



SKILLS ASSESSMENT FOR MIGRATION AND/OR REGISTRATION AS A CHIROPRACTOR

Australia and New Zealand

June 2023

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DISCLAIMER: The information contained in this guide, associated forms and documents and on the CCEA website is accurate at the date of publication. Small changes that may occur to content and processes are not routinely notified to potential or actual candidates unless these are substantive in any way or alter the process in any significant way.

1. INTRODUCTION

1.1. CHIROPRACTIC OVERSEAS ASSESSMENT COMMITTEE

The Council on Chiropractic Education Australasia Ltd (CCEA) is the assessing authority for the Department of Home Affairs for the assessment of qualifications and skills for migration to Australia. CCEA is responsible for assessments of the knowledge, clinical skills and professional attributes of overseas qualified chiropractors seeking registration in Australia with the Chiropractic Board of Australia, and in New Zealand with the New Zealand Chiropractic Board.

The Chiropractic Overseas Assessment Committee (COAC) is a standing committee of CCEA and administers the assessment of qualifications and skills for migration to, and practice in, Australia and New Zealand.

1.2. PROCESS FOR THE ASSESSMENT OF A CANDIDATE'S SKILLS AND QUALIFICATIONS

The assessment process consists of the following two stages:

Stage 1 – Desktop Audit

All candidates wishing to migrate to and/or register in Australia or New Zealand are required to submit a completed *Stage 1 – Desktop Audit* application. CCEA will evaluate each candidate's *Stage 1 – Desktop Audit* application by assessing their educational qualifications, registration/licensure and work experience. The *Stage 1 – Desktop Audit* is undertaken from the candidate's country of residence.

Further information regarding the *Stage 1 – Desktop Audit* can be found under the Skills Assessment tab on the [CCEA website](#), in Section 2 of this Candidate Guide, and in the relevant *Stage 1 – Desktop Audit* application [forms](#) and [instructions](#) for completion of the application.

Stage 2 – Competency Based Assessment

Overseas-qualified candidates wishing to migrate to and/or register in Australia or New Zealand are required to undertake the *Stage 2 – Competency Based Assessment* which consists of written and practical assessments undertaken in Australia and/or New Zealand. The *Stage 2 – Competency Based Assessment* is used to determine a candidate's knowledge and competency and is based on the [CCEA Competency Standards for Graduating Chiropractors](#).

Further information regarding the *Stage 2 – Competency Based Assessment* can be found in Section 3 of this Candidate Guide.

The purpose of the *Stage 1 – Desktop Audit* and *Stage 2 – Competency Based Assessment* is to ensure chiropractors migrating to Australia or New Zealand and/or educated overseas are appropriately qualified and equipped with the necessary knowledge for Australian and New Zealand chiropractic practice. Applicants should be aware that CCEA will evaluate this in the *Stage 1 – Desktop Audit* to determine whether applicants are exempt from some or all parts of the *Stage 2 – Competency Based Assessment*.

All candidates are required to undertake the *Stage 1 – Desktop Audit*. Please refer to Figure 1 to determine the relevant [application form](#).

1.3. MIGRATION TO AUSTRALIA OR NEW ZEALAND

Migration to Australia: In accordance with the *Migration Regulations 1994*, CCEA has been specified by the Minister for Home Affairs as the assessing authority for the Department of Home Affairs General Skilled Migration program for the occupation Chiropractor (ANZSCO 252111). The Department of Employment and Workplace Relations supports this process through its role in approving migration assessing authorities. Professional bodies that meet established criteria, including a commitment to support the objectives of the General Skilled Migration program and the provision of an appropriate assessment service to prospective migrants, have been granted such approval. The Skilled Occupations List on the [Department of Home Affairs website](#) links to the description of the occupation of Chiropractor (ANZSCO 252111) defined by the Australian Bureau of Statistics for the General Skilled Migration program.

Migration to New Zealand: For migration to New Zealand under the General Skilled Migration program for the occupation Chiropractor (ANZSCO 252111), please contact [Immigration New Zealand](#) to ascertain the necessary requirements.

Candidates who wish to apply to migrate to Australia or New Zealand as a chiropractor under the General Skilled Migration program, must nominate 'Chiropractor' as their occupation. CCEA will assess and verify their qualifications and skills as 'suitable' or 'not suitable' against the requirements it has established. CCEA will send candidates an official Assessment Letter and a Statement of Assessment of Suitability for Migration as a Chiropractor (ANZSCO 252111) which must be included with the application to the Department of Home Affairs or Immigration New Zealand. Whilst it is the candidate's responsibility to ascertain what documentation is required for their migration application, candidates are advised to retain all original documents.

CCEA can only provide advice in relation to applying for a qualification and skills assessment. All other questions relating to migration should be directed to the relevant immigration department or a registered migration agent. The CCEA qualification and skills assessment is only one component of a migration application. The [Department of Home Affairs](#) and [Immigration New Zealand](#) may have additional requirements for migration, and candidates are advised to refer to the relevant websites to ascertain the necessary requirements. Successfully migrating to Australia or New Zealand as a chiropractor does not automatically confer a right to registration with either the Chiropractic Board of Australia or the New Zealand Chiropractic Board, membership of any chiropractic professional body or to employment in Australia or New Zealand as a chiropractor.

1.4. REGISTRATION IN AUSTRALIA

Under the *Health Practitioner Regulation National Law Act 2009*, as in force in each state and territory, CCEA is responsible for performing assessments of the knowledge, clinical skills and professional attributes of overseas qualified chiropractors seeking registration in Australia with the Chiropractic Board of Australia, which is operated by the Australian Health Practitioner Regulation Agency (Ahpra).

CCEA will assess and verify candidates' qualifications, skills and competence against the requirements it has established. This assessment is given after successful completion of the *Stage 1 – Desktop Audit* and *Stage 2 – Competency Based Assessment*. CCEA will send candidates an official Assessment Letter and Certificate of Attainment which must be included with their application to the Chiropractic Board of Australia. Whilst it is the candidate's responsibility to check with the Chiropractic Board of Australia to ascertain what documentation is required for their registration application, candidates are advised to retain all original documents. Successful completion of the CCEA qualification and skills assessment does not guarantee candidates automatic registration in Australia. The Chiropractic Board of Australia may have additional requirements for registration and candidates are advised to contact the [Chiropractic Board of Australia](#) to ascertain the necessary requirements.

1.5. REGISTRATION IN NEW ZEALAND

In accordance with the *Health Practitioners Competence Assurance Act 2003*, the New Zealand Chiropractic Board has adopted the CCEA qualification and skills assessment process for overseas qualified chiropractors seeking registration in New Zealand.

CCEA will assess and verify candidates' qualifications, skills and competence against the requirements it has established. This assessment is given after successful completion of the *Stage 1 – Desktop Audit* and *Stage 2 – Competency Based Assessment*. CCEA will send candidates an official Assessment Letter and Certificate of Attainment which must be included with their application to the New Zealand Chiropractic Board. Whilst it is the candidate's responsibility to check with the New Zealand Chiropractic Board to ascertain what documentation is required for their registration application, candidates are advised to retain all original documents. Successful completion of the CCEA qualification and skills assessment does not guarantee candidates automatic registration in New Zealand. The New Zealand Chiropractic Board may have additional requirements for registration and candidates are advised to contact the [New Zealand Chiropractic Board](#) to ascertain the necessary requirements.

1.6. TRANS-TASMAN MUTUAL RECOGNITION ARRANGEMENT

The Trans-Tasman Mutual Recognition Agreement (TTMRA), under the *Trans-Tasman Mutual Recognition Act 1997*, states that 'a person registered to practise an occupation in Australia is entitled to practise an equivalent occupation in New Zealand, and vice versa, without the need for further testing or examination'.

Applicants not wishing to migrate to Australia that are registered with the New Zealand Chiropractic Board may apply directly to the Chiropractic Board of Australia for registration. Similarly, applicants registered with the Chiropractic Board of Australia may apply directly to the New Zealand Chiropractic Board. Those applying for Skilled Migration to Australia or New Zealand will still need to submit a completed *Stage 1 – Desktop Audit* application to CCEA as part of the preparation of their migration application. Refer to Section 2 of this Candidate Guide and the instructions relating to the *Stage 1 – Desktop Audit Application Form A* on the Skills Assessments Requirements page on the CCEA website.

1.7. PRIVACY NOTICE

CCEA is committed to protecting the privacy, confidentiality and security of personal information held in its records, in accordance with the *Privacy Act 1988*. The [CCEA privacy policy](#) is available on the website.

An individual's personal information is collected for the purpose of conducting assessments. CCEA may disclose it on a confidential basis to its agents, contractors or third-party service providers who provide assessment or other services in fulfilling this purpose. Personal information may also be used to inform chiropractic regulatory authorities, the Department of Home Affairs, Immigration New Zealand and other Australian or New Zealand Government departments associated with employment and education.

To assist in the accurate assessment of practical sections of the *Stage 2 – Competency Based Assessment*, video recording of the assessment proceedings may take place. These records are solely for the purpose of moderating the assessment result and will not be available to candidates for general review. The recordings are saved using secure electronic storage and are only available to CCEA staff, examiners and moderators directly involved in the assessment. Recordings remain the property of CCEA and will normally be kept for 12 months, unless they are required to be stored for a longer period, involving the agreement of both the candidate and CCEA.

1.8. APPLICATION FORMS A, B, C, D AND E

Form A: Application for skills assessment for migration and/or registration in Australia/New Zealand (Qualified/registered in Australia/New Zealand)

Form B: Application for skills assessment for migration and/or registration in Australia/New Zealand (Overseas qualification recognised by CCEA as an accredited program)

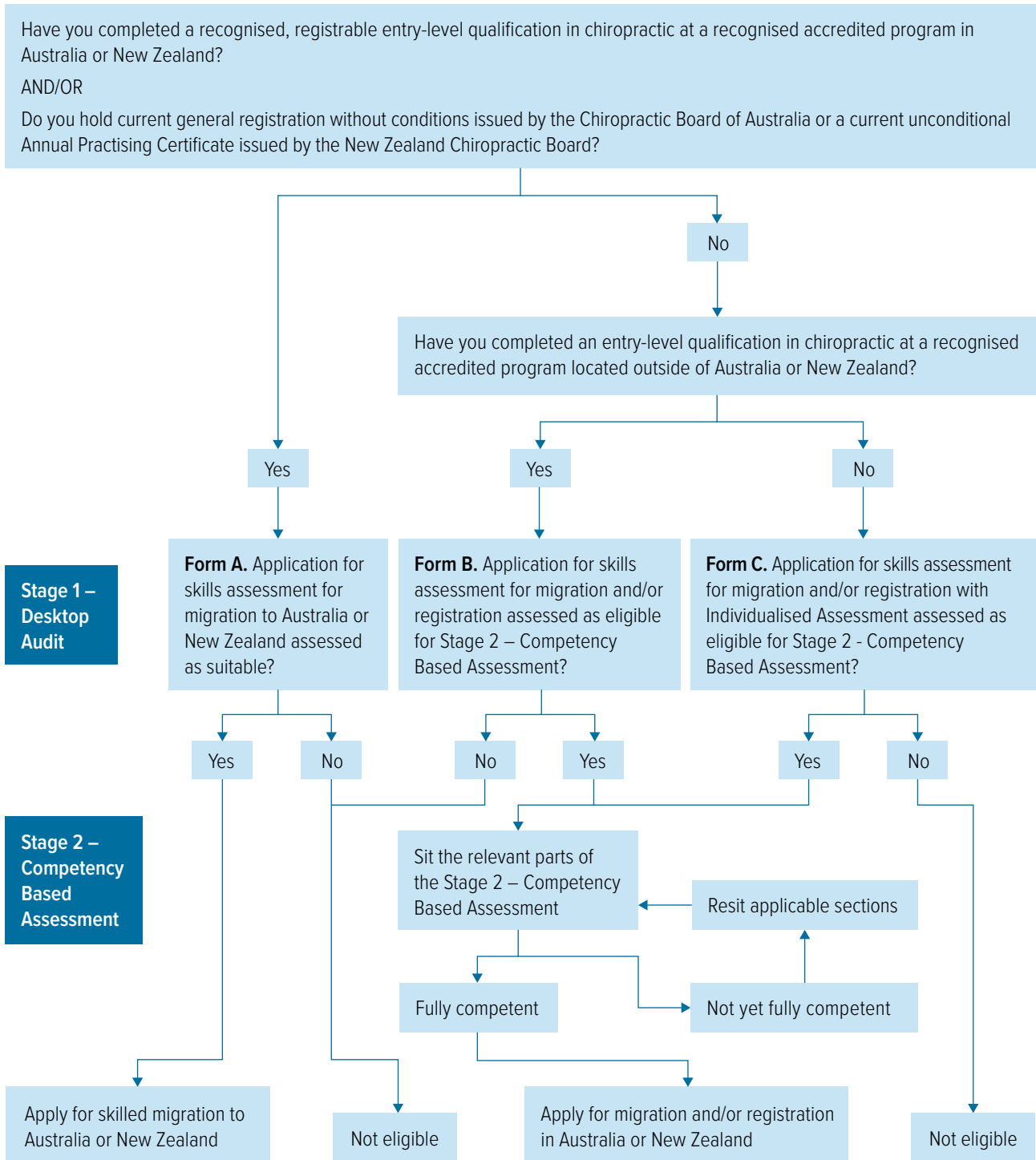
Form C: Application for skills assessment for migration and/or registration in Australia/New Zealand (Qualification is NOT recognised by CCEA as an accredited program)

