

Assessment of Clinical Performance

Guidelines for Assessors and Applicants



General
Osteopathic
Council

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Introduction

1. The Assessment of Clinical Performance (ACP) assesses an applicant's ability to fulfil the *Osteopathic Practice Standards*. These standards can be accessed on the General Osteopathic Council (GOsC) website www.osteopathy.org.uk.

Purpose of the ACP

2. The ACP is the second part of the assessment required for registration with the GOsC. It is necessary to have completed the *Further Evidence of Practice Questionnaire* before progressing to this assessment. Details of this can be found on the GOsC website.

Format

3. The ACP involves the applicant managing two new patients in a clinical setting over a period of three hours. This includes taking a case history, performing any necessary examinations and undertaking appropriate treatment (or referral).
4. Before the start of the ACP, all members of the assessment team will be provided with the assessment summary from the applicant's *Further Evidence of Practice Questionnaire*.
5. A maximum of four applicants can be assessed in one day; two in the morning and two in the afternoon.
6. The assessment team comprises two assessors and one moderator. They are supported by a GOsC representative, who is acting in an administrative capacity only and will not take part in the ACP.
7. Each assessor will observe one patient for each applicant and the moderator will sample all patients. The team will sample as much as possible being mindful to avoid excessive intrusion.

8. The assessor and the moderator will undertake a period of questioning of the applicant in a separate room following the case history and clinical examination.
9. After the applicant has seen both patients, the assessment team led by the moderator will discuss the findings and come to a consensus agreement on whether the applicant has passed or failed the assessment.
10. An evaluation form for recording the findings of the assessments is attached as Appendix 2. This is supported by a checklist for guidance in Appendix 1.

Role of the Assessor

11. The role of the assessor is to gain sufficient evidence to make a judgement on the clinical competence of the applicant.
12. All assessors and moderators must be registered with the GOsC and have appropriate individual indemnity insurance as required by the GOsC. The GOsC will ensure that the process itself is covered separately by its own insurance.
13. Clinical responsibility for the patient lies with the applicant. However, patient safety is paramount and should an applicant be observed to be performing in a manner that appears to endanger a patient, it is the assessor's/moderator's duty to intervene.
14. Each applicant will see two new patients. One assessor will take the lead during the consultation with the first new patient; the other assessor takes the lead during the consultation with the second new patient. There will generally only be two applicants being assessed at any one time unless the GOsC has agreed otherwise.

15. Assessors are expected to spend sufficient time observing the applicant managing the clinical encounter, in order to collect sufficient evidence upon which to make a reliable evaluation of an applicant's performance. However, assessors are not expected to spend a protracted amount of time observing, as their presence may become intrusive and unsettling for an applicant.
 16. Assessors will have one major opportunity to question the applicant during the clinical encounter with the patient, which is after the case history and clinical examination have been performed.
 17. The questioning will take place in a designated room away from the treatment room and out of earshot of the patient. Questioning must be conducted in the presence of a second person, preferably the moderator. It is the responsibility of the assessor to ensure that the moderator is present. Assessors must give the applicant time in which to gather his/her thoughts prior to the initiation of the period of questioning.
 18. The applicant will be required to present a brief summary of the main features of the case history; the range of diagnostic hypotheses; the rationale for their clinical examinations; and the significance of their clinical findings and how these inform their diagnostic conclusions and osteopathic diagnosis. Questioning will also explore the proposed treatment and management planning and any specific self-care measures to be discussed with patient in the management of their complaint. It is important that they are specific about their differential diagnoses and can explain the rationale for their choices and the means by which they will attempt to differentiate between potential causes in their examination.
 19. In simple cases, an assessor may ask a few 'hypothetical' questions that link to the patient to enable the applicant to demonstrate the full extent of their knowledge base. This section of questioning may be quite lengthy, but should not normally exceed 15 minutes. Assessors should observe a sample of delivery of treatment by the applicant to ascertain how the patient is involved in the management of their complaint.
 20. Assessors may ask questions at other times for clarification, but should do so sparingly, especially if this is in front of the patient or is interrupting the applicant's progress with the consultation/treatment. It is important that the questioning should not impinge on the patient's well-being. This should be the priority of both the applicant and assessors at all times.
 21. Assessors must ensure that they adequately record any findings made in the periods of observation and questioning. This information will subsequently be used to inform the evaluation of the applicant during moderation. If there are any problems encountered by the applicant or assessors at any point, or they would like clarification, then they can speak to the moderator or GOsC representative.
- ## Role of the Moderator
22. The role of the moderator is to ensure that assessors on the team reach an informed decision on the clinical competence of each applicant assessed. In order to do so, they will need to collect evidence in the same way as assessors to allow them to identify areas that assessors may have missed and feed this in so that they have a clear understanding of the applicant's performance when it comes to moderating the decisions of the assessors.
 23. The moderator's role also includes:
 - > acting as an applicant advocate to ensure a fair assessment process for the applicant and ensuring that there is no unfair or harsh questioning from the assessors;
 - > ensuring that assessors are assessing against the GOsC's *Osteopathic Practice Standards* and not their own personal criteria;
 - > facilitating discussion between assessors during moderation meetings and during the ACP, if necessary;
 - > sampling the assessors' interaction with the applicant, posing additional questions if necessary, but not conducting their own assessment of the applicant separately, to form their evaluation.

