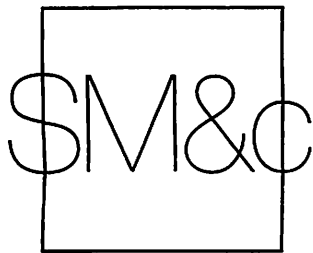


Michael Mulholland-Licht
Chairman

14 October 2011

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Auditor's Independence Declaration

To the Directors of the Australian and New Zealand Osteopathic Council Limited:

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2011 there have been no contraventions of:

- (i) The auditor independence requirements of the *Corporations Act 2001* in relation to the audit
- (ii) Any applicable code of professional conduct in relation to the audit.

STEVEN J MILLER & CO
Chartered Accountant

S J MILLER
Principal

Sydney

13 October 2011

Steven J Miller & Co
Chartered Accountants
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PO Box 297 Leichhardt NSW 2040
Tel (61+2) 9560 3777
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service@stevenjmiller.com.au
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ABN 23 690 541 177



Statement of Comprehensive Income

for the year ended 30 June 2011

	Note	1 July 2010 to 30 June 2011 \$	26 Feb 2010 to 30 June 2010 \$
Revenue and other income			
Revenue	3	237,442	31,368
Net grant income	3a	71,321	48,679
Other income	3	14,233	37
		-----	-----
Revenue and other income		322,996	80,084
		-----	-----
Amortisation costs		348	-
Administration expenses		74,807	6,116
Board and sub-committee expenses		70,130	14,480
Overseas assessment project costs		84,710	33,426
Other project expenses		44,556	21,648
		-----	-----
Expenditure		274,551	75,670
		-----	-----
Surplus before income tax		48,445	4,414
Income tax expense		-	-
		-----	-----
Net surplus for the period		48,445	4,414
		=====	=====
Other comprehensive income		-	-
		-----	-----
Total comprehensive income for the period		48,445	4,414
		=====	=====

The statement of comprehensive income is to be read in conjunction with the accompanying notes.

Statement of Financial Position

as at 30 June 2011

	Note	30 June 2011 \$	30 June 2010 \$
ASSETS			
Current assets			
Cash and cash equivalents	4	10,640	11,195
Trade and other receivables	5	55,242	88,000
Current tax assets	6	570	-
Other current assets	7	9,250	1,327
		-----	-----
Total current assets		75,702	100,522
		-----	-----
Non-current assets			
Intangible assets	8	3,798	-
		-----	-----
Total non-current assets		3,798	-
		-----	-----
TOTAL ASSETS		79,500	100,522
		=====	=====
LIABILITIES			
Current liabilities			
Trade and other payables	9	26,641	63,752
Other current liabilities	10	-	32,356
		-----	-----
Total current liabilities		26,641	96,108
		-----	-----
TOTAL LIABILITIES		26,641	96,108
		=====	=====
NET ASSETS		52,859	4,414
		=====	=====
MEMBER'S FUNDS			
Accumulated funds		52,859	4,414
		=====	=====

The statement of financial position should be read in conjunction with the accompanying notes.

Statement of Changes in Member's Funds

for the year ended 30 June 2011

	Accumulated Funds \$
Balance at 26 February 2010	-
Comprehensive Income	
Surplus for the period	4,414
Other comprehensive income for the period	-

Total comprehensive income	4,414

Balance at 30 June 2010	4,414

Comprehensive Income	
Surplus attributable to the entity	48,445
Other comprehensive income for the year	-

Total comprehensive income	48,445

Balance at 30 June 2011	52,859
	=====

The above statement of changes in funds should be read in conjunction with the accompanying notes.

Statement of Cash Flows

for the year ended 30 June 2011

	Note	1 July 2010 to 30 June 2011 \$	26 Feb 2010 to 30 June 2010 \$
Cash flows from operating activities			
<i>Receipts from:</i>			
Fees and registration board contributions		205,640	34,505
Australian Osteopathic Council		11,925	-
Government grants		121,000	-
Interest income		1,273	37
<i>Payments to:</i>			
Suppliers		(335,677)	(23,347)
Net cash inflow from operating activities		4,161	11,195
Cash flows from investing activities			
Purchase of intangible assets	8	(4,146)	-
Net cash flows used in investing activities		(4,146)	-
Cash flows from financing activities			
Income taxes paid		(570)	-
Net cash flows used in financing activities		(570)	-
Net (decrease) / Increase in cash and cash equivalents held		(555)	11,195
Cash and cash equivalents at the beginning of the period		11,195	-
Cash and cash equivalents at the end of the period	4	10,640	11,195

The statement of cash flows should be read in conjunction with the accompanying notes.

Notes to the Financial Statements

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Notes to the Financial Statements

(continued)

1 Corporate information

The financial statements of the Australian and New Zealand Osteopathic Council for the year ended 30 June 2011 were authorised for issue in accordance with a resolution of the directors on 13 October 2011.

2 Summary of significant accounting policies

(a) Basis of preparation

These general purpose financial statements have been prepared in accordance with the requirements of the *Corporations Act 2001*, Australian Accounting Standards – Reduced Disclosure Requirements, other authoritative pronouncements of the Australian Accounting Standards Board and Urgent Issues Group interpretations.

The directors have elected under Section 334(5) of the *Corporations Act 2001* to apply the following Accounting Standards in advance of their effective dates:

- AASB 1053 Application of Tiers of Australian Accounting Standards; and
- AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements.

These Accounting Standards are not required to be applied until annual reporting periods beginning on or after 1 July 2013.

AASB 1053 establishes a differential financial reporting framework consisting of two tiers of reporting requirements for general purpose financial statements:

- Tier 1 – Australian Accounting Standards
- Tier 2 - Australian Accounting Standards – Reduced Disclosure Requirements.

AASB 2010-2 makes amendments to each Standard and Interpretation indicating the disclosures not required to be made by Tier 2 entities or inserting RDR paragraphs requiring simplified disclosures for Tier 2 entities.

The company complies with Australian Accounting Standards – Reduced Disclosure Requirements as issued by the Australian Accounting Standards Board.

The adoption of these Standards has resulted in significantly reduced disclosures in respect of related parties and financial instruments. There was no other impact on the current or prior year financial statements.

Notes to the Financial Statements

(continued)

2 Summary of significant accounting policies (continued)

Historical cost convention

The financial statements have been prepared on the basis of historical cost.

(b) Significant accounting judgements, estimates and assumptions

The preparation of financial statements requires management to make judgements, estimates and assumptions that affect the application of policies and reported amounts of assets, liabilities, income and expenses. The estimates and associated assumptions are based on historical experience and other various factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgements. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

(c) Revenue recognition

Revenue from operations

Revenue is recognised when the company is legally entitled to the income and the amount can be quantified with reasonable accuracy.

Investment income

Investment income comprises of interest which is recognised as it accrues using the effective interest method.

Notes to the Financial Statements (continued)

2 Summary of significant accounting policies (continued)

(d) Expenditure

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to that category. Where costs cannot be directly attributed to a particular category they have been allocated to activities on a basis consistent with the use of resources.

Management and administration costs are those incurred in connection with administration of the company and compliance with constitutional and statutory requirements.

(e) Cash and cash equivalents

Cash and cash equivalents in the statement of financial position comprise cash at bank and in hand and short-term deposits with an original maturity of three months or less. For the purposes of the cash flow statement, cash and cash equivalents consist of cash and cash equivalents as defined above, net of any outstanding bank overdrafts.

(f) Trade and other receivables

Trade receivables, which comprise amounts due from services provided, are recognised and carried at original invoice amount less an allowance for any uncollectable amounts. Normal terms of settlement are usually within 30 days. The carrying amount of the receivables balance is deemed to reflect fair value.

An allowance for doubtful debts is made when there is objective evidence that the company will not be able to collect the debts. Bad debts are written off when identified.

(g) Intangibles other than Goodwill

Website

Expenditure on the development of the website is stated at cost less any accumulated amortisation. Amortisation is calculated on a straight line basis over the expected useful economic life of the asset at a rate of 33.33% per annum.

(h) Trade creditors and other payables

Trade payables and other payables represent liabilities for goods and services provided to the company prior to the end of the financial period that are unpaid. These amounts are usually settled in 30 days. The carrying amount of the payables balance is deemed to reflect fair value.

Notes to the Financial Statements (continued)

2 Summary of significant accounting policies (continued)

(i) Taxation

Income tax

The company is a non-profit entity and its tax obligations are calculated in accordance with the principles of mutuality.

Goods and services tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST except where the amount of GST is not recoverable from the ATO, in which case it is recognised as part of the cost of acquisition of an asset or as part of an item of expense.

Receivables and payables are recognised inclusive of GST.

The net amount of GST recoverable from or payable to the ATO is included as part of receivables or payables.

Cash flows are included in the statement of cash flows on a gross basis. The GST component of cash flows arising from investing and financing activities which is recoverable from or payable to the ATO is classified as operating cash flows.

(j) Going concern

The financial report has been prepared on a going concern basis, which contemplates continuity of normal trading activities and the realisation of assets and settlement of liabilities in the normal course of business. The company's continued existence is ultimately dependent upon the success of the company's activities including grant funding.

If the company is unable to continue as a going concern it may be required to realise its assets and extinguish its liabilities other than in the normal course of business and in amounts different from those stated in the financial report.

Notes to the Financial Statements (continued)

	Note	1 July 2010 to 30 June 2011 \$	26 Feb 2010 to 30 June 2010 \$
3 Revenue			
Revenue			
Accreditation fees		43,374	-
Overseas assessment fees		40,490	-
Registration board contributions:			
Australian Health Practitioner Regulation Agency (AHPRA)		125,000	23,623
Osteopathic Council of New Zealand (OCNZ)		28,578	7,745
		-----	-----
Total revenue		237,442	31,368
Net grant income	3a	71,321	48,679
Other Income			
Funds received from Australian Osteopathic Council		12,960	-
Interest income		1,273	37
		-----	-----
Total other income		14,233	37
		-----	-----
Total revenue and other income		322,996	80,084
		=====	=====

Notes to the Financial Statements

(continued)

	Note	1 July 2010 to 30 June 2011	26 Feb 2010 to 30 June 2010
		\$	\$
3a Net grant income			
Grant income:			
Department of Health and Ageing:			
Overseas Assessment Project Grant			
Grant received/receivable for the year		40,000	80,000
Unexpended grant brought forward		31,321	-
		-----	-----
		71,321	80,000
Less unexpended grant funds	10	-	(31,321)
		-----	-----
Net grant income		71,321	48,679
		=====	=====

On the 15th of June 2010, the Commonwealth of Australia as represented by the Department of Health and Ageing and ANZOC entered into a funding agreement for the completion of the Overseas Assessment Project. In accordance with the agreement, ANZOC became entitled to the first instalment of funds for the project in June 2010. Under the conditions of the agreement, any unexpended funds are to be repaid to the Commonwealth and therefore represented a liability at 30 June 2010.

	1 July 2010 to 30 June 2011	26 Feb 2010 to 30 June 2010
	\$	\$
4 Cash and cash equivalents		
Cash at bank and on hand	10,640	11,195
	=====	=====

(a) Reconciliation to cash at the end of the period

The above figures are reconciled to cash at the end of the financial period as shown in the statement of cash flows as follows:

Balance per statement of cash flows	10,640	11,195
	=====	=====

Notes to the Financial Statements

(continued)

	1 July 2010 to 30 June 2011 \$	26 Feb 2010 to 30 June 2010 \$
5 Trade and other receivables		
Trade receivables	44,242	-
Grant receivable	11,000	88,000
	-----	-----
	55,242	88,000
	=====	=====

Doubtful debts

The company has assessed the recoverability of amounts receivable and on the basis that no amounts are past due or are considered impaired, a doubtful debts provision is not required. Further there is no material credit risk exposure to any single receivable or group of receivables.

6 Tax assets

Current

Current year tax receivable	570	-
	=====	=====

7 Other assets

Current

Prepaid insurances	4,456	1,327
Prepaid accreditation expenses	3,157	-
Other prepayments	1,637	-
	-----	-----
	9,250	1,327
	=====	=====

Notes to the Financial Statements

(continued)

	1 July 2010 to 30 June 2011	26 Feb 2010 to 30 June 2010
	\$	\$
8 Intangible assets		
Non-current		
Cost	4,146	-
Accumulated amortisation	(348)	-
	-----	-----
	3,798	-
	=====	=====
	<u>Website</u>	
Cost		
Balance at 30 June 2010	-	
Additions	4,146	

Balance at 30 June 2011	4,146	
Accumulated Amortisation		
Balance at 30 June 2010	-	
Amortisation expense	(348)	

Balance at 30 June 2011	(348)	
	=====	

A useful life of 3 years has been used in the calculation of amortisation.

	1 July 2010 to 30 June 2011	26 Feb 2010 to 30 June 2010
	\$	\$
9 Trade creditors and other payables		
Current		
Goods and services tax payable	10,275	9,554
ABN withholding payable	419	-
Audit fees payable	5,500	2,469
Trade creditors	10,447	51,729
	-----	-----
	26,641	63,752
	=====	=====

Notes to the Financial Statements

(continued)

	1 July 2010 to 30 June 2011	26 Feb 2010 to 30 June 2010
	\$	\$
10 Other current liabilities		
Current		
Loan payable – Australian Osteopathic Council	-	1,035
Unexpended grants	-	31,321
	-----	-----
	-	32,356
	=====	=====

11 Economic dependency

The company is partially dependent upon the ongoing receipt of grant funding to ensure the continuance of its principal activities.

12 Related parties and related-party transactions

(a) Directors' compensation

Where a director is also a member of an accreditation or assessment committee, they are entitled to receive 'sitting fees' in addition to a reimbursement of their travel expenses. During the year a total of \$64,104 was paid to the directors in fulfilling this role.

(b) Transactions with director-related entities

No director or executive has entered into a material contract with the company (other than the provision for sitting services) since the end of the previous financial year and there were no material contracts involving directors' interests subsisting at year end.

(c) Key management personnel

The names and positions of those having authority for planning, directing and controlling the company's activities, directly or indirectly, (other than directors) are:

Jennifer Diepeveen	Executive Officer resigned June 2011
Rachel Portelli	Executive Officer appointed June 2011

Notes to the Financial Statements (continued)

13 Correction of prior period errors

Grant income

On the 15th of June 2010, the Commonwealth of Australia, represented by the Department of Health and Ageing, and The Australian and New Zealand Osteopathic Council Limited (ANZOC) entered into a funding agreement for the completion of the Overseas Assessment Project. In accordance with the agreement, ANZOC became entitled to the first instalment of funds for the project in June 2010 which were subsequently received and recorded as income in July 2010. The error resulted in restatement of the following line items for the year ending 30 June 2010:

- Grant income was increased by \$80,000
- Trade and other receivables were increased by \$88,000
- Current liabilities were increased by \$31,321

Prior period expenses

A number of amounts recorded as expenses in the current year were found to relate to the year ending 30 June 2010. Whilst these balances were paid during the 2011 financial year, the amounts were incurred in the prior year. This error resulted in the restatement of the following line items for the year ending 30 June 2010:

- Administration expenses were increased by \$1,065
- Board and sub-committee expenses were increased by \$4,612
- Overseas assessment project costs were increased by \$33,426
- Other project expenses were increased by \$9,576
- Trade and other payables increased by \$56,679
- Other current liabilities increased by \$31,321

Notes to the Financial Statements

(continued)

13 Correction of prior period errors

Annual Report Line Item Balance Affected	Note	Actual 2010 \$	Correction \$	Corrected Actual \$
<u>Statement of Comprehensive Income</u>				
<u>Extract</u>				
Grant income	3	-	80,000	80,000
Unexpended grant carried forward 2011		-	(31,321)	(31,321)
Revenue and other income		31,405	48,679	80,084
Administration expenses		5,051	1,065	6,116
Board and sub-committee expenses		9,868	4,612	14,480
Overseas assessment project costs		-	33,426	33,426
Other project expenses		12,072	9,576	21,648
Expenditure		26,991	48,679	75,670
<u>Statement of Financial Position Extract</u>				
Trade and other receivables	5	-	88,000	88,000
Total current assets		12,522	88,000	100,522
Total assets		12,522	88,000	100,522
Trade and other payables	9	7,073	56,679	63,752
Other current liabilities	10	1,035	31,321	32,356
Total liabilities		8,108	88,000	96,108

Directors' Declaration

The directors of the company declare that in their opinion:

- (a) The attached financial statements and notes thereto comply with accounting standards
- (b) The attached financial statements and notes thereto give a true and fair view of the financial position and performance of the company
- (c) The attached financial statements and notes are in accordance with the *Corporations Act 2001* and the Corporations Regulations 2001
- (d) There are reasonable grounds to believe the company will be able to pay its debts as and when they become due and payable. [Refer Note 2 (j)].

Signed in accordance with a resolution of the directors made pursuant to s295(5) of the *Corporations Act 2001*.

On behalf of the directors

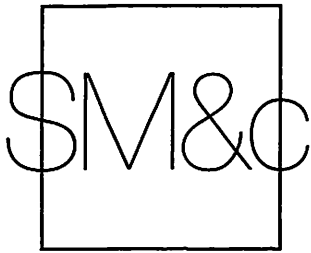
MICHAEL MULHOLLAND-LICHT

Director



Sydney

Dated 13/10/11



Independent Audit Report

To the members of the
Australian and New Zealand Osteopathic Council Ltd

Report on the financial report

I have audited the accompanying financial report of the Australian and New Zealand Osteopathic Council Limited, which comprises the statement of financial position as at 30 June 2011, and the statement of comprehensive income, statement of changes in funds and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' responsibility for the financial report

The directors of the company are responsible for the preparation of a financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's responsibility

My responsibility is to express an opinion on the financial report based on my audit. I have conducted my audit in accordance with Australian Auditing Standards. These standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the company's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Steven J Miller & Co
Chartered Accountants
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service@stevenjmillar.com.au
www.stevenjmillar.com.au
ABN 23 690 541 177



Independent Audit Report

To the members of the
Australian and New Zealand Osteopathic Council Ltd

Independence

In conducting my audit, I have complied with the independence requirements of the *Corporations Act 2001*. I confirm that the independence declaration required by the *Corporations Act 2001*, provided to the directors of the Australian and New Zealand Osteopathic Council Limited on 13 October 2011, would be in the same terms if provided by the directors as at the date of this auditor's report.

Auditor's opinion

In my opinion, the financial report of the Australian and New Zealand Osteopathic Council Limited is in accordance with the *Corporations Act 2001*, including:

- a. Giving a true and fair view of the company's financial position as at 30 June 2011 and of its performance for the year ended on that date
- b. Complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Regulations 2001.



STEVEN J. MILLER & CO
Chartered Accountants



S J MILLER
Principal

Sydney
Dated 13, 10, 11

Australian and New Zealand Osteopathic Council Limited

Manual:	Policies and Procedures	Issue Date:	Oct 2010
Section:	Corporate Governance	Review Date:	Feb 2013
Subject:	PRIVACY POLICY	Version No:	2.0

Introduction

1. In collecting, storing and using information, the Australian and New Zealand Osteopathic Council (ANZOC) is bound by the provisions of the *Privacy Act 1998 (Cth)* and the *Privacy Act 1993 (NZ)* (the Acts). The Acts set out a series of privacy principles that must be observed in the management of personal information.
2. Upon request to ANZOC an individual may find out the personal information that ANZOC holds about that individual, for what purposes it holds this information and how it collects, holds, uses and discloses that information.

Collection of personal information

3. ANZOC will only collect personal information with an individual's prior knowledge and consent. The information provided by an individual will be used by ANZOC for the purposes it was collected.

Use and disclosure of personal information

4. ANZOC collects information from applicants and candidates for the osteopathy assessment to assess eligibility for, and in the administration of, the assessment. For these purposes, personal information may be provided to administrators, assessors and examiners employed or engaged by ANZOC.
5. ANZOC will not, except as described in the paragraph above, disclose personal information to a third party unless required to do so by law and other regulation.

Data quality and security

6. ANZOC endeavours to ensure that the personal information it holds is accurate, complete and up to date. To assist ANZOC with this individuals are requested to inform the office of any changes to their details.
7. The storage, use and transfer of personal information is undertaken in a manner that ensures security and privacy. ANZOC has implemented rules and measures to protect personal information that it has under its control from unauthorised access, improper use, alteration, unlawful or accidental destruction and accidental loss. ANZOC will remove personal information from its system when it is no longer required.

Openness

8. ANZOC will inform an individual as to what personal information is collected, why it is collected, what is done with it, whether it is released and how an individual may access their personal information

Access to and correction of personal information

9. Individuals are entitled to request access to the personal information that ANZOC holds about them and to seek to correct inaccurate information.

Australian and New Zealand Osteopathic Council Limited

Manual:	Policies and Procedures	Issue Date:	Feb 2010
Section:	Corporate Governance	Review Date:	Feb 2013
Subject:	PRIVACY POLICY	Version No:	2.0

Sensitive information and health information

10. ANZOC does not normally collect sensitive information, including health information. If it is necessary to collect such information, it will be done in accordance with the Acts and any Codes or privacy principles in force under those Acts and only with an individual's knowledge and permission. This information will not be disclosed without the individual's consent.

Any individual should contact ANZOC if:

- They believe someone has gained unauthorised access to their personal information
- They would like to discuss ANZOC's privacy policy
- They wish to know what personal information ANZOC is holding about them, or they would like to gain access to or amend that information

The Executive Officer of ANZOC is the designated Privacy Officer. The Executive Officer can be contacted by writing to:

Executive Officer
Australian and New Zealand Osteopathic Council
PO Box 18053
Collins Street East
Melbourne VIC 8003
AUSTRALIA
Email: admin@anzoc.org.au

Date approved: October 2010



Schedule of Fees for the ANZOC Assessment Process (in Australian dollars) * effective from 31/05/12

Assessment Type	Fee
Skills assessment (for migration purposes)	\$550
Assessment for Registration in Australia	
Application for initial assessment (Stage 1)	\$550
Assessment of equivalence of qualifications to Australian Bachelor level (only)	\$300
Application for written examination (Stage 2)	\$1,200
Application for portfolio (Stage 3)	\$1,000
Application for practical examination (Stage 4)	\$2,500
Re-sits	Same fees apply
Assessment for Registration in New Zealand	
Application for competent authority pathway (Form 1B-NZ)	\$550
Appeal	
Category 1 – Administrative review	\$150
Category 2 – Appeals in relation to conduct or procedures of the examinations	\$600
Category 3 – Special consideration appeal	\$250
Category 4 – Full appeal	\$1000

* Fees are not subject to GST

AUSTRALIAN AND NEW ZEALAND OSTEOPATHIC COUNCIL LIMITED ("ANZOC")



STANDARDS FOR THE ACCREDITATION OF OSTEOPATHIC COURSES IN AUSTRALIA

AUGUST 2010
(Revised June 2012)

Australian and New Zealand Osteopathic Council Ltd
Level 31, 120 Collins Street
Melbourne, Victoria, 3000
Email: admin@anzoc.org.au

STANDARDS FOR ACCREDITATION OF OSTEOPATHIC COURSES

This document describes the requirements of the ANZOC for the accreditation of courses intended to qualify graduates for registration for the practice of osteopathy.

It also provides guidance on the documentation that should be submitted by the provider educational Institution seeking accreditation of an osteopathic course. The application/submission should be structured to address each of the 22 standards for accreditation in turn.

The suggested documentation is for guidance. It is for the Institution applying for accreditation to show that each standard is met and to decide on the information to be included in the main text of the application and the supporting documents necessary to do this. However, if the assessment team believes the documentation is inadequate a revised submission may be requested and accreditation will not proceed until suitable documentation is received. Documentation that does not bear directly on a standard or provides excessive detail should not be included. The sources of copies of supporting documents must be clearly identified.

It is expected that the documentation will be provided in a ring binder with page numbers, index separators and a contents page to assist the assessment team find information quickly. Long supporting documents (such as staff curriculum vitae and subject/unit guides) should be in appendices or a separate folder. Booklets and brochures should be in a pocket attached to the ring folder if they are not suitable for ring binding.

Section 1: Standards relating to the institution and its policies and procedures

Standard 1.1 The course is provided by a recognised tertiary educational Institution, preferably a University established under State or Commonwealth legislation, which can provide the resources and the scholarly context that will ensure effective learning.

Suggested documentation

A statement of –

- the name of the provider Institution,
- the name of the course for which accreditation is sought and the qualification or qualifications granted on successful completion of the course,
- the name of the Faculty or Division responsible for the course and the title, name and qualifications of the Dean or Head of that Faculty or Division,
- the name of the academic unit directly responsible for the teaching of the course and the title, name and qualifications of the Head of that unit,
- the campus or campuses on which the course is provided,
- the postal and email addresses and telephone numbers of the Dean and Head,
- A short description of the provider Institution giving an account of its origins, its present nature, its governance and the size and scope of its operation,
- The annual report of the provider Institution and/or other appropriate publications that provide information on the nature, resources and standing of the provider Institution.

Standard 1.2 The course is taught in the institutional context of sustained scholarship, which informs teaching and learning in Osteopathy and ensures that students understand the process of research and the importance of evidence to inform theory and practice and are able to critique and evaluate new and established ideas and concepts.

Suggested documentation

- A short statement demonstrating that the provider Institution undertakes research that leads to the creation of new knowledge and original creative endeavour (at least in those fields in which Research Masters and PhD's or equivalent Research Doctorates are offered). This should be supported by documents such as the provider Institution's most recent annual research report. The documentation should indicate any involvement with, or impact on, students from within the Osteopathic course.
- A list of the current research projects (giving the names of the principal researchers and an explanatory title of each project) being pursued by staff and higher research degree students in the academic unit that has primary responsibility for teaching the osteopathic course. Include a brief description of any osteopathic student involvement in projects.
- A list of sources and amounts of research funding over the last 3 years to staff in the academic unit that has primary responsibility for teaching the osteopathic course.
- A list of books and publications in professional and scientific journals for the last 6 years written by the academic staff of the academic unit that has primary responsibility for teaching the osteopathic course.
- For new courses, documents demonstrating that the institution is committed to ensuring that the osteopathic unit will have a capacity for significant research and scholarly enquiry should be submitted. These might include policy statements and position descriptions and advertisements for staff.
- A short statement describing the learning outcomes related to critical analysis of scientific research and how they are evaluated.

Standard 1.3 The philosophy and objectives of the course are clearly stated and are consistent with those ANZOC believe should guide and underpin a course intended to provide the necessary knowledge and skills for the safe and effective practice of osteopathy.

The statement of the goals of the course is made known to students and teaching staff by its publication in course handbooks and guides that are read by students.

Suggested documentation

- The statement of philosophy and objectives of the course
- A statement about how students are made aware of the philosophy and objectives of the course and how staff are reminded of them, including a list of the official publications, student guides and Internet sites in which it appears.

Standard 1.4 The academic governance of the responsible academic unit and the osteopathic course is clearly defined and is appropriate to providing good management and promoting academic excellence.

Suggested documentation

- Describe the lines of accountability in the Institution and the defined responsibilities of management at each level. This should include subject/unit, course and clinic coordinators, the Head and Dean and the lines of reporting of the Head and Dean. Make clear the procedures that are followed for approval of changes to the course. Where appropriate include copies of supporting official documents.