Form D: Request for updated assessment for candidates with an overseas qualification and who were previously issued a CCEA Certificate

Form E: Candidates required by the Chiropractic Board of Australia or the New Zealand Chiropractic Board to sit the written assessment and/or the Objective Structured Clinical Examination (OSCE)

Following the successful completion of the *Stage 1 – Desktop Audit*, candidates applying via Form B or Form C will be notified of what parts of the *Stage 2 – Competency Based Assessment* they are required to complete. Candidates applying via Form A or Form D are exempt from the *Stage 2 – Competency Based Assessment*. Candidates applying via Form E are required to complete the sections of the *Stage 2 – Competency Based Assessment* as specified by either the Chiropractic Board of Australia or the New Zealand Chiropractic Board.

Figure 1. CCEA assessment process



2. STAGE 1 – DESKTOP AUDIT

2.1. DESKTOP AUDIT APPLICATIONS

The *Stage 1 – Desktop Audit* is used to assess a candidate’s qualifications and skills and determine their eligibility to undertake the *Stage 2 – Competency Based Assessment*.

The qualifications can only be assessed once the candidate has obtained an Academic Transcript that states all course requirements have been completed for the award of the specific qualification.

The candidate must electronically submit one of the five CCEA *Stage 1 – Desktop Audit* applications, A, B, C, D or E, together with the required supporting documentation.

Please refer to the CCEA website for a list of [CCEA accredited programs](#) and [recognised programs](#).

- **Form A:** Application for skills assessment for migration and/or registration in Australia/New Zealand (Qualified/registered in Australia/New Zealand).
- **Form B:** Application for skills assessment for migration and/or registration in Australia/New Zealand (Overseas qualification recognised by CCEA as an accredited program). *This application form is for both Australian/New Zealand and non-Australian/New Zealand citizens.*
- **Form C:** Application for skills assessment for migration and/or registration in Australia/New Zealand (Qualification is NOT recognised by CCEA as an accredited program). *In addition to the Stage 1 – Desktop Audit application, candidates are required to submit detailed documentation of the program undertaken for the award of their chiropractic qualification. Refer to the Assessment Forms and Fees page of the [CCEA website](#) for the Individualised Assessment Instructions. This application form is for both Australian/New Zealand and non-Australian/New Zealand citizens.*
- **Form D:** Request for updated assessment for candidates with an overseas qualification and who were previously issued a CCEA Certificate. *Evidence of the original Skills Assessment is mandatory, as are the documents relating to the period since the previous assessment was issued.*
- **Form E:** Application for attendance at the *Stage 2 – Competency Based Assessment/Objective Structured Clinical Examination (OSCE)* as required by the Chiropractic Board of Australia or the New Zealand Chiropractic Board.

Candidates must ensure they complete the *Stage 1 – Desktop Audit* application form that relates to their individual circumstances. Candidates other than Form E applicants, must submit the application and all supporting documentation by email to ceea.assessments@iasolutions.org.au. Applicants applying via Form E must submit the application and supporting documents to admin@ccea.com.au. If candidates need clarification on matters relating to the *Stage 1 – Desktop Audit* application, they are to email admin@ccea.com.au.

Academic Transcripts, National Board of Chiropractic Examiners (NBCE) results, Canadian Chiropractic Examining Board (CCEB) results and Statement of Registration/Status must be emailed or posted **directly** to CCEA by the authorities.

The *Stage 1 – Desktop Audit* will be completed within 6 weeks of submission of documents and the receipt of the Audit fee unless additional documents or information are required. To avoid delay, ensure all documents are scanned and submitted in a format that can be assessed appropriately.

Note:

1. If a candidate cannot obtain the required supporting documentation, they must submit a letter with the application identifying which documents cannot be obtained and explaining the reason(s). Under such circumstances, CCEA will decide at its discretion to accept or reject the application or request alternate documentation.
2. If forged, altered or falsified documentation is submitted, assessment of the application will not continue. Any fees paid by the candidate will be forfeited.

2.2. DESKTOP AUDIT MINIMUM ASSESSMENT REQUIREMENTS

The assessment and evaluation of a candidate's *Stage 1 – Desktop Audit* application is based upon the following requirements.

2.2.1. Chiropractic qualification(s)

The minimum requirement against which a *Stage 1 – Desktop Audit* is made are that the candidate:

1. holds a chiropractic educational qualification obtained from a recognised accredited program in Australia or New Zealand or equivalent chiropractic educational qualification obtained from a recognised accredited program located outside of Australia and New Zealand;
OR
2. has completed a tertiary level education program leading to an award in chiropractic that is comparable with the published [standards](#) on the CCEA website and guidelines issued under the Department of Education country education profiles.

2.2.2. Chiropractic registration/licensure

Candidates must be currently registered, licensed or otherwise officially recognised and in good standing as a chiropractor in the country in which they trained or practise. If the candidate is a new graduate or has never been registered, evidence must be provided of eligibility for registration or licensure as a chiropractor in their country of training.

All candidates require a Certificate of Registration Status (CoRS) to be provided by the registration authority(ies) or by the university/institution in the case of new graduates. If the candidate is registered in multiple jurisdictions, then a CoRS must be provided by each authority.

2.2.3. Chiropractic work experience

The chiropractic work experience of candidates within the last ten years will be assessed as to whether the claims made equate to work at an appropriately skilled level. Work experience is supported by a minimum of two professional referee statements. New graduates should obtain two referee reports from their clinical supervisors at the university/institution.

2.2.4. English language skills

Candidates are not required to provide evidence of English language proficiency to CCEA. Candidates should, however, ascertain the current English proficiency levels required for registration by contacting either the [Chiropractic Board of Australia](#) or the [New Zealand Chiropractic Board](#). The [Department of Home Affairs](#) or [Immigration New Zealand](#) should be contacted for English proficiency levels required for migration Expressions of Interest. CCEA assessments are only administered in English.

2.3. PREPARATION AND SUBMISSION OF APPLICATIONS

- All documents submitted with a *Stage 1 – Desktop Audit* application must comply with the instructions relating to the applicant form and be emailed to ccea.assessments@iasolutions.org.au.
- Documents for Individualised Assessments (Form C candidates) are emailed to admin@ccea.com.au.
- CCEA will only accept electronic lodgement of application forms with supporting documents.
- The passport identification page needs to be colour scanned at 300 DPI while all remaining supporting documents are colour scanned at 100 DPI.
- The name on all documents must match the name on the passport.
- In addition to the passport identification page, candidates are to submit a passport style colour photograph taken within the last 6 months (not applicable to Form A and D).
- Documents in a language other than English must first be submitted to CCEA Assessments and then be translated by a service accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI). Both the original document and the translation must be submitted directly to CCEA by the accredited translator.

2.4. NOTIFICATION OF STAGE 1 – DESKTOP AUDIT OUTCOME

On completion of the *Stage 1 – Desktop Audit*, candidates will be advised whether they are required to undertake some or all parts of the *Stage 2 – Competency Based Assessment* (see [Section 3](#)). If candidates are not required to undertake the *Stage 2 – Competency Based Assessment*, and their qualifications and skills are deemed ‘suitable’ for migration purposes, CCEA will send an official Assessment Outcome Letter which must be included with the application to the Department of Home Affairs or Immigration New Zealand.

Applicants whose *Stage 1 – Desktop Audit* is assessed as ‘not suitable’ will be provided with details of any further action that they may take.

2.5. VALIDITY OF STAGE 1 – DESKTOP AUDIT OUTCOME

The official *Stage 1 – Desktop Audit* Assessment Outcome Letter for migration is valid for 3 years. The *Stage 2 – Competency Based Assessment* must be commenced within 3 years of the date of issue of the letter. CCEA reserves the right to request that some documents/evidence is updated even within this 3-year period (e.g. Certificate of Registration Status (CoRS), professional work experience).

Applicants should be aware that if some time has elapsed since the issue of CCEA documents, at their discretion, Government Departments may request a more recently issued document. CCEA can facilitate the issue of an updated outcome statement via an application [Form D](#).

2.6. APPEALS

Should candidates believe that they have valid grounds to appeal a ‘not suitable’ outcome from the *Stage 1 – Desktop Audit* assessment, they should refer to Appendix 4 for details of the CCEA Appeals Process.

3. STAGE 2 – COMPETENCY BASED ASSESSMENT

The *Stage 2 – Competency Based Assessment* is used to determine a candidate's ability to practise safely and competently against current Australian and New Zealand 'entry level' chiropractic competencies. A successful *Stage 2 – Competency Based Assessment* is one of the requirements for overseas qualified chiropractors applying for migration to Australia or New Zealand and/or registration as a chiropractor in Australia or New Zealand. Candidates are reminded that successful completion of the CCEA *Stage 2 – Competency Based Assessment* does not entitle them to automatic migration and/or registration.

The required competencies assessed in the *Stage 2 – Competency Based Assessment* correspond to the [CCEA Standards](#). The content of the assessments are drawn from scenarios commonly encountered in clinical practice in Australia and New Zealand and are at the standard required to qualify for general registration in Australia and New Zealand.

The *Stage 2 – Competency Based Assessment* consists of three parts:

- Part 1 – Written Basic Competency
- Part 2 – Written Clinical Competency
- Part 3 – Practical Clinical Competency.

Candidates are reminded that good communication skills are an essential attribute for being a registered chiropractor in Australia and New Zealand and strong English language skills are an important aspect of good communication in the clinical practice context. Therefore, all assessments are undertaken in English.

Parts 1, 2 and 3 of the *Stage 2 – Competency Based Assessment* are undertaken in Australia or New Zealand and are scheduled over four consecutive days with candidates required to be in attendance for portions of each of the scheduled days. Candidates who are not residents of Australia or New Zealand should ascertain whether they are required to obtain a visa, at their own expense, enabling them to travel to Australia or New Zealand to attend the assessments. Candidates are responsible for meeting their own costs in relation to completing the *Stage 2 – Competency Based Assessment* (fees, airfares, accommodation, meals etc). Candidates may have a maximum of 3 attempts at each section of the *Stage 2 – Competency Based Assessment* and a new fee must be paid for each attempt.

Candidates who have not demonstrated 'competence' in all parts of the *Stage 2 – Competency Based Assessment* at the first attempt will need to demonstrate full competence in all components of the Stage 2 assessment where the candidate had been deemed 'not yet competent' within 3 years and 1 month from the date of the initial assessment. If competence is not demonstrated in all components within that time, then the candidate will be required to resit the entire assessment.

Example: Attending an initial assessment in November 2000, requires all sections to have been assessed as competent before December 2003, with allowance for a short delay in availability of an assessment venue. If an assessment is scheduled in either Australia or New Zealand for the final opportunity to be assessed, the candidate is expected to make arrangements to attend. It is recommended that candidates make themselves available at the earliest opportunity to be assessed as fully competent.

3.1. SCHEDULE AND DEADLINES

The *Stage 2 – Competency Based Assessment* is scheduled at least three times a year at one of the following locations, subject to there being a required minimum number of candidates:

- Macquarie University, Sydney, New South Wales, Australia
- Murdoch University, Perth, Western Australia, Australia
- New Zealand College of Chiropractic, Auckland, New Zealand.