24. A moderator will have less time to spend with each applicant and must allocate time accordingly in order to assess clinical competence for each applicant.
25. The moderator will also be responsible for the administration of the assessment team, including:
 - > allocation of assessors to applicants;
 - > ensuring the assessments keep to time;
 - > conducting moderation meetings;
 - > taking decisions relating to procedural changes;
 - > ensuring that the reports are finalised on the day or to agreed timescales where necessary;
 - > ensuring that all the assessment team have reviewed the evaluation of the self-assessment questionnaire;
 - > summarising any areas in need of exploration.
- > make arrangements for lunch and refreshments for assessors and applicants;
- > ensure that there is a procedure in place to arrange for a 'back up' patient as a contingency in case of a 'no show' on the day of the ACP. Alternatively, make arrangements for a candidate to undergo a viva voce with the assessment team about either question 7 from their *Further Evidence of Practice Questionnaire* or hypothetical cases;
- > schedule another ACP when extreme circumstances dictate that it is unreasonable or impractical for an assessment, having started, to continue.
28. There should be no interaction/discussion between the GOsC representative and the applicant during the assessment, unless specifically requested by an assessor or moderator.

Role of the GOsC representative

26. The role of the GOsC representative is to support the assessors and moderator in undertaking their functions. The GOsC representative has no clinical responsibility.
27. The GOsC representative will:
 - > make arrangements for allocation of applicants and patients;
 - > provide assessors with all necessary forms and information during the assessment;
 - > prepare the clinic rooms in advance of the assessment, including all special requests from applicants;
 - > greet all applicants and show them to the clinic room;
 - > brief patients on arrival about the assessment taking place;
 - > show patients to the clinic room at the appropriate time;
 - > sit in on the period of questioning following the case history taking and examination, and make notes on the discussion;
 - > show the patients back to the reception area;
 - > show the applicant out at the end of the process;
 - > observe the moderation sessions for all applicants;

Pre-assessment talk

29. Approximately 10-15 minutes before the start of the assessment, the assessment team should introduce themselves to the applicant, explain the process and clarify any issues, such as identifying special needs.
30. The following should be emphasised to the applicants:
 - > To focus on patient care, good communication and developing patient rapport and to remain professional and ethical throughout the ACP;
 - > To demonstrate their reasoning skills throughout with clear justification for decisions made;
 - > To keep to time and provide treatment, when appropriate;
 - > That they can take a few minutes to gather their thoughts before presenting to the assessors (and should inform assessment team if they intend to do this);
 - > To discuss the working diagnosis before starting treatment;
 - > To ask for questions to be re-phrased if they do not understand;
 - > To ask to discuss sensitive issues outside the treatment room if they feel that it is in the best interests of the patient;
 - > To explain the rationale for their decisions, using relevant anatomical, physiological and osteopathic knowledge.