Standard 1.5 There are clear and effective mechanisms for the evaluation of the performance of the staff and an organisational structure that encourages and rewards good performance.

Suggested documentation

- Describe the measures used to evaluate the teaching, research and administrative performance of academic staff (eg student feedback of teaching, publications, research grants) and how those measures are analysed and used to appraise and enhance the performance of staff
- Describe the organisational structure that provides a career path for staff and the opportunities for personal development (eg study and conference leave, limits on teaching load to enable research or further study, periodic appraisals of plans for personal development). Describe the criteria for promotion of academic staff.

Standard 1.6 There are a sufficient number of classrooms, laboratories, staff offices and study space for students to provide a physical environment conducive to learning and research.

Suggested documentation

- Describe the accommodation allocated to the academic unit responsible for the course and the shared facilities available for teaching the course or for use by students of the course.
- For new courses describe the accommodation that has been reserved for the osteopathic academic unit and/or describe the building program that is planned or underway to provide that accommodation. If accommodation is to be built or under construction enclose architectural plans and the timetable for completion of the building.

Standard 1.7 Students have ready access to a well-maintained and catalogued library that has holdings of books, journals and other media that are current and sufficient in number and breadth to support the diversity of subject/units studied in the course.

Suggested documentation

- Describe the library used by osteopathic students giving its location, hours of opening, the scope and number of its holdings, the number of librarians and the name of the librarian who liaises with the osteopathic academic unit
- List the osteopathic journals subscribed to by the library
- Any other information that demonstrates that the library supports osteopathic staff and students well. (eg list of osteopathic monograph titles purchased in the last year)

Standard 1.8 Entry into the course is non-discriminatory and is based solely on selecting students who are most likely to succeed in studying the course.

Suggested documentation

- Enclose copies of the selection policy of the provider Institution and any special rules for entry into the osteopathic course.

Standard 1.9 Students have ready access to services that will facilitate successful completion of their course including counselling, health, language instruction, housing assistance and financial aid.

Suggested documentation

- Describe the student support services available, their hours of operation and their location. Provide Internet addresses to further information about these services.

Standard 1.10 The provider Institution has clearly stated policies and well-established practices with respect to occupational health and safety, sexual harassment and disability.

Suggested documentation

- Provide copies of official policies or Internet addresses for information about them.

Standard 1.11 There are clear and comprehensive policies for the evaluation of the effectiveness of the course and for continuing review of its content, the methods of teaching and the methods of assessment.

Suggested documentation

- Describe the policies and the measures used to evaluate the effectiveness of the course and the quality of teaching in the course and how those measures are reviewed and acted on.
- Describe the mechanisms by which student evaluations and comment are obtained. Enclose copies of any proforma student questionnaires used. Provide data from recent student evaluations of the course and/or individual subject/units
- Describe the mechanisms (eg regular staff meetings, annual course review) by which the academic staff contribute to the development of the course and teaching quality
- Describe the mechanisms by which practising osteopaths including part time clinical instructors contribute to the development of the course and teaching quality.

Input measures

The ANZOC is aware of the benefits of flexibility in course design and prerequisites and the concomitant opportunities for increasing diversity among the population of students and practitioners of osteopathy. Consequently, the ANZOC wishes to encourage recognition of prior learning and a variety of entry points to osteopathy degree programs. To facilitate this philosophy the ANZOC intends to support the profession in the definition of national competency standards against which graduates of degree programs can be assessed. In the interim, however, the accreditation standards will continue to specify standards in relation to course length and pre-requisites for entry to the course.

Section 2: Standards relating to the department or organisational unit responsible for delivering the osteopathic course or program

Standard 2.1 There is sufficient equipment for effective teaching and the equipment is well maintained.

Suggested documentation

- Provide information to show this standard is met including the usual annual budget for equipment purchase and the forward budget plan for equipment purchase. Describe how needs are identified and the equipment requirements are processed.
- Provide information to show that students have adequate exposure to, and experience of, new technology being used in healthcare settings in general, and in the osteopathic field in particular. Documentation should describe how the Institution provides for this.

Standard 2.2 The academic unit responsible for the course has a sufficient number of full time and fractional full time academic staff in relation to the number of students in the course to enable good teaching and good pastoral care of students.

Suggested documentation

- **Number of academic staff** - A table giving the number of full time, fractional full time and casual teaching staff in the responsible academic unit. Express these numbers also in terms of equivalent full time staff in the Table. Show the total number of equivalent full time academic staff in the responsible academic unit. Exclude academic staff from other academic units that teach subject/units in the course.

Comment on any currently vacant academic posts and any plans to either increase or decrease the number of academic staff in the near future.

For new courses state the planned staffing structure for the osteopathic academic unit and the timetable for appointment of staff.

- **Student load** - A table giving the number of graduates from the course in the past 5 years.

A table giving the number of current students in each year of the course and the number of students enrolled for a higher degree (except staff enrolled for a higher degree).

A table giving the number of equivalent full time students in the course for the current year in each of the years of the course in the academic unit responsible for the course (that is excluding student load assigned to other academic units teaching some subject/units of the course).

For new courses state the planned student load for the osteopathic academic unit and how student load will be distributed between that unit and other academic units in the Institution.

- **Staff student ratio** - Give the ratio of equivalent full time academic staff to equivalent full time students in the academic unit responsible for the course.
- **Teaching clinicians** - State the usual ratio of teaching clinicians to students in teaching clinics giving details as to how this varies depending on the year level of students, the time of day and the time of year.

For new courses describe the planned staffing for clinical teaching.

Standard 2.3 The academic staff (including sessional staff) have qualifications, expertise and experience suitable to the subject/units they are assigned to teach. Academic staff are actively engaged in scholarship and/or professional practice relevant to the fields in which they teach and at an appropriate level, reflecting their seniority and responsibilities.

Suggested documentation

- List the full time and fractional full time academic staff of the academic unit responsible for the course, in order of rank, giving their rank, fraction of full time, qualifications (including awarding University), and principal teaching responsibilities.
- The curriculum vitae of each full time and fractional full time staff in the responsible academic unit.
- A list of the coordinators of subject/units taught by academic units other than the unit responsible for the course, giving the name of the subject/unit, the name of the provider academic unit and the rank, fraction of full time and qualifications of the coordinator.
- List the current casual teaching staff giving their qualifications, their teaching responsibility and their expected total hours of teaching in the current year.
- Indicate how the Institution ensures that teaching is normally carried out by academics with relevant qualifications at least one AQF qualification level higher than the level of the course being taught.
- Provide confirmation that there are appropriately experienced academic staff available and clearly identified to provide leadership for key academic tasks such as course development, course co-ordination and course review.
- Indicate the Institution's strategies for enhancing teaching quality and other aspects of staff performance, for example, staff development and professional development opportunities (including those offered to sessional or part time staff).
- Provide examples of advertisements for staff recruitment, both domestic and international.

Standard 2.4 The academic staff members are accessible to students and have sufficient time to provide them with pastoral care

Suggested documentation

- Describe how support for students with study or personal problems is provided.
- List the support staff and their duties to whom academic staff can devolve administrative and technical tasks to free time for pastoral care and research

Section 3: Standards relating to the osteopathy curriculum

Standard 3.1 The course consists of a program or combined program of study at bachelors level or higher (level 7 or higher in the Australian Qualifications Framework) of at least 4 years full time or its equivalent.

In practice this allows for recognition of prior learning to be applied from a previous degree program to a shortened program of study in the osteopathy program, provided the total length of study is equivalent to at least 4 years full time.

Suggested documentation

- The official handbook of the provider institution that includes details of the osteopathic course, including optional pathways.
- A copy of the official policy of the provider institution as it applies to the osteopathic course for granting credit for recognised prior learning and which may reduce the period of study.
- An explanatory statement of the credit that may be given for those who enter the course having completed, for example, a degree course in biomedical science or a course in physiotherapy or related professional discipline.
- A brief explanatory statement outlining optional pathways, for example graduate entry, and how the osteopathic components of the course will be covered.
- A clear statement of the minimum number of years of study required, after granting of credit for prior learning, in order to be awarded the qualification or qualifications normally given on successful completion of the osteopathic course.

Standard 3.2 The academic pre-requisites and other criteria for entry into the course (at various entry points) are clearly stated and are compatible with the academic requirements of the course.

Suggested documentation

- A statement of requirements for entry into the course, including pre-requisite subjects which must be passed in an approved university entrance program etc., and reference to the publication in which these pre-requisite requirements are legally defined or officially stated.
- A copy of the official policy on entry into the course when the pre-requisite subjects may not have been studied or passed.
- A description of graduate entry pathways into the course and the requirements for graduate entry, indicating where these are published.

NOTE: The ANZOC has no objection to the granting of credit for successful prior studies of biological and biomedical subject/units that are equivalent to subject/units in the osteopathic course on the proviso that there has been strict adherence to all of the institution's own recognition of prior learning policies. However, such students should be required to complete all the osteopathic subject/units and clinical practicum components of the course.

Students who have completed part of an osteopathic course at another institution may be granted credit for osteopathic subject/units as well as biological and biomedical subject/units provided they are equivalent to those of the course to which they are applying.

Standard 3.3 The curriculum is designed to achieve the competencies expected of entry-level graduates by the professional registration body (*). Emphasis is placed upon these competencies rather than defining a prescribed content however it would be expected that the course would include instruction in:

- (a) the basic sciences of biology, chemistry and physics to the extent necessary to lay foundations for proper understanding at an advanced level of the human and clinical sciences taught later in the course
- (b) the life sciences of anatomy, histology, embryology, physiology, biomechanics, biochemistry, microbiology and psychology

- (c) pathology, pharmacology and general medicine, especially those aspects of general medicine most important to osteopathic diagnosis and management, including especially the musculoskeletal and connective tissue disorders and the neurologic disorders
- (d) critical analysis, problem solving, research methodology and biomedical statistics
- (e) osteopathic science and the skills of osteopathic examination, diagnosis and treatment including the assessment and management of chronic disability and pain and how human behaviour, attitudes and lifestyle can contribute to illness and be factors in its amelioration
- (f) the clinical skills of diagnosis, oral and written communication and counselling and the development of clinical judgment in deciding appropriate treatment and/or referral
- (g) Clinical risk management.
- (h) professional awareness including the history of osteopathy, ethics and the law as it relates to health care in general and osteopathy in particular, health care delivery systems in Australia and elsewhere, the means of and barriers to inter-professional cooperation, practice management and the means of ensuring continuing personal professional development throughout a career life.

* NOTE: The ANZOC has adopted the “Capabilities for Osteopathic Practice” formulated by a University of Technology Sydney research team in 2009. There is a current project to adapt this framework specifically to various contexts of osteopathic practice, for example, “entry level “ graduates, overseas graduate assessment and lifelong learning. This document provides guidance on the competencies expected of a registered osteopath and will be circulated when completed and adopted by the Osteopathy Board of Australia. The national competency standards against which graduates of degree programs can be assessed will be based on these.

Suggested documentation

- The official handbook of the provider institution that includes details of the osteopathic course.
- A tabular summary of all the subject/units of the course in chronological order giving the:
 - number of the subject/unit,
 - name of the subject/unit,
 - academic unit providing the subject/unit and the name of the subject/unit coordinator,
 - duration of the subject/unit (one semester or two semesters),
 - average number of hours per week of lectures, tutorials and practical classes (including clinics) or other learning activities,
 - list the units (or parts of units) taught in interdisciplinary settings,
 - list the units (or parts of units) taught outside of the osteopathic unit.
- A statement or grid of the competencies expected of graduates.
- A brief description of how these competencies will be achieved. This should include any hurdle requirements or graduate entry competency assessment.
- A brief mapping of the learning outcomes for each subject/unit to describe how the graduate competencies will be achieved.

Standard 3.4 Each subject/unit has specific learning objectives/outcomes and a detailed teaching plan that is made available to students at the commencement of each subject/unit.

Suggested documentation

- A copy of subject/unit outlines (in standardised template format) that are provided to students and set out the name of the subject/unit, the name of the subject/unit coordinator, the objectives/outcomes of the course, the lecture, practical class schedule including any other learning activities, the assignments, the prescribed text books and key references that students are expected to consult and the methods of assessment.
- Indicate how the outcome measures used are both suitable and rigorous.
- Briefly describe any interactive and/or online learning, or distance learning opportunities. Provide some examples of these.

Standard 3.5 The course provides students with extensive clinical experience in screening, diagnosis, treatment and health management for a diversity of patients and clinical conditions under the supervision of experienced osteopathic and other health care practitioners. The expected outcome is graduates who are able to independently practise osteopathy safely and competently and recognise when referral to other practitioners is necessary. The course should provide exposure to the practice of other health workers including mental health professionals to allow students to understand their respective roles.

Suggested documentation

- A brief description of the clinical facilities within which students obtain clinical experience under supervision, how those facilities work and how clinical teaching is carried out. (There may be some overlap with Standard 16, in which case you may reference this documentation when addressing that standard.)
- A brief description of the activities undertaken by the Institution and the osteopathic unit to recruit new patients, with diverse presentations, to any of the clinical facilities used. (There may be some overlap with Standard 16, in which case you may reference this documentation when addressing that standard.)
- A description of any externship arrangements by which all or some students can broaden their clinical experience by observation or direct provision of care in clinical settings not operated by the provider institution. The ANZOC recognises that periods of workplace experience in external clinical settings can be beneficial to a student's clinical learning. If such placements are not available to all students indicate the number of students who are allocated or find external placement. Give the frequency and duration of external placements, the protocols used to select and monitor the experience, and the kind of experience provided to students by these placements.
- A description of the means by which the number and diversity of patients seen by each student is monitored and how students who are seeing too few patients are given opportunities to increase the number and diversity of patients they see. (See also Data Collection in Standard 16; there may be overlap and you may reference this documentation when addressing that standard.)
- A description of any clinical experience in addition to "live" patient experience. Reference should be made to whether these experiences are used by all students, or are used in a supplementary way for those lacking in experience; and how this experience is designed and monitored.

- A sample of student log books and student evaluation forms and any other data or tools used to monitor and enhance the student's clinical experience.
- A brief statement of how quality assurance of the selection process and performance of clinical staff is ensured.
- A brief description of the outcome measures relating to clinical education and how they are assessed, for example clinical practicum examination criteria, if used.

Standard 3.6 The clinical facility/ies is/are adequate in size for the number of patients attending and the number of students rostered and is/are well organised and equipped and able to draw on a patient group with physical and mental health status equivalent to the general population. The facility/ies enable innovative educational approaches through a variety of supervision and assessment strategies and/or by engaging students in a variety of multi disciplinary health care settings.

Suggested documentation

- Describe the clinical facility/ies in terms of location, equipment, the number of treatment rooms and space for reception, waiting patients, student locker room and rooms for confidential consultation between teaching staff and students (though such descriptions may not apply to all settings).
- Describe, for each clinical facility, the parameters of the clinical teaching and the outcomes expected of each facility.
- Describe the facilities that are multidisciplinary and how the osteopathic students engage in these settings.
- Describe how the supervision of the facility/ies is audited by the provider Institution.
- State the hours of opening (if relevant) and the hours students are rostered to the clinic/s.
- State the number of patients presenting for a new course of treatment in a year and the total number of patient visits in a year (if relevant).
- For new courses, describe the plans for providing a teaching clinic, or variety of clinical settings, and how the clinic or other facilities will set about attracting sufficient patients with the profile required.

Standard 3.7 The outcomes of teaching, especially clinical competence are rigorously assessed by a range of assessment methods.

Suggested documentation

- Tabulate by subject/unit all the forms of assessment used for each subject/unit stating the form or type of assessment when it is given and its percentage contribution to the final mark in the subject/unit
- Describe in full the assessment of the clinical competence of students, describing in particular any 'hurdle' requirements each student must meet before proceeding to a subsequent stage of clinical learning or before being deemed to have completed the course
- Describe the process by which assessments are prepared and given and how the results of assessments are modulated to ensure fairness and rigour (eg by an examination board, by monitoring statistical measures of assessment performance)

- State the usual failure and discontinuation rates in each year of the course
- Provide information on the rules of progression in the course for students who have failed one or more subject/units in a year.
- Outline processes to assist in managing students who fail, or show inappropriate attitudes to work within the health care sector
- State the options open for students of the course who fail the clinical subject/units (or hurdle requirements) of the final clinical years (eg supplementary examination, repeated supplementary examination until a pass is achieved, repeat failed subject/units, repeat whole year including subject/units passed, suspension from course) and which options are usual.



AUSTRALIAN AND NEW ZEALAND OSTEOPATHIC COUNCIL (ANZOC) LIMITED

Accreditation Status Summary as at 1 July 2012

University	Program	Accreditation Status	Accreditation Expiry Date
RMIT	Bachelor of Applied Science (Complementary Medicine) (Osteopathy Stream)/Master of Osteopathy	Full Accreditation	31 December 2016
Southern Cross	Bachelor of Clinical Science (Double Major in Osteopathic Studies and Human Structure and Function)/Master of Osteopathic Medicine	Full Accreditation	31 December 2016
Unitec	Bachelor of Applied Science (Human Biology)/Master of Osteopathy	Full Accreditation	31 December 2012
Victoria	Bachelor of Science (Clinical Sciences)/Master of Health Science (Osteopathy)	Full Accreditation	31 December 2015

Grades of Accreditation:

- Full accreditation:** Is granted for a course that has produced at least one cohort of graduates and has demonstrated that it meets the standards set out in the Accreditation Policy. Full accreditation is normally granted for five years but ANZOC may, if it has good reason, decide to grant full accreditation for a lesser period of time.
- Conditional accreditation:** Is granted when full compliance with one or more of the specified standards has not been demonstrated. Accreditation is granted on the basis that the institution will rectify the shortcomings within a specified period of time that is no longer than three years.
- Provisional accreditation:** A new course that has been granted preliminary approval and subsequently accepted students but has not yet produced any graduates would then apply for provisional accreditation. Provisional accreditation will not normally be granted until the course has students enrolled in the second year of the course and should be completed prior to students entering the fourth year of the course.

AUSTRALIAN AND NEW ZEALAND OSTEOPATHIC COUNCIL LIMITED ("ANZOC")



PROCEDURES FOR THE ACCREDITATION OF OSTEOPATHIC COURSES IN AUSTRALIA

AUGUST 2010
(Revised June 2012)

PROCEDURES FOR ACCREDITATION OF OSTEOPATHIC COURSES

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SECTION 1 – ACCREDITATION PROCEDURES FOR ACCREDITATION

INTRODUCTION

An important responsibility of the Australian and New Zealand Osteopathic Council (ANZOC) is to ensure that registered osteopaths have the knowledge, skills and attitudes necessary for the safe and competent practice of osteopathy.

As part of discharging this responsibility the ANZOC must satisfy itself that the entry-level qualifications in osteopathy recognised for the purpose of registration provide appropriate education and training in osteopathy. This is done by a process of accreditation.

Accreditation of osteopathic courses provides the community, government, the profession and students assurance that graduates of accredited osteopathic courses are competent for the independent practice of osteopathy and are responsive to the health needs of an evolving community.

While the ANZOC must inquire into osteopathic courses to establish that the standards of education and training are acceptable, those inquiries and the processes of accreditation should not stifle diversity and innovation in education nor challenge the independence of Institutions.

For this reason the approach taken in this accreditation policy is to require the Institutions seeking recognition of an osteopathic course for the purpose of registration to show that their course meets defined standards that collectively give assurance that graduates of the course are competent. The ANZOC's policy outlines the standards it expects osteopathic courses to achieve in order for a course to be accredited. The standards set out the principles, Institutional processes, settings and resources that the ANZOC regards as requirements for successful entry level osteopathic education. It is the responsibility of individual Institutions to develop and implement a curriculum that will enable students to attain the desirable attributes of osteopathic graduates.

The standards are framed in such a way as to provide flexibility in the way they can be met. They address the issues of the goals of the course, the scholarly context within which the course is provided and give particular emphasis to the systems within the Institution for the continual evaluation and improvement of the curriculum, teaching and assessment methods. Flexibility in the design of the curriculum is provided by defining the standard for the curriculum in terms of educational goals rather than by defining a prescribed content. Emphasis is given to output measures, notably the suitability and rigour of the methods of assessment used to evaluate the performance of students.

However, certain input measures, such as the physical resources available to the course, the number and quality of the teaching staff and the extent and nature of the clinical teaching are also important indicators of the quality and likely effectiveness of a course. Institutions seeking accreditation of an osteopathic course are asked to provide information on these resources and to demonstrate that they are sufficient to meet the objective of ensuring that all graduates of the course have the knowledge and skills necessary for the competent and safe practice of osteopathy together with a capacity for continuing learning so as to maintain competence through their working careers.

Please note that this policy is the same as the Osteopaths Registration Boards of Australia Accreditation Policy April 2008, except for minor amendments to Standards 2, 8, 9, 10, 11, 13, 16, 17 and 19 and a substantial amendment to Standard 7. There are also minor changes to the reporting arrangements and procedures because the accreditation of Osteopathic courses is now undertaken by the ANZOC.

Evolution of a responsive, effective and workable policy is the aim of this document review. The ANZOC will continue to seek feedback and input from Institutions regarding clarity and the efficiency of the Accreditation process.

GRADES OF ACCREDITATION

The following grades of accreditation are available:

For existing courses:

Full Accreditation

Full accreditation is granted for a course that has produced at least one cohort of graduates and has demonstrated that it meets the standards set out in this document. Full accreditation is normally granted for five years but the ANZOC may, if it has good reason, decide to grant full accreditation for a lesser period of time.

While full accreditation is unconditional, the ANZOC requires the Institution responsible for an accredited course to give consideration to any shortcoming or concern observed during the assessment of the course and to make a report to the ANZOC on that shortcoming or concern within a specified period of time.

Conditional Accreditation

Conditional accreditation is granted when full compliance with one or more of the specified standards has not been demonstrated. Accreditation is granted on the basis that the Institution will rectify the shortcomings within a specified period of time that is not longer than three years.

If the Institution is able to demonstrate that it has rectified the shortcomings within the period of conditional accreditation granted by the ANZOC, the ANZOC may grant full (unconditional) accreditation for a period not longer than five years from the date conditional accreditation was granted.

If the conditions are not met within the specified period of time, the conditional accreditation lapses. If this occurs the Institution may make a new application for accreditation when it believes the course will meet the standards for accreditation.

For new courses:

Preliminary Approval

It is a requirement that an Institution planning a course in osteopathy should obtain preliminary approval prior to advertising the course or enrolling students. Preliminary approval enables the Institution to advise students that the new course has the approval of the ANZOC and that the qualification obtained on completion of the course is expected to be recognised by the ANZOC for the purpose of registration.

Please note that Provisional Accreditation (below) is necessary if the first graduates of the course are to have their qualification recognised immediately on graduation.

Provisional Accreditation

A new course that has been granted preliminary approval and subsequently accepted students but has not yet produced any graduates would then apply for provisional accreditation.

Provisional accreditation will not normally be granted until the course has students enrolled in the second year of the course and should be completed prior to students entering the fourth year of the course. This enables any faults in the course that may impede accreditation to be identified and remedied before students reach the later years of the course and ensures that the first graduates will be eligible for registration.

Provisional Accreditation (cont.)

Provisional accreditation enables the Institution to advise students that the new course has been approved by the ANZOC and that the first graduating students will be eligible to apply for registration on successful completion of the course.

Provisional accreditation lapses at the end of the year following the completion of the final year by the first cohort of graduates.

It is expected that an application for full accreditation of a provisionally accredited course will be made in the year the first cohort of final year students is enrolled so that the accreditation process can be completed by June in the following year.

ACCREDITATION PROCEDURES FOR EXISTING COURSES

The process of accreditation of existing courses of osteopathy will follow the steps outlined below.

1. Application for accreditation

The Institution makes application for accreditation of its osteopathic course to the ANZOC.

On receipt of the application, or of notice of intent to make an application, the ANZOC will refer the application to its Accreditation Committee who will establish an assessment team and appoint a Chair of the team.

The application will explain and document how the Institution and the course comply with each of the standards for accreditation detailed in Section 2 of this policy. The application/submission should be structured to address each of the 22 standards for accreditation in turn.

Seven copies of the application and its supporting documentation should be provided. The main documentation should be bound, indexed and tabbed to facilitate ready access to the information provided. Extensive peripheral documentation (eg staff curriculum vitae and subject/unit guides) should be supplied in separate binders so that the main documentation is not too bulky.

Applications are in confidence and will be seen only by members of the ANZOC Accreditation Committee, the staff of the ANZOC and the members of the assessment team. The final report on the assessment of an application for accreditation is provided to the Board of Directors (BoD) of the ANZOC and to the Osteopathy Board of Australia (OBA), who make the final decision regarding Accreditation in Australia, or to the Osteopathic Council of New Zealand (OCNZ), who make the final decision regarding Accreditation in New Zealand.

This documentation must be received by the ANZOC at least 12 months prior to the lapsing of any existing accreditation. Late applications may not be processed and accreditation may lapse.

2. Establishment of an assessment team

On receipt of the application or of notice of intent to make an application the Accreditation Committee will establish an assessment team and appoint a Chair of the team.

The team will comprise five or six people.

The Chair of the assessment team would normally be expected to have been, or be currently, a senior university academic with substantial experience in health science education and accreditation.

At least two of the assessment team members will be currently practising osteopaths and at least one member (in addition to the Chair) would be expected to have been, or is currently, a senior university academic with accreditation experience. There will be among those appointed to the team a balance of experience between the basic and clinical sciences and between teaching and research. Up to two appointees may be from other health professions.

Normally two of those appointed will reside in a State of Australia other than the State in which the Institution making application is located, or overseas.

Conflict of Interest

The accreditation procedures of the ANZOC have been developed to ensure fairness and impartiality in all aspects of the assessment process. Members of the Assessment Team are appointed for their professional and educational expertise and care will be taken to ensure that those selected do not have a conflict of interest or a predetermined view about the Institution or its staff. Please refer to the ANZOC GUIDELINES ON CONFLICT OF INTEREST.

Members of the Assessment Team are required to give careful consideration to whether or not there is any reason why they might be perceived as having a conflict of interest or a predetermined view about the Institution.

All potential members of the assessment team will be asked to declare any actual or potential conflict of interest on the required proforma (Appendix 2) for consideration by the Accreditation Committee.

In the event of a perceived conflict of interest or bias, the appointee may not need to withdraw from the assessment team. A declaration of the circumstance may be sufficient to allay concern.

Grounds for a conflict of interest or bias include circumstances where the Assessment Team member:

- is or has been involved with the Institution as a lecturer, clinician, consultant or administrator of the Institution or a body closely associated with the Institution,
- has a family member employed by or affiliated with the Institution, or who is a student in the school,
- has publicly been critical of the Institution or its staff or there is animosity between the team member and a staff member of the Institution.

The Institution will be advised of the names and background of the persons the Accreditation Committee proposes to appoint to the assessment team and the Institution may object to any or all of those proposed. The Institution must give reasons in writing for its objections. The objections of the Institution will be considered by the Accreditation Committee, which may at its sole discretion propose the appointment of other persons to the assessment team, or it may appoint those it originally proposed.

3. Briefing of the assessment team

The Executive Officer of the ANZOC will meet with the Chair of the assessment team to brief him or her on the policies and process of accreditation.

All the members of the assessment team will be provided with a copy of this accreditation policy document and a summary of previous accreditation assessments of the course.