Note: Enrolment in the *Stage 2 – Competency Based Assessment*, does not make the candidates a student of these institutions. Candidates should be aware that they are not entitled to benefits, rights or obligations which come with enrolment as a student of the institutions, including appeals or applications for special consideration pursuant to the institution's policies, rules or procedures. It does, however, impose an obligation on candidates to follow directions from the institution regarding all Work, Health and Safety (WHS) requirements.

The assessment date, closing date for fee payment and location of the upcoming *Stage 2 – Competency Based Assessments* are published on the home page of the [CCEA website](#).

Stage 1 – Desktop Audit applications may be submitted at any time. Candidates are reminded that consideration should be given to the minimum time frame of 6 weeks for the *Stage 1 – Desktop Audit* to be completed from the date the payment is received and all documents are submitted. A completed *Stage 1 – Desktop Audit* is required before a candidate may attend the *Stage 2 – Competency Based Assessment*.

Nomination for the *Stage 2 – Competency Based Assessment*, by full payment of the assessment fee, is required by the closing date for fee payment specified on the website. A completed Candidate Agreement and Declaration form is required prior to attendance at the *Stage 2 – Competency Based Assessment*. Travel directions, maps and accommodation guides for each assessment location can be found in Appendix 1.

A *Stage 2 – Competency Based Assessment* personal timetable and joining instructions will be provided in advance of the first day of the assessment. The institution will offer a familiarisation session which will demonstrate the practical equipment available and the WHS requirements.

3.2. CHIROPRACTIC BOARD OF AUSTRALIA AND NEW ZEALAND CHIROPRACTIC BOARD CANDIDATES – OBJECTIVE STRUCTURED CLINICAL EXAMINATION

Chiropractors seeking re-registration with the Chiropractic Board of Australia, or the New Zealand Chiropractic Board may be directed to undertake the written examinations and/or the practical components of the Objective Structured Clinical Examination (OSCE) as administered by CCEA. The candidate should apply to CCEA to attend the *Stage 2 – Competency Based Assessment* by submitting application [Form E](#), providing a scanned copy of the letter of direction from the Board and payment of the appropriate fee. The candidate will also be required to provide some photographic identification.

3.3. EXEMPTIONS

CCEA has established three categories of exemption, which are described in Table 1. Applicants should be aware that CCEA will evaluate as part of the *Stage 1 – Desktop Audit* assessment process whether applicants are exempt from some or all parts of the *Stage 2 – Competency Based Assessment*.

Table 1. Exemptions for the *Stage 2 – Competency Based Assessment*

THE CANDIDATE HOLDS:	PART 1 – WRITTEN BASIC COMPETENCY	PART 2 – WRITTEN CLINICAL COMPETENCY	PART 3 – PRACTICAL CLINICAL COMPETENCY
Chiropractic qualification from a recognised accredited program located outside of Australia and New Zealand	Exempt from Section 2 – Anatomy, physiology, biochemistry, pathology, nutrition, microbiology	Successful completion required	Successful completion required
Chiropractic qualification from a recognised accredited program in Australia or New Zealand	Exempt	Exempt	Exempt
Current registration, without conditions, issued by the Chiropractic Board of Australia or New Zealand Chiropractic Board	Exempt	Exempt	Exempt

3.4. CONTENT

3.4.1. Part 1 – Written Basic Competency

The *Part 1 – Written Basic Competency* is designed to test knowledge of the underlying principles and science of chiropractic (Table 2).

Table 2. Part 1 – Written Basic Competency

	SECTION 1	SECTION 2
Topic(s)	Principles of chiropractic	Anatomy, physiology, biochemistry, pathology, nutrition, microbiology
Duration	1 x 1-hour paper	1 x 2-hour paper
Assessment method(s)	Multiple choice questions – choose one correct response to each question from a list of up to five (5) possible responses – A, B, C, D or E Short answer questions Short essay questions	
Indicative content	Based on: CCEA’s Principles of Practice Chiropractic Board of Australia’s Code of Conduct New Zealand Chiropractic Board’s Code of Ethics	Anatomy Physiology Pathology Clinical microbiology Biochemistry and nutrition
Assessors	Suitably qualified academics at the host institution	
Sample questions	See Appendix 2	
Pass marks	The pass mark is 50%	

3.4.2. Part 2 – Written Clinical Competency

The *Part 2 – Written Clinical Competency* papers (see Table 3) are designed to assess a candidate’s knowledge, clinical skills and patient management skills for the safe and competent practice of chiropractic in the Australian and New Zealand context.

In responding to the questions, the candidate will demonstrate an ability to apply their knowledge of chiropractic practice in response to questions about specific scenarios involving a chiropractor.

The assessment reflects the [standards](#) required to qualify for General Registration with the Chiropractic Board of Australia and the New Zealand Chiropractic Board.

Table 3. Part 2 – Written Clinical Competency

	SECTION 3	SECTION 4	SECTION 5	SECTION 6
Topic(s)	Neurology and orthopaedics	Differential diagnosis and organ systems	Diagnostic imaging	Radiographic practice
Duration	1 x 2-hour paper	1 x 2-hour paper	1 x 1-hour paper	1 x 1-hour paper

	SECTION 3	SECTION 4	SECTION 5	SECTION 6
Assessment method(s)	<p>Multiple choice questions – choose one correct response to each question from a list of up to five (5) possible responses – A, B, C, D or E</p> <p>Short answer questions</p> <p>Extended matching questions</p> <p>Short essay questions</p>			
Indicative content	<p>General knowledge and clinical scenarios requiring responses to a series of questions encompassing orthopaedic and neurologic assessment including case history, physical examination, neuromusculoskeletal examination, clinical laboratory and special studies, diagnosis, treatment and/or management, potential contraindications and complications.</p>	<p>General knowledge and clinical scenarios requiring responses to a series of questions, which may encompass any of the following:</p> <p>Diagnosis and clinical impression, therapeutic techniques, adjunctive and supportive techniques, and case management of common syndromes.</p> <p>Diagnosis (to include lab analysis), pathogenesis and management of common disorders of the organ systems including, but not limited to, head and neck, cardiovascular, respiratory, skin, genitourinary and gastrointestinal systems.</p>	<p>Theoretical components of diagnostic radiology and the elements of diagnostic imaging interpretation.</p> <p>Questions may assess knowledge, application and/or problem-solving skills related to diagnostic imaging of the musculoskeletal system (mainly plain film radiographs but also CT, MRI, Bone Scan and DUS may be included).</p>	<p>Radiography including principles of image and radiation production, radiation safety as practised in Australian and New Zealand chiropractic practice, patient positioning and various skeletal views across digital and plain film systems.</p> <p>Questions may assess knowledge, application and/or problem-solving skills.</p>
Assessors	Suitably qualified academics at the host institution			
Sample questions	See Appendix 2			

	SECTION 3	SECTION 4	SECTION 5	SECTION 6
Pass marks	The pass mark is 50% for each Section of Part 2 of the <i>Stage 2 – Competency Based Assessment</i>			

Additional information regarding *Part 2 – Written Clinical Competency*:

- The papers are not structured in the same way as NBCE or CCEB assessments. There may be questions that require candidates to answer in various formats, as described in Table 3.
- The candidate will be required to be specific with answers and read the questions carefully to ensure accuracy of answers. The candidate's knowledge in assessing a patient's condition from case history, examination procedures and relevant investigations will be assessed.
- It is essential that the candidate's answers clearly convey their knowledge. The assessor has to rely on the candidate's information to decide if their practice ability is safe and competent.
- Candidates will not lose marks for their approach to a clinical question or the techniques/management style they select. It is recognised that there is a great deal of diversity in chiropractic practice, and this is considered. Candidates will lose marks, however, if their management/diagnostic approach is clearly contraindicated on the grounds of patient safety or sound clinical judgment.
- Candidates must ensure that answers are legible, logical, and clearly expressed. If a candidate is unsure whether the assessor will comprehend their answer, an explanatory note may be beneficial.
- Candidates will be required to show they have an ability to correlate chiropractic principles with their therapeutic rationale.

3.4.3. Part 3 – Practical Clinical Competency

The *Part 3 – Practical Clinical Competency* is designed to evaluate the clinical competence of candidates in terms of chiropractic knowledge, clinical skills and professional attributes for the safe and effective clinical practice of chiropractic in the Australian and New Zealand community. Candidates are assessed on their ability to:

- obtain relevant patient information;
- demonstrate the relevant physical examinations;
- assimilate the information acquired from a clinical history, physical examination and clinical tests, which may include radiographic materials and laboratory values with respect to the creation of differential diagnoses, formulation of treatment recommendations and the design of plans of management;
- demonstrate patient management skills including chiropractic manual therapy and adjustive skills;
- establish appropriate outcome measures and prognoses; and
- demonstrate an understanding of the Code of Conduct/Ethics expected of a chiropractor in Australia or New Zealand, including informed consent.

The *Part 3 – Practical Clinical Competency* consists of four sections (Table 4).

Table 4. Part 3 – Practical Clinical Competency

	SECTION 7	SECTION 8	SECTION 9	SECTION 10
Topic(s)	Clinical cases	Manipulative skills technique	Image interpretation	Radiographic positioning
Duration	1 hour	30 minutes	30 minutes	15 minutes
Assessment method(s)	<i>Viva voce</i>	Demonstration only (set-up only) on a live subject	Objective assessment using electronic or hard copy images	Demonstration on a live subject

	SECTION 7	SECTION 8	SECTION 9	SECTION 10
Indicative content	<p>Verbal responses in relation to a clinical case presented in written descriptive narrative form. This includes demonstration of knowledge relating to patient consent.</p>	<p>Demonstrate a range of manual chiropractic techniques, including adjustive (spinal and extremity) and adjunctive (soft tissue technique, trigger point therapy and/or mobilisation), that are appropriate for use within Australian/New Zealand chiropractic practice, to a nominated clinical presentation for any of the following regions:</p> <p>upper cervical; mid cervical; cervicothoracic; mid thoracic; thoracolumbar; lumbosacral spine and pelvis; and extremities.</p> <p>Consideration will be given to patient somatotype, technique comfort, patient and practitioner safety, and clinical proficiency.</p>	<p>Candidates will be required to interpret a range of radiographic images, with an emphasis on the spine, but may include extremity or basic chest or abdominal interpretation.</p>	<p>Demonstrate positioning of a live subject for three sectional radiographic views of the spine, as typically used in Australian/New Zealand chiropractic practice.</p>
Assessors	<p>Two or three-person panel incorporating the following qualifications, skills and expertise:</p> <p>Relevant academic experience; Current registration as a chiropractor in Australia or New Zealand; and Current experience as a chiropractic clinical assessor.</p>	<p>Two-person panel incorporating the following qualifications, skills and experience:</p> <p>Current registration as a chiropractor in Australia or New Zealand; and Experience as a chiropractic technique assessor.</p>	<p>Suitably qualified academics at the host institution.</p>	<p>Two-person panel incorporating the following qualifications, skills and experience:</p> <p>Chiropractic radiographer; and/or Radiographer experienced in taking chiropractic images.</p>
Sample questions	See Appendix 2			
Pass marks	Candidates must successfully complete each Section of Part 3 at a pass mark of 'entry level competence'			

Additional information regarding the *Part 3 – Practical Clinical Competency*:

- When applicable, a ‘patient’ (live subject) will be provided by the host institution for practical components of the assessment.
- If recording of an assessment session is required, permission will be sought from the candidate before this commences. The purpose of recording an assessment session is to ensure accuracy in the assessment and support the moderation process, if required. Please refer to Section 1.7 of this Candidate Guide for further information.
- In Sections 7 and 8, the candidate may be expected to demonstrate the following:

a. Informed consent

Obtain informed consent for the examination and/or care provided to the patient.

b. Case history

Identify factors necessary for a complete case history and be able to apply this knowledge to a clinical picture.

c. Physical examination

Select appropriate physical examination procedures and be able to apply knowledge of these procedures to a clinical picture. Candidates may be asked to explain or demonstrate a basic procedure.

d. Neuromusculoskeletal examination

Select appropriate neuromusculoskeletal examination procedures and be able to apply knowledge of these procedures to a clinical picture. This may include demonstrating an ability to relate spinal biomechanics to chiropractic analysis and diagnosis of neuromusculoskeletal disorders.

e. Diagnosis or clinical impression

Justify the diagnostic considerations for a complaint based on information gathered in the patient history and examination.

f. Therapeutic techniques

Demonstrate skills and knowledge of all areas of basic manual chiropractic technique.

g. Case management

Select an approach to the management or disposition of cases that is consistent with the clinical impression or diagnosis. This includes an ability to locate and treat specific spinal problems, evaluate contraindications to spinal adjustments and to discuss the clinical management of patients in general and specific cases. This would also include identifying appropriate outcomes and prognoses.

h. Patient communication

Demonstrate an ability to communicate effectively and establish satisfactory relationships with patients.

i. Inter-professional communication

Demonstrate an ability to communicate effectively with:

- health disciplines;
- legal profession and the courts;
- scientific and academic community;
- other professions.