- > To be accurate and specific when giving their differential diagnoses (for example not to say 'it is a gut problem')
- > To be accurate with terminology and recognise the need to employ technical terms with assessors, but to use lay terms when explaining to patients.

Special needs

31. The GOsC is committed to promoting equality of opportunity and access to the osteopathy profession. It therefore supports an inclusive approach to applicants with special needs.
32. The responsibility is on the applicant to inform the GOsC, at the point of application, about any special needs and provide written evidence of these from a suitable authority. This should include what adjustments, adaptations or arrangements they require to be made. The GOsC, in consultation with the applicant, will endeavour to accommodate these requirements. The GOsC will inform the assessors of such arrangements.
33. In making their assessments, the assessors should ensure that their judgment is not affected by their own personal beliefs and opinions; the applicant's gender, ethnic origin, sexual orientation, religious, cultural and political beliefs, physical disabilities or requirements for special needs.

Conduct

33. It is important that assessors are aware of the need to conduct themselves in a manner that is both professional and beyond reproach. Assessors should be aware of how their demeanour, actions and words may be perceived and to take particular care in this respect. They should particularly avoid behaviours that may be interpreted as rude, discriminatory or aggressive and likely to undermine their integrity and that of the assessment process. The assessment should not be interrupted by the inappropriate use of mobile phones.

34. There should be no discussion between assessors regarding their evaluation findings, in terms of the applicant's competence profile, whilst the examination process is underway.
35. Discussion is permitted between assessors regarding any competence areas where the lead assessor has been unable to locate sufficient evidence upon which to base an evaluation. The purpose of this discussion must be to formulate a strategy to locate further evidence upon which to subsequently make a decision rather than to discuss any student competence issue. This discussion must include the moderator.

Questioning

36. The aim of questioning should be for assessors to observe the applicant's clinical performance, and to seek evidence of the rationale for their actions by questioning that is relevant, fair, efficient and searching.
37. It is better to phrase questions simply and in 'bite size' chunks. Long and complex phrasing can be very unsettling and time wasting. It is usually less intrusive if one assessor asks the majority of the questions for a given applicant, with the other assessor/moderator adding supplementary questions if necessary. It is important that questioning is clinically relevant and does not become skewed in favour of a particular assessor's favourite topic. Questions need to be asked that sample the applicant's underlying knowledge base and clinical reasoning skills, but not to such an extent that the applicant's interaction with and management of their patient becomes adversely affected. This assessment needs to look globally at the applicant's clinical practice; it needs to be balanced and not to focus unduly on a specific topic.
38. There should be progressively challenging but not aggressive questioning, tempered by the ability to recognise when an applicant is 'freezing' owing to nervousness or is temporarily unsettled by direct questions. If an applicant is clearly having difficulties in replying to questions it is better to move away from a particular line of questioning, and return to it later, perhaps framing

questions in a slightly different way. If direct questioning becomes too protracted there is a possibility of distracting and undermining the confidence of the applicant, which may impact on the rest of the assessment. This is particularly so if there is intensive questioning early in the assessment before the applicant has settled. It is often necessary to 'ease into' the questioning, covering some more basic concepts before building up to the more challenging questioning.

39. It is also important to be aware of how applicants are questioned in the presence of their patient. If the line of questioning is likely to cause potential concern to the patient, or will put the applicant in a difficult position, it is always better to pursue this away from the patient. The applicant should also be encouraged to ask to speak to the assessors outside the room if they feel the issues they are discussing may upset the patient.
40. If it is deemed necessary to question applicants in front of the patient, care should be taken to avoid undermining the patient's confidence in the applicant by questioning that is too protracted, too aggressive or is causing the applicant to become obviously confused and erratic.
41. If applicants appear not to understand particular questions it is necessary to put them again in another way.
42. It is important that applicants are encouraged to be specific and accurate about their replies, especially where differential diagnosis and the working diagnosis are concerned. It is not uncommon for applicants to state vague diagnoses, such as 'muscular problem' or 'heart problem', and in such cases the assessor needs to ask the applicant to explain in more detail what they are considering. Accuracy with terminology can sometimes be a problem and applicants need to be able to explain in technical terms for the assessors but show an ability to use lay terms when giving explanations to their patient.