They will be advised specifically that the goal of accreditation is to establish whether the course is designed and delivered such that it will meet the educational standards defined in this policy statement, most notably that the course ensures that all of its graduates have –

- the knowledge and understanding of the basic, social and clinical sciences necessary for competent practice of osteopathy on graduation and through their career life,
- competent clinical skills in diagnosis, examination and treatment,
- appropriate professional attitudes to caring and inter-personal relationships and an understanding of ethical and professional principles.

They will also be reminded that their assessment –

- can only be in accordance with the standards set out in section 2 of this policy document,
- must recognise that educational objectives can be reached in different ways, and
- should not dwell on minor matters except when cumulatively they mean that one or more standards are not, or may not be reached.

The team normally meets prior to the site visit and at that meeting there is a further briefing of the team as to its terms of reference and the procedures to be followed.

4. Review of the application

Before the application for accreditation is distributed to the accreditation team, the Executive Officer will invite the Chair of the assessment team to oversee the review of the submitted documentation to ensure that it adequately addresses, in a comprehensible manner, each of the standards. If the Chair believes that the submission is deficient in certain areas the documentation will be returned to the Institution for revision and correction.

Once the Chair advises the Executive Officer that the documentation is suitable for the purpose of accreditation, the Executive Officer will send copies of the application to the other members of the assessment team.

Each member of the assessment team will review the application and its associated documentation and will comment on the adequacy of the documentation provided.

After review by the assessment team members, further information may be requested from the Institution or if the application has serious shortcomings a revised application may be requested.

If it is clear from the documentation provided in the application that the course does not meet the standards in one or more material respects, the team can advise the Accreditation Committee that the process of accreditation should not continue.

The accreditation team members provide their advice through the Chair of the team who in turn provides the team's advice to the Accreditation Committee through the ANZOC's Executive Officer.

All communication with the Institution is by the Executive Officer of the ANZOC although if there are difficulties with the standard of documentation of the application, the Executive Officer may arrange a meeting between the Chair of the assessment team and the Institution.

5. Site Evaluation

Site evaluation visits will not occur less than 90 days following receipt of an acceptable application and supporting documentation requesting re-accreditation of an existing course.

The Assessment Team will visit the Institution where the course is offered. Table 1 (Page 7) sets out a model timetable for the site visit.

The purpose of this visit is to test the validity of the information provided in the application and to evaluate those aspects of the resources and course that cannot be adequately assessed from the written submission.

The site visit normally takes two days during which time the assessment team inspects the facilities used in providing the course and interviews senior officers of the Institution, the academic staff teaching in the course and students.

As part of the site visit schedule, the provider Institution or its staff should not make any offers of hospitality to the Assessment Team or its individual members during the assessment process, with the exception of providing lunch and morning and afternoon tea during the assessment visit. Team members are not permitted to accept personal social invitations from staff of the provider Institution during the assessment process.

The Chair of the assessment team will normally ensure that a de-briefing meeting occurs with the Dean/Head of Department and the osteopathic course coordinator, on the final day of the assessment visit, to discuss issues that may have arisen and seek clarification.

Table 1:**Model timetable for the site visit**

This is a nominal timetable intended only to provide guidance on the usual arrangements for a site visit. The actual timetable for a particular visit will be proposed by the osteopathic course coordinator and settled by discussion with the Chair of the assessment team.

	Day 1
9.00	Meeting with Dean and Head of the responsible Faculty, Department and/or School and the osteopathic course coordinator/s
9.30	Introduction of the team to the staff. Chair of the Team explains the purpose of the visit and how it will proceed
9.45	Orientation tour of the premises of the osteopath unit (teaching rooms, lecture theatres, teaching and research laboratories, library and clinic)
11.30	20-minute interviews with osteopathic subject/unit coordinators
12.30	Lunch
1.15	Meeting with Year 1 to 3 students
2.00	20-minute interviews with osteopathic subject/unit coordinators
4.00	Coffee break
4.15	Meeting with senior part time teaching clinicians
	Day 2
9.00	Team divides into two groups one to visit the library and Departments providing service teaching to the osteopathic course and the other to inspect the clinical teaching facilities
11.00	Coffee break
11.15	20-minute interviews with osteopathic subject/unit coordinators.
12.30	Lunch
1.15	Meeting with Year 4 and 5 students
2.15	Meetings with the Dean of the Faculty and other senior officers of the Institution
3.15	Meeting with the course coordinator to discuss his or her teaching responsibilities and course coordination issues
3.45	Team meets privately to consider its observations
4.30	De-briefing meeting with Head of Department and the osteopathic course coordinator to discuss issues that have arisen and seek clarifications

The Executive Officer and the Chair of the assessment team may visit the Institution several weeks before the site visit to confer with the Dean and Head of the responsible Faculty, Department and/or School and the osteopathic course coordinator about the objectives and requirements for the visit.

The assessment team should be provided with a meeting room for its exclusive use during the site visit. It is customary for the Institution to provide morning and afternoon teas and lunches for the team. The team is obliged to refuse any other offers of hospitality during the assessment. A staff member of the Institution should be assigned to liaise with the team and to ensure that the visit keeps to its timetable and that staff and students attend for the scheduled interviews.

ACCREDITATION PROCEDURES FOR A NEW COURSE

An Institution planning to introduce a new osteopathic course must apply for preliminary approval of the course when the course has been planned and can apply for provisional accreditation when its first students have been enrolled and have completed at least one year of the course.

PRELIMINARY APPROVAL

Application for preliminary approval

Application for preliminary approval is mandatory and should be undertaken when the Institution has planned its course, determined the physical and human resources it will allocate to it and must be made prior to advertising the course and enrolling students.

Institutions planning to develop and offer an osteopathic program must notify the ANZOC of their intent to develop such a program in the initial stages of course design and prior to submission of preliminary course documentation to the Academic Board (or equivalent) for Institutional approval of the proposed osteopathic program.

It is expected that the full application will be made when the course has been approved by the Institution and at least one staff member responsible for the development of the course has been appointed. A full application for preliminary approval must be received at least 12 months prior to any proposed advertising of the course and enrolment of students (although this may be negotiated with the ANZOC).

The application will explain and document how the Institution and the proposed course will comply with each of the standards for accreditation detailed in Section 2 of this policy. The application/submission should be structured to address each of the 22 standards for accreditation in turn, although in the case of some standards this will initially be a plan for implementation to meet the standards. The application should set out a clear timetable for enrolment of students, for the appointment of staff and the allocation of physical resources over the full duration of the osteopathic course. It should provide convincing assurances that the Institution will be able to assemble the necessary resources in a timely way as the first cohort of students' progress through the course.

Particular emphasis should be given as to how the Institution will provide the necessary clinical facilities within which students will be given clinical instruction and experience.

Seven copies of the application and its supporting documentation should be provided. The main documentation should be bound, indexed and tabbed to facilitate ready access to the information provided. Extensive peripheral documentation (e.g. staff curriculum vitae and subject/unit guides) should be supplied in separate binders so that the main documentation is not too bulky.

Applications are in confidence and will be seen only by members of the ANZOC and Accreditation Committee, the staff of the ANZOC and the members of the assessment team. The final report on the assessment of an application for approval is provided to the BoD of the ANZOC and to the Osteopathy Board of Australia (OBA), who make the final decision regarding Accreditation in Australia, or to the Osteopathic Council of New Zealand (OCNZ), who make the final decision regarding Accreditation in New Zealand.

Establishment of an assessment team

On receipt of the application or of notice of intent to make an application the ANZOC will refer the application to its Accreditation Committee who will establish an assessment team and appoint a Chair of the team.

The site assessment team will comprise four people.

The Chair of the assessment team would normally be expected to have been, or is currently, a senior university academic with substantial experience in health science education and accreditation.

At least two of the assessment team members will be currently practising osteopaths and at least one member (in addition to the Chair) would be expected to have been, or is currently, a senior university academic with accreditation experience. There will be among those appointed to the team a balance of experience between the basic and clinical sciences and between teaching and research. Up to two appointees may be from other health professions.

One of those appointed will reside in a State of Australia other than the State in which the Institution making application is located, or overseas.

Conflict of Interest

The accreditation procedures of the ANZOC have been developed to ensure fairness and impartiality in all aspects of the assessment process. Members of the Assessment Team are appointed for their professional and educational expertise and care will be taken to ensure that those selected do not have a conflict of interest or a predetermined view about the Institution or its staff. Please refer to the ANZOC GUIDELINES ON CONFLICT OF INTEREST.

Members of the assessment team are required to give careful consideration to whether or not there is any reason why they might be perceived as having a conflict of interest or a predetermined view about the Institution.

All potential members of the assessment team will be asked to declare any actual or potential conflict of interest on the required proforma (Appendix 2) for consideration by the Accreditation Committee.

In the event of a perceived conflict of interest or bias, the appointee may not need to withdraw from the assessment team. A declaration of the circumstance may be sufficient to allay concern.

Grounds for a conflict of interest or bias include circumstances where the assessment team member:

- is or has been involved with the Institution as a lecturer, clinician, consultant or administrator of the Institution or a body closely associated with the Institution,
- has a family member employed by or affiliated with the Institution, or who is a student in the school,
- has been publicly critical of the Institution or its staff or there is animosity between the team member and a staff member of the Institution.

The Institution will be advised of the names and background of the persons the Accreditation Committee proposes to appoint to the assessment team and the Institution may object to any or all of those proposed. The Institution must give reasons in writing for its objections. The Accreditation Committee, which may at its sole discretion propose the appointment of other persons to the assessment team, will consider the objections of the Institution or it may appoint those it originally proposed.

Briefing of the assessment team

The Executive Officer of the ANZOC will meet with the Chair of the assessment team to brief him or her on the policies and process of accreditation.

All the members of the assessment team will be provided with a copy of this accreditation policy document and a summary of previous accreditation assessments of the course.

They will be advised specifically that the goal of accreditation is to establish whether the course is designed and delivered such that it will meet the educational standards defined in this policy statement, most notably that the course ensures that all of its graduates –

- have the knowledge and understanding of the basic, social and clinical sciences necessary for competent practice of osteopathy on graduation and through their career life
- competent clinical skills in diagnosis, examination and treatment
- proper professional attitudes to caring and inter-personal relationships and an understanding of ethical and professional principles.

They will also be reminded that their assessment –

- can only be in accordance with the standards set out in section 2 of this policy document
- must recognise that educational objectives can be reached in different ways, and
- should not dwell on minor matters except when cumulatively they mean that one or more standards are not, or may not be reached.

The team normally meets prior to the site visit and at that meeting there is a further briefing of the team as to its terms of reference and the procedures to be followed.

Review of the application

Before the application for accreditation is distributed to the accreditation team, the Executive Officer will invite the Chair of the assessment team to oversee the review of the submitted documentation to ensure that it adequately addresses, in a comprehensible manner, each of the standards. If the Chair believes that the submission is deficient in certain areas the documentation will be returned to the Institution for revision and correction.

Once the Chair advises the Executive Officer that the documentation is suitable for the purpose of accreditation, the Executive Officer will send copies of the application to the other members of the assessment team.

Each member of the assessment team will review the application and its associated documentation and will comment on the adequacy of the documentation provided.

After review by the assessment team members, further information may be requested from the Institution or if the application has serious shortcomings a revised application may be requested.

If it is clear from the documentation provided in the application that the course does not meet the standards in one or more material respects, the team can advise the Accreditation Committee that the process of accreditation should not continue.

The accreditation team members provide their advice through the Chair of the team who in turn provides the team's advice to the Accreditation Committee through the ANZOC's Executive Officer.

All communication with the Institution is by the Executive Officer of the ANZOC although if there are difficulties with the standard of documentation of the application, the Executive Officer may arrange a meeting between the Chair of the assessment team and the Institution.

Site Evaluation

The Assessment Team will visit the Institution where the course is offered.

The purpose of this visit is to test the validity of the information provided in the application and to evaluate those aspects of the resources and course that cannot be adequately assessed from the written submission.

The site visit normally takes a half to one day during which time the assessment team inspects the facilities to be used in providing the course and interviews senior officers of the Institution and academic staff that will teach into the course.

As part of the site visit schedule, the provider Institution or its staff should not make any offers of hospitality to the Assessment Team or its individual members during the assessment process, with the exception of providing lunch and morning and afternoon tea during the assessment visit. Team members are not permitted to accept personal social invitations from staff of the provider Institution during the assessment process.

The Chair of the assessment team will normally ensure that a de-briefing meeting occurs with the Dean/Head of Department and the osteopathic course coordinator to discuss issues that may have arisen and seek clarifications.

PROVISIONAL ACCREDITATION

Application for provisional accreditation of a new course can be made when the first cohort of students has completed their first year of the course and should be completed prior to students entering the fourth year of the course.

The procedures for application for provisional accreditation and consideration of that application are the same as those for the accreditation of an existing course (refer page 3).

ACCREDITATION WHEN MAJOR CHANGES ARE MADE TO A COURSE

A course that is subject to major changes must be reassessed to determine whether the change materially affects the outcomes of the program as they may relate to the objectives of the accreditation policy.

An institution may not claim that a course is accredited if the previously accredited course has undergone major change until such time as the institution is advised of the outcome of an assessment. Where a major change is deemed not to alter the attainment of graduate outcomes, accreditation will be transferred to the changed course.

Major change is defined as one or more of the following: –

- A change in the length of the course by a semester or more;
- A significant change in the format of the course (for example, changes to unit content or sequencing) such that student progression towards the graduate outcomes described in Appendix 1 is substantially altered;
- A substantial change in program learning objectives;
- A substantial change in educational philosophy, emphasis or institutional setting, especially in clinical teaching;
- A substantial change in program delivery such as a shift of all or part of the program to off shore venues or online delivery;
- Significant reduction in resources available to the program resulting in a potential threat to the achievement of required graduate outcomes; and
- Significant change in student cohort size.

ANZOC should be consulted if there is doubt as to whether a proposed change may constitute a major change. All proposed changes to a course that might have a significant impact upon course resources or outcomes must also be outlined in the institution's annual report to ANZOC.

ACCREDITATION WHEN MAJOR CHANGES ARE MADE TO A COURSE (cont.)

The consideration of a major change is a two-stage process to enable a rapid response where the change is not deemed to impact substantially upon the achievement of the course objectives.

Stage 1

The institution is required to provide advice to ANZOC of a major change including details of how the change may impact upon resourcing and graduate outcomes. It is recommended that the submission address each of the 22 standards and how student progress towards achieving graduate outcomes will be affected.

If the proposed change does not impact upon a standard, a brief statement to that effect is sufficient. If the change does affect a standard, sufficient information to enable an understanding of how the change will affect resourcing, curriculum content, student assessment and progression and the attainment of course objectives is required so that the Accreditation Committee may make a judgement. The Accreditation Committee may appoint a sub-committee to evaluate the documentation. The sub-committee will be appointed in accordance with the guidelines for appointment of an accreditation team.

The committee has four options available to it after a review of the documentation. The options are to: -

- Acknowledge the change and recommend that accreditation is unaffected because the committee is satisfied that the change will not adversely impact upon graduate outcomes;
- Request further information about issues which require clarification;
- Determine that an interim inspection is required to understand the impact of the major change; or
- Determine that a full accreditation review is required.

After consideration of further information, the committee may recommend that accreditation is unaffected or that an interim inspection is required. In the event an interim inspection is deemed necessary Stage 2 of the process will be activated.

Stage 2

An interim inspection is undertaken to understand the impact of the major change and determine if a full accreditation review is required. Following an interim inspection by an Assessment Team appointed in accordance with this document, the committee may make the following recommendations: -

- Acknowledge the change and advise that accreditation is unaffected because the committee is satisfied that the change will not adversely impact upon graduate outcomes;
- Advise that conditional accreditation is granted with a timeline for the attainment of the conditions placed upon the program's accreditation;
- Determine a full accreditation review is required.

A full accreditation review is required if the major change is considered likely to lead to an inability to achieve the objectives of the accreditation policy.

Timelines for consideration of a major change

The institution will be advised whether further information and/or an interim inspection is required within one month of receipt of documentation about a major change by the accreditation committee. The outcome of stage 1 will normally be advised within one month of receipt of the further documentation.

If required, an inspection will be arranged normally within two months of receipt of the requested further information. The draft report will be provided within one month of the inspection and the institution will be invited to respond. After consideration of the draft report and the institution's response the accreditation committee will provide its final recommendation to the board within two months of the inspection.

SUSPENSION OF CLOSURE OF COURSES IN OSTEOPATHY

In the event that an institution decides to suspend or cease provision of education leading to the award of a recognised qualification in osteopathy, the institution should advise ANZOC as soon as practicable of the decision. Arrangements will need to be agreed for monitoring the provision of the accredited course to remaining cohorts of students. The usual requirements of annual reports will apply for the period of suspension or closure.

DETERMINATION AND REPORT

Determination of recommendations by the assessment team and its report

The assessment team normally meets after the site visit to decide its recommendations. At this meeting the team considers whether or not the course meets each of the standards set out in Section 2. The assessment team can decide that a standard is met, met with reservations or not met.

If it is decided that one or more standards are not met or met with reservations the reasons for this decision are enunciated so that the Institution can take remedial action. The team may also decide at this meeting to include in its report remarks about the strengths and weaknesses of the course that it has observed but in doing so it should be cognisant of its brief as set out on pages 5 & 9 "Briefing of the assessment team".

The Chair or another member of the team drafts the team's report, which is circulated by mail or email to each member of the team for comment and amendment.

The usual structure of the report is as follows:

Background - A brief synopsis of the Institution and the osteopathic course it provides and a recapitulation of previous accreditations of the course.

The process of accreditation - A recital of the reference documents and procedures of accreditation including the names, qualifications and background of each member of the assessment team, dates of the application, the site visit and other meetings of the assessment team and the schedule of the site visit.

Findings and observations - The report usually makes observations on each standard separately, stating the standard, whether it is met, met with reservations or not met, followed by remarks supporting the finding. These remarks will be brief for standards that are met but will be more extensive when there are comments or reservations (e.g. in the case where a standard is met with reservations). Where a standard is not met, full reasons for the decision are given.

Recommendation - The team's recommendation with respect to accreditation and the reason for the recommendation.

When the team has agreed on its report, the Chair forwards it to the Executive Officer of the ANZOC for consideration by the Accreditation Committee.

The Accreditation Committee considers the report and may seek clarifications from the Chair of the assessment team or may suggest amendments to the wording.

Final recommendations and notification to the Institution

The report of the assessment team is sent to the Institution for its comment.

The Accreditation Committee will consider the response from the Institution and will also confer with the Chair of the Assessment Team about it.

If the response calls for some change in the assessment team's report because of new information or correction of error or if it brings the recommendations of the Assessment Team into question, the Chair of the Team will confer with its members who will determine whether or not they wish to issue an amended report.

The Accreditation Committee will consider the final recommendations of the Assessment team and recommend to the ANZOC the grade of accreditation to be awarded. The ANZOC will notify the Institution of its decision.

The ANZOC will advise the Osteopathy Board of Australia and the Osteopathic Council of New Zealand of its decision and provide them with a copy of the final report on an in-confidence basis.

PERIODIC REPORTS TO THE ANZOC

Notification of changes to the course or its resources

Institutions holding any form of accreditation for an osteopathic course must notify the ANZOC of any change to the course or the resources allocated to it that may have an adverse effect on the standards of education provided. Institutions are strongly encouraged to inform the ANZOC of any proposed changes to the course, infrastructure, resourcing, staffing and location.

Changes include but are not limited to –

- A change of the pre-requisites for entry into the course either from secondary school or with advanced standing,
- a change to the length of the course,
- the deletion of subject/units or the inclusion of new subject/units,
- an increase in the number of students enrolled in the course of more than 20%,
- a decrease in the number of full time academic staff OR total equivalent full time academic staff of more than 20%, including the impact on student:staff ratios,
- a significant relocation of the osteopathic unit into different premises,
- a change in the facilities for providing clinical instruction and experience or in access to such facilities, especially a change to the number or diversity of patients seen by students,
- a major restructuring of the course (see major changes to a course, above).

When notified of changes, the ANZOC will simply note the report if it considers the change will not significantly diminish standards of education. If however, the ANZOC considers that standards of education may be affected it may refer the matter to its Accreditation Committee to undertake an interim inspection. This would not necessarily involve the full accreditation process but an assessment of the impact of changes being planned or made. Advice would be received by the ANZOC as to whether or not accreditation of the course should be suspended or made conditional.

ANNUAL REPORTS TO THE ANZOC

Reporting by Institutions offering a fully accredited osteopathic course

Institutions offering an accredited osteopathy course or courses are required to make an annual report to the ANZOC by June 30 and are required to certify each year that no changes to the course have been made or are planned and that there has been or will be no major diminution of the resources allocated to provide it. The report should include all actions that have been taken to meet any reservations listed in the assessment team report and the outcome of those changes. The proforma at Appendix 3 must be completed and submitted with each annual report. The ANZOC will receive and note annual reports. If there is any matter in an annual report of a substantial nature that the ANZOC believes may adversely affect the standard of osteopathic education and training, the ANZOC may seek further information from the Institution and may appoint an expert committee to investigate and report to the ANZOC on the matter.

An annual report is not required in the calendar year a course formally obtained accreditation or in any year in which an application for re-accreditation or up-grade for provisional to full accreditation has been lodged before June 30.

The ANZOC will remind the provider Institution of this requirement two months before the date the annual report is due. If the report is not received by June 30 the ANZOC will send a letter to the provider university advising that if a report is not received by a new date specified in the letter the accreditation of the course will lapse on that date. If the report is not received by that date the ANZOC will write advising that accreditation has lapsed and invite the Institution to make a new application for accreditation.

Reporting by Institutions offering a conditionally accredited course

Institutions offering a conditionally accredited course are required to make a comprehensive annual report of progress made toward addressing the condition/s imposed and actions taken to meet the reservations listed in the assessment team report. The report should also describe any changes to the course and any significant changes to the staffing and physical resources that have occurred since accreditation was granted. The proforma at Appendix 3 must be completed and submitted with each annual report.

An annual report is not required in the calendar year a course formally obtained conditional accreditation.

The ANZOC will remind the provider Institution of this requirement two months before the date the annual report is due. If the report is not received by June 30 the ANZOC will send a letter to the provider Institution advising that if a report is not received by a new date specified in the letter the accreditation of the course will lapse on that date. If the report is not received by that date the ANZOC will write advising that accreditation has lapsed and invite the Institution to make a new application for accreditation.

Reporting by Institutions with preliminary approval or provisional accreditation of new courses

Institutions with preliminary approval or provisional accreditation of new courses are required to make annual reports of progress in the introduction of the new course that should cover student enrolments, staff appointments, acquisition of physical resources as planned and the establishment of clinical teaching facilities as planned. Any change to the planned curriculum must be reported. The proforma at Appendix 3 must be completed and submitted with each annual report.

An annual report is not required in the calendar year a course formally obtained preliminary approval or provisional accreditation.

The ANZOC will remind the provider Institution of this requirement two months before the date the annual report is due. If the report is not received by June 30 the ANZOC will send a letter to the provider Institution advising that if a report is not received by a new date specified in the letter the accreditation of the course will lapse on that date. If the report is not received by that date the ANZOC will write advising that accreditation has lapsed and invite the Institution to make a new application for accreditation.

Failure to report

The ANZOC may suspend accreditation if an Institution fails to report as required. It is the Institution's responsibility to ensure that the ANZOC receives all expected reports in a timely fashion.

APPENDIX 1: MODEL COURSE OBJECTIVES

Goals and objectives of an entry-level osteopathic course

The goal of basic osteopathic education is to produce graduates with the knowledge, skills and attitudes to enable them to undertake competent general practice of osteopathy. They will be able to practise safely and effectively and refer appropriately. Their knowledge and skills will be firmly based on scientific principles. They will be self-directed learners and will be motivated to continually develop their knowledge and skills throughout their professional careers.

To achieve these goals, the following objectives can be identified:

1. Objectives relating to knowledge and understanding

Graduates completing basic osteopathic education should have knowledge and understanding of:

- (a) The physical, biological, behavioural and social sciences, at a level not only adequate to provide a rational basis for osteopathic practice immediately following graduation, but also to assist them adapt to the changes in practice and assimilate the advances in knowledge which will occur over their working life;
- (b) the structure, function and normal growth and development of the human body and mind at all stages of life, the interactions between body and mind, the factors which may disturb these and the disorders of structure and function and behaviour which may result;
- (c) the history, theory and underlying principles of osteopathy;
- (d) the aetiology, natural history, prognosis and management of relevant disorders in children, adolescents, adults and the aged which may or may not respond to osteopathic care. The knowledge required to allow appropriate management including knowledge of all the commonly used manipulative techniques and other treatment modalities used in osteopathic practice;
- (e) the recognition of and timely referral for joint or separate care of patients with conditions for which osteopathic treatment is inadequate or inappropriate or where it will delay urgently needed medical or other care;
- (f) the principles of health education; disease prevention; amelioration of pain, suffering and disability; rehabilitation; the maintenance of health, the interaction of physical and mental health and the minimisation of disability in old age;
- (g) the agencies that provide support and counselling of patients who have permanent disabilities or debilitating illnesses, have suffered severe physical or emotional trauma, have a notifiable disease or have a drug addiction or mental health problem, and the means of referral of such patients to those agencies.
- (h) factors affecting human relationships, the psychological well-being of patients and their families and carers and the interactions between humans and their social and physical environment;
- (i) the principles of public and occupational health;
- (j) systems of provision of health care with their advantages and limitations including methods of meeting the health care needs of disadvantaged groups within the community;
- (k) the costs associated with health care, and the principles of efficient and equitable allocation and use of finite resources;
- (l) scientific method as applied to biomedical, behavioural and sociological research;
- (m) the ethical standards and legal responsibilities of osteopathic practitioners; and
- (n) management of disorders of somatic origin relevant to osteopathic care.

2. Objectives relating to skills

Graduates completing basic osteopathic education should have the following skills:

- (a) the ability to gather and record an accurate, organised and problem-focused patient history, including psycho-social factors, using appropriate perspective, tact and judgement;
- (b) the ability to perform a physical examination and to assess the general well-being and emotional state of patients;
- (c) the ability to apply judgement and perspective in choosing from the repertoire of clinical skills those which it is appropriate and practical to apply in a given situation;
- (d) the ability to arrive at an appropriate diagnosis based on the objective evaluation of all available evidence;
- (e) the ability to recognise early signs of physical or mental disorder and institute appropriate prevention or intervention measures;
- (f) the ability to formulate a management plan in concert with the patient and/or carer;
- (g) judgement in deciding on appropriate care by instituting the appropriate osteopathic management with treatment and/or referral to other health disciplines including mental health services. This includes treatment of the disorder, the relief of discomfort and counselling on alleviation of causal and aggravating factors;
- (h) manual dexterity to carry out manipulative treatments and competence in other modalities of treatment;
- (i) the ability to provide continuing health care by assessing the patient's progress; modifying patient care appropriately; planning effective follow-up care and by counselling and instructing the patient and family/carer, if necessary, regarding cause, management and prognosis;
- (j) the ability to establish satisfactory relationships with patients by developing patient co-operation and showing concern and consideration to relieve anxiety, tension and discomfort;
- (k) the ability to communicate clearly, considerately and sensitively with patients, relatives, carers, professional colleagues, other health professionals and the general public. This should include the ability to counsel sensitively and effectively and to provide information in a manner, which ensures patients, and families/carers can be truly informed when consenting to any clinical procedure. It also includes the ability to write referral letters, progress reports and medico-legal reports that are clear, effective and in proper form;
- (l) The ability to perform common life-saving procedures such as caring for the unconscious patient and cardiopulmonary resuscitation;
- (m) the ability to interpret relevant literature in a critical and scientific manner and apply these skills to ongoing learning and patient management;
- (n) the ability to use the resources of an appropriate reference library to pursue independent inquiry relating to clinical problems;
- (o) the ability to use computers for learning, literature searches and other applications in osteopathic practice;
- (p) the ability to adapt to changes in relevant knowledge and practice and to incorporate such changes into their own practice;
- (q) the ability to work as a member of a multi-disciplinary team where this is in the best interests of patient care;
- (r) the ability and preparedness to participate in peer review and quality improvement process; and
- (s) the ability to maintain patient records and other documentation according to legal requirements and accepted procedures and standards for comprehensiveness, legibility, accuracy and confidentiality.