3.5. RESULTS

A variety of outcomes are possible for the *Stage 2 – Competency Based Assessment* and include, but are not limited, to these:

- Candidates may be advised that they have demonstrated full competency in all sections of the assessment.
- Candidates may be advised that they have not yet demonstrated competency in a section(s) of the assessment.

3.5.1. Verification of results

To ensure that the results released to candidates are valid and accurate, CCEA conducts numerous post-assessment procedures to verify and confirm the results.

3.5.2. Notification of results to candidates

Results will be made available to candidates via email up to 28 days following completion of the *Stage 2 – Competency Based Assessment*. This time frame allows sufficient time for the results to be received, assessed, ratified and verified by CCEA.

CCEA will post candidates an official Assessment Letter and Certificate of Attainment following demonstration of full competence, which must be included with their applications submitted to the Australian or New Zealand Immigration Departments and the Chiropractic Board of Australia or New Zealand Chiropractic Board. In addition, CCEA will advise the Chiropractic Board of Australia and New Zealand Chiropractic Board of the names of successful candidates.

Candidates are reminded that any person wishing to practise chiropractic in Australia or New Zealand must be registered to do so. Successful completion of the CCEA *Stage 2 – Competency Based Assessment* does not guarantee automatic registration.

Applicants assessed as not meeting the *Stage 2 – Competency Based Assessment* standards are advised of the sections they need to resit, opportunities for supplementary or resit assessments and further action that they can take.

Please note institutions hosting the *Stage 2 – Competency Based Assessment* do so on behalf of CCEA. Any queries in relation to results should be directed to CCEA and not the institutions.

3.6. MATERIALS AND EQUIPMENT REQUIRED FOR THE ASSESSMENT

Candidates are permitted to bring writing tools into the examinations. However, no pencil cases or written materials are permitted. No assessment material is to be removed from the assessment venue.

If a candidate is required to perform diagnostic tests (e.g. blood pressure, vital signs, eye exam, ear exam, cranial nerve exam, neurological/orthopaedic exam), the equipment will be provided at the assessment. However, candidates may bring their own diagnostic equipment if they wish.

Candidates must ensure they are wearing appropriate clothing for the assessment. Candidates are not required to wear a white coat or other uniform but if they do wish to do so, they should provide their own clothing.

If a candidate requires medication (e.g. insulin) for their own personal use during the day of their assessment, they should notify CCEA (admin@ccea.com.au) when they nominate to attend the assessment. If they are taken ill or have an accident just before or during the day of their assessment, staff at the host institution will help to manage the situation on that day. However, candidates must ensure they have adequate health insurance cover as they will be responsible for any associated or additional costs which may arise. Eligibility for resit examinations in such circumstances would be subject to the provision of medical certificates and may incur additional fees. Please seek advice directly from CCEA in relation to particular circumstances.

3.7. CONDUCT OF CANDIDATES UNDERTAKING THE ASSESSMENT

- Candidates are expected to conduct themselves courteously in assessments, correspondence and in personal contact with assessors and employees of CCEA. A candidate, whose conduct is disruptive or considered to be outside the bounds of reasonable and decent behaviour, may forfeit their eligibility to sit present or future CCEA assessments.
- Candidates should assemble in the designated waiting area of the assessment venue.
- Candidates will be expected to arrive at least 10 minutes before the scheduled start time of the assessment. Candidates who arrive within 30 minutes following the scheduled start time (and still within their allotted time) will be permitted to sit the relevant assessment but will not receive additional time. However, candidates who arrive more than 30 minutes after their scheduled assessment time has commenced may be considered to have forfeited that assessment time. No candidate can leave within the first 30 minutes.
- There should be no talking once candidates have entered the examination room, unless requested by the examiners. Candidates who communicate with each other during the examination may be removed from the assessment and may forfeit their eligibility to sit future CCEA assessments.
- Where applicable, the assessment may commence with a 10-minute reading time during which candidates are only permitted to read the assessment paper. Candidates may be permitted to ask the assessor for clarification of question format or unfamiliar terminology.
- All candidates must comply with the instructions of assessors and invigilators during the assessment process. Failure to do so will constitute a breach of assessment procedures and may result in action being taken against the candidate concerned, which may include removal from the assessment and forfeiture of eligibility to sit future CCEA assessments.
- Candidates will be made aware of fire and other health and safety procedures at the familiarisation session at the assessment venue.
- If recording of an assessment session is required, permission will be sought from the candidate before this commences. The purpose of recording an assessment session is to ensure accuracy in the assessment and support the moderation process. Please refer to Section 1.7 of this Candidate Guide for further information.
- No mobile phones, computers, electronic devices, books, papers or notes are to be used during the assessments. Mobile phones must be switched off and left in the candidate's bag in the area allocated for candidates' possessions. Any candidate found to contravene this regulation will be formally reported to CCEA and may forfeit their eligibility to sit future CCEA assessments.
- A candidate who needs to leave the assessment room temporarily must be accompanied by an invigilator. A candidate should raise their hand if they require the attention of an assessor or invigilator.
- A candidate who completes the assessment early will not be permitted to leave the assessment room until their assessment has been collected and they are instructed to do so.
- Family and friends accompanying the candidate to the assessment location are not permitted in the assessment venue.
- Any complaint or adverse report concerning a candidate sitting a CCEA assessment or a candidate's accompanying friends and family will be investigated, and appropriate action taken.
- Under Australian law, assessment materials are subject to copyright. No part of any assessment may be reproduced, stored or transmitted by any means. Any candidate found to contravene this regulation will be formally reported to CCEA for possible legal action.

3.8. ASSESSMENT PREPARATION

Candidates are advised to ensure that they are aware of local requirements in Australia and New Zealand regarding the code of conduct for chiropractors and the use of radiography/radiology.

In Australia and New Zealand, chiropractors need to obtain informed consent for the care that they provide to their patients. Candidates should be aware that caring for children and young people brings additional responsibilities for chiropractors.

Please refer to the relevant codes and guidelines published by the:

- [Chiropractic Board of Australia](#)
- [New Zealand Chiropractic Board](#)
- [Australian Radiation Protection and Nuclear Safety Agency](#)
- [CCEA](#)
 - [Competency Standards for Graduating Chiropractors](#)
 - [Principles of Practice](#)
 - [Informed Consent](#)

A list of recommended reading is given in Appendix 3.

Candidates may find it useful to make arrangements to observe prospective employers and/or colleagues working as chiropractors in Australia or New Zealand.

Candidates who are not regularly involved in practical radiography should consider arranging time to observe in a radiography clinic or chiropractic clinic that takes X-rays.

Sample questions for the *Stage 2 – Competency Based Assessment* can be found in Appendix 2.

3.9. SPECIAL CONSIDERATION

Candidates must attend every part of the assessment that they are scheduled to undertake. No part of an assessment should be missed merely because the candidate does not feel able to do their best.

If candidates have an impairment or disability, and wish for special consideration, they should notify CCEA (admin@ccea.com.au) at the earliest opportunity, and at least 6 weeks prior to the *Stage 2 – Competency Based Assessment*. This notification must be supported by a medical certificate.

If candidates are prevented from attending any part of the assessment, are advised by their medical practitioner against attendance or consider that their performance has been affected by illness, accident, or unforeseen misadventure, immediately before or during the examination, they may request special consideration for another attempt at the examination. The candidate must notify the assessors at the host institution and CCEA at the earliest opportunity. If such a problem occurs during the assessment, the presiding officer should be notified at once.

It is a candidate's right to lodge a request for special consideration. Such applications must be made by the candidate unless the candidate is incapacitated. A request for special consideration in respect to an incapacitated candidate may be submitted on their behalf by a parent, guardian or authorised third party.

For a request for special consideration due to illness or accident to be considered, it must be supported by a medical certificate for the relevant date. Supplementary written evidence may be attached. The statement should outline the nature, effects and implications of the illness in relation to the assessment and include the signature, date and contact details of the relevant health professional.

Notification of illness, injury, accident or misadventure must be given to CCEA within 7 days of the assessment date.

3.10. SUPPLEMENTARY ASSESSMENTS AND RESITS

Unsuccessful candidates are offered the opportunity to undertake either a supplementary or resit assessment.

3.10.1. Supplementary assessments

Candidates may be eligible to undertake a supplementary assessment within 28 days of the notification of their results if they have only been unsuccessful in any of the written papers in *Part 1 – Written Basic Competency* and/or *Part 2 – Written Clinical Competency*.

Supplementary assessments are not usually offered to candidates who were unsuccessful in any sections of *Part 3 – Practical Clinical Competency*.

3.10.2. Resit assessments

Candidates who declined a supplementary assessment or were unsuccessful in a supplementary assessment or any sections of *Part 3 – Practical Clinical Competency* of the *Stage 2 – Competency Based Assessment* may be eligible to undertake a resit assessment at the next scheduled assessment session.

3.11. APPEALS

If a candidate believes they have good cause to appeal against the outcome of their *Stage 2 – Competency Based Assessment*, the candidate may lodge an appeal together with the required fee to CCEA within 28 days of being advised of their results. Details of the CCEA Appeals Process can be found in Appendix 4.

3.12. FEEDBACK

Candidates who wish to provide constructive feedback on the CCEA assessment process may do so by emailing CCEA (admin@ccea.com.au).

Candidates may request feedback to assist them in preparation for a resit of practical sections of the assessment. Feedback requests should be made within 7 days of receiving results of the *Stage 2 – Competency Based Assessment*.

4. FEES

All fees stated are in Australian Dollars and are Goods and Services Tax (GST) free.

Note: The applicant is liable for all bank fees and exchange rate charges associated with the payment of their application fee.

4.1. STAGE 1 – DESKTOP AUDIT AND STAGE 2 – COMPETENCY BASED ASSESSMENT

[Current fees](#) for the *Stage 1 – Desktop Audit* and *Stage 2 – Competency Based Assessment* are available on the CCEA website.

Note:

- *Stage 1 – Desktop Audit* application fees are non-refundable.
- Each fee for the *Stage 2 – Competency Based Assessment* allows one attempt at the application/assessment.
- *Stage 2 – Competency Based Assessment* fees are partially refundable as per Table 5 if notification of withdrawal is received at least 4 weeks before the first day of the assessment. Fees can also be held over for the next assessment if notification is received by that time. As CCEA contracts chiropractic teaching institutions to undertake the Competency Based Assessments on its behalf, late withdrawals cause significant disruption to scheduling and pre-arranged assessors. If a candidate withdraws from an assessment, and notification is not received prior to the time frame below, the full fee will be forfeited.
- All visa, travel arrangements, insurance and accommodation are the responsibility of the candidate. Candidates should ensure that they are able to travel to the scheduled assessment venues. Failure to undertake an assessment due to an inability to obtain the necessary visas or arrange travel etc. will be considered a withdrawal and fees will apply.
- CCEA will not provide any refund if an application is found to contain false, misleading, altered or forged statements, information or documentation.

Table 5. *Stage 2 – Competency Based Assessment* withdrawal deadlines for partial refund

TIME FRAME	PARTIAL CREDIT AMOUNT (\$AUD)
6 or more weeks before assessment date	All fees credited to next scheduled assessment
4 – 6 weeks prior to assessment date	Partial credit: Part 1 – Written Basic – \$400 Part 2 – Written Clinical – \$400 Part 3 – Practical Clinical – \$1000
0 – 4 weeks before the assessment date	All fees forfeited due to preparations and expenses incurred by CCEA and the host institutions

4.2. RESIT AND SUPPLEMENTARY ASSESSMENTS

Current fees for undertaking a resit or supplementary *Stage 2 – Competency Based Assessment* are available on the CCEA website.

4.3. APPEALS

Current fees for the submission of an appeal for an unsuccessful outcome of the *Stage 1 – Desktop Audit* or *Stage 2 – Competency Based Assessment* are available on the CCEA website.