Behaviour

43. Applicants who are under stress may behave in a range of different ways. Some become very quiet, some aggressive and others panic. It is necessary to be sensitive to this and to reflect on why an applicant may be reacting in a certain way. Often some reassurance about the process may assist with resolving such issues. It may be necessary for assessors to 'take a deep breath' and 'count to ten' before reacting too vigorously to an applicant who initially appears aggressive or argumentative. The overriding consideration should be to give the applicant the 'benefit of the doubt' to a point where such behaviour becomes too obviously protracted, unreasonable or unprofessional.
44. Assessors may find it helpful to reflect on their own personality and consider how certain aspects may come across to an applicant who will often be in a state of heightened anxiety. This is not an attempt to make assessors automatons, but is recognising the potential for misinterpretation by applicants in a stressful situation. It is desirable that assessors do not enter a clash of personality situation and should therefore adopt, as far as is reasonable, a neutral but assertive approach.
45. Applicants who are behaving in a timid fashion may also be reacting to the stress of the situation. Assessors should look past their initial impressions to seek evidence of such an applicant's ability. It is difficult for some people to display overt confidence in an assessment situation and some allowances can be made.
46. It is important to remember that assessors are in a very much more powerful position in the dynamics of this assessment. This brings with it the responsibility to create the conditions, as far as is reasonable, for individual applicants with varying personalities and approaches to perform to their potential.

Dealing with bias

47. Applicants should be reassured that assessors are aware of the various forms of possible bias when assessing an individual's performance. The ACP is evaluated by considering the applicant's performance against each criterion (see Appendix 2) separately and making a judgement on each aspect.
48. Assessors need to be sensitive to their own biases and pre-conceived ideas. This is especially important during the ACP process where the ACP assessors will have the opportunity to review the outcomes of the prior written assessment which may highlight areas of strengths and weaknesses. This step is here to ensure that assessors are aware of any issues which may affect patient safety and may need to be further explored during the assessment.
49. The assessment team should approach each new applicant with an open mind and should not discuss the applicant prior to the assessment, as this may lead to assessors making assumptions, either positive or negative, about the likely performance of a particular applicant. Applicants who are assumed to be poor in clinic may not be given sufficient attention or opportunity to prove otherwise, while positive assumptions about applicants may lead to assessors not adequately sampling their underlying knowledge, skills and rationale.

'On the day' performance

51. It is worth mentioning the potential in assessments for applicants who have shown consistently borderline or poor performance in the past to excel 'on the day'. Conversely, applicants who may perform consistently well in practice may do badly in the assessment. It is necessary for assessors to be aware that sometimes 'good' applicants are very self-critical and can be over-anxious leading to a poor performance. This is exacerbated if assessors pitch their questioning a little too rigorously too early on.

52. Assessors need to be aware also that some applicants may give superficial responses to questions that may require challenging to ascertain their underlying clinical reasoning

Risk

53. If at any time an assessor thinks that an applicant is presenting a risk to their patient the applicant should be asked to leave the room for discussion. If assessors feel that an applicant is really unable to cope with the particular patient and situation, it may be necessary to stop the assessment and to ask the GOsC staff representative to liaise with the clinic management to find someone to take over the consultation.