3. Objectives relating to attitudes as they affect professional behaviour

During basic osteopathic education, students should acquire the following attitudes, which are fundamental to osteopathic practice:

- (a) respect for every human being, with an appreciation of the diversity of human background and opportunities, and an unprejudiced attitude towards patients regardless of their background. There should be respect for and understanding of different cultural values and incorporation of that respect and understanding in all aspects of osteopathic practice;
- (b) a desire to ease pain and suffering;
- (c) a willingness to accept responsibilities for the patient's welfare; recognising personal professional capabilities and limitations; and relating effectively and knowledgeably to other health disciplines including mental health professionals;
- (d) an acceptance of the responsibilities of an osteopath in relation to the care of the patient; the profession of osteopathy and the community;
- (e) an awareness of the need to communicate clearly and fully with patients and their families or carers, and to involve them fully in planning management;
- (f) a desire to achieve optimal patient care for the least cost, with an awareness of the need for cost-effectiveness to allow maximum benefit from the available resources;
- (g) a consideration of the interests of the patient and the community as paramount, with these interests never subservient to their own pecuniary interest;
- (h) a desire to work effectively as a team member with other health care professionals;
- (i) an appreciation of their responsibility and a desire to maintain their standards of practice at the highest possible level by continuing education throughout their professional careers;
- (j) an appreciation of the need to recognise when a clinical problem exceeds their capacity to deal with it safely and efficiently and to refer the patient for help from others when this occurs; and
- (k) a realisation that it is not always in the interests of the patient or their family to do everything which is technologically possible to make a precise diagnosis or to attempt to modify the course of a problem.

APPENDIX 2: STATEMENT OF INTEREST

I acknowledge that I have received an invitation to be a member of an assessment team for the accreditation of [Institution's] course in Osteopathic Medicine in [year] and hereby state as follows:

(Choose one of the following)

☐ **1. Statement of No Interest**

To the best of my knowledge and belief -

I do not have an interest, which may constitute either an actual conflict of interest or a perceived conflict of interest in relation to any of the parties associated with this potential appointment.

☐ **2. Statement of Interest**

To the best of my knowledge and belief –

I do have an interest in relation to this potential appointment, which may constitute either an actual conflict of interest or a perceived conflict of interest.

Details of the interest: (Please outline below or append to this sheet)

Examples:

- Current employment
- Previous employment
- Is a relative of a staff member or student
- Is or has been involved with the Institution as an employee or consultant etc.
- Has been publicly critical of a person or the Institution
- Shared committee membership with stakeholders

Signed: _____

Date: _____

If clarification is required as to whether a potential or perceived conflict of interest may exist please contact the Executive Officer of the ANZOC immediately.

PLEASE RETURN THIS SIGNED DOCUMENT TO THE EXECUTIVE OFFICER IMMEDIATELY

APPENDIX 3: PROFORMA FOR COURSE ALTERATIONS

Must be completed and appended to the annual report.

Please indicate whether the Institution has already made, or intends to make, any of the following changes to the osteopathic program. Please tick the appropriate box and provide details:

- ☐ A change of the pre-requisites for entry into the course either from secondary school or with advanced standing
- ☐ A change to the length of the course
- ☐ Deletion of subject/units or the inclusion of new subject/units
- ☐ An increase in the number of students enrolled in the course of more than 20%
- ☐ A decrease in the number of students enrolled in the course of more than 20%
- ☐ A decrease in the number of full time academic staff OR total equivalent full time academic staff of more than 20%
- ☐ Relocation of the osteopathic unit or clinical facilities into different premises
- ☐ Relocation of teaching or clinical staff
- ☐ A change in the facilities for providing clinical instruction and experience or in access to such facilities, especially a change to the number or diversity of patients seen by students
- ☐ Altering the level at which subject/units are offered (e.g. from undergraduate to post graduate or vice versa) that can affect course progression for students taking leave of absence
- ☐ Altering the level at which the course is offered (e.g. from undergraduate to post graduate or vice versa)
- ☐ Changing teaching philosophies or methods, especially in clinical teaching
- ☐ Altering the status of the course within a whole Institution restructure including suspension or closure.
- ☐ Altering the scope of the course by removing or by adding a significant element, especially an element not listed in Appendix 1 of Accreditation Policy

Details of changes:

Please append details of changes or proposed changes to this document.

Policy for Assessment and Recognition of Overseas Assessment and Regulatory Authorities

Preamble

The Osteopathy Board of Australia (OBA) wishes to offer a Competent Authority Pathway (CAP) for registration of Osteopaths who have qualifications gained outside Australia and New Zealand. Overseas Authorities may offer or have offered more than one pathway to registration. In instances where an Authority has offered more than one pathway to registration, each pathway will be considered separately.

Where a pathway offered by an authority is assessed as being equivalent in its standards and processes for accreditation of courses and/or assessment of osteopaths for the purpose of registration, the osteopaths who have been registered under a pathway which is deemed equivalent by ANZOC will be permitted to apply for registration in Australia via Competent Authority Pathways set out by the OBA and defined in detail in the ANZOC Guidelines for Overseas Applicants.

This policy establishes criteria and processes to enable the assessment and recognition of selected *“authorities in other countries who conduct examinations for registration in osteopathy or accredit programs of study relevant to registration, to decide whether persons who successfully complete the programs/examinations conducted or accredited by the authority have the knowledge, skills and professional attributes necessary to practice the profession in Australia”* under s.42(c) Health Practitioner Regulation National Law Act 2009 (The National Law).

This policy recognizes that equivalence will be required with the system of occupational classification called the 'Australian and New Zealand Standard Classification of Occupations' (ANZSCO). ANZSCO has determined that the level of skill required of osteopaths is commensurate with a bachelor degree or higher qualification (ANZSCO Skill Level 1).

Those authorities who are assessed as having equivalent standards to Australia will be deemed “Competent Authorities”, a term which has currency in the Australian and New Zealand osteopathy context.

Criteria for establishment of Equivalent status

The following characteristics of the international authority will be considered in establishing equivalence:

1. The authority operates as an independent regulatory authority established by legislation within its identified jurisdiction.
2. The authority has course accreditation standards, processes and outcomes and assessment processes that are equivalent to those operating in Australia.
3. The authority has governance arrangements, committee and decision making processes which are comparable in their rigour and attention to fairness and equity in applying accreditation standards (although they might differ in format).
4. The authority has policies and processes relating to the maintenance of competence of practitioners and continuing professional development.
5. The authority has policies and processes relating to the investigation of complaints and disciplinary action against practitioners.
6. There is congruence between the education and health system context in the jurisdiction in question and the Australian context.

Process for assessing authorities

The Australian and New Zealand Osteopathy Council (ANZOC) has responsibility, under the National Law for applying the above criteria in assessing overseas regulatory authorities.

ANZOC will perform the assessment of individual overseas regulatory authorities at the request of the Osteopathy Board of Australia (OBA) and will present a report and recommendations to the OBA on those overseas authorities referred to it by the OBA. Under normal circumstances the assessment will be completed within three months.

1. ANZOC will appoint an assessor who will:
 - gather the relevant evidence pertaining to the accrediting authority,
 - do a desk review of the evidence and compile it into an annotated inventory for filing by ANZOC
 - construct a matrix of equivalence using the 'Criteria for establishing Competent Authority status' and
 - provide a report to the ANZOC Overseas Assessment Committee that identifies areas of equivalence or non-equivalence and, where relevant, the need for more in depth exploration with the authority concerned.

2. The ANZOC Overseas Assessment Committee (OAC) will review the report and evidence and recommend to ANZOC that
- the report containing the assessment of the extent of equivalence of the overseas authority and recommendations for assessment of applicants registered under that authority for registration be forwarded to OBA, or
 - further investigation needs to occur before a determination can be made.

After consideration of the OAC recommendation ANZOC will either:

- return the report with a request for further information to the OAC, or
- forward the assessment report, amended as appropriate and appropriate recommendation to OBA.

Date approved: 19 July 2012 (Version 1.0)

Date of review: 19 July 2014

Proforma matrix for assessing authority equivalence

Authority under Assessment:

No	Criterion	Overseas authority reference document(s)	Australian reference document(s)	Comment	Equivalence
1	The authority operates as an independent regulatory authority within its identified jurisdiction.				
2	The authority is equivalent to Australia in the following:				
2a	<ul style="list-style-type: none"> course accreditation standards 				
2b	<ul style="list-style-type: none"> course accreditation processes 				
2c	<ul style="list-style-type: none"> learning outcome standards 				
3	The authority has governance arrangements, committee and decision making processes which are comparable in their rigour and attention to fairness and equity in applying accreditation standards (although they might differ in format).				
4	The authority has policies and processes relating to the maintenance of competence of practitioners and continuing professional development which achieve comparable outcomes.				
5	The authority has policies and processes relating to the investigation of complaints and disciplinary action against practitioners which are comparable in their rigour and attention to fairness and equity.				
6	The level of congruence between the education and health system context the jurisdiction in question and the Australian context.				

2011

Development of an Assessment Process for Overseas Osteopaths to Practice in Australasia.

Report for ANZOC* and OCNZ**

*Australia and New Zealand Osteopathic Council

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Footnotes and referencing:

This document uses numbers for footnotes, and authors / dates for referencing.

Summary

This report describes the development of a process to assess overseas-trained osteopaths for suitability for practice in an Australasian jurisdiction.

The context of this work is the newly established national health practitioner regulation system within Australia¹, and the formation of the Australian and New Zealand Osteopathic Council (ANZOC). ANZOC is a peak body currently awarded Accreditation Authority status by the Australian Health Workforce Ministerial Council (Ministerial Council)² Alongside the Osteopathic Council of New Zealand (OCNZ), the national regulatory authority for osteopaths in New Zealand, ANZOC was seeking to develop an assessment process for osteopaths wishing to practice in Australia or New Zealand whose qualifications required that their skills were assessed prior to their application to register either with the Osteopathy Board of Australia (OBA) or the OCNZ. ANZOC has a duty to explore and develop best practice initiatives for the assessment of overseas trained osteopaths, and an aim to create policies in accordance with the Trans Tasman Mutual Recognition Agreement (TTMRA) between Australia and New Zealand.

This report focuses on the design and implementation of an assessment process for osteopaths wishing to work in Australia who do not hold accredited Australian qualifications, or are not currently registered with the Osteopathy Board of Australia (OBA) or the Osteopathic Council of New Zealand (OCNZ). This work is based on a preliminary project funded by the OCNZ which is described within this report (project managed by Caroline Stone), and on a project to further that work funded by a grant from the Department of Health and Ageing, Federal Government of Australia.

The assessment process described here uses the Capabilities for Osteopathic Practice, developed in 2009 through a project at the University of Technology, Sydney (UTS) undertaken by Prof Paul Hager, Prof David Boud and Caroline Stone³, and funded by the New South Wales Osteopaths Registration Board. These Capabilities for Practice⁴ have been adopted by a number of Regulatory Authorities for osteopaths in Australia⁵ prior to the commencement of the AHPRA national scheme and the formation of the OBA. The OBA is currently in the process of considering the Capabilities for Practice document for adoption. The Osteopathic Council of New Zealand is currently gazetting the Capabilities for adoption in 2011.

Accordingly these Capabilities represent an accepted standard for practice for osteopathy in Australia and New Zealand and are a sound basis for the development of a high stakes assessment process such as described in this report.

Background

The osteopathic profession globally is increasingly confronting the challenge of assessing practitioners who wish to migrate and work in different geographical and regulatory jurisdictions to their place of training and current workplace

¹ The Australian Health Practitioner Regulation Agency (AHPRA) is the body which administers the national regulation of health professions in Australia for ten boards, including the one regulating osteopaths - the Osteopathy Board of Australia.

² Appointed under s.9(1) of the Health Practitioner Regulation (Administration Arrangements) National Law Act 2008 and continued under the Health Practitioner Regulation National Law Act 2009.

³ This project was proposed and subsequently project managed by Caroline Stone.

⁴ This UTS Report and the Capabilities Document can be found at <http://www.osteopathiccouncil.org.nz/>

⁵ The Chiropractors and Osteopaths Board of Tasmania, the New South Wales Osteopaths Registration Board, the Queensland Osteopaths Registration Board

experience, a factor not confined to osteopathy (J. J. Norcini & Mazmanian, 2005). Changing healthcare practices over time places new stressors on assessment of competence mechanisms (Dauphinee & Norcini, 1999). The establishment of national regulatory frameworks in law and codes of practice call for the identification of requirements for continuous professional development and minimum levels of qualification for entry into the profession - and how to assess these (Fletcher, 2008; London, 2008). This brings the question of comparability or equivalence between jurisdictions to the fore. Each regulatory authority must therefore decide upon an approach to the assessment of overseas osteopaths wishing to gain entry into that region's workforce. Cultural change may be required to bring thinking about competency assessment into a form that suits this purpose.

Assessment of overseas osteopaths for entry into the profession is arguably more closely related to ongoing assessment and work based reflective practices than high stakes examinations conducted at the end of entry level programmes and requires differing assessment strategies (Hays et al., 2002). Assessment of overseas applicants 'stands alone' from institutional needs and should necessarily engage with professionals already working within the field with a much greater range of experiences, capabilities and professional approaches and values. The migration and global mobility of healthcare workers, including osteopaths, creates a unique set of challenges to the question of how assessment is best organised to capture the nature of a person's professional capability and suitability to work within any given regulatory environment, and how best to guide them for future development to either maintain their regulatory status or to improve and mature their current skills and knowledge to meet required standards for entry.

Assessment design principles

There are many principles of assessment design which have been considered in the development of the process described in this report (Albino et al., 2008; Kaslow, Rubin, Bebeau, et al., 2007; C. P. van der Vleuten, Schuwirth, Scheele, Driessen, & Hodges, 2010; Wass, Van der Vleuten, Shatzer, & Jones, 2001). There are some key principles which are worthy of particular note in this report and which are embedded in the developed process. These are that the process should:

- provide directions for future learning and protection of the public (Epstein, 2007)
- utilise more than one tool for assessing those capabilities that require professional judgement of attainment of standards, and be related to the assessment of performance (Hamilton et al., 2007)
- use assessments that reflect real practice and it's situated nature (Rethans et al., 2002) and relates to a broad perspective of practice (Kemmis, 2005)
- be appropriate and fair for all applicants from novice graduates to experienced practitioners from a variety of backgrounds – it being recognised that assessment of performance is different to that of general competence assessment (Hays, et al., 2002)
- be relatable to systems developed to consider such elements as recertification, performance review, return to practice, fitness to practice review and continuous professional education and lifelong learning which are all necessary components of professional regulation.

This report will also discuss the issues of standards, setting performance criteria, assessor training and quality assurance, and the use of work place based assessment, mentoring and supervision of practice, which are necessary to implement the assessment processes described here.

Key components of the process

Review of existing assessment processes revealed only a small pool of assessment tools being utilised and these were recognised as being insufficient for the complex task of evaluating capability for practice. Tools such as the long case and traditional multiple choice exams were considered outdated and unsuited to purpose in this context. In their

stead a wider range of tools were selected, including the mini CEX exam (J. J. Norcini, Blank, Duffy, & Fortna, 2003) and written components such as key features papers (Farmer & Hinchy, 2005). These components are not commonly utilised within current high stakes examinations in osteopathy, but have greater validity and reliability than other methods and were deemed more suitable to purpose than current approaches. The use of a broad set of assessment tools is necessary to enable a broad range of capabilities to be assessed, thus ensuring a more effective evaluation of an individual's capability towards practice. Reasons for inclusion and exclusion will be discussed in the body of the report.

Alignment of the assessment process to the previously developed Capabilities for Osteopathic Practice ensured that the assessment model described here is applicable to all aspects of practice. The capabilities themselves were designed within a certain understanding of what practice actually is, being based on models introduced by Schwant (2005) and Kemmis (2005), amongst others which will be discussed further below.

These capabilities set the framework for the assessment, in the development of appropriate performance indicators and ratings and in ensuring that the tools are capable of assessing practice in its wider definitions (now required in modern and future oriented healthcare provision and regulatory frameworks). Aligning the assessment criteria with the capabilities required for practice, not merely by mapping the two but by critically analyzing the implications for performance and its assessment, was deemed critical to the validity of the tools chosen. This understanding of the capabilities, and of the broader perspective of practice referred to above lead to a deeper understanding that the range of assessment tools previously typically chosen in osteopathic high stakes examinations would not lead to a wide enough appraisal of the capabilities, and this reinforced the finding that there needs to be a shift in culture regarding high stakes assessment tool choice in osteopathy.

The capabilities were also designed to include aspects of self assessment, self regulation, lifelong learning principles, learning needs reflection and critical self appraisal (Colthart et al., 2008) to help manage ongoing clinical complexity, changing evidence base and future clinical uncertainty and therefore improve patient care. These are highly important components within the capabilities model to help maintain an appropriately skilled and capable workforce **over time**.

The principles of learning are very important within the capabilities and the alignment of the overseas assessment process to other (non-credentialing) reviews of practice performance assessment - see below - has been informative, as these are driven by the association between assessment and learning. A constructivist and socio-cultural approach to learning is considered best to promote clinical expertise, given that learning is both culturally situated and individually constructed from a variety of different sources (Field, 2004). Accordingly some of the tools chosen are specifically identified to consider these types of capabilities which are beyond those commonly assessed in straight forward competency based high stakes examinations.

This is a key feature of the assessment process and is a major development in assessment design in osteopathic credentialing assessments.

Competent Authority pathway and work place based assessment

Assessment must therefore guide learning, and this is achieved in a number of ways through supervision, feedback (Lockyer et al., 2011; Veloski, Boex, Grasberger, Evans, & Wolfson, 2006), candidate preparation, and mentoring in some parts of the process. The New Zealand and Australian versions differ in 2 ways. The first is that New Zealand has a formal workplace based assessment phase under modified registration for ALL candidates, and this is called the standard pathway. The second is the adoption for some candidates of a 'Competent Authority' Model (which will be discussed later) which allows suitable candidates to enter into the New Zealand workforce with no initial screening

(beyond normal migration checks), but to enter a pathway of work place based assessment for a period of 12 months. This mirrors the work place based phase of the standard pathway, but does not require the pre-work place based assessment (written and clinical components) to be undertaken. This is deemed fairer to candidates whose qualifications are deemed equivalent to those in New Zealand, through the Competent Authority pathway process, and also to aid the New Zealand workforce by not placing unnecessary hurdles to migration.

Mentoring is also an important part of the New Zealand work place based assessment phase, which helps to manage the progress of candidates, and helps borderline candidates to receive appropriate feedback so they can upskill and adapt their practice according to need, on a personalized basis. Currently the Competent Authority Model is not being employed in Australia, and the work place phase has essentially been moved earlier, and is now undertaken in an adapted portfolio exercise prior to undergoing any clinical exam. There is no mentoring in the portfolio exercise, but there is supervisory contact which will ensure feedback can be given to the candidate to ensure appropriate understanding of the process and of the standards required.

Managing borderline candidates

With the work place assessment (in the New Zealand version) and the orientation of the assessment process to an appropriate understanding of 'practice', the process is also well placed not only to better assess important criteria that require time in practice to demonstrate, but also to guide borderline candidates as to their weaknesses, and help them regain appropriate competence in the identified areas. Thus the assessment process, through the inclusion of a work place based phase with a modified registration, in New Zealand gives many benefits to the candidate and to the profession where people are not unfairly 'failed' without possibilities of redress, nor are unfairly passed, without monitoring of actual practice to clarify any ongoing issues. Determining which candidates are borderline relates to the subject of standard setting, which is discussed elsewhere in this report.

Management of borderline candidates is critical to the overall quality of the assessment process. It is important to recognise that borderline **pass** candidates are as potentially vulnerable to problems (in assessment judgment as well as practice capability) as borderline fail candidates. Careful feedback to candidates (Veloski, et al., 2006) and ongoing appraisal of the process must be in place to mitigate these issues for both borderline pass and fail candidates (this theme will be returned to later) and systems must focus on both borderline fails and borderline passes.

The establishment of a process to manage borderline candidates in such a way has implications for processes to manage other issues which are of concern to regulatory authorities.

Note: The lack of a work place based phase in Australia has necessitated an adaptation of the earlier stages of the exam / assessment process to ensure that the capabilities are assessed as efficiently as possible in its absence. The need for feedback is also very important for candidates in the Australian system, to ensure borderline candidates are fairly managed and are also given chances for resits where appropriate. (Resits can also be available in the New Zealand process).

This report highly recommends the inclusion of a work place based phase in the assessment process and also the inclusion of a Competent Authority pathway for suitable candidates in Australia.

Beyond credentialing exercises

Following on from the above understanding of the potential nature and benefits of work place assessment, the assessment model design has applications beyond credentialing overseas applicants. It can be utilised (with only minor

modifications) within returning to practice contexts, in competency reviews (following complaints for example), in continuing professional development programme evaluation and for ongoing registration requirements.

Quality assurance mechanisms

The assessment process includes assessor training, mentor and supervisor training (where applicable), audit of results and outcomes, and standard setting and review to ensure assessors are making appropriate judgments, to reduce bias and to ensure currency with ongoing and future reviews of practice and regulatory requirements in Australasia. The quality control mechanisms are very important to the overall assessment process and will be continuously reviewed.

Other components of the report and other considerations

All the above work has considered best practice in the assessment of health professions, and this report identifies where current practice in osteopathic high stakes assessment nationally or internationally may not best serve the public and profession.

Assessment development faces challenges whatever the health profession, and issues such as feasibility, validity, reliability, practicality and resource constraints place pressure on assessment design as do requirements of regulatory authorities or legal systems operating in the local jurisdiction. The lack of research into osteopathic high stakes assessment requires that much evidence and commentary has to be drawn from the literature concerning other health professions. To address this, the projects supporting this report undertook a review of current health professions assessment processes and considered the current osteopathic assessment processes used in Australasia and other previous relevant work. In particular, the report of the UTS project (which used focus groups and other data collection, across Australia, and consultation with experts in health professions assessment to consider best practice in assessment) discussed a variety of commonly used assessment tools in current osteopathic high stakes examinations and across other health professions, identifying the advantages and disadvantages of these tools and their potential applicability for future assessment of osteopaths, and that report was drawn on during the current project. The UTS report defined terms such as 'competence' and 'capability' and discussed basic principles of assessment design. The UTS project also reviewed the relationship between assessment and learning, which is a key element in assessment design literature. The principles of assessment and the relationship to learning in an osteopathic context have been further identified and discussed in an article submitted for publication by Caroline Stone, Prof David Boud and Prof Paul Hager⁶. One main argument presented in that paper is the relationship of assessment design to the understanding of the nature of 'practice' adopted by the profession in question, and how this impacts on the choice of assessment tool and on the criteria used within the assessment of performance and capability. The continuation of key members of the UTS project team (and their understanding of all this preceding research and literature reviews) was fundamental to the ultimate design of the assessment process described in this report.

Note: Assessment design is complex and context driven, and other authors have attempted to describe options for the assessment of overseas-trained osteopaths⁷. That 2010 project drew on the UTS Capabilities Document, amongst other sources, and duplicated much work previously described in the 2009 UTS Report. It also uses the Capabilities document as the foundation for its proposed model outline and mapping exercise. The assessment process described

⁶ 'Assessment of osteopaths: developing a capability approach to reviewing readiness to practice'. Caroline Stone, Prof David Boud, Prof Paul Hager, October 2010. Under submission for publication.

⁷ 'Alternative models of assessment of overseas-qualified osteopaths for their suitability to practice in Australia'. Report, received by the Osteopathy Board of Australia, on a project commissioned and funded by the Osteopaths Registration Board of Victoria, December 2010.

there should not be viewed as linked with the one described in this report, and the authors of that report draw some conclusions with which this report does not concur.

The Assessment Process

The components of the developed assessment process for overseas osteopaths **in Australia** are as follows:

Stage 1: Expression of interest and Eligibility Review

Candidates' qualifications are assessed as being comparable to an accredited Australian qualification and must be of an academic standard equivalent to an Australian / New Zealand bachelor's degree (Australian / NZ Qualification Framework level 7). English language abilities must meet specified standards.

Stage 2: Written Papers.

Available to all candidates who have met the eligibility criteria: this consists of 3 different written papers, done under supervised conditions. Progression to stage 3 is dependent on passing the written papers.

Stage 3: Portfolio Exercise.

Available to all candidates who successfully complete stage 2: this component will include regular reviews with a supervisor and the completion of various tasks such as case reviews, critical incident reports, learning needs analysis, records review, self-learning reports and interprofessional learning / education reports.

Stage 4: Clinical Assessment.

Available to all candidates who successfully complete stage 2: this consists of clinical assessments utilising real patients, and undertaking other written, verbal and practical assessments.

The components of the developed assessment process for overseas osteopaths **in New Zealand** are as follows:

Eligibility review (similar to above)

Phase One: Written papers (as above)

Phase Two: Clinical assessment (as above)

Phase Three: Work place based assessment using a portfolio and mentoring over a 6-12 month time period, under a conditional or modified registration with the OCNZ (using some shared components to the above portfolio exercise)

NB: As discussed above there are slightly differing jurisdictional requirements between Australia and New Zealand, and so each process is contextualised to take these into account. However, the two systems are extremely closely aligned, and use the same assessment tools and standards for performance assessment throughout, where possible. The work place based assessment phase in New Zealand (which will be further discussed in this report) is currently not available in Australia for regulatory reasons, but because of its high validity, has been included in the New Zealand model. It is anticipated that this component will be included in the Australian version when that is reviewed over time.

In conclusion

The project has developed a set of tools for the assessment of overseas applicants which is aligned with current best practice in assessment design and underpinned by broad based and future oriented definitions of practice. The assessment process will have relationships to other elements of regulatory practice such as returning to practice evaluation, fitness to practice investigations and continuing professional development and ongoing registration requirements. In this way the assessment process and related systems will ensure that the work force in Australia and New Zealand is effectively screened and supported for effective and reflective healthcare provision within the modern healthcare arena.

With thanks

To all participants in New Zealand and across Australia, who attended workshops, discussions, meetings and other communications during this project.

It is hoped that everyone gained much through their experience of working with peers and participating in important developmental work that benefits the whole profession. By including clinical, academic and research staff from all the educational institutions offering entry level osteopathy programs in Australia and New Zealand it is hoped that all the new knowledge gained on assessment best practice through participation in this project will benefit those educational programs and hence all future osteopaths.