4.4. PAYMENT METHODS

Payments may only be made by Electronic Funds Transfer/Direct Deposit to:

Bank:	National Australia Bank
Account name:	Council on Chiropractic Education Australasia Ltd
BSB:	082-309
Account number:	8383 80369
Bank address:	Hornsby Branch, Cnr Florence and Hunter Street, Hornsby NSW 2077, Australia
Swift code	
(international use only):	NATA AU 3303 M

CCEA Registered Office:

Ngunnawal Country
Level 1, 15 Lancaster Place
Majura Park
Canberra Airport ACT 2609
Australia

The applicant's surname must be included as the reference for the payment. A copy of the deposit receipt or similar evidence of the funds transfer must be emailed to CCEA at admin@ccea.com.au to initiate the assessment process.

Note: The applicant is liable for all bank fees and exchange rate charges associated with the payment of their application fee.

APPENDIX 1. ASSESSMENT VENUES

Macquarie University

Balaclava Road, North Ryde, Sydney, New South Wales (NSW), Australia

The assessment venue is 75 Talavera Road, Level 2 and 11 Wally's Walk, Level 3 (Macquarie University map E5A) for the practical assessments. **Figure A1.1** Campus map of Macquarie University, Sydney, NSW, shows the location of the assessment venue (M 27–29) and practical assessment venue (O 20) – both are circled in red.

(In Google Maps 75 Talavera Road, Macquarie Park NSW 2113).

Getting to Macquarie:

A description of transport options for travel to Macquarie University can be found on the [Macquarie University website](#).

Staying at Macquarie:

Hotel options local to the Macquarie University campus include:

[Travelodge North Ryde](#)

81 Talavera Road, North Ryde, NSW; Phone +61 2 8874 5200

[The Ranch Hotel](#)

Corner Epping & Herring Roads, North Ryde, NSW; Phone +61 2 9887 2411

[MGSM Executive Hotel](#) (Macquarie Graduate School of Management)

Macquarie University, Talavera Road, North Ryde, NSW; Phone +61 2 9850 9300

[Oaks Sydney North Ryde Suites](#)

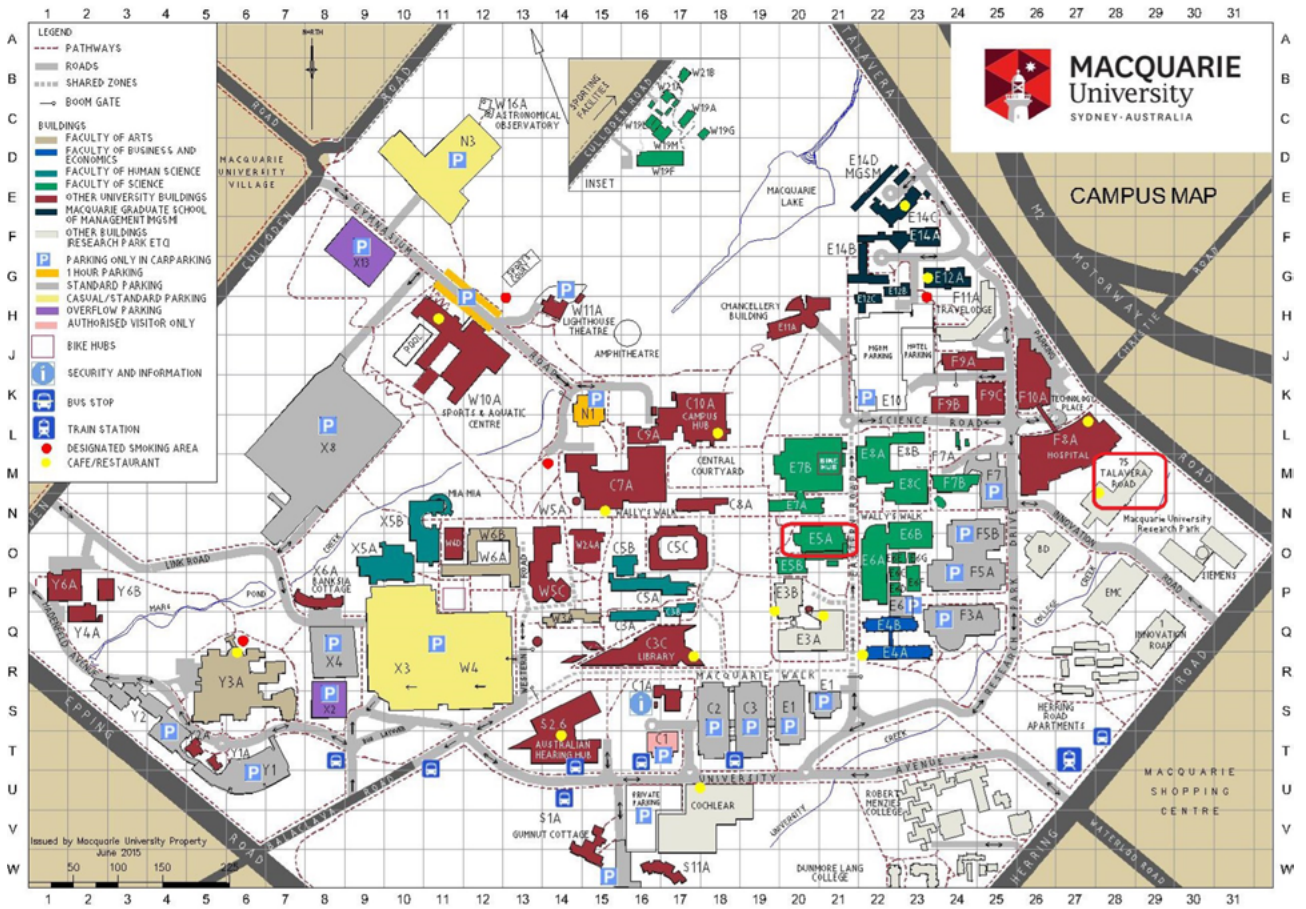
58–62 Delhi Road, North Ryde, NSW; Phone +61 2 8899 8888

Eating at Macquarie:

The food and drink options available at Macquarie University can be identified and located on the [Macquarie University website](#).

Figure A1.1 Campus map of Macquarie University, Sydney, NSW, showing the location of assessment venue

(75 Talavera Road, Level 2, map coordinate M 27–29 and 11 Wally’s Walk, Level 3, map coordinate O 20).



Murdoch University

90 South Street, Murdoch, Western Australia (WA), Australia

The assessment venue meeting point is the campus Chiropractic Clinic (Figure A1.2).

Upon arrival at the assessment venue, candidates should wait in the Chiropractic Clinic waiting area where they will be met prior to the start of the assessment. The clinic opens at 7:30am daily should candidates need to arrive early.

Getting to Murdoch:

For travel options and directions to Murdoch University, please visit the [Murdoch University website](#).

The Murdoch train station is located near the University. Please refer to the [Transperth website](#) for the latest updates and options.

Please see Figure A1.3 for the location of paid parking on campus convenient to the Chiropractic Clinic. Additional parking information can be found [here](#).

Staying at Murdoch:

There is a range of accommodation available within a 15-minute drive to the Murdoch University campus, primarily located in and around Fremantle (the red dots in Figure A1.4 indicate the location of a variety of accommodation options). Alternatively, there is a choice of accommodation options in Perth CBD from which it is an approximately 30-minute car journey to campus or 15-minute train ride south to the Murdoch train station.

Vacancies may be available in the [visitor apartments](#) at Murdoch University.

Eating at Murdoch:

Food and drink facilities and automated teller machines are available on campus, open from 7:30am–3pm daily, and various restaurants are located within a short drive. Further information can be found [here](#).

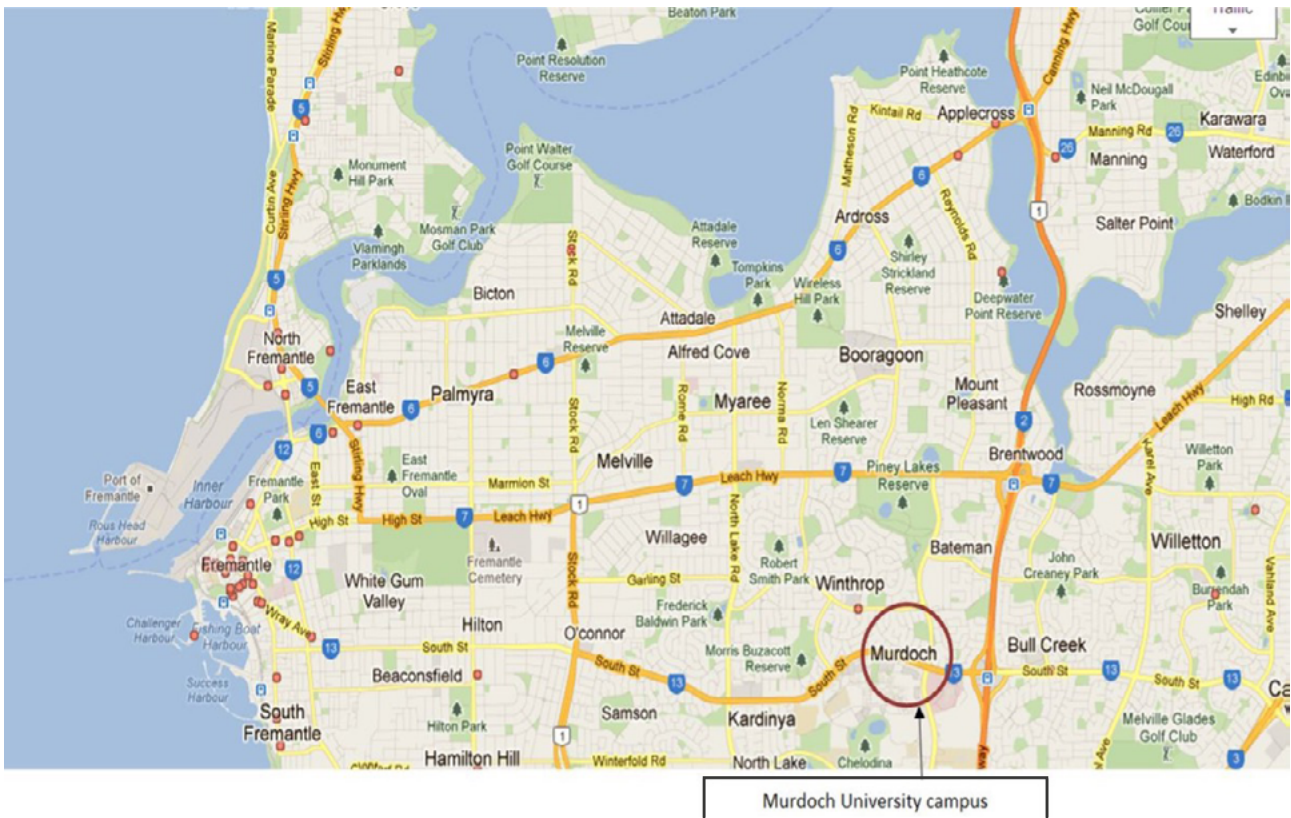
Figure A1.2 Map showing the location of Murdoch University, Perth, Western Australia.



Figure A1.3 Map showing the location of the Murdoch University Chiropractic Clinic (assessment venue).



Figure A1.4 Location of Murdoch University campus and accommodation options.



New Zealand College of Chiropractic

6 Harrison Road, Mt Wellington, Auckland, New Zealand

The assessment locations are the Tua Iwi Building and the Kura Building.

Getting to the New Zealand College of Chiropractic:

Bus routes go from Auckland CBD to Ellerslie Panmure Highway with a two-minute walk to the College.

Trains go from Auckland CBD to Ellerslie or Panmure stations.

Click [here](#) for further information.

Driving from the city, take the Ellerslie Panmure Highway Exit 435 from State Highway 1 (left off motorway) and Harrison Road is on the right side of the road after the Z Petrol Station.

Find driving instructions from the airport [here](#).