Decision making

54. Assessors' decisions need to be fair and considered. There needs to be an appreciation of the complexity of the clinical practice process and a good rationale for those decisions. The weighting and balancing of different aspects of the clinical performance process needs to be taken into account. Assessors need to look at the overall performance on balance and not to be unduly influenced by discrete areas of good or bad performance, especially if this relates to an assessor's favourite subject areas.
55. Assessors should not judge applicants too much by what they would do themselves, since applicants will have had input from many different sources during their training and experience of practice. The important point is that the applicant has a reasoned rationale for what they are doing and the conclusions they arrive at.
56. Assessors should be careful not to provide direct feedback to applicants on the day of the assessment that may indicate the outcome of their assessment.

Report writing

57. The moderator will compile a report for each applicant after the moderation meeting and this should reflect the applicant's ability to fulfil the *Osteopathic Practice Standards* as evidenced by the assessors' completion of the evaluation form (Appendix 2) for each patient seen. The report should be finalised and signed by the whole assessment team. The report should reflect the outcome of the moderation meeting and include the following specific details:

- > Whether the applicant passed or failed, and the reasons for failing, if applicable
- > Feedback to the applicant on strengths/good practice and areas for development which could form the basis of future continuing professional development.

The report template is provided in Appendix 3.

Appendix 1 Osteopathic Practice Standards Checklist

STANDARDS

CHECKLIST

A1 You must have well-developed interpersonal communication skills and the ability to adapt communication strategies to suit the specific needs of a patient.

Does the applicant:

- > Communicate effectively with the patient?
- > Recognise possible communication difficulties with the patient, and adapt their communication skills accordingly?

A2 Listen to patients and respect their concerns and preferences.

Does the applicant:

- > Communicate effectively with the patient by talking and listening to them?
- > Adapt appropriately to any voiced disquiet, patient discomfort or non-verbal body language?
- > Adapt to the specific needs of the patient in relationship to gender, ethnicity, disability, culture, religion or belief, sexual orientation, lifestyle, age, social status or language?
- > Demonstrate an appropriate range of time keeping skills throughout each phase of the consultation that is appropriate to the needs of the patient?
- > Communicate clearly with patient as to which intimate area(s) they wish to examine and treat, why they wish to do so, and how this will be carried out?
- > Ensure that they gain patient understanding as to how and why this examination and treatment will be carried out?

A3 Give patients the information they need in a way that they can understand.

Does the applicant inform the patient:

- > About their right to have a chaperone present?
- > That they can stop the examination or treatment at any time?
- > About what to realistically expect from the applicant as an osteopath?
- > About any material or significant risks associated with any clinical action proposed pertinent to the specific patient's presenting situation and needs?

Does the applicant:

- > Explain clearly to the patient the proposed course of clinical action or treatment.
- > Check with the patient as to their understanding of this action and any associated risks.
- > Identify and adapt to the patient's communication difficulties whilst examining or treating them.

STANDARDS

CHECKLIST

A4 You must receive valid consent before examination and treatment.

In gaining valid consent from the patient does the applicant ensure or take all steps to consider:

- > That the patient is competent, and has the capacity to give consent?
- > That if the patient appears not to be competent to understand they do not proceed further?
- > That any information given to the patient is contextually sensitive and takes into consideration age, disability, and cultural background.
- > That the patient is able to give consent voluntarily without being made to feel under pressure.
- > That consent is an ongoing process during treatment?

A5 Work in partnership with patients to find the best treatment for them.

Does the applicant:

- > Interact with and involve the patient during the examination and treatment phases of the consultation?
- > Involve the patient in treatment and management planning?
- > Demonstrate a reasoned and appropriate course of management action for this specific patient?

A6 Support patients in caring for themselves to improve and maintain their own health

Does the applicant:

- > Provide sufficient information for the patient to be able to make an informed choice as to which course of action they wish to proceed with?
- > Offer the patient the opportunity to inform their GP or other healthcare professionals about receiving osteopathic treatment?

B1 You must understand osteopathic concepts and principles, and apply them critically to patient care.