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The stages of the project to develop the overseas assessment process / model

This project, and supportive preceding projects, was funded by the Osteopathic Council of New Zealand and the Australian and New Zealand Osteopathic Council. Its purpose was to develop and implement an assessment model for overseas applicants based on current best practice concepts for assessment and learning (Kaslow, Rubin, Forrest, et al., 2007; Leigh et al., 2007; Lichtenberg et al., 2007). It aims to embody an effective and context appropriate assessment design, which is reliable and defensible as well as being valid and having a good utility across the assessment AS A WHOLE (C. P. M. Van Der Vleuten & Schuwirth, 2005).

In conjunction with consultations with experts in assessment, learning and education, and clinical competence in the health professions a series of workshops were undertaken, supported by small group meetings. Various iterations of documents were produced, culminating in the design of a 3 phase assessment model (with initial eligibility review). In New Zealand it is proposed to include an offshore written component and an on shore clinical component and, following provisional / modified registration, a work place assessment phase, which if successfully completed would then lead to eligibility to apply for full registration in New Zealand. In Australia it is proposed to include a 3 stage assessment model (with initial eligibility review) to include a written component stage, a portfolio exercise and a clinical exam, which if successfully completed would then lead to eligibility to apply for full registration in Australia.

Representatives from all pre-entry level osteopathic education institutions in Australia and New Zealand participated in these workshops and meetings, as well as representatives from ANZOC, OBA and OCNZ (the two regulatory bodies), and the Australian Osteopathic Association (AOA), as well as a range of assessment experts from the medical profession and other professions.

Stages identified to develop the model, and carried out as part of this project⁸:

1. Defining a set of capabilities for practice
2. Developing performance indicators
3. Identifying suitable assessment tools to explore those capabilities
4. Mapping of capabilities to assessment tools
5. Blueprinting content and scope of assessments to explore relevant scope of practice and supporting curricula
6. Item writing, development of performance indicators, development of rating scales and scoring frameworks
7. Trialing of the process
8. Benchmarking
9. Standard setting
10. Quality Assurance mechanisms
11. Assessor training
12. Mentor training

⁸ Some of these issues such as the review of performance indicators, assessor and mentor training, standard setting and quality assurance mechanisms are long term components which although commenced and in place require time and reviews to ensure appropriate outcomes.

Capabilities required for practice and definitions of practice

When this project commenced it was important that the final model developed was not just something that merely served a purpose, but something that contributed to the skills and expertise of the profession as a whole, whilst being reliable, valid, authentic and reasonable in terms of demand on participants and other resources. Critical reflection on models that would suit current and future needs was a key component of this project and this was an important opportunity to reflect on what it means to be an osteopath in the 21st century, and how osteopaths should be best prepared, and screened for their ongoing clinical capacity.

Therefore when developing an assessment process that looks at the ability of osteopaths to provide appropriate care for people the following question is very important:

‘What is practice and how should performance be considered?’

Saturno indicates a need for appropriate definitions:

‘To promote adequate care it is necessary first to define it’ (p. 494, Saturno, Palmer, & Gascon, 1999)

Practice definitions

Considering the nature of osteopathic care in Australasia for the 21st century is a challenge. Any assessment process must be oriented to an appropriate definition of practice and be capable of screening individuals who not only currently meet that standard, but who also appear capable of maintaining their capabilities in the face of clinical complexity and changing evidence and will be able to meet the challenge of future clinical uncertainty effectively. As Kaslow states:

‘embracing the culture of competency assessment may require a shift of focus toward the ongoing maintenance of competence as a primary goal and the promotion of both an internalized and institutionalized assessment of that competence at all phases of the professional life span’, (p. 441, Kaslow, Rubin, Bebeau, et al., 2007)

The process developed here considered various themes:

Current literature on the nature of practice and its relationship to assessment and learning draws out various concepts of practice (Kemmis, 2005; Schatzki, 2001; Schwandt, 2005). These include the fact that it must be situated, contextualised and related to the ‘people doing it’ and ‘having it done to them’. Schwandt, amongst others, has looked at the practice traditions and has formulated 2 models that represent types of practice:

Model 1: is based in scientific knowledge traditions. Practice is seen as an array of “techniques that can be changed, improved or learned independently of the ‘contingent and temporal circumstances’ in which practices are embedded. To achieve this, such knowledge must, by definition, eliminate the inherent complexity of the everyday thinking that actually occurs in practice.

Model 2: draws from practical knowledge traditions. Practices are fluid, changeable and dynamic, characterised by their ‘alterability, indeterminacy and particularity’. In this model, knowledge must be a flexible concept, capable of attending to the important features of specific situations. Practice is understood as ‘situated action’.

Boud (David Boud, 2009) summarises the implications for assessment:

“Practice and practice theory point to a number of features we need to consider in assessment. The first is the notion of context knowledge and skills used in a particular practice setting. The kinds of knowledge and skills utilised depend on the setting. Secondly, bringing together knowledge and skills to operate in a particular context for a particular purpose. Practice involves these together, not each operating separately. Thirdly, knowledge and skills require a disposition on the part of the practitioner, a willingness to use these for the practice purpose. Fourthly, there is a need in many settings to work with other people who might have different knowledge and skills to undertake practice. And, finally, the need to recognise that practice needs to take account of and often involve those people who are the focus of the practice.”

A broad definition of practice should therefore be adopted in any high stakes osteopathic exam or assessment which looks to include elements of situated and personalised practice capability.

The following discussion is from Stone, Boud and Hager (unpublished, 2010) and illustrates the differences between these approaches to practice definition:

“Schwandt’s Model₁ (Figure 1: Schwandt’s model 1) includes a cluster of approaches based broadly in scientific knowledge traditions, while his Model₂ is based in what he calls the practical knowledge traditions. The first is strongly present in much current discussion promoting evidence-based practice and accountability measurement. The relation of practice to knowledge is instrumental and based on means-end rationalities. The goal is to find efficient means to an end—improvement in practice of one kind or another. Knowledge is always understood as being ‘about something’ (p 317) that is distinct from the knowing subject and can be ‘applied’ to the object. In Model₁ practice is seen as an array of ‘techniques’ that can be changed, improved, learned etc, independently of the ‘contingent and temporal circumstances’ (p 317) in which practices are embedded. The kind of knowledge generated about practice ought to be ‘explicit, general, universal and systematic’ (p 318). To achieve this, such knowledge must by definition eliminate the inherent complexity of the everyday thinking that actually occurs in practices.”

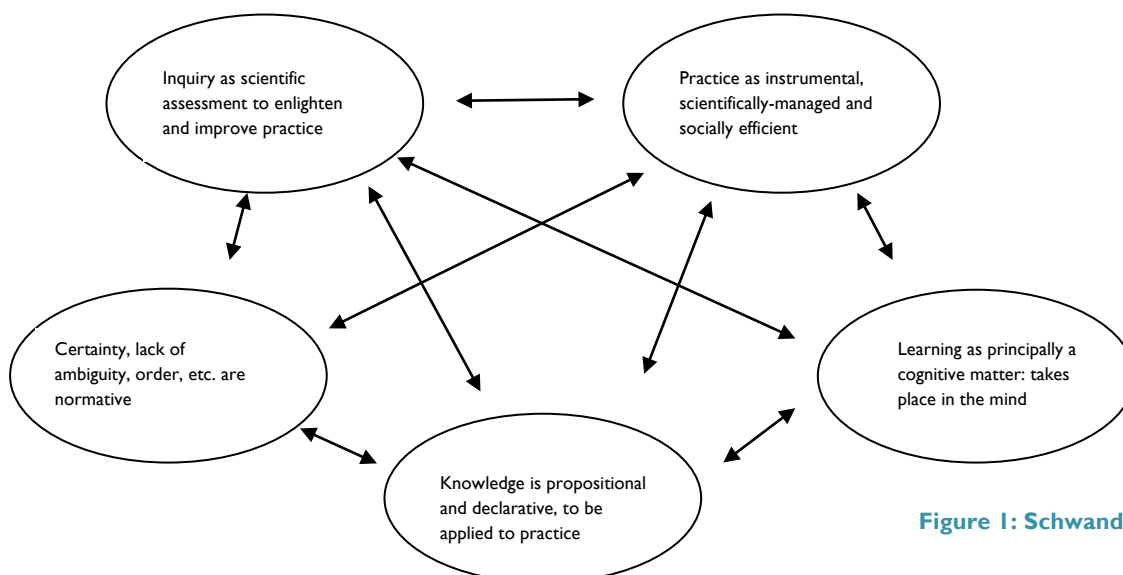


Figure 1: Schwandt's model 1

Model₂ (see Figure 2: Schwandt's Model 2), in contrast, takes up ideas about practice of people such as Schatzki (Schatzki, 2001), who sees practices as 'embodied, materially mediated arrays of human activity centrally organised round shared practical understanding' (p 2). Practice in Model₂ is 'human activity concerned with the conduct of one's life as a member of society'. Practice is a 'purposeful, variable engagement with the world' (p 321). Practices are fluid, changeable and dynamic, characterised by their 'alterability, indeterminacy and particularity' (p 322). What is important is the specific situation in which particular instances of practice occur and hence the context-relativity of practical knowledge. Knowledge must be a flexible concept, capable of attending to the important features of specific situations and so on. Practice is understood as 'situated action'.

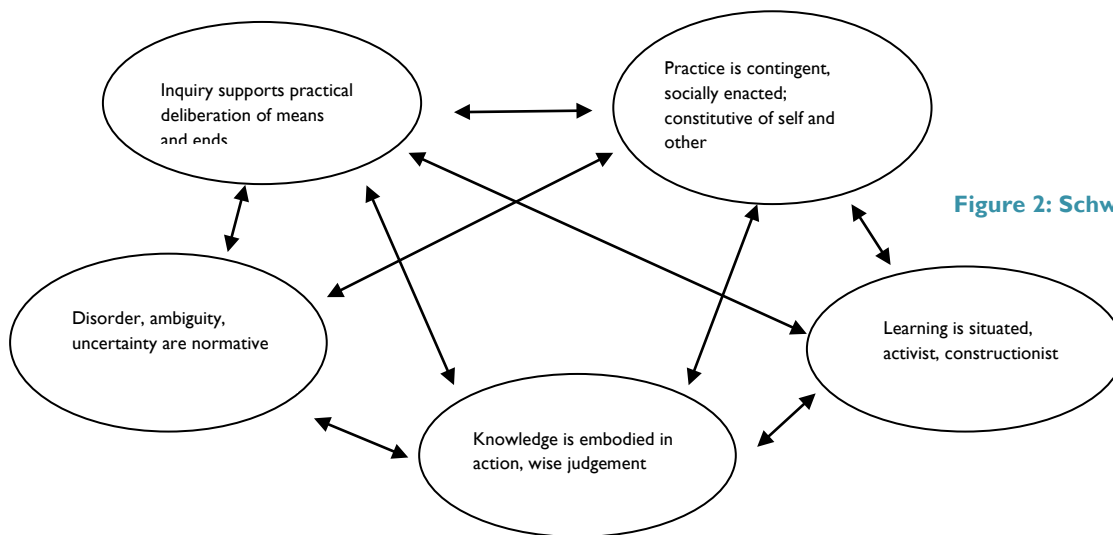


Figure 2: Schwandt's Model 2

The assessment process designed has been based on the Model 2 perspective of practice definitions.

Competence or capability – what to assess?

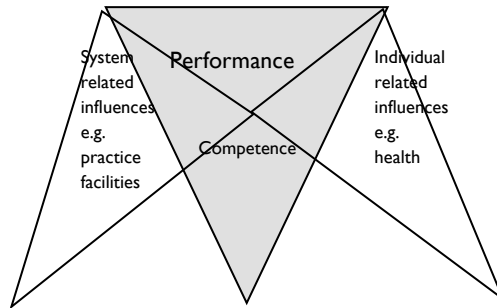
From a regulatory perspective, the protection of the public and the maintenance of appropriate standards in practice require professionals who can monitor their own competence, meet any required ongoing performance reviews and be capable of adapting their learning needs and actual practice based on a continuous review of their work and of their own personal professional capability on an individual case basis over time. Performance in such a context can be many different things, depending on the particular situation encountered by a particular individual at any given time.

It is important that any assessment process aims to capture the candidate's ability to perform across a range of situations, and over time.

Much of the literature on competence assessment has utilised Millers work (Miller, 1990), which organises competence in relation to a triangle, with a hierarchy of components from knows, knows how, shows how, and does. 'Does' relates to the actual doing of the task, and for a long time was equated with competence. However, the use of Millers triangle is now considered outdated, or at least in need of further development. Rethans (Rethans, et al.,

2002) has described the Cambridge Model, which furthers the concepts of Miller's triangle adapting it for issues such as performance review and the long term monitoring of clinical practice (see Figure 3).

Figure 3 Cambridge Model



Miller's model and the assessment processes based on it are best suited to a one-shot in time style of high stakes assessment which considers the current competence of a practitioner, but this is not the best approach for reviewing professional capability as a gateway for entry into a particular jurisdiction. For this, the Cambridge model as described above is more suitable, as it recognizes the situated nature of practice, and how performance over time is challenged by a variety of factors. The consultation review process undertaken in the projects for this report consider that the regulatory requirements for practice in New Zealand and Australia should include elements of professional performance review, or at least be aligned with principles related to it as those are more likely to capture aspects of a candidate's ability to deal with clinical complexity and future uncertainty. An assessment process designed from the Cambridge model perspective, therefore, was considered more appropriate than one based merely on Miller's triangle which is more suited to the assessment of decontextualised competence, not performance and capability across a range of situations and cases.

A further way of interpreting Miller's work in the context of the assessment of capabilities as opposed to competencies has been described by Sturmberg (J. P. Sturmberg & Farmer, 2009), and their summary of the components needed to assess capability is shown in Figure 4.

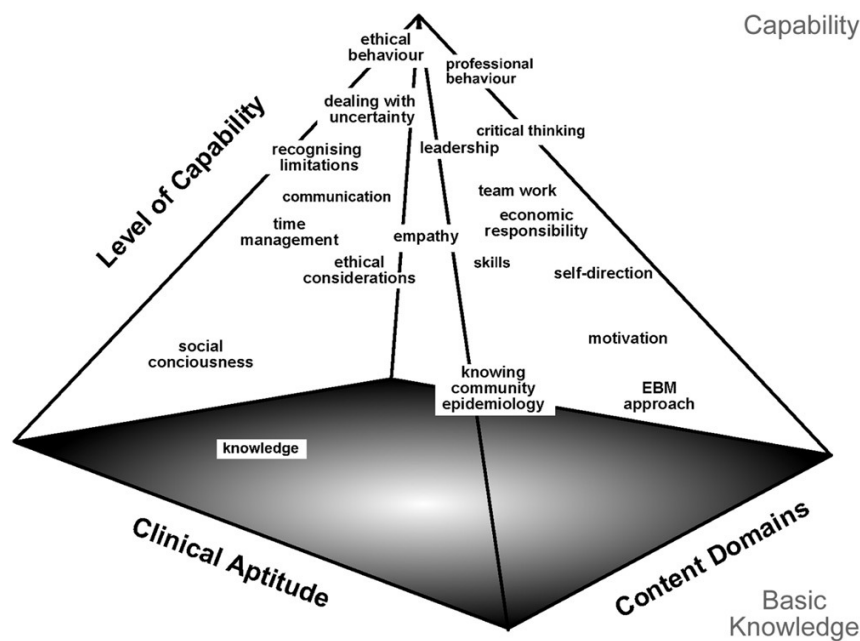


Figure 4: Sturmburg's Capability Components

This begins to represent the capabilities needed in a modern healthcare care provider, where as evidence based dogma recedes (J. P. Sturmburg, 2009; Tonelli, 2006), it is replaced with an understanding that there is much subjectivity and variability leading to uncertainty in health and healthcare (J. P. Sturmburg, 2010).

Seen in this light, the number of components needed to be included within an assessment process that is broadly encompassing of these concepts becomes quite large. This impacts on assessment tool choice, and means that the range of tools needed to be considered is also quite large, more so than is currently being employed in Australasian high stakes assessments and assessment of overseas osteopaths.

The work of Kemmis, Schwandt, Schatski, Boud, Rethans and Sturmburg as discussed above all have a degree of congruity in the implications for assessment design, and have been key in the development of the assessment process in this report. They were also fundamental to the development of the capabilities required for practice in the UTS project, and this builds in consistency within the overall assessment design, which is important.

Who is being assessed, implications of the novice to expert progression in practice

In a credentialing assessment to review suitability to practice of osteopaths not eligible to register without some form of skills assessment, the people being assessed are already qualified practitioners in their countries of origin (this being one of the criteria of the eligibility stage of both the Australian and New Zealand versions of the process).

This puts the assessment process on a different footing than one designed to assess pre-entry level graduates or undergraduates in professional programmes. The range of educational histories and professional experiences of candidates will vary considerably – which is not the case with entry level professional credentialing exams. Therefore assessment processes must be able to accommodate the different expressive and conscious rationalising capacities of

both novices and experts and all in between, which have been recognised in various forms since Benner's foundation work on this topic (Benner, 1982).

Other factors to consider are that older, more experienced practitioners are not necessarily more skilled than novice professionals, and indeed may be more at risk of practice error than their less experienced peers (Choudhry, Fletcher, & Soumerai, 2005) and so their assessment must be just as rigorous as a new graduate. They are also prone to problems in recertification (to which this process is akin) through changes in medical knowledge over time (Day, Norcini, Webster, Viner, & Chirico, 1988). In medicine it has been noted that a doctor's practice narrows over time, and that perhaps should then be screened against the realities of their personal practice scope as opposed to the theoretical breadth of scope available to a new graduate, prior to developing special interests, or preferred fields of practice (Melnick, Asch, Blackmore, Klass, & Norcini, 2002). Such a concept might have relevance in osteopathic assessment, and this point is picked up again later in the report. All practitioners entering the assessment process will have different ranges of capability, and a diverse mix of knowledge, skills and capabilities which are lacking to some extent. Part of the process of the assessment as stated elsewhere is to aid learning, to help upskill the candidates and to utilise the process not only as a credentialing exercise but also as a learning tool that can ultimately lead to a more effective and competent workforce. The assessment of learning needs is therefore an important part of the process and is undertaken as part of the portfolio exercise in Australia and in the work place based phase in New Zealand. Assessment of learning needs complements many other elements of the assessment process and feeds directly into the self assessment and critical reflective components which are discussed elsewhere, and embedded in numerous parts of the assessment phases or stages.

Whilst it is essential that everyone is assessed against the same set of capabilities and to the same standards, helping candidates become aware of their shortfalls and areas of deficiency is important, and will not only help them appreciate what levels of performance may meet the required standards, but will also help them to recognise problems in their own capacity, and to formulate ways of redressing this. As discussed elsewhere, this ability of critical reflection is thought to be key to the ongoing competence of a practitioner over time. In this context, assessing the learning needs of a candidate and getting them to do this for themselves, with subsequent discussion with a supervisor or mentor (McKimm & Swanwick, 2009), will be beneficial to all aspects of the process.

Changing environments and cultures

One other set of factors which is important is the fact that many candidates applying will be both culturally and linguistically unfamiliar with the proposed new working environment. They may be unfamiliar with the local culture of professional practice and be unpractised in the fine details of local legislative, regulatory and social-cultural components of the healthcare delivery system and patient population with which they propose to engage. Transition from competent in one arena to competent in another can be a challenge (Livesley, Waters, & Tarbuck, 2009) and it could be argued that trying to assess certain capabilities prior to that person's engagement with those local actualities may be somewhat unrealistic. For this reason the work place based phase of the New Zealand model is seen as a significant component as it allows time in a supportive setting for newly registered practitioners to become aware and competent in things that are only evident in a local context. Both Australia and New Zealand are strongly multicultural environments, and this may be a challenge for some practitioners who are not familiar with that type of socio-cultural patient and health-professional populations. Trans-cultural practice (Maier-Lorentz, 2008) both for patients and for practitioners (Bjarnason, Mick, Thompson, & Cloyd, 2009) is therefore something to be discussed, clarified and supported in some way for any newly registered professional entering through this assessment process. Cultural competency is a difficult thing to assess as it is difficult to define what is meant by the term (Williamson & Harrison, 2010), but the challenge remains none the less. It may be that some form of education programme once in

the local environment to orient the new registrant would be a useful requirement (Vyas & Caligiuri, 2010). For all these reasons, in this assessment process for New Zealand, a cultural competency module to orient practitioners is proposed. In Australia, there is not yet such a proposal for a cultural competency module.

Self assessment

Practitioner self assessment is increasingly common in assessment processes but the evidence suggests that people aren't always their own best judge (Davis et al., 2006), and it seems that the least competent are also the least able to self-assess accurately. However, there is also evidence that the accuracy of self-assessment can be enhanced by feedback, particularly video and verbal, and by providing explicit assessment criteria and benchmarking guidance (Colthart, et al., 2008). Self assessment is an important tool and if its challenges and complexity are understood its place in credentialing processes and ongoing clinical performance can be better informed (Sargeant et al., 2010).

That said, self-assessment is a skill that is regarded as a defining attribute of a professional (Heron, 1988) and contributes to life-long learning (Tracy L. Levett-Jones, 2005). Self assessment of competence also implies that people are making judgments about the nature of the standards they should identify in their work and the extent to which these have been demonstrated (David Boud, 1999). This type of deconstruction and reconstruction is informative to future practice capability. As such, self reflective practice has been built into many components of this assessment process, such as described in the sections on observation and portfolios.

Assessment of skills and attitudes

The assessment of knowledge may be easier than that of skills and attitudes (Elman, Illfelder-Kaye, & Robiner, 2005), but there is a need to develop appropriate strategies for measuring skills and attitudes as these are key capabilities for practice. One way of achieving this may be the use of problem based learning approaches (D. Boud & Feletti, 1997; Evensen & Hmelo, 2000; Kaslow, Rubin, Bebeau, et al., 2007), the principles of which can be embedded within various assessment tools. As well as its relationship to self reflection (Williams, 2001) and self assessment of skills, values and intentions (the assessment of which is described in the observation section, self assessment section and portfolio section), problem based learning (PBL) is also included in this assessment in the written papers, which utilize modified essays, key features approaches and an extended matching question format.

Assessment of professionalism is a challenge and a number of methods, including multi-source feedback have been proposed (van Mook, Gorter, et al., 2009). Some even suggest that the best way of addressing unprofessional behavior is better screening of initial applicants to training programmes (van Mook et al., 2010). Apart from real patient encounters and real interprofessional encounters, standardized patients can also be used with some confidence to assess things such as empathy, values, patient communication and general professionalism, and can be very useful in this context when assessing foreign trained practitioners for entry into healthcare service (van Zanten, Boulet, Norcini, & McKinley, 2005). Although this could be a beneficial component of the assessment process here, standardized patients are not used for reasons of cost and demands for training and of recruitment. For different reasons, peer assessment is also not used in this assessment process. Although it is useful, it should be done in an anonymous manner, in a supportive environment, with positive and negative aspects of behavior considered, and where feedback can be immediate and meaningful (Arnold et al., 2007). Gaining retrospective peer feedback from colleagues where the candidate can 'select' the colleague (to send in as part of a desktop or initial facet of an assessment process, for example) introduces significant bias in a process; and although peer assessment might have a role in a work place based phase of this process, it was concluded that it could not be fully implemented in a traditional sense. However, aspects of peer communication and feedback will be utilised through the mentor reports

and relationship (in New Zealand) and to some degree in the supervisory reports and relationship in the portfolio exercise (in Australia).

Inter and intra-professional education learning and collaboration

Healthcare provision in the 21st century is increasingly multi-model and delivered in many shared care and collaborative arrangements (Mickan & Rodger, 2005), with an increasing emphasis on integrated medicine and inter and intra-professional education, learning and practice. In such a climate the challenges of inter-professional communication and engagement are increasingly important and all osteopaths must address them, not just those migrating from overseas to enter into a new healthcare system culture.

Stereotypical perceptions, role confusion and tensions between similar professions and between complementary and alternative medicine (CAM) practices and medicine abound, and can vary depending on which profession is consulted and to which country one is referring (Hean, Clark, Adams, & Humphris, 2006; Langworthy & Smink, 2000; Streed & Stoecker, 1991; Turner, 2001). Despite the prevalence of the use of CAM therapies (McCabe, 2005; Sherwood, 2000) (Sherman et al., 2004), referral patterns between orthodox and CAM is somewhat limited (Simpson, 1998) and integrative care can be challenging (Baer, 2008; Hollenberg, 2006).

It is expected as a part of standard practice that osteopaths in Australasia engage with other health professions in patient centered care, to contribute to achieving the best outcomes possible in managing a person's presentation. Many of the capabilities are oriented at the skills in interprofessional liaison, communication skills and attitudes which are important to achieving this type of practice. There are challenges in working with other professions. The use of different clinical approaches such as CAM therapies and orthodox medicine can be challenging, and working with similar groups (such as chiropractors) can create tensions and can be threatening, undermining or destabilizing for the individuals concerned (Boen & Vanbeselaere, 2001; S. D. Brown & Lunt, 2002; Jetten, Spears, & Postmes, 2004; Stryker, 2007). All of this is considered to negatively impact on effective patient care (Mainous, Gill, Zoller, & Wolman, 2000).

A simple retrospective appraisal of referral letters and communications to other healthcare practices may not provide sufficient evidence of awareness, capability or preparedness to communicate and operate in a multi-disciplinary and interprofessional environment such as one is likely to meet in Australasia in the current and future healthcare climate, especially where the previous culture may not have been one of engagement. Whilst a review of record keeping can be a small starting point, skills in this regard can equally be addressed in workshops, through discussion and as part of continuing professional education events. Records review for general case history and case records is used within this assessment process and gives an opportunity for feedback on the appropriateness of those records, which is the first step in being able to communicate such data to other professionals. The assessment process also requires some commentary on interprofessional education / learning / collaboration in the portfolio exercise or work place based phases, involving a discussion process. This discussion enables identification of a lack of awareness of appropriate standards and engagement, and plans can be formulated for remedial action as required. Hence it was felt important to include some aspect of interprofessional reflection as a part of this assessment process.

It is anticipated that as professions naturally work together more (A. McCallin, 2005), learn together more (Hammick, Barr, Freeth, Koppel, & Reeves, 2002; Hind et al., 2003; King & Ross, 2003), research together more (A. M. McCallin, 2006), and generally become more aware of others roles, boundaries and potential contributions (Reeves, Freeth, McCrorie, & Perry, 2002) integrative care may be more realistic and achieve improved patient care outcomes.

Assessment preparation and completeness

It is important that as many capabilities for practice are assessed in a credentialing exam as possible.

However, some are implausible to test in certain circumstances, for example, such as capabilities that consider the person's engagement with their employees, as they might not have had any, and certainly won't have any in a short time frame high stakes exam such as a credentialing exercise. Others that relate to patient management over time, and reflection on errors, unexpected outcomes and challenges of clinical uncertainty and unfamiliarity can only be weakly assessed in a very short high stakes exam with only a few patients being assessed. The timeframe is inappropriate for many of those capabilities to be adequately demonstrated and also if those patients don't display problems that enable those capabilities to be assessed, then unless there are other assessment tools that can give insight into those capabilities, the exam / assessment process is not going to be capable of evaluating them.