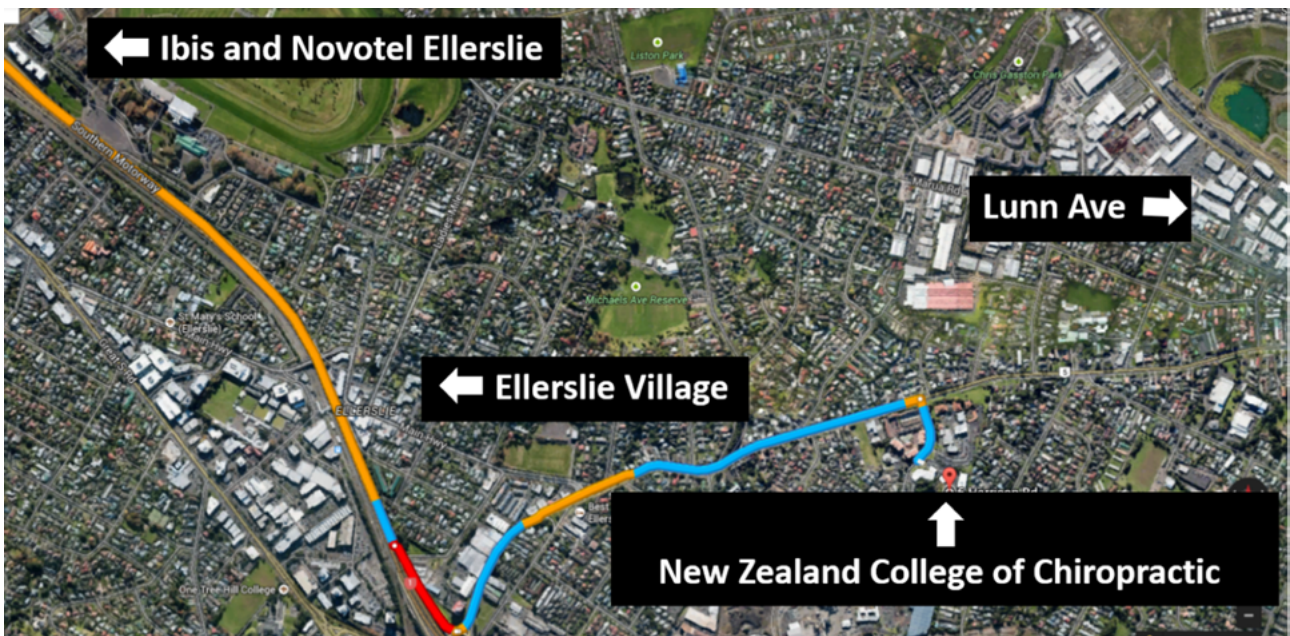
There are numerous car rental options from Auckland Airport:

[Thrifty](#)

[Budget](#)

[Avis](#)

Fig A1.5 Location of New Zealand College of Chiropractic.



Staying in Auckland:

Hotel options local to the New Zealand College of Chiropractic campus include:

[Best Western Ellerslie International](#)

2 Wilkinson Road, Ellerslie, Auckland; Phone +64 9 525 1909

Walking distance to the College

[Ibis and Novotel Ellerslie](#)

72–112 Green Lane East, Ellerslie, Auckland; Phone +64 9 529 9090

5 minutes' drive to the College

Eating:

The New Zealand College of Chiropractic is located 15 minutes' walk, or two minutes' drive from Ellerslie Village which offers many dining and takeaway options.

Lunn Ave is also a great place for dining options (5 minutes' drive).

Parking:

As the College will be on break at the time of the assessments, there will be free available parking on-campus and also unrestricted on-street parking.

Fig A1.6 Picture of New Zealand College of Chiropractic.



APPENDIX 2. SAMPLE QUESTIONS

Stage 2 – Competency Based Assessment Sample Questions

Disclaimer: These are sample questions only. The questions presented are intended solely to portray some of the styles of questions and general content areas that may appear in an actual examination; they are not questions that will appear in an actual examination. The sample questions are not reflective of the number of each type of question that will appear in an actual examination.

PART 1 – WRITTEN BASIC COMPETENCY

Section 2: Anatomy, physiology, biochemistry, pathology, nutrition, microbiology

Multiple choice question format

Select the one best answer

1. Which sexually transmitted disease is most strongly associated with carcinoma of the cervix?
 - a. Herpes simplex virus (HSV) infection
 - b. Human papilloma virus (HPV) infection
 - c. Chlamydia trachomatis infection (PID)
 - d. Mycoplasmosis (NSU)
 - e. Cytomegalovirus (CMV) infection
2. A malignant skin tumour which rarely, if ever, metastasises is:
 - a. Basal cell carcinoma
 - b. Squamous cell carcinoma
 - c. Malignant melanoma
 - d. Keratoacanthoma
 - e. Condyloma acuminatum
3. Which one of the following features is highly suggestive of an upper urinary tract infection?
 - a. Proteinuria
 - b. Protein casts in urine
 - c. Haematuria
 - d. Dysuria
 - e. Pyuria
4. Haemorrhage with a large loss of blood causes:
 - a. A lowering of blood pressure
 - b. A rise in blood pressure due to change in cardiac output
 - c. No change in blood pressure but a slower heart rate
 - d. No change in blood pressure but a change in respiration
 - e. No change in blood pressure

5. What is the condition called when the pH of the blood becomes less than 7.35?
 - a. Alkalosis
 - b. Acidosis
 - c. Ketosis
 - d. Hyperkalemia
 - e. Hypokalemia

6. A stethoscope placed over the left second intercostal space just lateral to the sternum would be best positioned to detect sounds associated with which heart valve?
 - a. Aortic
 - b. Pulmonary
 - c. Mitral
 - d. Tricuspid
 - e. Right atrioventricular

7. A twenty-year-old woman was in a car hit on the left side by a sports utility vehicle and was taken to the hospital emergency room. Examination showed low blood pressure and tenderness on the left mid-axillary line of the trunk. Also, a large swelling was palpated protruding downward and medially below the left costal margin. X-rays revealed that her 9th and 10th ribs were fractured near their angles on the left side. The abdominal organ most likely to be injured by the fracture is:
 - a. Descending colon
 - b. Left kidney
 - c. Pancreas
 - d. Spleen
 - e. Stomach

8. A healthy 35-year-old woman has a cast removed from her leg after 6 weeks of immobilisation. Which of the following best characterises her gastrocnemius muscle at this time?
 - a. Conversion to fast fibres
 - b. Decrease in number of fibres
 - c. Decrease in number of myofibrils
 - d. Increase in mitochondrial content
 - e. Increase in number of satellite cells

9. A 68-year-old woman has difficulty keeping her room in order. She misplaces articles of clothing and sometimes dresses herself in an odd fashion. These problems have gotten progressively worse over the past 6 years. She has been continually wandering away from the house and getting lost in the neighbourhood over the past 6 months. She took early retirement as an accountant because she was having trouble keeping her clients' accounts in order. There is no history of trauma. She has no history of seizures. Which set of histopathologic findings (at autopsy) is most typical for her underlying disease process?
 - a. Atrophy of caudate nucleus and gliosis
 - b. Wallerian degeneration and gliosis
 - c. Substantia nigra depigmentation and loss of neurons
 - d. Grouped atrophy of muscle with anterior horn cell loss
 - e. Neurofibrillary tangles and senile neuritic plaques

10. Loss of opposition of the thumb is a symptom associated with a lesion of which one of the following nerves?
- Radial
 - Ulnar
 - Musculocutaneous
 - Median
 - Posterior interosseous
11. Herniation of the intervertebral disc between the fifth and sixth cervical vertebrae will most likely compress which one of the following spinal nerves:
- Fourth cervical
 - Fifth cervical
 - Sixth cervical
 - Seventh cervical
 - Eighth cervical
12. A 23-year-old male has periumbilical pain associated with two episodes of vomiting. Seven hours later, the pain goes to his lower right quadrant. He has anorexia, nausea and constipation. He has a low-grade fever and rebound tenderness in his right lower abdominal quadrant. Laboratory work is done, including a complete blood count (CBC) with differential. He is taken to the hospital where an appendectomy is performed. Tissue biopsy confirms the diagnosis of acute appendicitis. Which one of the following would his laboratory blood work most likely show?
- Neutrophilia
 - Eosinophilia
 - Basophilia
 - Monocytosis
 - Lymphocytosis
13. A 25-year-old male has an eight-year history of asthma. He typically has episodes of wheezing, tightness in his chest and difficulty breathing. These episodes come and go. One day however, his symptoms would not resolve so he goes to the emergency room. What one of the following abnormalities of the blood is most likely to be seen?
- Neutrophilia
 - Eosinophilia
 - Basophilia
 - Monocytosis
 - Lymphocytosis
14. Which one of the following diseases is **not** associated with herpes viruses?
- Mononucleosis (glandular fever)
 - Shingles
 - Influenza
 - Cytomegalic inclusion disease
 - Chickenpox (varicella)

15. A 77-year-old Caucasian female presents with increasing back pain. On examination she has a mild kyphosis. She has a history of a previous wrist fracture. She is 162cm in height and weighs 56kg. The most likely diagnosis in this patient is:
 - a. Metastatic carcinoma of the lumbar spine
 - b. Osteomalacia
 - c. Vertebral osteoporosis
 - d. Paget's disease of the spine
 - e. Vertebral stress fracture

16. Calcium blood levels can be raised by stimulation of osteoclast resorption of the bone matrix. This stimulation is in response to:
 - a. The pituitary hormones
 - b. The thyroid hormones
 - c. The parathyroid hormones
 - d. Androgens
 - e. Oestrogens

17. The most likely pathogen to cause spreading cellulitis of a limb is:
 - a. Staphylococcus aureus
 - b. Clostridium sporogenes
 - c. Escherichia coli
 - d. Streptococcus pyogenes

Short answer/short essay questions

1. Upon X-ray findings you observe a 40-year-old (otherwise healthy) patient has moderate levels of osteoarthritis throughout the spine. What nutritional advice would you recommend to complement manual therapy and also to help this patient with osteoarthritis? The patient is not currently taking any medications or supplements.

2. A right-handed 60-year-old man, who works as a tailor, complains of numbness in his right hand and weakness in his right thumb. The symptoms are worse at night and are relieved by shaking his hands. The symptoms have been slowly progressive over the past 5 months. On examination, there is some altered sensation and wasting of the right thenar eminence. Carpal tunnel syndrome is diagnosed.
 - a. Compare and contrast the muscles affected and cutaneous (sensory) distribution affected by an injury to the median nerve at the carpal tunnel compared to an injury to the median nerve at the elbow joint.
 - b. Describe the limitations that this man may experience in his job as a result of his symptoms.

3. Describe the changes in the proximal femur that occur in osteoporosis. What are the most important clinical consequences of generalised osteoporosis?

4. Describe the structure of the neuromuscular junction and the events that occur following an action potential in the motor neuron. Briefly explain the pathophysiology of myasthenia gravis.

PART 2 – WRITTEN CLINICAL COMPETENCY

Section 3: Neurology and orthopaedics

Multiple choice question format

Select the one best answer

1. Regarding Dupuytren's contracture, which of the following statements is most accurate?
 - a. It only occurs unilaterally
 - b. It is a form of superficial fibromatosis
 - c. It results in progressive flexion contracture of the thumb, and occasionally the 2nd finger
 - d. 80% or more of cases will stabilise or even resolve spontaneously within one year
 - e. None of the above are correct
2. A young mother with 2-month-old twins presents with progressively worsening left lateral wrist pain in the region of the anatomical snuff box. She has noticed the pain for about 2 months but recalls no history of trauma. Physical examination reveals painful palpation over the radial styloid, and her pain is reproduced with resisted thumb abduction and with ulnar deviation of the wrist with the thumb fixed in flexion. This patient most likely has:
 - a. A giant cell tumour of the tendon sheath
 - b. Osteoarthritis of the trapezium/scaphoid articulation
 - c. A healing scaphoid fracture
 - d. DeQuervain's tenosynovitis
 - e. Carpal tunnel syndrome
3. Gaenslen's test and Gillet's test are used to examine for abnormalities of the _____ joint(s).
 - a. Hip (femoroacetabular)
 - b. Sacroiliac
 - c. Glenohumeral
 - d. Lumbar facet
 - e. Costovertebral

Short answer format

1. Name four (4) key clinical features or hallmark signs or symptoms of chondromalacia patella.
2. List and describe two (2) clinical tests for a suspected disc herniation.