Does the applicant:

- > Apply osteopathic principles and concepts in their clinical decision making?
- > Justify and critique their understanding and application of osteopathic principles and concepts in the evaluation and management specific to the patient?
- > Apply a range of osteopathic approaches that are informed by their analysis of the context of the presenting patient?
- > Consider the patient as whole in the context of the presenting complaint?
- > Use palpation as an evaluation, diagnostic, treatment and re-evaluation tool?

STANDARDS

CHECKLIST

B2 You must have sufficient knowledge and skills to support your work as an osteopath.

Does the applicant demonstrate an underpinning knowledge base sufficient to:

- > Recognise the clinical signs of dysfunction and interpret their significance given the context of the specific patient and their presenting complaint?
- > Develop treatment and rehabilitation strategies given their understanding of the specific context of the patient?
- > Inform their clinical judgment and generation of diagnostic hypotheses throughout each phase of the consultation?
- > Recognise where there might be underlying pathology and facilitate the onward referral of the patient for additional or alternative investigations, and / or treatment?
- > Recognise any pertinent psychosocial issues and the impact these might have on the specific context of the presenting patient?
- > Apply osteopathic technique safely and effectively given the context of the presenting patient?

Does the applicant demonstrate:

- > Well developed palpatory skills?
- > The effective use of palpation as an evaluation tool?
- > How they interpret the findings of palpation to inform their clinical reasoning through the examination and treatment phases of the consultation?
- > The ability to carry out, and interpret, an evaluation of the patient that is informed by the presenting signs and symptoms, is modified to the needs of the patient, and includes observation, palpation and motion evaluation (both active and passive)?
- > Problem-solving and thinking skills, in their evaluation of the patient through the different phases of the consultation, that informs clinical reasoning and decision-making processes?
- > Good physical practitioner handling skills being mindful of their own and patient's morphology?
- > The application of suitable strategies to protect themselves psychologically in any interaction with the patient?

B3 Recognise and work within the limits of your training and competence.

Does the applicant:

- > Have the skills and competence to treat a patient?
- > Consider the need to seek advice or assistance for ongoing patient care?

B4 Keep your professional knowledge and skills up to date.

Does the applicant demonstrate:

- > How they integrate contemporary advice related to osteopathic healthcare into their practice? (for example: guidelines, risks and adverse reactions)

STANDARDS**CHECKLIST**

C1 You must be able to conduct an osteopathic patient evaluation sufficient to make a working diagnosis and formulate a treatment plan.

Does the applicant demonstrate the ability to:

- > Take and record a detailed case history? (This should include any problems and symptoms reported by the patient; general health across all body systems; relevant medical, surgical and traumatic history; family and social history)
- > Make and record an analysis of the presenting complaint given the context of the case history?
- > Adapt their interview and enquiry skills to their perception of the specific needs of that patient? (for example: pain levels, psychosocial issues and communication ability).
- > Take into consideration the significance of possible predisposing factors, such as physiological, psychological and social issues, in their analysis of the presenting complaint?
- > Select and conduct a range of clinical examinations / investigations that are initiated from the case history analysis and are adapted or modified to the needs of the patient?
- > Formulate diagnostic hypotheses informed by the analysis of the case history, observation of the patient, and the examination findings?
- > Develop a working osteopathic diagnosis?

C2 You must be able to formulate and deliver a justifiable osteopathic treatment plan or an alternative course of action

In developing a treatment and management plan does the applicant:

- > Select and justify a treatment and management approach that is developed from the information gathered from the different phases of the consultation, and informed by the working diagnosis?
- > Take into consideration the specific needs and expectations of the patient?
- > Consider their personal limits of competence?
- > Consider and discuss with the patient the likely effects of treatment?
- > Identify the suitability of, modification of, or contra-indication to using specific osteopathic techniques given the needs of the patient, the context of their presenting complaint and history?

In applying treatment does the applicant:

- > Monitor the effects of treatment during and after its application?
- > Adapt the application of either technique or treatment approach in response to ongoing palpation?
- > Evaluate post treatment response?
- > Justify the continuance, modification or cessation of osteopathic treatment?
- > Recognise, and take appropriate remedial action to deal with, an adverse reaction to osteopathic treatment?