Any system that relies on a few assessment tools only, such as self-chosen case discussions and a handful of patients for a long case exam, is going to be extremely inadequate at assessing a significant proportion of capabilities. This has certainly been the case in current credentialing exams for overseas practitioners in Australasia, and new proposed models other than the one described here also make the same errors of design and mapping.

The assessment process designed here has several components in it that aim at triangulation of competency assessment as it is important for many capabilities to be assessed using multi-modes and on multiple occasions, although merely using multiple assessments should not be confused with absolute triangulation (Fotheringham, 2010). In this context it is also important to note that as there are many capabilities to be assessed it is difficult to divide the capabilities up into stages, and then merely assess only some at each stage and declare that if someone has 'passed' all the stages that they are therefore competent overall.

Blueprinting and mapping

One aspect of improving the quality of competence assessments is to go through a rigorous item development stage, to have triangulations across tools and to blue print or map the competencies across field of practice and against types of assessment tools (C. Roberts, Newble, Jolly, Reed, & Hampton, 2006; Wass, et al., 2001).

Blueprinting is a term increasingly used to describe a process in medical education and assessment where the content mapping of an assessment is scrutinized to ensure it adequately reflects the curriculum or the range of clinical presentations, patient demographics and aspects or fields of practice that a typical practitioner (or osteopath in Australasia in this case) is expected to encounter in general practice (Hamdy, 2006).

Having a good insight into what is general practice and what constitutes the fields of knowledge and experiences that an osteopath will naturally be engaged with can be difficult as there is little data. Some studies have gathered data on osteopathic practice, but this might not be readily transferable to an Australasian arena due to regulatory and practice differences (Boulet, Gimpel, Errichetti, & Meoli, 2003; Licciardone, Clearfield, & Guillory, 2009). However efforts are now being made to capture this data through the development of a standardized data collection tool for osteopathic practice. This tool could also be suitable for Australasia and can be found at

http://www.osteopathy.org.uk/uploads/standardised_data_collection_finalreport_24062010.pdf

In the absence of formal data, expert opinion was sought through a series of focus groups in New Zealand and Australia to profile the common and expected range of fields of practice, and this content description was used within the blueprinting exercise. The groups felt some areas of practice were commonly experienced by all osteopaths and

some were more special interests – and not always part of every individual's practice. Debate ensued as to how much content one should include between general practice and any special interest fields, and the consensus was that a mix must be created as the expert group were of the view that patients were more likely to present with a wider range of conditions and scenarios than those in which the osteopaths might be experienced. Hence the content identification was still broad based for the purposes of this assessment. This is one of the main reasons that it was felt that having only clinical practical exams with a few patients could not be sufficient to capture that breadth of content, and so the written exams were strongly focused on ensuring the breadth of practice knowledge required was assessed.

For the clinical exams in this assessment, consideration was also given to the range of patient conditions that should be aimed for when recruiting patients for the assessment event. Content mapping was considered in this context, and commentary has been prepared to guide institutions or clinics that are hosting or recruiting for the clinical exam regarding patient presentation profiling that is considered optimal for this assessment process.

Through this method, when the assessment and osteopathic experts attended workshops to undertake the item writing for the written papers, they were able to be given clear guidance as to the content spread that should be covered. Item writing workshops were held in Australia and New Zealand, and also by subsequent email communication.

Mapping of the capabilities to be assessed to ensure adequate coverage by the assessment as a whole is another use of mapping within assessment, but should NOT be viewed as a replacement for content mapping and blueprinting which is essential for the assessment to be valid. Mapping of the capabilities across the assessment tools was done over several iterations, through several workshops, and by a number of people from Australia and New Zealand who were experienced osteopathic practitioners, experienced educators and who were knowledgeable about aspects of practice, public protection and regulation issues, to ensure the workshops were well informed. As the process of assessment design flowed across workshops, and as criteria were refined, and mark sheets were designed, there was ongoing review as to the appropriate mapping of capabilities within each tool and these continued to be refined and sorted to improve the emerging tools.

The frequency with which each capability is being assessed (in the Australian version) is shown in Appendix 1: Frequency of capabilities assessment across tools in all stages of the Australian Overseas Assessment process. The mapping of the capabilities across the range of assessment tools (in the Australian version) is shown in Appendix 2: Mapping of the assessment of the various capabilities against assessment tools utilized across each stage in the Australian Overseas Assessment process.

Identifying suitable assessment tools

Written exam components

Numerous guides to item construction in written papers are available, one of the principle / founding texts being that of Case and Swanson (Case & Swanson, 2003). Here the differences, pros and cons and illustrations of various types of written tests are discussed and illustrated. Costs can be significant in pooling expert assessors in teams to construct items and the testing for reliability and validity can be a challenge for professions where small cohorts are expected to participate in the exam. Nevertheless the written tests can be extremely useful for knowledge testing, and for assessing problem based learning skills across a range of clinical conditions, situations and fields. Knowledge

tests such as these can also be extremely important to offset problems associated with the use of small numbers of live patients in practical observational clinical tests, where numbers cannot in any way presume to allow sufficient coverage of knowledge fields to be a predictor of competence across a range of clinical situations, especially when done with clinically contextualised scenarios and vignettes, in a problem solving and reflective manner. They are also very useful as they free examiner time (and therefore cost) to assess those things which are critical to observe – basic knowledge testing not being one of those.

In this assessment process modified essays, extended matching questions, and key features items are used. These were written after extensive assessor preparation by a range of assessment experts skilled in these items, and several iterations of the questions and model answers were shared between the item writers prior to their trialling for benchmarking purposes, which was done using actual registered osteopaths attending the annual AOA convocation in Australia in 2010. The outcomes of that trialling will also be useful in standard setting tasks which are built into the assessment process outlined in this report.

Written item security has been considered, and the need for ongoing item construction to ensure an adequate supply of fresh and benchmarked items over time has been identified and built into the assessment process design. Samples of written items are also available for candidate perusal, to improve clarity concerning this stage / phase of the exam.

Other important comments on the approach to item writing and test construction used in this assessment process were discussed under the heading 'blueprinting and mapping' above.

Key features, extended matching and modified essay formats

These three types of tools are considered the most appropriate to consider such things as problem solving, context driven clinical decision making, and applied knowledge (Farmer & Hinchy, 2005; Feletti & Smith, 1986; Irwin & Bamber, 1982; Palmer & Devitt, 2007; Rabinowitz, 1987; Rabinowitz & Hojat, 1989; Samuels, 2006; Wood, 2003). As stated elsewhere much care has been given to the development of items in these papers, and although very expensive per item to write (given the panel of experts needed to construct them), this cost is offset by the positive benefits relating to reliability, validity, their contribution to content mapping and blueprinting, and as a basic screen at the initial stages of the assessment process as a whole to indicate suitability to progress to later stages / phases.

Observation

Essentially, all the observation methods (mini CEX, direct observation of procedures, case based discussions and so on) used in the assessment process draw from the culture of work place based assessment, and whilst not done in a strict workplace environment (they are done in the clinical phase / stage of the process, where candidates must work in an unfamiliar clinic, with patients who are new to them, under exam conditions), it is important that the tools and observations made are as real as possible. In this way, understanding the principles, challenges and benefits of work place based assessment that have been identified (Swanwick & Chana, 2009) has been useful in the planning of these components of the assessment process.

Direct observation is a highly valuable tool in assessment, and although for geographical and other resource reasons direct observation of a practitioner's activities in their place of work is not practicable, it is essential that any clinical work they do that is appraised in some way is as closely aligned to the real work of that practitioner as possible (Fromme, Karani, & Downing, 2009), rather than being in a highly structured format. For this reason (amongst others) the use of long case exams as the observation method of choice is not the most appropriate. In current osteopathic entry level programmes, high stakes exams, and other credentialing exams performed in Australasia, the UK and other parts of the world the long case is usually interrupted at various points which disrupts the natural flow of a candidates

work, and is often 'individualised' by moving the questioning away from case specific components to other general knowledge testing and interviewing, thereby skewing the assessment and introducing types of bias. This makes the observation not of real work, but of a stylised performance oriented to the assessment process, which beyond other problems with validity and reliability make the long case questionable as a sole mode of observational assessment.

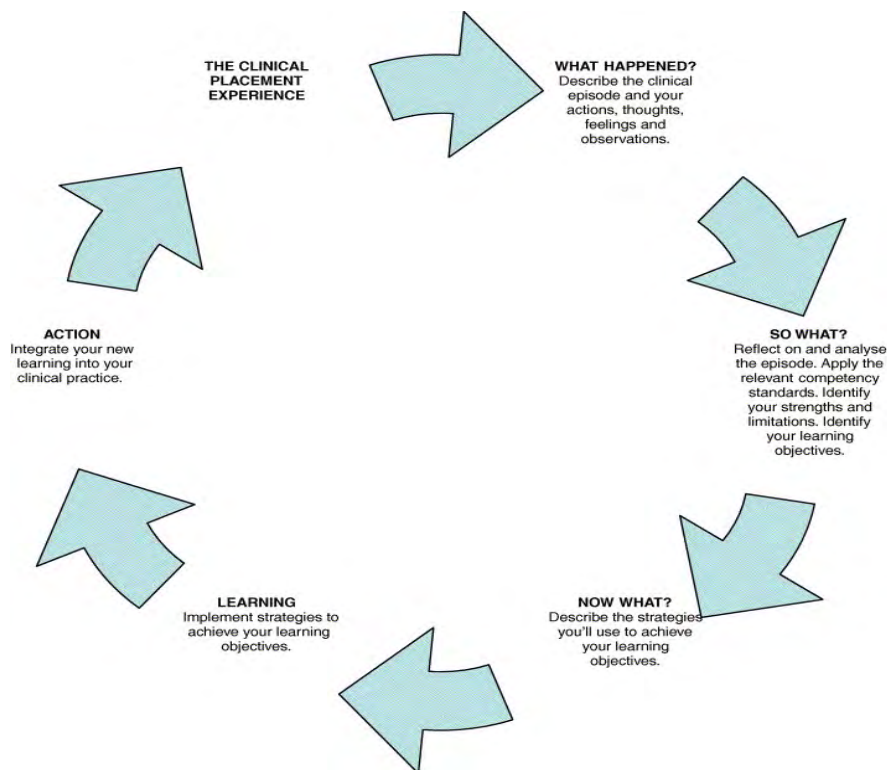
Other methods of observation of practice include the Mini CEX (mostly used in medical practice) and the SOAP (mostly used in / developed within nursing practice). They are both very interesting developments for the assessment of observed clinical practice (T. Levett-Jones, Gersbach, Arthur, & Roche, 2011; J. J. Norcini, et al., 2003). Levett-Jones describes the Structured Observation and Assessment of Practice (SOAP) as a comprehensive and practice-driven clinical assessment: "During a two-three hour observation period where students are engaged in their usual patient care activities, each of the student's discrete nursing behaviours are documented in sequence by their assessor using a situation, action, outcome (SAO) format. Following the observation period a VIVA is conducted.. .. In the VIVA conducted as part of the SOAP assessment probing and open ended questions are used to elicit the intentions, knowledge, rationales, attitudes and values underpinning a range of the most significant student behaviours observed by the assessor. " (page 66). The viva is essentially a structured interview focusing on the rationale and reasoning behind the actions observed and engages with the attitudes, values, knowledge and intentions of the person being assessed. The use of a structured viva to analyse reflections on practice is something that is easily transferable to osteopathic assessments, and having a candidate reflect first on their rationales and approaches, and then having these analysed and discussed with an assessor brings an opportunity to gain access to the values, intentions and rationales of the candidate in an efficient manner. The assessment process here does not follow the SOAP format faithfully but has taken the principles of the viva section and utilised them in the design of the self reflective case report and the case based discussion assessment components of the various stages / phases in the process, to better appreciate the critical self appraisal of the candidate and their underpinning values and knowledge.

The use of an actual SOAP format may prove to be a very useful addition within the assessment process over time.

Levett-Jones has also commented on the use of narratives in learning and assessment (Tracy Lynn Levett-Jones, 2007), which also allow reflection on outcomes in a way that promotes learning opportunities, self assessment of competence and decisions on how to implement new knowledge, perspectives or learning in future clinical action, which she illustrates by a flow diagram (see Figure 5: Reflective learning cycle). This learning cycle is utilised not only in the case based discussions and self reflective case reports in the portfolios and the clinical exam stages / phases, but is also drawn upon in other portfolio items, such as the self learning reports, critical incident reports and learning needs analysis that candidates have to complete. Hence the opportunities to review the reflective ability of the candidate in this assessment process should be strong.

Figure 5: Reflective learning cycle

Development of an Assessment Process for Overseas Osteopaths to Practice in Australasia.



Mini CEX and DOPS

This assessment process uses the mini CEX format originally described by Norcini (J. J. Norcini, et al., 2003) as one of the major components of the clinical practical stage / phase. It is increasingly used across training in medicine and other professions, as well as in high stakes examinations. This is a shorter clinical observation than the long case, enables a greater number of observations from a greater range of patients to be elicited, and is often employed in a work place based situation. Its validity and reliability in that context have been explored over some years and has been reviewed favourably (Hawkins, Margolis, Durning, & Norcini, 2010; E. S. Holmboe, Huot, Chung, Norcini, & Hawkins, 2003; Kogan, Bellini, & Shea, 2003). Although its use in osteopathic high stakes examination is a novel departure, it is one that has been carefully considered. Also, although there is no particular data on its use in osteopathy, its other alternative, the long case, is little established in research within osteopathy assessment literature.

The implications for assessment design, and assessor training amongst other factors in the literature above have been considered in the design of the mini CEX cases. Again, workshops were held to scrutinise which capabilities should be assessed within the mini CEX exercise, and these were reviewed through several iterations. As some of the potential assessing team were members of these workshops, the issue of inter-rater reliability and consistency of judgement should be offset to some degree, as the assessors have now spent some time being embedded in the design culture and format of the mini CEX's (and their related performance indicators). A specific rating scale was also developed through these workshops for use in these osteopathic CEX's, which will also be reviewed as the assessment continues to be used. The forms themselves (and the criteria etc) were trialled using real osteopathic practitioners as candidates, and some of the assessing team and the assessors of the day, and feedback sought from candidates and assessors was integrated into the final form design. Reports on their use were favourable from both parties, who were all familiar with the alternative tool and its use: the long case format.

Traditionally long cases in osteopathic high stakes exams have considered that the typical osteopathic consultation has 3 main sections: case history, examination and treatment. Through the workshops it was recognised that this did not actually represent the spread of actions that were important throughout the whole consultation, and that another 'section' in terms of what was to be assessed should be added. After examination and before treatment there should be a space where the candidate is specifically observed explaining their diagnoses and hypotheses to the patient, gaining informed consent, discussing prognoses and self-help strategies, and highlighting risks or other important issues that the patient needs to be aware of before treatment (or referral, for example) can be undertaken. The negotiation of a 'contract of care' and the process of getting informed consent are viewed as extremely important from a regulatory perspective as many complaints against practitioners stem from poor communication and confusion as to the intention and intended outcomes of a treatment. Thus for this assessment process there are 4 components that are assessed, and 4 mini CEX assessment forms have been designed: case history taking, examination, negotiation and informed consent, and management (including treatment if this is delivered).

The history taking component, and emphasis on its observation is very important (as discussed in the long case section), and receives particular attention in the assessment process here. The candidate's ability to gather information in a variety of ways and through varying strategies will be assessed by a number of different assessors. Also, the records produced by the candidate from that history taking will be used in subsequent sections of the clinical practical exam where the records are first reviewed, and then used as part of a reflective exercise between the candidate and an assessor where the justifications, analyses, approaches and values of the candidate are explored TOGETHER WITH A RIGOROUS EXPLORATION OF THEIR INTEGRATED OSTEOPATHIC PERSPECTIVES for that patient.

The assessors will go into the clinical sessions at random, and will appear at different stages of the consultation, without the candidates knowing which section of the mini CEX is to be observed during any particular patient encounter. Taking a number of views by assessors regarding each of these sections will give insight across a candidate's performance, and with examiners coming in and out more in a 'fly on the wall' manner it is anticipated that this will create a more 'real practice' environment, than an interrogatory style of long case assessment, which is more intimidating and more likely to disrupt the 'real' nature of the performance observed. Some questioning may be allowed, but this is not to divert from case specific items, and is for clarification of observations, rather than to explore in depth the rationale behind those actions.

The discussions about such rationalisations and justifications will be done through a carefully designed self-reflective exercise, which has been highlighted throughout this report, and in particular on the section on observation. This is where the integrative nature of the candidates' osteopathic practice can be explored in depth. The patient encounters chosen for this interrogation will be chosen at random, to reduce bias.

For the physical examination section of the patient encounter or consultation, it is important to consider content blueprinting and mapping as well. In addition to content mapping made elsewhere, it was important to appreciate how many (or more realistically, how few) different physical examination routines might be able to be performed through case need i.e. with a limited number of patients, one cannot guarantee that all systems reviews such as neurological screening, visceral examinations, cardiovascular, respiratory or orthopaedic examinations might be able to be observed. Hence, it was decided to include a series of DOPS (direct observation of procedural tasks) examinations, so that routines of procedures should be assessed using models, rather than real patients. The routine is being assessed, rather than interpretation of results, which can be more cost-effectively assessed using applied knowledge tests in the written papers, for example.

It is also important to recognise that in many high stakes exams candidates have the tendency to perform 'as many examinations as possible, to ensure every eventuality is explored' rather than tailoring them to case need. This shows considerable lack of clinical judgement and analysis, and should be limited wherever possible. In the assessment process here it is emphasised to candidates that they are assessed on their clinical discrimination, their ability to be discerning in choice of clinical screening and examinations, and on their judgement as to the utility of any given examination for that individual. Hence what should be observed should be closer to the candidate's actual performance in practice, rather than being an abstract construct as a result of 'being assessed'.

The negotiation of a contract of care, and the approach to gaining informed consent section, as discussed, is a new component in clinical osteopathic testing and should provide additional important insights into the candidate's performance.

Case based discussions and records reviews

Records

Clinical records are the most basic of clinical tools (Pullen & Loudon, 2006), and record keeping has long been recognized as highly variable and prone to error or withholding – conscious or unconscious (Eric S. Holmboe & Hawkins, 1998). Various tools have been developed, such as the Crable score and the SAIL instrument (Bridges & Thomas, 2002; Crawford, Beresford, & Lafferty, 2001). These are useful guides, but may not be easily transferable to reviewing osteopathic practice records. There are many types of errors in record keeping (Dimond, 2005) and improvement may require continued re-audit of record keeping skills over time with good feedback (Griffiths, Debbage, & Smith, 2007). Mechanisms for ensuring record confidentiality and security are also important (Castledine, 2006).

Records review is used within this assessment process, within the clinical practical exams, and less formally in the portfolios (where anonymised records accompany case based discussions / reflections). The assessor is not required to assess them, but to use them as supportive evidence to aid dialogue and discussion around the case submitted. A records review form was developed by the assessment design team which is considered satisfactory in this context by the assessors who reviewed it, but further work in this area is required to establish the best approach to records review in osteopathic practice.

Within the mini CEX practical candidates can supply their own case history forms as blanks, or if not, will be supplied with blank paper on which to record their history and other notes. This will give a reasonable insight into their usual record keeping practice. Candidates will be made aware of this, and those unused to paper records (because they use only electronic records in their usual practice, for example) must take this into account.

Informed consent

The use of pre-printed informed consent forms is not allowed as part of the mini CEX. Candidates are expected to gain informed consent throughout the consultation (Cable, Lumsdaine, & Semple, 2003) as, although it is complex to achieve this (Delany, 2002) and it must be observed at the appropriate time in the consultation, people cannot be expected to give unconditional consent at the beginning of a consultation. Gaining informed consent at the beginning of the consultation has the potential to give a sense of false protection on behalf of the practitioner, who may then not effectively gather informed consent when it is needed DURING the consultation. Candidates are made aware of this issue in advance. There may also be inter-cultural problems with gaining informed consent in an assessment process such as this, when candidates (from overseas) and patients (local) are more likely to come from differing backgrounds, which is recognised as a potential source of problems (L. W. Roberts, Johnson, Brems, & Warner, 2008). For all these

reasons, reviewing the gaining of informed consent as an individual item through the use of a dedicated mini CEX form was seen as an important addition to the clinical practical exam used in this process.

Case discussions

Accompanying the records review are case based discussions and self reflection case analyses as described elsewhere. They are considered an important aspect of competence and performance assessment (John J. Norcini & McKinley, 2007), but do require careful consideration in their design, and the more a candidate can do the more effective the tool (N. Brown & Doshi, 2006). Candidates must undertake these both in the portfolio sections and in the clinical practical exams.

Reflective practice and portfolios

Although the evidence relating to the usefulness of portfolios is mixed, they are commonly used to support reflective practice, deliver summative assessment, and aid knowledge management processes, and seem to be particularly useful to help increase personal responsibility for learning and supporting professional development (Tochel et al., 2009). Portfolio use is increasingly adopted in a variety of assessment situations, and it is necessary to reflect on potential long term unintended consequences of their use, such as challenges to patient privacy, disclosure of clinical information, and professional liability exposure of practitioners (Nagler, Andolsek, & Padmore, 2009) and to consider how this might be mitigated in some way. That aside, they are being used in the assessment process here to aid self reflection, knowledge management, for summative assessment and as a format to provide evidence of a range of skills and attitudes that draw on the candidates general practice outside that which can be observed in a clinical practical exam in a time-limited opportunity, and which might otherwise be difficult to assess (Byrne et al., 2007). Careful design of the portfolios (Byrne, Schroeter, Carter, & Mower, 2009), triangulation and prolonged engagement with the portfolio are helpful to the reliability of portfolios (Driessen, van der Vleuten, Schuwirth, van Tartwijk, & Vermunt, 2005). The preceding factors and assessor training can all help offset problems in defining and measuring competence so that those problems may be reduced (McCready, 2007). These components have been built into the assessment process here. Candidate feedback, discussion opportunities and clarification through communication and mentoring (Driessen, van Tartwijk, van der Vleuten, & Wass, 2007) all aid portfolio usefulness and are also key components of the assessment process described here.

The portfolio in use in this assessment makes use of the above literature, and includes a variety of items, such as (but not limited to) reflective practice, has discussion on items submitted, uses real clinical practice as a basis for certain tasks, is audited / reviewed by the person, their assessor and another marker, and is done over a period of time where the candidate and supervisor (or mentor, in New Zealand) have the opportunity to work through issues raised by the portfolio tasks. This discussion is critical to the implementation of problem based learning (Williams, 2001), to aid self reflection and self assessment of competence, which as discussed elsewhere are key components of this assessment process (being key capabilities required for practice). This is tied into other aspects of the portfolio also: a strong component throughout is the use of the reflective learning cycle principle (introduced in the section on Observation), where the portfolio items and tasks are designed to aid learning and conversion of that learning into actionable changes in clinical practice. This principle is used in the learning needs analysis, the case based discussion, the inter-professional learning / education report, critical incident reports and self-learning reports aspects of the portfolio as well as other components in different stages / phases of the process. In addition, discussion of learning points and oral justifications of evidence identified, and learning outcomes achieved on behalf of the candidate (through the use of such things as self learning reports, critical incident reports and the learning needs analysis) can be very useful adjuncts in assessment (Burman, Hart, Brown, & Sherard, 2007). Portfolios with only a small range of items are likely to be of less value both to the individual and to the assessment process.

Finally, because of the prolonged engagement in the work place based phase of the New Zealand model it is anticipated that those candidates will have the greatest opportunity to use this assessment processes as a learning aid, and to improve their practice as a result.

Multisource feedback

Multiple commentaries from a variety of people who have contact with the person being assessed can be sought. These types of feedback consider capabilities and values that are otherwise difficult to assess, such as communication, empathy, working together abilities, ethical issues and general professionalism (van Mook, van Luijk, et al., 2009), the assessment of which is also discussed in the section on attitudes. The comments on peer assessment under the attitudes section above are also relevant here, and should be reviewed. Further to those comments, other professions have designed specific test items to assess these types of capabilities (J. Archer, Norcini, Southgate, Heard, & Davies, 2008; J. C. Archer, Norcini, & Davies, 2005), and similar research is needed in osteopathy.

Patient feedback has been included in this assessment process, though. In the clinical mini CEX examinations, the patients will be asked if they would fill in a patient feedback form following their experiences with that candidate. It is hoped that the majority of patients will fill in these forms (which of course cannot be compulsory for patients). From a whole day of patients a number of patient perspectives about the candidate should then be available, helping the assessment of various values and aspects of professionalism, and patient-centeredness of the encounter. This patient feedback is therefore an important component, and is another novel addition to osteopathic high stakes clinical assessment. This form was developed through consideration of several extant versions, and the Australian Medical Council's work in this regard should be noted. The form was trialled on real patients by several of the osteopathic contributors to its design, and the form was subsequently refined.

Assessment modes or tools not utilised in this process

Simulated patients

Although simulation is a rapidly growing area in medicine and its assessment (Michelson & Manning, 2008), it is not a practical option for osteopathic assessment, and so has not been considered in this process.

OSCE's

These are a long established component of clinical education and assessment, and despite their high reliability, are too resource demanding for this assessment process, and as they fail to address some aspects of performance which are better assessed through other methods, OSCE's were not considered an appropriate choice for this process (Casey et al., 2009; Khattab & Rawlings, 2008; C. Roberts, et al., 2006; Rushforth, 2007; Walsh, Bailey, & Koren, 2009; Wass, et al., 2001).

Long case

The long case has traditionally been found in many high stakes examinations in osteopathy, albeit with interrupted and variable interviewing (which is an adaption of the original tool design) and many proposed adaptations to the long case have not been suitably scrutinised for efficacy (Ponnamperuma, Karunathilake, McAleer, & Davis, 2009). Interviewing after case history taking, after examination and before treatment, and then after treatment as well in some cases can distort candidate thinking and may give them insights into errors or problems with the result that the performance subsequently observed is not one that reflects the candidates actual approaches in practice. Whilst the adapted form of the long case may have strong usefulness in a pre-entry level training programmes and formative assessment processes, it is not suitable for high stakes credentialing processes such as this, and although it has its supporters is not a good predictor of competence between or across cases especially with borderline candidates (Olson, 1999), and has

problems with aspects of validity and reliability which compromise its use (Chierakul, Danchaivijitr, Kontee, & Naruman, 2010; Newble, 2004; Wilkinson, Campbell, & Judd, 2008).

In addition to the issues raised in the section on observation, the style of questioning that often accompanies a long case style of assessment in osteopathy resembles more a generalised oral viva, which suffers from poor standardisation in content and direction (Cobourne, 2010; Wass, et al., 2001), making it a difficult assessment to use appropriately. Also, the blueprinting abilities of the long case are too low for it to be a valid instrument when used in isolation (Ponnamperuma, et al., 2009).

One aspect of the long case which is always held up in support of its continued use is that it allows a view of the 'whole' and as 'osteopathy is an integrated practice, splitting it up into component parts for assessment means that the candidate cannot be observed "pulling it all together"'. These are comments that commonly arise in osteopathic assessment discussions and arose within the focus groups held when developing the assessment process here. However, as the issues presented in this section (and throughout the report) were reviewed, a consensus view was reached that the long case benefits could be achieved by using other tools, and that other observational techniques may be more effective and reliable at reviewing performance, such as the mini CEX examination and DOPS (direct observation of procedural tasks). Improving the reliability of long cases involves increasing the examination time and number of cases substantially (Wass & Van der Vleuten, 2004; Wilkinson, et al., 2008), beyond that which would be practical for candidates or for resources in this type of assessment process.