Short essay format

1. Distinguish between the causes and clinical characteristics of tension versus migraine headaches.

Section 4: Differential diagnosis and organ systems

Multiple choice question format

Select the one best answer

1. A 28-year-old woman presents to your office with the following complaints: diffuse, intermittent left arm and hand ache and weakness, worse after prolonged use or when turning her head to the left for an extended period; the ache and weakness resolve fairly quickly with rest or after returning to neutral head position. What examination or test would point to the most likely cause of her problem?
 - a. Bilateral blood pressure assessment
 - b. Shoulder examination
 - c. Cardiac auscultation
 - d. Cervical spine orthopaedic evaluation
 - e. Full blood count
2. A stethoscope placed over the second intercostal space just lateral to the right upper sternal border would be best positioned to detect sounds associated with which heart valve?
 - a. Aortic
 - b. Pulmonary
 - c. Mitral
 - d. Tricuspid
 - e. This position will not assess any of the heart valves
3. A 25-year-old man driving a small sports car is broad-sided on the driver's side by a sports utility vehicle. He was sore and bruised, but able to walk away from the accident and declined going to the hospital. A few days later he comes to your office with tenderness along the right flank. Examination also shows bruising and focal tenderness in the region of the right upper lumbar paraspinal muscles. Murphy's punch is positive. X-rays revealed that his 1st and 2nd right transverse processes were fractured. The abdominal organ with the highest potential to be injured by the fractures is:
 - a. Abdominal aorta
 - b. Right kidney
 - c. Pancreas
 - d. Liver
 - e. Gall bladder

Extended matching format

Option list:

- A. Acute sinusitis
- B. Chronic sinusitis
- C. Intracranial tumour
- D. Cluster headache
- E. Migraine
- F. Pheochromocytoma

Instruction: For each patient with headache, select the most likely diagnosis. Each option can be used once, more than once, or not at all. ONLY ONE option should be selected for each item.

Items:

- i. A 29-year-old woman with recurrent headaches for the last week, which feel like pressure located behind her eyes. Headaches are worse in the morning and reduce in severity by the end of the day. She has no nausea. They are aggravated by bending forward, but not by light or noise. Examination shows a mild fever, and her peri-orbital region is tender to touch.

Answer: _____

- ii. A 32-year-old man has sudden onset of sharp, right-sided retro-orbital headaches that last for about 30 minutes and recur 3–4 times each day. They last for 7–8 weeks, and then resolve fully. They recur each spring. He has had them for 5 years.

Answer: _____

- iii. A 24-year-old man has recurring headaches and reports excessive sweating and occasional “heart flutters”. Examination also reveals his blood pressure to be 170/100mmHg bilaterally.

Answer: _____

Short answer formats

1. Fill in the following table, indicating the likely lab results for each condition listed. (↑ = slightly increased, ↑↑ = increased, ↑↑↑ = very high levels, N = normal, ↓ = slightly decreased, ↓↓ = decreased, ↓↓↓ = very low levels)

Disease	Ca ²⁺	TSH	PSA	PTH
Diabetes mellitus				
Hyperthyroidism				
Renal osteodystrophy				
Osteomalacia				
Prostate metastasis				

Ca²⁺=calcium ion; TSH=thyroid stimulating hormone; PSA=prostate specific antigen; PTH=parathyroid hormone

2. Regarding abdominal aortic aneurysms (AAA):
 - a. List the major risk factors
 - b. Which imaging procedure or laboratory test is the most useful for screening at-risk patients for the presence of AAA?

Short essay format

1. Discuss the causes, pathophysiology and clinical features of one (1) of the following conditions:
 - Congestive heart failure
 - Cholelithiasis
 - Anaemia due to iron (Fe) deficiency
 - Intracranial aneurysm (pre- and post-rupture)
 - Malignant melanoma
 - Malignant mesothelioma

Case scenario format

Case 1: A 55-year-old lady presented with bloating and hot flushes. She was an average sized lady who experienced some indigestion, a little burning pain in the lower sternum.

- What is the most likely explanation of her bloating, hot flushes & lower sternal pain?
- What differential diagnoses should also be considered with pain in the lower sternal region?
- What diagnostic tests would be appropriate, both within and outside your consulting rooms?
- What are two related organic conditions that can be associated with the lower sternal pain condition? What are pathological mechanisms by which they may be related?
- What treatment would be relevant both medically and from a complementary medicine perspective with regard to the hot flushes and sternal pain?

Case 2: A 72-year-old man presented with tiredness and some weight loss. The weight loss was gradual over the last 18 months. He does explain that he gets up at night to go to the toilet at least 2 or 3 times.

- What is the most likely explanation of his clinical presentation?
- What differential diagnoses should also be considered with these symptoms?
- What organ systems examination and what diagnostic tests would be appropriate, both within and outside your consulting rooms?
- What are two complications that can occur from this condition? What are pathological mechanisms by which they may be related?
- What treatment would be relevant both medically and from a complementary medicine perspective?

Section 5: Diagnostic imaging and Section 6: Radiographic practice

Multiple choice questions that assess knowledge, application and problem solving

Knowledge questions generally contain the topic or condition within the stem, and choices will contain general information about that condition. See examples:

DIAGNOSTIC IMAGING	RADIOGRAPHIC PRACTICE
<p>A slipped capital femoral epiphysis is a classic example of a:</p> <ul style="list-style-type: none"> a. Torus fracture b. Occult fracture c. Salter-Harris Type V fracture d. Salter-Harris Type I fracture 	<p>The centring point for a lateral cervical spine view is:</p> <ul style="list-style-type: none"> a. C3 b. C4 c. C5 d. C6

Application questions will generally not contain the identified topic or condition within the stem but will be found in the choices. This type of question may encompass 'differentiate between' and imaging protocol questions. See examples:

DIAGNOSTIC IMAGING	RADIOGRAPHIC PRACTICE
<p>A pars defect may be an incidental finding in the plain film evaluation of back pain. You are evaluating an elite athlete with back pain and observe an L4 pars defect. Your choice of imaging modality to next best evaluate if this pars defect is the painful lesion would be:</p> <ul style="list-style-type: none"> a. T2-weighted magnetic resonance imaging (MRI) b. three-dimensional helical (reformation) computed tomograph (CT) scan c. planar bone scintigraphy (PBS) d. single-photon emission computed tomography (SPECT) 	<p>Patient doses are reduced if:</p> <ul style="list-style-type: none"> a. an air gap technique is employed b. a low kVp is used c. a long focal film distance (FFD) is used d. high resolution films are used <p>The contrast on a lumbar spine image is too high (i.e., there is a short scale of contrast). This can be corrected by:</p> <ul style="list-style-type: none"> a. increasing the kVp b. increasing the mAs c. shortening the SID/FFD d. changing from a 10:1 to a 12:1 ratio grid e. decreasing the kVp

Problem solving questions may offer an image description or imaging scenario, then a question is asked. The description, and any other relevant data, will be sufficient to allow identification of the condition, finding, or outcome. It is a combination of the knowledge and application formats. See examples:

DIAGNOSTIC IMAGING	RADIOGRAPHIC PRACTICE
<p>A 24-year-old male, heroin addict presents with acute pain in his right sacroiliac joint and cervical spine. Radiographs demonstrate considerable reactive sclerosis in the inferior portion of the right sacroiliac joint with destruction of the cortical bone of the sacrum and ilium. There is loss of the C4-5 disc space with loss of definition of the adjacent endplates. Radionuclide bone scans reveal areas of increased activity in the areas of the described lesions. Aspiration of the sacroiliac joint and culturing is most likely to reveal which organism:</p> <ul style="list-style-type: none"> a. Staphylococcus aureus b. Brucellosis abortus c. Streptococcus d. Pseudomonas 	<p>You are looking at an optimal radiograph of the lateral cervical spine. A grid was not used for this radiograph. How is it possible to obtain the radiograph without using a grid?</p> <ul style="list-style-type: none"> a. a 180cm SID was used b. the 'anode-heel' effect was utilised c. the OID of the cervical spine causes an airgap to produce an effect similar to that of a grid d. the patient's shoulders were depressed sufficiently to visualise the cervical spine without a grid <p>An upright lumbar spine exposure at 150cm SID, 200mA, 1.0sec, 80kVp, 12:1 grid; 600 speed system, needs to be changed to a table-top technique. This requires using a 100cm SID. Which of the following combinations could be used to produce the same image contrast and density, without increasing the patient's x-ray dose?</p> <ul style="list-style-type: none"> a. 100cm SID, 100mA, 1.0sec, 100kVp, 12:1 grid, 200 speed b. 100cm SID, 400mA, 0.5sec, 80kVp, 12:1 grid, 400 speed c. 100cm SID, 200mA, 0.5sec, 90kVp, 10:1 grid, 1200 speed d. 100cm SID, 400mA, 0.25sec, 80kVp, 12:1 grid, 600 speed e. 100cm SID, 200mA, 1.0sec, 80kVp, non-grid, 600 speed

Short answer format

1. Read the statement below. Then, indicate whether each of the continuing responses (a-c) is true or false, and briefly explain your choice.
X-ray image contrast will increase if:
 - a. the kVp is decreased from 90 to 80
 - b. the mAs is increased from 50 to 100
 - c. the SID/FFD is reduced from 200cm to 100cm
2. A 55-year-old diabetic man presents to your office complaining of neck stiffness and difficulty swallowing for the last six months. X-rays demonstrate 2–3cm thick flowing ossification along the anterior aspect of the C3–C7 vertebral bodies. The disc heights are maintained. No other findings are noted. What process is occurring along the cervical spine, and how is it causing his clinical changes?
3. Indicate the clinical significance of the following variants/anomalies (if no significance, state – none). Only one response per item is necessary.
 - a. Congenital block vertebrae
 - b. Accessory navicular
 - c. Os odontoideum
 - d. Fenestrated rib
 - e. Dorsal hemivertebrae
4. For each of the following views, indicate the tube angle for that view (if no angle, state 0°)
 - a. APOM/OMO view
 - b. Right anterior oblique lumbar view
 - c. Left anterior oblique cervical view
5. In Australia, what is the annual MPD of ionising radiation for the public?

Short essay format

1. A patient is suspected of having an abdominal aortic aneurysm. Discuss two advanced (non-plain film) imaging methods that would best assess for this type of lesion, and the advantages of each type over the other.
2. You are recently hired into a practice that uses a standard film-based automatic processing system. Over the years various exposure factor guidelines for different views and different patient types have been developed, and you use the latest version with generally good results. However, after about 6 weeks you notice that the images start to get progressively lighter in density. You compensate by increasing the mAs for each view, increasing it a little bit more each week, and this stabilises image density.

Is this a reasonable approach to produce consistent film density? Explain why or why not.

Discuss any alternatives you could consider to maintain film density in this scenario?

PART 3 – PRACTICAL CLINICAL COMPETENCY

Section 7: Clinical cases

Viva voce process

This examination is in the form of a viva voce style and as such is referred to as a VIVA exam.

Candidates will be expected to provide verbal responses to one clinical case that is presented to them in written descriptive form. The candidate will be given 15 minutes to read the case and prepare answers to questions outlined in the examination paper. This will take place in isolation.

Candidates' written answers will NOT be marked but will be collected at the completion of the examination. Candidates are permitted to refer to these answers as a prompt during the VIVA exam.

The questions posed to the candidate by the VIVA panel will provide the candidate with the opportunity to demonstrate clinical competency levels by responding to questions on history taking, physical examination and assessment in order to decide on a differential diagnosis for the case presented. The candidate may also be expected to interpret findings from radiological images and to offer a treatment approach specific to the case presented. Candidates may be asked to comment on any suspected red or yellow flags presented in the case.

The VIVA exam also assesses the candidate's skill in obtaining a patient's consent to chiropractic care.

The VIVA panel will consist of a panel of two or three assessors, as described in Table 4 of the Candidate Guide. Each assessor will mark the candidate's performance on an individual basis without collusion with fellow markers. The average of the marks will be recorded as the final mark awarded to the candidate and this mark must meet the minimum competency standard overall in order to pass this component.

Sample clinical case and questions

Case

Brian is a 38-year-old who presents with right arm pain from the tip of his shoulder to halfway to his elbow. He tells you that he thinks he must have injured it whilst lifting paint cans at work 10 days ago. His job is a shipyard painter, and he has been working long, stressful hours lately. He feels the pain first thing in the morning after getting up and is aggravated by stretching exercises in the morning. Brian describes the pain as being 7/10 intensity and is like a strong ache which is worse when he tries to raise his arm. He had taken up regular swimming one month ago in an effort to lose weight but gave up one (1) week ago due to his arm pain. When at its worst, his whole arm feels like a heavy dead weight. When you ask about his neck, he relates that it does get stiff and sore, especially after a bad night's sleep, and it has been worse lately.