STANDARDS**CHECKLIST**

C3 Care for your patients and do your best to understand their condition and improve their health.

Does the applicant demonstrate that:

- > They endeavour to develop a good rapport with their patient?
- > They have attempted to understand the context of a patient's presenting complaint and its significance to that patient?
- > They have attempted to improve the patient's health and well-being?

C4 Be polite and considerate with patients.

Does the applicant demonstrate that that are polite and considerate with patients?

C5 Acknowledge your patients' individuality in how you treat them.

Does the applicant respect and acknowledge the patient's wishes and expectations?

C6 Respect your patients' dignity and modesty.

Does the applicant take all necessary steps to ensure that they acknowledge the patient's needs, and respect their dignity and modesty? (for example: taking into consideration cultural and religious backgrounds; patient sensitivities in the need to undress for examination and treatment purposes; the actual act of undressing; exposure during examination and treatment; the patient's wishes for a chaperone.)

C7 Provide appropriate care and treatment.

Does the applicant throughout each phase of the consultation, and overall, demonstrate that they are able to provide appropriate care and treatment for the patient?

C8 Ensure that your patient records are full, accurate and completed promptly.

Do the patient records contain:

- > The date of the consultation?
- > The patient's personal details?
- > Any problems and symptoms reported by the patient?
- > Relevant medical, family and social history?
- > The clinical findings, including negative findings?
- > The information and advice provided?
- > A working diagnosis and treatment plan?
- > Records of consent, including consent forms if applicable?
- > Treatment undertaken?
- > Clinical response to treatment and treatment outcomes?

STANDARDS**CHECKLIST**

D1 You must consider the contributions of other healthcare professionals to ensure best patient care.

Does the applicant:

- > Provide any evidence of consideration of other healthcare approaches in the management plan of the patient?
- > Understand the contribution of osteopathic treatment in context of primary care provision?
- > Consider referral to other disciplines in order to request further investigations as appropriate?
- > Understand the indications for referral?

D12 Take all necessary steps to control the spread of communicable diseases.

Does the applicant demonstrate an awareness of infection control and the impact this has upon their professional practice?

Mapping of Assessment of Clinical Performance to OPS

	Communication Case History	Differential Diagnosis	Clinical Examination Osteopathic Evaluation	Treatment Management Plan
A1	X			X
A2	X			X
A3	X		X	X
A4	X		X	X
A5	X		X	X
A6	X			X
B1		X	X	
B2		X	X	X
B3				X
B4				
C1	X		X	
C2				X
C3	X		X	
C4	X		X	X
C5	X		X	X
C6			X	X
C7			X	X
C8	X		X	X
D1				X
D12				X

Appendix 2 Evaluation Form

Applicant's name:	Date:
Examiner's name:	Moderator's name:

Case 1 summary:

CASE HISTORY/COMMUNICATION

(A1, A2, A3, A4, A5, A6, C1, C3, C4, C5, C8)

- > Occupation
- > Psychosocial context
- > Symptoms & progression
- > Onset
- > Aggravating factors
- > Relieving factors
- > NA factors
- > Daily pattern
- > Sleep
- > Past history
- > Past medical history
- > Family history
- > Logical progression and sequencing of questions
- > Sufficiency of information gathered
- > Recording
- > Communication: risks and benefits
- > Sensitivity/manner

**DIFFERENTIAL DIAGNOSIS/ INTERPRETATION/ CLINICAL REASONING /KNOWLEDGE
BASE BIOMEDICAL SCIENCES AND OSTEOPATHIC PRINCIPLES**
(B1, B2)

- > Knowledge of pathology
- > Applied anatomy
- > Clinical biomechanics
- > Tissue differential
- > Safety awareness

Proposed Differential Diagnosis:	Reasoning
1	
2	
3	
4	
5	

CLINICAL EXAMINATION/OSTEOPATHIC EVALUATION
(A3, A4, A5, B1, B2, C1, C3, C4, C5, C6, C7, C8)