Another aspect of the long case – the observation of case history taking – is highlighted as being of particular use though (Dare, Cardinal, Kolbe, & Bagg, 2008; Wass & Jolly, 2001). Beyond being a very necessary part of the construct: content component of diagnostic thinking, considering the nature of the consultation type is of interest as defining what constitutes an effective consultation. History taking has not received much attention in the osteopathic literature. If one wishes to focus on this section of performance it may be that defining the standards of practice for a consultation may require defining differing types of consultation, for example, Sturmberg describe several clusters or types of consultation (Joachim P. Sturmberg, Siew, Churilov, & Smith-Miles, 2009), and different skills may be required for each (Winefield, Murrell, Clifford, & Farmer, 1995). This could be an interesting area for future research in osteopathic practice.

Short case

This is not considered relevant as the Mini CEX and associated case discussions and self reflections will address any points the short case may have done (Wilkinson, D'Orsogna, Nair, Judd, & Frampton, 2010).

Long essay format

This is considered too subjective, and the other written format choices are much more suited to purpose than long essay format questions.

MCQ's – basic format types

As these assess only basic knowledge issues such as the bottom layers of Miller's triangle representing competence, they are considered inappropriate for use in this assessment process (Miller, 1990).

Performance

Having considered the nature of professional practice for assessment, and what is understood by the term 'capability', the issue of performance and demonstration of that practice comes to the fore. When one observes practice or assesses someone in some way, one is looking for evidence of the demonstration of the relevant standard of practice. Hence one is looking for something that compares with or is equivalent to an (agreed) example of what that performance should look like if it were to be observed, measured or monitored in some way. For this one uses a suitable assessment tool (of which there are many to choose from depending on what one wishes to assess). It is useful to note though that there is some correlation though between results from the assessment of competence and subsequent performance in practice (Tamblyn et al., 2007; Tamblyn et al., 2002; Wenghofer et al., 2009).

Performance indicators are essentially examples of practice that illustrate the various components of practice or capability that one is interested in and are strongly related to assessment tool choice. They need to be set at the relevant standard to be appropriate for use in assessment.

One performance indicator does not fit all

Agreeing the nature of those performance indicators is related to the subject of standard setting, which will be reviewed later in this report. In terms of assessment tool choice it must be understood that performance indicators are often context driven, and an example of a paediatric neurological examination might look quite different to that of an adult due to size of the patient, ability of the patient to contribute to the assessment, and the level of development of the nervous system, for example. Hence it is difficult to have a finite set of 'examples' which can be used to compare observed practice. Also, capabilities are usually not performed in isolation and real practice involves engagement with a variable mix of capabilities depending on the nature of the patient, the case, the situation and many other factors. Each time another variable is introduced, this subtly alters the combination of capabilities that are required and are being observed. This also means that proscribing the nature of any given performance indicator is either not possible (to capture all potential possible combinations) or not advisable. Trying to describe a set of performance examples for each capability belies the fact that performance is highly context driven, as emphasised within the nature of the model of practice espoused by this report.

The inclusion of a set of performance indicators (one per capability or sub-element / criteria) within a document such as the Capabilities for Practice document is therefore not supported as they are not overly helpful for potential candidates for assessment, members of the public, or other interested parties to understand the process or required standards without significant and lengthy caveats being employed. There is a risk that if a candidate is given one example of a particular indicator, then when they are assessed this indicator could be subtly revised in a way that can't be predetermined, and the candidate may fail to demonstrate the actual relevant standard of practice. Examples can be given, but should only be done so under caution, with the understanding that they are mutable and are by their very nature ***indicative*** only.

That said, the nature of practice that one adopts or includes is relevant for the development of performance indicators used in the assessment of that practice. This consideration has been discussed by Kemmis (Kemmis, 2005) who has noted the following differences between a technical rationalist perspective on performance indicators (stemming from a Model ₁ view of practice) compared to a broader perspective (stemming from a Model ₂ view of practice). See Figure 6.

Figure 6: Performance indicators related to practice model

Development of an Assessment Process for Overseas Osteopaths to Practice in Australasia.

Performance indicators / criteria image: clinical exam – watching candidate go through a new patient consultation	
Technist model 1 version	Broader model 2 image
Gathers case history including basic elements of medical history, pharmacology, onset, past history and family history	Gathers case history including perceptions of past care, desires for outcomes and drivers for presentation, that is personal to the individual and contains all relevant components of their personal health history
Examines patient with a range of physical procedures, and annotates records effectively	Recognises and performs culturally and socially reasonable approaches to examination that enable a critically reflective understanding of the nature of the patient's condition to emerge, in a time sensitive and person oriented manner
Formulates a differential diagnosis and osteopathic treatment plan, and delivers it	Develops a plan of care based on a critically reasoned and defensible diagnostic process which may require additional information and patient referral before treatment is given, and that the treatment given is one which the individual practitioner is capable of delivering and monitoring and which is relevant and beneficial to the patient and their presentation, and cognisant of the patient's personal and general health environments

Thus developing the performance criteria across the capabilities requires a careful consideration of the implications of the practice definition **BEFORE** any choice regarding assessment tools is made. Assessment tools are designed to assess certain types of capabilities and it is very important to understand the type of capability being assessed in order to identify the most appropriate assessment tool. Even if a tool is theoretically best suited to purpose, its inclusion in any final assessment process is dependent on a variety of other factors, such as feasibility, reliability or validity, for example.

Once relevant criteria and capabilities are grouped together in combinations that reflect aspects of the practice you want to observe, people engaged in the assessment of that aspect of practice need to discuss what an example of that particular practice example would look like, **to ensure everyone is judging against the same standard**. It is important to note that:

- Each time a type of practice is considered, the range of capabilities being assessed would be subtly different and so the assessors would have to identify a slightly different example of that practice each time to capture the changed context.
- Specific performance indicators (***i.e. the provision of examples of precisely how this should look when it is being observed***) are therefore best identified by the assessing team, who should be chosen from experts in the field of practice that is to be assessed, and who are familiar with assessment design, assessment principles, and whose own standards of assessment capability have been scrutinised as fit for purpose.

Beyond this, even if the nature of all potential performance indicators can be well described in advance the decision also has to be made as to how many capabilities / performance indicators need to be met absolutely in order for the candidate to be deemed 'capable or fit for practice'. Is it appropriate that a candidate who demonstrates effective patient communication, appropriate skills in differential diagnosis and physical handling of patients can be deemed unfit for practice because their record keeping is not currently sufficiently robust – given that this is a skill that is more easily remediable than being completely un-knowledgeable as to appropriate physical examination procedures for example? This type of consideration is related to the subjects of standard setting and setting the pass / fail levels, which will be reviewed later.

One last comment on performance indicators at this stage is that, as stated elsewhere in this report, many of the capabilities to be assessed have a time component in them. An example is the ability of the candidate to review patient care over time and to respond accordingly to emergent developments in the case, or to respond to outcomes when these differ to those expected.

These capabilities cannot be assessed in one-shot in time or a time limited high stakes clinical examination event, and this must be considered when designing an assessment process that is to review OVERALL capability for practice.

Given that the choice of assessment tool is ultimately related to the nature of the performance indicators, the project identified a number of osteopathic practitioners in Australia and New Zealand who were expert in assessment, in clinical practice or in educational and assessment principles, and utilised their expertise in a number of focus groups and meetings. Their pooled understanding of Australasian osteopathic practice standards was used to identify suitable potential assessment tools where the development of detailed specific performance indicators could then be left to the assessment team in the final stages of the development of the process, and during its ongoing review.

It should also be understood that choice of assessment tool is in itself complex, and there is no one 'right' way to assess competence, capability or performance, instead a multi-method strategy should be employed (Hamilton, et al., 2007). Accordingly, as previously stated, the assessment process should be considered with respect to a variety of components such as those described within van der Vleuten's 'Utility' Index: a conceptual model which derives the assessment utility by multiplying five criteria of the assessment process: validity, reliability, educational impact, cost-effectiveness and acceptability. Having a multi-methods and multi-opportunity approach should benefit this utility as it is considered to increase validity and reliability (Norman, Watson, Murrells, Calman, & Redfern, 2002; Wilkinson, 2007)

As Wilkinson (2007) states "Multiple snapshots, even if some are not totally in focus, give a better picture than one poorly aimed photograph".

Scope

Although scope of practice is not the focus of this report, the subject does have some relevance in the design of an assessment process such as this. It is related to content blueprinting and mapping, and one should assess a candidate for capability across all fields of osteopathic practice, such as paediatric care, care of the pregnant woman, geriatric care and those with chronic pain, as well as people suffering from sports injuries, post operative recovery, and rehabilitation for example, as this is not an exhaustive list of the scope of osteopathic practice. There is also the issue of the technical tools that a practitioner has available to them as an osteopath. These vary considerably, and many are used only by a proportion of the profession, and this varies according to training history, country of origin, personal preference, and continuing professional development. Techniques include (but are not limited to) manipulation, articulation, soft tissue work, massage, stretching, exercise prescription, fascial unwinding, functional work, involuntary mechanism work, visceral techniques, and osteopathy in the cranial field. Other techniques that some osteopaths use include such things as trigger point therapy, dry needling, acupuncture, homeopathy, naturopathy and the discussion of dietary and supplement use. The definition of these terms is outside the purpose of this report, even if such things were stable constructs, which they appear not to be. This report is also not capable of reviewing the level of evidence relating to any particular approach or type of care given, and related clinical outcomes or risk profiles.

So, when considering what to assess, the style of personal professional approach both in terms of technical tool kit used, and patient profile preferred (or experienced in) were important points. It was felt that assessing a person demonstrating all common styles of osteopathic technical tools was not appropriate. For example, someone skilled and experienced in cranial work or functional work may have made a choice not to remain competent in manipulative techniques. Demanding their demonstration in these types of candidates is likely to result in an incompetent performance. As this is not a part of that candidates real practice, is it reasonable to fail them on such performance? One has to bear in mind that the capabilities in which the candidates are being assessed involve them making personal professional choices in patient management. Their ongoing registration also requires them to remain cognisant of their personal capacity in any given situation, have the ability to review their competence and also to consider and enact alternative and more appropriate care strategies or referrals if they are unable to treat, or if the patient is better served by consulting someone else. The capabilities also do not describe the technical tools to be utilised or the range of examination techniques that have to be used.

This is a difficult topic to resolve, but the assessment design team felt that one's own personal professional approach to practice was what was being assessed, as opposed to an entry level student, whose curricula determine that they are assessed in all aspects in which they were educated. Hence candidates are not directed to demonstrate ALL possible modes of the "technical tool kit" during treatment, but they ARE directed to use appropriate and adequate examination techniques. It was felt, for example, that assessing any patient through indirect palpation only could be considered too limited an approach for examination (and therefore differential diagnostic purposes) and so candidates are expected to demonstrate a range of examination techniques such that they are adequately able to assess a reasonable range of patient presentations through a variety of modalities.

Standard setting, benchmarking and considering pass-fail and borderline issues

Standard setting, especially for performance rather than just competence, can be complex (Southgate et al., 2001), and has long been recognised as such (Meskauskas & Norcini, 1980). These authors make the point that it is "a psychological/social psychological process as well as a psychometric one. It rests upon a foundation of judgment."

Criterion referencing is used in this assessment process, which is typical for clinical assessments of this type.

This report provides illustration of the design process, consultative processes and iterations of data that have been carried out, as well as trialling events of items, rating scales and discussions of performance indicators. All the forms developed are specific to this assessment process. All criteria (and performance indicators which have been currently identified) were either taken directly from the capabilities document previously developed, or were designed as a furtherance of the expression of those capabilities. All the forms allow tracking back to identify which capability is being assessed by that particular tool and it is possible to audit throughout the assessment process ALL the capabilities which are being assessed, thereby providing a trail of evidence against each one included.

Standard setting procedures also relate to the type of assessment being considered but ALL standards reflect the subjective opinions of experts.

Common methods of standard setting include Angoff, Ebel, Hofstee, Borderline Group, and Contrasting Groups. As Downing states:

“The key to defensible standards lies in the choice of credible judges and in the use of a systematic approach to collecting their judgments. Ultimately, all standards are policy decisions.” (Downing, Tekian, & Yudkowsky, 2006).

The assessment design team has considered a variety of standard setting processes, and the challenge remains the small number of assessments that will actually be done. Unlike medicine where many hundreds or thousands of assessments can be done across a short time span across various locations, the assessments in high stakes osteopathy will always be small cohorts. Hence the statistical aspects of the standard setting processes can be compromised. However, smaller assessments may be served by a variety of simpler methods of standard setting such as modified Angoff and Ebel methods (Yudkowsky, Downing, & Wirth, 2008) and various alternatives will continue to be reviewed for use in this assessment process.

The assessment process will then use a variety of standard setting methods but as they depend on actual assessments being performed such analysis is not yet available for circulation. It should be noted that the mini CEX forms were trialed, as were the written papers (the key features and extended matching versions), and analysis of these results is being undertaken.

For the practical observational components and the subjective judgement components of the portfolio tasks and case based discussions, reliance is also put on assessor training and familiarity with the assessment tools, their criteria and the relevant performance indicators. The assessment process is committed to continuously reviewing assessor familiarity and compliance with these elements through the training and audit processes being implemented. Many of our potential assessors are now very conversant with the process and its tools and have participated in many of the discussions on performance criteria. The assessment design team, therefore, consider that there is a robust choice of panel members to participate in the standard setting. Including these trained assessors as well as general experts in the field of osteopathic practice, teaching and assessment will be an important factor in standard setting (De Champlain, 2004).

Assessor and mentor training

As discussed training and auditing procedures for assessors and mentors are being utilised in this assessment process.

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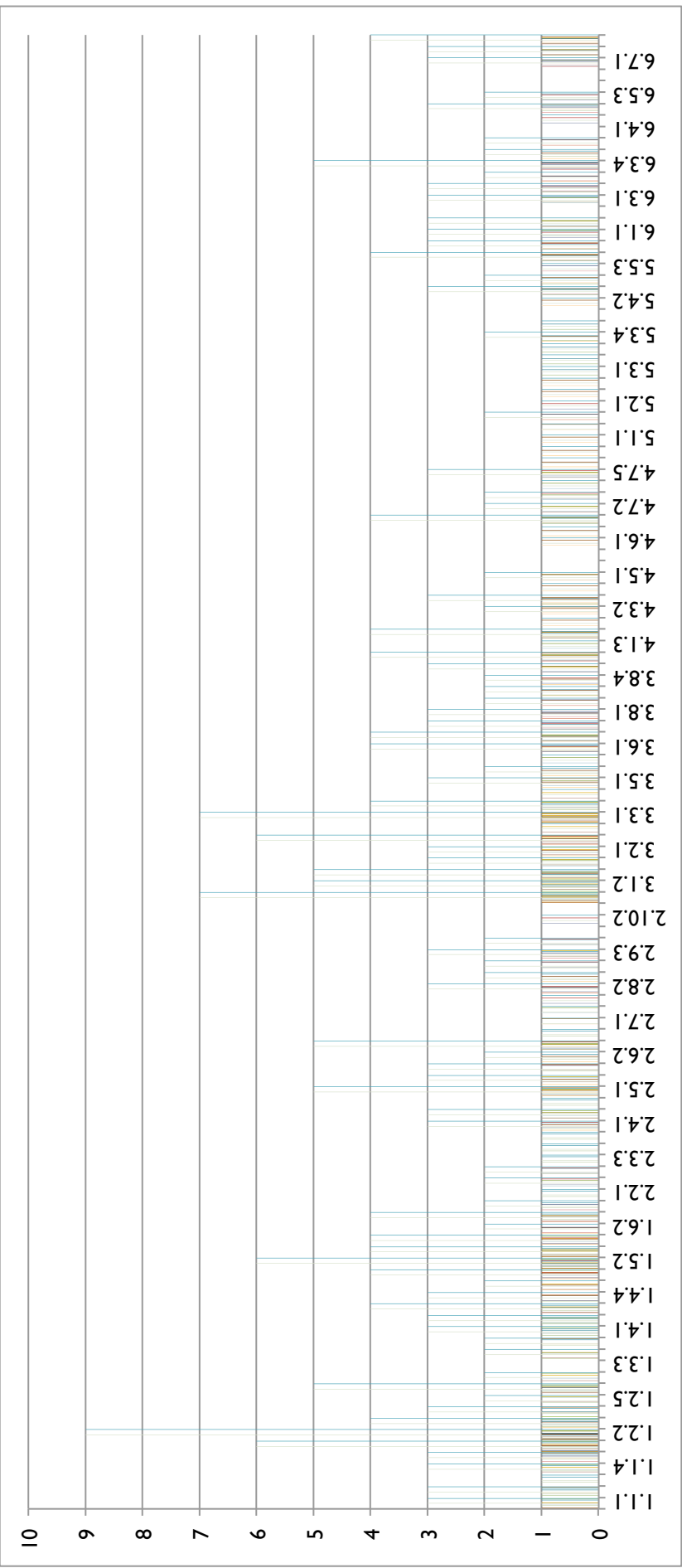
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Appendix I: Frequency of capabilities assessment across tools in all stages of the Australian Overseas Assessment process



Appendix 2: Mapping of the assessment of the various Capabilities against assessment tools utilised across each stage in the Australian Overseas Assessment Process

Assessment tool mapped against capabilities	Modified essay	Key Features	EMQ	Learning needs analysis	Multi source feedback	Case analysis reflection	Case based discussion	Critical incident report	Self learning report	Inter-professional Learning Report	Supervisor report	Mini CEX	DOPS	PtFB	Case based discussion	Record review
1.1.1 Critically uses a variety of information retrieval mechanisms		1										1			1	
1.1.2 Compiles a health care record that is personal to the individual						1						1				1
1.1.3 Incorporates bio-psychosocial components within the health record												1				
1.1.4 Ensures patient-centred orientation of case analysis							1					1			1	
1.1.5 Ensures full recording of osteopathic physical examination and palpation findings as part of a personal health record					1							1				1
1.2.1 Working hypotheses are compared and contrasted, using information retrieved, to identify a suitable working diagnosis (including concepts of cause and maintaining factors and current stressors)	1	1	1													
1.2.2 Uses a systematic osteopathic and medical differential diagnostic process	1	1	1	1	1	1						1	1		1	
1.2.3 Makes appropriate arrangements to receive additional information as required, such as referring patient for imaging, or corresponding with healthcare practitioners for test results and other relevant details				1		1						1			1	
1.2.4 Where diagnosis and patient evaluation are not able to be completed, plan of care is adapted appropriately	1											1				1
1.2.5 Critically selects and adapts appropriate clinical examination techniques during their patient evaluation, relevant to the patient's condition and tissue responses, including cultural, religious, social and personal constraints																

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Assessment tool mapped against capabilities	Modified essay	Key Features	EMQ	Learning needs analysis	Multi source feedback	Case analysis reflection	Case based discussion	Critical incident report	Self learning report	Inter-professional Learning Report	Supervisor report	Mini CEX	DOPS	PtFB	Case based discussion	Record review
1.3.1 Plan of care is negotiated with, relevant and appropriate to person's presenting complaint				1	1	1	1					1			1	
1.3.2 Plan of care is within the context of the person's general health							1								1	
1.3.3 Plan of care evolves as required throughout a person's life according to their changing needs and mindful of their changing mental and physical attributes as they age																
1.3.4 Changes to a patient's physical or mental health are reviewed over time, whether related to their presenting complaint or not, and any relevant action taken accordingly						1	1									
1.3.5 Plan of care and supporting evidence is appropriately noted in patient's records												1				1
1.4.1 Prognoses are developed, and appropriate care is determined on that basis						1						1			1	
1.4.2 Appropriate outcome measures are utilised to monitor progress which is either a negotiated patient centered outcome, or by the use of an appropriate valid and reliable outcome instrument						1			1							
1.4.3 Practitioner reviews progress and elicits feedback on an ongoing basis					1	1	1					1				
1.4.4 Practitioner recognises when outcomes differ from those expected, can identify why and acts accordingly								1								
1.4.5 Maintains a commitment to delivering well integrated and coordinated care for all patients, including those with multiple, ongoing and complex conditions				1												
1.5.1 Case review is capable of identifying if information is lacking or needs investigation				1			1	1							1	
1.5.2 Practitioner responds accordingly to cues emerging from case review	1	1				1		1				1			1	

Development of an Assessment Process for Overseas Osteopaths to Practice in Australasia.

Assessment tool mapped against capabilities	Modified essay	Key Features	EMQ	Learning needs analysis	Multi source feedback	Case analysis reflection	Case based discussion	Critical incident report	Self learning report	Inter-professional Learning Report	Supervisor report	Mini CEX	DOPS	PtFB	Case based discussion	Record review
1.5.3 Recognises when to withdraw or modify plan of care		1				1	1					1				
1.6.1 Recognises and remains open to clinical challenges and uncertainty				1			1	1							1	
1.6.2 Adjusts plan of care and professional behaviour on an ongoing basis in response to such challenges				1	1											
2.1.1 Understands cultural and social factors relevant to communication and management of the individual				1	1		1					1				
2.1.2 Communication is sensitive to and respectful of these factors					1							1				
2.2.1 A variety of questioning strategies are used, which are appropriate to the person and their cultural and psychosocial needs												1				
2.3.1 Communication is adapted to individual needs, such as in paediatric care, care of those with mental health issues, intellectual disability or language difficulties									1					1		
2.3.2 Where communication barriers exist, efforts are made to communicate in the most effective way possible												1		1		
2.3.3 Deploys a variety of communication modes as appropriate												1				
2.3.4 Verbal and non verbal communication is adapted to the needs and profile of the individual												1				
2.3.5 Practitioner can employ and respond to non verbal cues as appropriate												1				
2.4.1 Uses appropriate information gathering techniques to enable the patient to communicate their concerns, needs and goals				1								1		1		
2.4.2 Recognises the impact of patient concerns for clinical analysis and plan of care						1	1								1	
2.4.3 Employs counselling skills appropriate for osteopathic practice in the context of the osteopathic plan of care												1				

Development of an Assessment Process for Overseas Osteopaths to Practice in Australasia.

Assessment tool mapped against capabilities	Modified essay	Key Features	EMQ	Learning needs analysis	Multi source feedback	Case analysis reflection	Case based discussion	Critical incident report	Self learning report	Inter-professional Learning Report	Supervisor report	Mini CEX	DOPS	PtFB	Case based discussion	Record review
2.5.1 Risks and benefits for management are identified and appropriately recorded				1			1		1			1				1
2.5.2 Appropriate informed consent is obtained in the light of risks and benefits being explained to and understood by patient (or their representative or carer)				1								1	1			
2.6.1 The goals, nature, purpose and expected outcomes of osteopathic intervention are discussed and agreed												1		1		1
2.6.2 Appropriate warnings regarding possible adverse effects are identified for the person and discussed				1								1				
2.6.3 Options for the person's self care are identified and discussed, such as exercise, diet, lifestyle and workplace ergonomics						1	1		1					1		1
2.6.4 Prepares the patient for 'follow up' where appropriate												1				
2.7.1 Gathers information regarding the person's previous health care experiences of medical and allied health services																1
2.7.2 Recognises where this creates particular concerns for the person regarding their ongoing care, and acts accordingly															1	
2.8.1 Acts appropriately in situations involving personal incompatibility with the patient								1								
2.8.2 Manages clinical challenges and uncertainty within therapeutic relationships appropriately				1	1			1								
2.9.1 Recognises if patient trust or safety is undermined and acts accordingly				1								1				
2.9.2 Ensures appropriate levels of patient confidentiality throughout the osteopathic management of the patient												1		1		
2.9.3 Continuously reflects on the respectful patient-centeredness of the osteopathic management of the patient					1							1	1			

Development of an Assessment Process for Overseas Osteopaths to Practice in Australasia.

Assessment tool mapped against capabilities	Modified essay	Key Features	EMQ	Learning needs analysis	Multi source feedback	Case analysis reflection	Case based discussion	Critical incident report	Self learning report	Inter-professional Learning Report	Supervisor report	Mini CEX	DOPS	PtFB	Case based discussion	Record review
2.9.4 Builds an effective patient rapport, treatment agreement and therapeutic alliance												1		1		
2.10.1 Communicates effectively through, or with, a patient's representative, carer, or family member as required																
2.10.2 Ensures appropriate consent is gathered on behalf of the patient and that effective review of communication is undertaken								1								
2.10.3 Understands when a representative, carer or family member is required to communicate on behalf of, or in conjunction with, the patient, and acts accordingly																
3.1.1. Understands and utilises an osteopathic philosophy in their examination, treatment and overall care of a person		1		1	1	1	1					1			1	
3.1.2. Arrives at an appropriate management plan reflecting these osteopathic philosophies	1					1	1					1				1
3.1.3 Can identify the components of a plan of care that are in addition to (or instead of) osteopathic manual treatment, and acts accordingly	1			1		1	1					1				
3.1.4 Ensures osteopathic manual skills are appropriate to meet professional requirements									1			1	1			
3.2.1 Understands how manual osteopathic techniques as employed by osteopaths can interact with the body's physiological, circulatory, neuro-endocrine-immune, homeostatic and emotional environments and uses this knowledge within their osteopathic plan of care				1			1								1	
3.2.2 Selects and adapts appropriate osteopathic techniques during their patient evaluation and treatment, relevant to the patient's condition and tissue responses, including cultural, religious, social and personal constraints														1		1

Development of an Assessment Process for Overseas Osteopaths to Practice in Australasia.

Assessment tool mapped against capabilities	Modified essay	Key Features	EMQ	Learning needs analysis	Multi source feedback	Case analysis reflection	Case based discussion	Critical incident report	Self learning report	Inter-professional Learning Report	Supervisor report	Mini CEX	DOPS	PtFB	Case based discussion	Record review
3.2.3 Recognises that factors being or requiring treatment can develop and change over time, and acts accordingly							1									
3.3.1 Conditions or situations that are not amenable to osteopathic intervention are identified, and appropriate action taken	1	1		1			1					1	1			1
3.3.2 Conditions or situations that require adaptation of manual techniques and manoeuvres employed during a plan of care are identified, and appropriate action taken						1						1	1		1	
3.4.1 Where ongoing care of these types of patient (as in 3.3.1) is given, the management plan is adjusted accordingly							1									
3.5.1 Obtains information and advice from suitable sources (osteopathic or other) as appropriate				1					1							1
3.5.2 Continuously gathers evidence to monitor for changes in a patient's circumstance, mental or physical condition that might require changes to their ongoing care				1								1				
3.5.3 Adapts ongoing care appropriately									1							
3.6.1 Recognises any potential conflicts that their personal professional approach may have for the patients plan of care, and modifies it appropriately							1	1				1				
3.7.1 Conditions or situations where the knowledge and management skills of the practitioner are insufficient are identified and appropriate alternative action is organised and taken				1		1	1		1							
3.7.2 Seeks out opportunities to enlarge personal professional capabilities						1		1				1				
3.8.1 Uses ongoing education, professional reading, discussion with peers, and reflection on treatment and management outcomes to continuously improve skills and efficacy																

Development of an Assessment Process for Overseas Osteopaths to Practice in Australasia.