On asking about the other systems of his body, Brian relates that he has had indigestion on and off for the past 18 months which he treats with Mylanta (antacid/anti-flatulent). The indigestion is at its worst after a large meal.

Brian admits that his arm pain is aggravated by swimming and by various work-related movements. He says that it is alleviated by rest and pain killers (he uses whatever is in the house). His indigestion is aggravated by worry, drinking too much alcohol and overeating. His diet is a mixture of home cooked foods, fast foods and a couple of regular beers each day.

Medical history and Systems review: Unremarkable

Psycho-social history: He lives with his two brothers. He was divorced seven (7) years ago – "best thing that ever happened to me!" he boasts. He sees his two daughters about once per month and is on good terms with them.

He enjoys drinking socially but says he rarely gets drunk.

Questions:

1. Are there any further pertinent questions you would ask this patient?
2. Using the information from the case history and further details provided on further questioning, list three differential diagnoses that you are considering in order of likelihood and give reasons for each diagnosis listed.

3. Outline the physical examination you wish to perform on this patient, in addition to the following:

Cervical spine	Range of motion-active and passive	Rotation positive (+ve) left 60° Extension +ve at end range Lateral flexion +ve bilaterally All +ve for pain which is limited to the neck region
Shoulder examination (right)	Range of motion-active	Abduction +ve with pain at 90°, internal rotation at 40° and horizontal adduction at 50°
	Range of motion-passive	As above

- Part a) Following the physical examination and history findings, now list what your most likely diagnoses are.

Part b) To confirm your diagnosis, would you refer or recommend this patient to undergo any further tests? Explain why or why not.
- From the information you have, now what is your final diagnosis? Justify your diagnosis using all information collected thus far and also include any predisposing or complicating factors. Outline your involvement in the management of this problem; if applicable outline your treatment plan.
- Using your final diagnosis, outline the diagnosis to the patient, your proposed treatment and what you would say to the patient in order to obtain their consent for your involvement in the management of this case. Your answer should also outline the patient’s prognosis.

Section 8: Manipulative skills technique

The following is an example of a marking sheet used for the practical assessment of Manipulative Skills Technique. If ‘Overall safety of performance’ or ‘Overall proficiency’ are marked as *not as good as the expected entry-level competence*, that section will be graded as not as good as the expected entry-level competence regardless of the overall score given:

ELEMENT	NOT AS GOOD AS THE EXPECTED ENTRY-LEVEL COMPETENCE	ENTRY-LEVEL COMPETENCE	BETTER THAN ENTRY-LEVEL COMPETENCE
Doctor-patient interaction			
Selection of technique			
Global positioning for this technique			
Segmental positioning for this technique			
Planned performance of this technique (SCP, LOD, thrust)			
Overall safety of performance			
Overall proficiency			

The following are examples of the style of questions that may be used:

- Your patient presents with upper cervical dysfunction appropriate for intervention by chiropractic adjustment. The clinical indicators suggest fixation specifically on the left between occiput and C1. Please demonstrate two approaches to the adjustment of this finding.

How would you modify your technique for a 74-year-old female patient who has a history of cervical spine chiropractic adjustments?

How would you modify your technique for a 9-year-old male patient who has never previously been adjusted?
- Your patient presents with low back and pelvic dysfunction appropriate for intervention by chiropractic adjustment. The clinical indicators suggest fixation specifically on the right between L5 and S1. Please demonstrate two approaches to the chiropractic adjustments for this finding.

How would you modify your technique for a 57-year-old male patient who has a history of pelvic chiropractic adjustments?

How would you modify your technique for a 19-year-old female patient who reports she may be pregnant?

Section 9: Image interpretation

A number of short answer questions are posed for each image viewed.

Candidates may have two (2) minutes to view images and write answers.

See examples:



SLIDE 1

Do you consider the visualised abnormality to be congenital or acquired?

Describe two (2) features that support your answer.

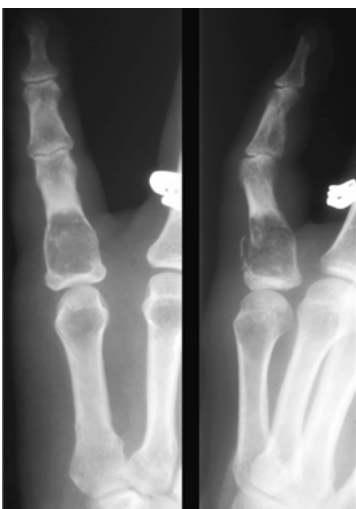


SLIDE 2

This young man presented with a long history of mid back pain.

What is your diagnosis?

Describe two (2) features on this image that support your answer.



SLIDE 3

Describe three (3) key findings on these images.

Provide three (3) differential diagnoses.

Does this condition appear aggressive or benign?

Section 10: Radiographic positioning

Competencies to be assessed on the positioning examination can include any or all of the following:

- Patient preparation/pregnancy questions (if appropriate)
- Patient instructions, communication, and handling
- Providing and/or setting appropriate exposure factors (kVp, mAs)
- Patient positioning/orientation, including correct region and/or side
- Appropriate SID/FFD selection
- Appropriate cassette size, speed selection, and orientation
- Correct application of grid vs non-grid techniques
- Appropriate use of compensatory filtration (if applicable)
- Laterality/side marker selection and placement
- Patient, tube, and cassette centring
- Proper tube tilt (including any SID/FFD corrections)
- Appropriate use of collimation (i.e. not too large or too small for the body region imaged)
- Patient protection (e.g. stabilisation, gonadal shielding use and placement, collimation within the size of the cassette used).

Note: The above competencies are not equally weighted. The more challenging or greater patient risk areas are given a higher weighting in the final mark. If, in the view of the assessor, an undiagnostic image would be produced, or patient safety placed at risk, including exposure to unnecessary radiation, that view will be failed automatically. In addition to the 50% overall mark for this section, two of three views attempted must be of diagnostic quality to be deemed 'competent'.

APPENDIX 3. RECOMMENDED READING

To prepare for the assessment, it is recommended that candidates read the codes and guidelines relevant to the practice of chiropractic in Australia and New Zealand (see Section 3.8) and the [Informed Consent](#) document.

The following texts may also assist with a candidate's preparation for the assessment; however, it is not suggesting that candidates purchase these texts or that they are the only texts on which the assessments are based. Candidates should be able to access these texts from most libraries.

Bergmann T, Peterson D. *Chiropractic Technique: Principles and Procedures*, 3rd edition. Missouri: Mosby Elsevier; 2010.

Bickley L. *Bates' Guide to Physical Examination and History Taking*, 13th edition. Philadelphia: Lippincott Williams and Wilkins; 2020.

Bushong S. *Radiologic Science for Technologists*, 12th edition (or earlier). Elsevier; 2020.

Cleland J. *Netter's Orthopaedic Clinical Examination – An Evidence-Based Approach*, 4th edition. Philadelphia: Saunders; 2020.

Goetz C. *Textbook of Clinical Neurology*, 3rd edition. Philadelphia: Saunders; 2007.

Hammer W. *Functional Soft Tissue Examination and Treatment by Manual Methods*, 3rd edition. Maryland: Jones and Bartlett Publishers Inc; 2007.

Hoppenfield S. *Physical Examination of the Spine and Extremities*. Prentice Hall; 2019.

Magee D, Manske R. *Orthopaedic Physical Assessment*, 7th edition. St Louis: Elsevier Saunders; 2020.

Marchiori D. *Clinical Imaging with Skeletal, Chest, & Abdominal Pattern Differentials*, 3rd edition (or earlier), St Louis: Mosby Elsevier; 2014.

Souza T. *Differential Diagnosis and Management for the Chiropractor*, 5th edition. Maryland: Jones and Bartlett Publishers Inc; 2018.

Yochum T, Rowe L. *Essentials of Skeletal Radiology – Vols I & II*, 3rd edition. Baltimore: Lippincott, Williams & Wilkins; 2005.

APPENDIX 4. APPEALS AND COMPLAINTS

APPEALS

If a candidate believes they meet the criteria for the submission of an appeal, they should contact the office of the Council on Chiropractic Education Australasia (CCEA) in the first instance:

Council on Chiropractic Education Australasia Ltd (CCEA)
GPO Box 622
Canberra ACT 2601
Australia
Phone: +61 (2) 6100 6264
Email: admin@ccea.com.au

All appeals must be in writing and clearly state the grounds for appeal. The submission must identify the outcome that the appellant is seeking. Supporting documentation to address these grounds must also be provided.

Written appeals, together with the supporting documentation and correct fee, must be lodged within 28 days of notification of the results of the *Stage 1 – Desktop Audit* or *Stage 2 – Competency Based Assessment*. Please send to the address above.

All appeals will be considered by an Appeals Panel composed of three suitably qualified members.

The Appeals Panel will consider:

- The candidate's original *Stage 1 – Desktop Audit* and supporting documentation
- A report of the candidate's *Stage 2 – Competency Based Assessment* prepared by the Examination Panel and the candidate's assessment papers, marking sheets and any other relevant documentation (if applicable)
- All communication between the candidate and CCEA.

A review of relevant assessment and administrative procedures will be conducted for all appeals that are upheld with a report of the outcome submitted to CCEA for consideration. Unless there is an impact on the ability to demonstrate a candidate has met the requirements, the assessment result will not be changed.

If an error has been made and the candidate is successful with their appeal, CCEA will refund the applicable appeals fee(s) paid by the candidate.

Stage 1 – Desktop Audit

Candidates who are unsuccessful in the *Stage 1 – Desktop Audit* may submit an appeal to CCEA only if they believe that the procedural requirements (as specified in the current CCEA Candidate Guide and in formal communications with CCEA) were not followed in a significant way or to a significant extent. Should a candidate feel that the information provided in their application has been misinterpreted or misunderstood or there has been an omission of relevant information from the original application by another party, such as a migration agent, then the candidate should contact CCEA immediately.

If the provision of new information occurs more than six months after notification of the assessment result, CCEA may treat this as a new application and charge appropriate fees. Other grounds for appeal will be considered on their individual merits. The Appeals Panel will reassess the application to determine whether an error has been made and to ensure that all relevant information has been collected and considered. The appeal will be upheld if the *Stage 1 – Desktop Audit* eligibility requirements have been met. If not, the candidate will be notified in writing within 28 days of the date of CCEA receiving the appeal. The notification will include reasons for rejecting the appeal.

Stage 2 – Competency Based Assessment

Candidates who are deemed not competent in a section of the *Stage 2 – Competency Based Assessment* may submit an appeal to the CCEA only if they believe that the procedural requirements (as specified in the current CCEA Candidate Guide and in formal communications with CCEA and in the instructions for the assessment sessions) were not followed in a significant way or to a significant extent, or if their performance was impaired by significant deficiencies in the examination procedures beyond their control. The Appeals Panel will review all relevant documentation to determine whether the appeal is valid. The appeal will be upheld if the *Stage 2 – Competency Based Assessment* appeal criteria have been met. If not, the candidate will be notified in writing within 28 days of the date of CCEA receiving the appeal. The notification will include reasons for rejecting the appeal.

Counselling procedures

Applicants who are residents in Australia or New Zealand and wish to receive additional information on their options at any stage of the assessment appeals process, may write to CCEA to request counselling. Counselling will be provided at the earliest opportunity, either in writing, by telephone, or, where possible, in a face-to-face meeting with a person nominated by CCEA.

COMPLAINTS

We are committed to working with candidates to obtain a fair resolution of any complaint.

To contact us with a complaint, please use the contact details below.

Council on Chiropractic Education Australasia Ltd (CCEA)
GPO Box 622
Canberra ACT 2601
Australia
Phone: +61 (2) 6100 6264
Email: admin@ccea.com.au

National Health Practitioner Ombudsman

Candidates can obtain further information on how to make a complaint regarding an accreditation authority from the National Health Practitioner Ombudsman.

National Health Practitioner Ombudsman
GPO Box 2630
Melbourne VIC 3001
Australia
Phone: 1300 795 265
Email: complaints@nhpo.gov.au



Council on Chiropractic Education Australasia Ltd (CCEA)

For general enquiries:

GPO Box 622
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e: admin@ccea.com.au
website: www.ccea.com.au

CCEA Skills Assessment Applications

Via email:

ccea.assessments@iasolutions.org.au