- > Appropriate/effective
- > Consent
- > Postural examinations:
 - > Gait
 - > A/P and lateral curves
 - > Bony landmarks
 - > Tissue quality
- > Standing exam – active ROM
- > Sitting exam
- > Recumbent exam
- > Peripheral joint exam
- > Clinical tests: selection
- > Clinical methods effective
- > Orthopaedic special test
- > Neurological screen
- > Vascular screen
- > Osteopathic evaluation:
 - > responsive to patient
 - > palpation
 - > patient handling/operator position
 - > logical sequence/omissions
 - > patient comfort
 - > recording

Applicant's name:

FORMATION OF DIAGNOSTIC CONCLUSIONS, TREATMENT PLAN & MANAGEMENT PLANS

(A1, A2, A3, A4, A5, A6, B2, B3, C2, C4, C5, C6, C7, C8, D1, D12)

- > Reasonable conclusions
- > Clinical reasoning/justification
- > Awareness of current evidence
- > Knowledge and application of osteopathic principles
- > Decision to treat/refer
- > Understanding other disciplines
- > Short term aims
- > Long term aims
- > Application of osteopathic principles
- > Formation of prognosis
- > Treatment observed
- > Modification of techniques
- > Depends on palpation to monitor change
- > Awareness of contra-indication
- > Re-evaluates change
- > Advice and exercises

Applicant's name:

Applicant's grade (please circle):

Pass

Fail

Areas of strength

Areas for development

Areas of significant weakness / reasons for failure

Other comments

Appendix 3 Outcome Report

Applicant's name:

Date:

Recommendation: (Please circle)

PASS

FAIL

Summary:

1 Strengths and areas for development identified by the *Further Evidence of Practice Questionnaire*

2 ACP outcomes

Strengths/good practice

Areas for development

Reasons for failure (if applicable)

Assessor 1:

Signed:

Date:

Assessor 2:

Signed:

Date:

Moderator:

Signed:

Date:

Brief Summary of Patient 1	Brief Summary of Patient 2
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Note: In compiling your feedback, please consider how the applicant demonstrated/did not demonstrate fulfilment of the relevant aspects of the following Osteopathic Practice Standards. Please give examples from the ACP to support your conclusions. It is recommended that you refer to the ACP Osteopathic Practice Standards Checklist and the accompanying mapping document to assist you in completing this report.

Osteopathic Practice Standards	Comments
A Communication and patient partnership	
A1 You must have well-developed interpersonal communication skills and the ability to adapt communication strategies to suit the specific needs of a patient.	
A2 Listen to patients and respect their concerns and preferences.	
A3 Give patients the information they need in a way they can understand.	
A4 You must gain valid consent before examination and treatment.	
A5 Work in partnership with patients to find the best treatment for them.	
A6 Support patients in caring for themselves to improve and maintain their own health.	

B: Knowledge skills and performance	
B1 You must understand osteopathic concepts and principles, and apply them critically to patient care.	
B2 You must have sufficient knowledge and skills to support your work as an osteopath.	
B3 Recognise and work within the limits of your training and competence.	
B4 Keep your professional knowledge and skills up to date.	

C: Safety and quality in practice	
C1 You must be able to conduct an osteopathic patient evaluation sufficient to make a working diagnosis and formulate a treatment plan.	
C2 You must be able to formulate and deliver a justifiable osteopathic treatment plan or an alternative course of action.	
C3 Care for your patients and do your best to understand their condition and improve their health.	
C4 Be polite and considerate with patients.	

C5 Acknowledge your patients' individuality in how you treat them.	
C6 Respect your patients' dignity and modesty.	
C7 Provide appropriate care and treatment.	
C8 Ensure that your patient records are full, accurate and completed promptly.	

D: Professionalism	
D1 You must consider the contributions of other healthcare professionals to ensure best patient care.	
D12 Take all necessary steps to control the spread of communicable diseases.	