Assessment tool mapped against capabilities	Modified essay	Key Features	EMQ	Learning needs analysis	Multi source feedback	Case analysis reflection	Case based discussion	Critical incident report	Self learning report	Inter-professional Learning Report	Supervisor report	Mini CEX	DOPS	PtFB	Case based discussion	Record review
3.8.2 Critically evaluates evidence by applying a knowledge of research methodologies and statistical analysis										1	1					
3.8.3 Incorporates an understanding of the strengths and limitations of an 'evidence-based' approach to treatment				1		1										
3.8.4 Engages in quality assurance practices				1				1								
4.1.1 Identifies and acts upon those factors which are the practitioner's responsibility towards the person's welfare							1	1	1							
4.1.2 The 'gate-keeper' and 'health-screening' roles of an osteopath as a primary healthcare practitioner are performed appropriately							1		1							1
4.1.3 Considers issues relating to patient's family and / or carers if appropriate						1										
4.2.1 Identifies situations where other healthcare professionals may be required to perform these roles, in whole or part and acts accordingly						1	1			1		1				
4.3.1 Effective and informed working relationships are established and maintained with other health and community services or providers										1						
4.3.2 Written and verbal communication with other health and community services follows accepted protocols and procedures																1
4.4.1 Practitioner identifies suitable health and community services from which the person may benefit				1		1				1						
4.4.2 Practitioner facilitates where appropriate the person's access to these services										1						
4.5.1 Practitioner maintains awareness of appropriate guidelines, ethical standards and other publications as issued by appropriate bodies and authorities									1							
4.5.2 Practitioner ensures compliance, where required, with guidelines and ethical standards																

Development of an Assessment Process for Overseas Osteopaths to Practice in Australasia.

Assessment tool mapped against capabilities	Modified essay	Key Features	EMQ	Learning needs analysis	Multi source feedback	Case analysis reflection	Case based discussion	Critical incident report	Self learning report	Inter-professional Learning Report	Supervisor report	Mini CEX	DOPS	PtFB	Case based discussion	Record review
4.5.3 Practitioner issues advice within these guidelines and ethical standards																
4.6.1 Costs associated with healthcare for the patient, osteopath and healthcare system are continuously monitored and analysed										1						
4.6.2 Maintains a commitment to efficient and equitable allocation and use of resources				1												
4.7.1 Identifies appropriate strategies concerning health education, public and occupational health, disease prevention for patient, or refers appropriately						1			1			1				
4.7.2 Ensures plan of care reflects commitment to rehabilitation and amelioration of pain and suffering							1		1							
4.7.3 Ensures emphasis in patient education and involvement in plan of care conception and delivery									1					1		
4.7.4 A commitment to improving the health literacy of the patient is maintained									1							
4.7.5 Maintains a commitment to preventative care strategies							1		1					1		
4.8.1 Able to perform basic life-saving and first aid				1												
4.8.2 Where regulatory authorities require first aid certification that this is maintained appropriately				1												
5.1.1 Effective network relationships are established and maintained										1						
5.1.2 Accepted protocols for written and other media records are followed to ensure information is relayed accurately and effectively.																1
5.1.3 Recognises the value of a team-based approach within professional life										1						
5.2.1 Barriers to communication are identified and addressed where possible, or alternative strategies employed as required								1								
5.2.2 Engages in intra and interprofessional education										1						

Development of an Assessment Process for Overseas Osteopaths to Practice in Australasia.

Assessment tool mapped against capabilities	Modified essay	Key Features	EMQ	Learning needs analysis	Multi source feedback	Case analysis reflection	Case based discussion	Critical incident report	Self learning report	Inter-professional Learning Report	Supervisor report	Mini CEX	DOPS	PtFB	Case based discussion	Record review
5.2.3 Is committed to promotion to other health professionals and the general public of the (critically appraised) osteopathic contribution to healthcare										1						
5.3.1 Appropriate practitioners and providers are identified for co-management or referral for the patient						1										
5.3.2 Appropriate protocols, are followed when co-managing a patient in any given situation, to the benefit of the patient						1										
5.3.3 Collaborative working arrangements with others are reviewed to ensure an efficient team-based approach to care of the individual						1										
5.3.4 Appropriate referrals are made to other practitioners, including osteopaths, based on knowledge of presenting condition and management options and own skill levels				1												
5.3.5 A commitment to ensuring continuity of care for the patient is maintained						1										
5.4.1 Where the osteopath continues to be one of the patient's carers, communication within the care network is maintained at an effective level to ensure patient care is optimised																
5.4.2 Fosters and supports clinical training opportunities that support interdisciplinary learning										1						
5.5.1 Undertakes appropriate continuing lifelong learning to ensure currency of understanding of osteopathic philosophy and professional ethos						1			1		1					
5.5.2 Critically reflects on the relationship between osteopathic practice and other healthcare systems, and the impact this has for overall patient care						1				1						
5.5.3 A commitment to contribute to the guiding and mentoring of fellow and future osteopaths as they become guardians and custodians of the profession's philosophies.											1					

Development of an Assessment Process for Overseas Osteopaths to Practice in Australasia.

Assessment tool mapped against capabilities	Modified essay	Key Features	EMQ	Learning needs analysis	Multi source feedback	Case analysis reflection	Case based discussion	Critical incident report	Self learning report	Inter-professional Learning Report	Supervisor report	Mini CEX	DOPS	PtFB	Case based discussion	Record review
knowledge and skills																
5.6.1 Undertakes appropriate continuing lifelong learning to ensure awareness of other healthcare practices and approaches to healthcare and patient management, including mental health issues						1		1	1	1						
5.6.2 Critically reflects on the impact this awareness has to delivery of overall patient care						1		1		1						
6.1.1 Strategies to ensure ethical conduct of self and others are identified and utilised where appropriate								1				1			1	
6.2.1. The need for improved skills and knowledge to maintain effective and appropriate care of the individual are identified						1			1							
6.2.2. Where the practitioner has employees, they are provided with opportunities and understanding to maintain and improve relevant skills and knowledge																
6.3.1. Time management strategies are implemented									1		1	1				
6.3.2. Practitioner recognises when performance and care is not optimal and takes appropriate action						1		1			1					
6.3.3. Ensures own personal health is appropriate to professional life				1	1											
6.3.4. Maintains appropriate professional boundaries					1			1		1	1	1				
6.3.5 Maintains appropriate balance between needs of practitioner, patient, community and healthcare services				1								1				
6.3.6 Encourages a good work / life balance, individually and within professional teams and networks										1						
6.4.1 Opportunities to improve and maintain physical environment for care and employment (where required) are identified and taken																

Development of an Assessment Process for Overseas Osteopaths to Practice in Australasia.

Assessment tool mapped against capabilities	Modified essay	Key Features	EMQ	Learning needs analysis	Multi source feedback	Case analysis reflection	Case based discussion	Critical incident report	Self learning report	Inter-professional Learning Report	Supervisor report	Mini CEX	DOPS	PtFB	Case based discussion	Record review
6.5.1 Maintains awareness of legal and regulatory requirements and operates within them								1								
6.5.2 Ensures all record keeping is in accordance with current best practice					1							1				1
6.5.3 Critically appraises effectiveness and appropriateness of all types of communication and record keeping								1				1				
6.6.1 [Workplace and workforce related] Risk factors are identified and appropriately managed																
6.6.2 'Health and Safety' and waste disposal procedures follow acceptable protocols, including environmentally sensitive practices																
6.7.1 Maintains ongoing access to (and ability to use) relevant professional resources such as journals, books, web-sites, various electronic media, and intra- and inter-professional networks, and peer review					1				1		1					
6.7.2. Understands major ongoing trends and developments in osteopathy					1	1	1									
6.7.3 Understands major ongoing trends and developments in the broad health care field					1	1	1			1						

Australian and New Zealand Osteopathic Council Limited

Manual:	Policies and Procedures	Issue Date:	Feb 2011
Section:	Qualifications and Skills Assessment	Review Date:	Feb 2013
Subject:	APPEALS POLICY	Version No:	1.0

Introduction

1. The purpose of this policy is to ensure that appeals are managed in a structured and transparent manner.

Appeal categories

Category 1: Administrative review of stage 1 assessment

2. Where an appellant believes he/she has been disadvantaged as a result of incorrect handling of his/her application or incorrect advice on the part of the ANZOC, he/she should apply to ANZOC in writing for an administrative review so that appropriate investigation may be undertaken. An administrative review may be justified based on an incorrect interpretation of documentation submitted in Forms 1A, 1B, or 1C by an applicant.

Category 2: Appeals in relation to conduct or procedures of the examinations

3. A candidate may appeal against the conduct or procedures of the Stage 2 (written examination) and/or Stage 4 (practical examination) in the following circumstances:
 - the procedural requirements as specified in the current Manual for Candidates were not followed in a significant manner or to a significant extent; or
 - the candidate's performance was impaired by significant deficiencies in the examination procedures beyond the control of the candidate. This includes evidence of unfairness by the person(s) conducting the examination.

Matters that are not part of the procedures of examinations include:

- the academic or skill standard set by the Overseas Qualification Assessment Committee (OQAC);
 - late arrival for examinations on the part of the appellant;
 - the grade awarded to the appellant for any component of examinations, unless there is evidence that the mark applied to the examination is incorrect;
 - personal illness experienced during examinations unless accompanied by a medical certificate and corroborative evidence obtained within 24 hours of the assessment (see below); and
 - causes external to the examinations, such as lack of time to adequately prepare for the examinations.
4. The fact that a candidate disagrees with an assessment result is not sufficient grounds for an appeal. The appellant must be able to demonstrate that there has been a flaw in the assessment procedures as outlined above.

Category 3: Special consideration appeal

5. A special consideration appeal is an appeal for an extension of time limit for an additional attempt at Stages 2 - 4, over and above those normally allowed.

Australian and New Zealand Osteopathic Council Limited

Manual:	Policies and Procedures	Issue Date:	Feb 2011
Section:	Qualifications and Skills Assessment	Review Date:	Feb 2013
Subject:	APPEALS POLICY	Version No:	1.0

6. An appeal in this category may be justified on the following grounds:

- medical reasons - appellants appealing on medical grounds must submit a medical certificate dated within 24 hours either side of the examination date.
- appellants appealing on personal or other grounds that could not have been reasonably foreseen at the time of application must supply supporting statutory declarations.

Category 4: Full appeal

7. If a category 1, 2 or 3 appeal fails to support the grounds lodged by the appellant, the appellant may apply for a full appeal to be considered by an Appeals Committee ('the Committee') appointed by the ANZOC Board of Directors.

Procedure for lodging an appeal

8. Appeals under any of the above categories must be submitted on the relevant *Application Form* to the Executive Officer within 28 days of the date of the letter informing of the decision or results of assessment. Application forms are available from the Executive Officer of the ANZOC or on the website (www.anzoc.org.au). An appeal acknowledgment reply is forwarded to the appellant immediately on receipt of the appeal. Appeals must:

- set out in detail the circumstances considered to justify the appeal; and
- attach the originals or certified copies of all supporting documentation; and
- be accompanied by the relevant fee (please note this fee is GST free).

Documentation to be considered by the Committee in relation to a *Category 4: Full appeal* includes the following:

- summary sheet showing details of assessment results and any pertinent comments on file; and
- photocopies of the appeal and supporting documentation from the appellant; and
- comments from the Chair of the Assessment Panel.

The Committee can ask for, and consider, any information it deems relevant to the appeal. In some cases documentation provided by an appellant may need to be verified.

If the appellant considers that circumstances warrant he/she appearing before the Committee, the Committee in advance of consideration of the appeal will consider that request, and the reasons for it. The Committee may agree to personal representation, however the appellant is not entitled to legal representation in such circumstances.

Information considered by the Committee will not be made available to the appellant.

Australian and New Zealand Osteopathic Council Limited

Manual: Policies and Procedures
Section: Qualifications and Skills Assessment
Subject: APPEALS POLICY

Issue Date: Feb 2011
Review Date: Feb 2013
Version No: 1.0

Fee schedule

Category	Fee
Category 1: Administrative Review of Stage 1 Assessment	\$150
Category 2: Appeals in relation to conduct or procedures of the Examinations	\$600
Category 3: Special Consideration Appeal	\$250
Category 4: Full Appeal	\$1000

9. In the event that an appeal in any category results in the initial assessment decision being overturned, the appeal fee will be refunded. If the appeal is not upheld, the fee will be retained to offset the cost of the appeal.

Notification of outcome

10. Whenever possible, ANZOC will ensure that the appeal is dealt with promptly with a view to allowing the appellant to sit the next session of assessment process if the appeal is upheld. If ANZOC finds in favour of the appellant, he/she will be permitted to re-sit that stage without cost to the appellant.
11. In the case of a full appeal the Committee decision is ratified by the ANZOC Board of Directors and the outcome of the appeal sent, in writing, to the appellant as soon as possible after a decision has been made. Once the ANZOC Board of Directors has ratified the decision, the decision is final and no further avenue of appeal is available to the appellant.

Attachments

1. Form C1: Category 1 Appeal Form
2. Form C2: Category 2 Appeal Form
3. Form C3: Category 3 Appeal Form

Date approved: February 2011

Appeals Application Form C1

Category 1: Administrative Review of Stage 1 Assessment

Where an appellant believes he/she has been disadvantaged as a result of incorrect handling of his/her application or incorrect advice on the part of the ANZOC, he/she should apply to ANZOC in writing for an Administrative Review so that appropriate investigation may be undertaken. An Administrative Review may be justified based on an incorrect interpretation of documentation submitted in Forms 1A, 1B, or 1C by an applicant.

Please read the Appeals Policy carefully before submitting your application.

Your application for a Category 1: Administrative Review of Stage 1 Assessment must be submitted to the Executive Officer within 28 days of the date of the letter informing of the decision or results of assessment. An acknowledgment reply will be forwarded to you immediately on receipt of this application form.

Privacy Notice: *Information in this form is collected in order to identify the applicant requesting a skills assessment, and to undertake assessments of osteopathy skills and qualifications. We may also use the information collected for research and internal administrative procedures. The information collected may be passed on to other people within the Australian and New Zealand Osteopathic Council including the Osteopathy Board of Australia, the Osteopathic Council of New Zealand, the Department of Immigration and Citizenship (DIAC) and the Department of Education, Employment and Workplace Relations (DEEWR). In other instances, information on this form can be disclosed without your consent where authorised or required by law.*

Section A: Your personal details

1 Preferred Title (*please tick*): ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

2 Family name (surname)

3 Given names

Section B: Details about your application

You must set out in detail the circumstances considered to justify the Administrative Review.
Please attach separated documents (marked Section B) if you cannot fit the details in the space provided.

Section C: Supporting documentation

You may wish to include additional documentation to support the Administrative Review. All supporting documents must be originals or certified copies.

See Explanatory Notes for information about certification of documents.

Please list each document you are providing below:

Section D: Declaration

I declare that:

- The information in the application and any attachments is true, complete and up to date
- I am the person named in the application and any attachments
- I undertake to inform the Australian and New Zealand Osteopathic Council of any changes to my circumstance (including address) while my application is being considered
- I have read and understand the Australian and New Zealand Osteopathic Council's Privacy Statement issued with this application and I consent to the Australian Osteopathy Council collecting and using my personal information in accordance with the Privacy Statement
- If I have disclosed anyone else's personal information in this application, I confirm that I have made a copy of the Australian and New Zealand Osteopathic Council's Privacy Statement available to that person
- I acknowledge that this application and any attachments become the property of the Australian and New Zealand Osteopathic Council and **will not be returned**.

Checklist

Please ensure you provide the documents as detailed in the checklist

- ☐ This declaration must be witnessed by one of the following persons only:
- Legal Practitioner
 - Justice of the Peace
 - Peace Commissioner
 - Commissioner of Oaths
 - Judge
 - Magistrate
 - Person legally designated to sign documents from an embassy or consulate.

Please note that other persons such as Police Officers, Pharmacists, Doctors cannot witness this application unless they provide evidence that they are also one of the above.

Signature of applicant
Date (day/month/year)
Signature of witness
Legal title of witness
Address of witness
Telephone number of witness
Date (day/month/year)

Stamp/Seal of Witness
(if applicable)

Section E: Application* fee \$150

The Application Fee for an Administrative Review of the Stage 1 Assessment is \$150.

In the event that an administrative or procedural error has occurred, the administrative review fee will be refunded.

Payment Method – please tick:

- ☐ Bank Cheque (enclosed)
- ☐ Money Order (enclosed)
- ☐ EFT/Direct Deposit **

**** ELECTRONIC FUNDS TRANSFER/DIRECT DEPOSIT:** The applicant's name must be included as the reference for the payment. A copy of the deposit receipt or similar evidence of the funds transfer must be included with the application. The applicant is liable for all bank fees incurred for Electronic Funds Transfers

The fee (see above list)

* The application fee is current at the date of publication (indicated on the lower right corner of the form). The fee is subject to change without notice.

Application Submission – Please send your completed C1 Form, required documents, and the application fee of AUD (see above list) by:

Mail: Australian and New Zealand Osteopathic Council

PO Box 18053

Collins Street East

Melbourne VIC 8003

AUSTRALIA

Checklist

☐ Payment of application fee

Payment may be made by:

1. Bank cheque (no personal, business, or company cheques will be accepted)
2. Money order payable to: **Australian and New Zealand Osteopathic Council** or

3. EFT/Direct Deposit **

Bank: Westpac

Account name:

Australian and New Zealand Osteopathic Council

BSB: 032036

Account : 243764

Bank Address:

Westpac Newtown

234---245 King St,

Newtown

NSW 2042

AUSTRALIA

Swift Code:

WPACAU2S

Appeals Application Form C2

Category 2: Appeals in relation to conduct or procedures of the Examinations

A candidate may appeal against the conduct or procedures of the written or practical examinations in the following circumstances:

- the procedural requirements as specified in the current *Manual for Candidates* were not followed in a significant manner or to a significant extent; or
- the candidate's performance was impaired by significant deficiencies in the examination procedures beyond the control of the candidate. This includes *evidence of unfairness by the person(s) conducting the examination*.

Matters which are **not** part of the procedures of examinations include:

- the academic or skill standard set by the Overseas Qualification Assessment Committee (OQAC);
- late arrival for examinations on the part of the appellant;
- the grade awarded to the appellant for any component of examinations, unless there is evidence that the mark applied to the examination is incorrect;
- personal illness experienced during examinations unless accompanied by a medical certificate and corroborative evidence obtained within 24 hours of the assessment (see below); and
- causes external to the examinations, such as lack of time to adequately prepare for the examinations.

The fact that a candidate disagrees with an assessment result is not sufficient grounds for an appeal. The appellant must be able to demonstrate that there has been a flaw in the assessment procedures as outlined above.

Please read the Appeals Policy carefully before submitting your application.

Your application for a Category 2: Appeals in relation to conduct or procedures of the Examinations must be submitted to the Executive Officer within 28 days of the date of the letter informing of the decision or results of assessment. An acknowledgment reply will be forwarded to you immediately on receipt of this application form.

Privacy Notice: *Information in this form is collected in order to identify the applicant requesting a skills assessment, and to undertake assessments of osteopathy skills and qualifications. We may also use the information collected for research and internal administrative procedures. The information collected may be passed on to other people within the Australian and New Zealand Osteopathic Council including the Osteopathy Board of Australia, the Osteopathic Council of New Zealand, the Department of Immigration and Citizenship (DIAC) and the Department of Education, Employment and Workplace Relations (DEEWR). In other instances, information on this form can be disclosed without your consent where authorised or required by law.*

Does your appeal relate to (please tick):

☐ **Written Examination (Stage 2), or**

☐ **Practical Examination (Stage 4)**

Section A: Your personal details

1 Preferred Title (*please tick*): ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

2 Family name (surname)

3 Given names

Section B: Details about your appeal

You must set out in detail the circumstances considered to justify the appeal.
Please attach separated documents (marked Section B) if you cannot fit the details in the space provided.

Section C: Supporting documentation for your appeal

You may wish to include additional documentation to support your Appeal. All supporting documents must be originals or certified copies.

See Explanatory Notes for information about certification of documents.

Please list each document you are providing below:

Section D: Declaration

I declare that:

- The information in the application and any attachments is true, complete and up to date
- I am the person named in the application and any attachments
- I undertake to inform the Australian and New Zealand Osteopathic Council of any changes to my circumstance (including address) while my application is being considered
- I have read and understand the Australian and New Zealand Osteopathic Council's Privacy Statement issued with this application and I consent to the Australian Osteopathy Council collecting and using my personal information in accordance with the Privacy Statement
- If I have disclosed anyone else's personal information in this application, I confirm that I have made a copy of the Australian and New Zealand Osteopathic Council's Privacy Statement available to that person
- I acknowledge that this application and any attachments become the property of the Australian and New Zealand Osteopathic Council and **will not be returned**.

Checklist

Please ensure you provide the documents as detailed in the checklist

☐ This declaration must be witnessed by one of the following persons only:

- Legal Practitioner
- Justice of the Peace
- Peace Commissioner
- Commissioner of Oaths
- Judge
- Magistrate
- Person legally designated to sign documents from an embassy or consulate.

Please note that other persons such as Police Officers, Pharmacists, Doctors cannot witness this application unless they provide evidence that they are also one of the above.

Signature of applicant
Date (day/month/year)
Signature of witness
Legal title of witness
Address of witness
Telephone number of witness
Date (day/month/year)

Stamp/Seal of Witness (if applicable)
--

Section E: Application* fee \$600

The Application Fee for Appeals in relation to conduct or procedures of the Examinations is \$600.

In the event that the initial assessment decision is overturned as a result of the Appeal, this fee will be refunded.

Payment Method – please tick:

- ☐ Bank Cheque (enclosed)
- ☐ Money Order (enclosed)
- ☐ EFT/Direct Deposit **

**** ELECTRONIC FUNDS TRANSFER/DIRECT DEPOSIT:**

The applicant's name must be included as the reference for the payment. A copy of the deposit receipt or similar evidence of the funds transfer must be included with the application. The applicant is liable for all bank fees incurred for Electronic Funds Transfers

The fee

* The application fee is current at the date of publication (indicated on the lower right corner of the form). The fee is subject to change without notice.

Application Submission – Please send your completed C2 Form, required documents, and the application fee of AUD (see above) by:

Mail: Australian and New Zealand Osteopathic Council

PO Box 18053

Collins Street East

Melbourne VIC 8003

AUSTRALIA

Checklist

☐ **Payment of application fee**

Payment may be made by:

1. Bank cheque (no personal, business, or company cheques will be accepted)
2. Money order payable to: **Australian and New Zealand Osteopathic Council** or

3. EFT/Direct Deposit **

Bank: Westpac

Account name:

Australian and New Zealand Osteopathic Council

BSB: 032036

Account : 243764

Bank Address:

Westpac Newtown

234---245 King St,

Newtown

NSW 2042

AUSTRALIA

Swift Code:

WPACAU2S

Appeals Application Form C3

Category 3: Special Consideration Appeal

A Special Consideration Appeal is an appeal for an extension of time limit for an additional attempt at Stages 2 and/or 3, over and above those normally allowed.

An appeal in this category may be justified on the following grounds:

- Medical reasons - appellants appealing on medical grounds must submit a medical certificate dated within 24 hours either side of the examination date.
- Appellants appealing on personal or other grounds that could not have been reasonably foreseen at the time of application must supply supporting statutory declarations.

Please read the Appeals Policy carefully before submitting your application.

Your application for Special Consideration must be submitted to the Executive Officer within 28 days of the date of the letter informing of the decision or results of assessment, or as soon as circumstances requiring special consideration are known. An acknowledgment reply will be forwarded to you immediately on receipt of this application form.

Privacy Notice: *Information in this form is collected in order to identify the applicant requesting a skills assessment, and to undertake assessments of osteopathy skills and qualifications. We may also use the information collected for research and internal administrative procedures. The information collected may be passed on to other people within the Australian and New Zealand Osteopathic Council including the Osteopathy Board of Australia, the Osteopathic Council of New Zealand, the Department of Immigration and Citizenship (DIAC) and the Department of Education, Employment and Workplace Relations (DEEWR). In other instances, information on this form can be disclosed without your consent where authorised or required by law.*



Section A: Your personal details

1 Preferred Title (*please tick*): ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

2 Family name (surname)

3 Given names

Section B: Details about your application

You must set out in detail the circumstances considered to justify the appeal.
Please attach separated documents (marked Section B) if you cannot fit the details in the space provided.

Section C: Supporting documentation for your appeal

You may wish to include additional documentation to support your appeal. All documents provided must be originals or certified copies.

See Explanatory Notes for information about certification of documents.

Please list each document you are providing below:

Section D: Declaration

I declare that:

- The information in the application and any attachments is true, complete and up to date
- I am the person named in the application and any attachments
- I undertake to inform the Australian and New Zealand Osteopathic Council of any changes to my circumstance (including address) while my application is being considered
- I have read and understand the Australian and New Zealand Osteopathic Council's Privacy Statement issued with this application and I consent to the Australian Osteopathy Council collecting and using my personal information in accordance with the Privacy Statement
- If I have disclosed anyone else's personal information in this application, I confirm that I have made a copy of the Australian and New Zealand Osteopathic Council's Privacy Statement available to that person
- I acknowledge that this application and any attachments become the property of the Australian and New Zealand Osteopathic Council and **will not be returned.**

Checklist

Please ensure you provide the documents as detailed in the checklist

☐ This declaration must be witnessed by one of the following persons only:

- Legal Practitioner
- Justice of the Peace
- Peace Commissioner
- Commissioner of Oaths
- Judge
- Magistrate
- Person legally designated to sign documents from an embassy or consulate.

Please note that other persons such as Police Officers, Pharmacists, Doctors cannot witness this application unless they provide evidence that they are also one of the above



Signature of applicant
Date (day/month/year)
Signature of witness
Legal title of witness
Address of witness
Telephone number of witness
Date (day/month/year)

Stamp/Seal of Witness (if applicable)
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Section E: Application* fee \$250

Payment Method – *please tick:*

- ☐ Bank Cheque (enclosed)
- ☐ Money Order (enclosed)
- ☐ EFT/Direct Deposit **

**** ELECTRONIC FUNDS TRANSFER/DIRECT DEPOSIT:** The applicant's name must be included as the reference for the payment. A copy of the deposit receipt or similar evidence of the funds transfer must be included with the application. The applicant is liable for all bank fees incurred for Electronic Funds Transfers

The fee is \$250

* The application fee is current at the date of publication (indicated on the lower right corner of the form) The fee is subject to change without notice. Refunds of application fees are **not** available.

Application Submission – Please send your completed C3 Form, required documents, and the application fee of AUD \$250.00 by:

Mail: Australian and New Zealand Osteopathic Council

PO Box 18053

Collins Street East

Melbourne VIC 8003

AUSTRALIA

Checklist

☐ Payment of application fee

Payment may be made by:

1. Bank cheque (no personal, business, or company cheques will be accepted)
2. Money order payable to: **Australian and New Zealand Osteopathic Council** or

3. EFT/Direct Deposit **

Bank: Westpac

Account name:

Australian and New Zealand Osteopathic Council

BSB: 032036

Account : 243764

Bank Address:

Westpac Newtown

234---245 King St,

Newtown

NSW 2042

AUSTRALIA

Swift Code:

WPACAU2S