



Candidate guide

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# Skills assessment for migration and/or registration as a chiropractor

## Australia and New Zealand

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**CCEA Skills Assessment  
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## Overview

The Council on Chiropractic Education Australasia (CCEA) is responsible for the assessment of qualifications and skills for:

- **Migration to Australia**

In accordance with the *Migration Regulations 1994*, CCEA has been specified by the Minister for Immigration and Border Protection as the gazetted assessing authority for the Department of Immigration and Border Protection (DIBP) General Skilled Migration program for the occupation Chiropractor (ANZSCO 252111).

*Please note: successful completion of the CCEA qualifications and skills assessment does not guarantee you automatic migration to Australia. DIBP may have additional requirements for migration and candidates are advised to contact DIBP ([www.border.gov.au](http://www.border.gov.au)) to ascertain the necessary requirements.*

- **Registration in Australia**

In accordance with 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 (CBA).

*Please note: successful completion of the CCEA qualifications and skills assessment does not guarantee you automatic registration in Australia. CBA may have additional requirements for registration and candidates are advised to contact CBA ([www.chiropracticboard.gov.au](http://www.chiropracticboard.gov.au)) to ascertain the requirements for registration.*

- **Registration in New Zealand**

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

*Please note: successful completion of the CCEA qualifications and skills assessment does not guarantee you automatic registration in New Zealand. NZCB may have additional requirements for registration and candidates are advised to contact NZCB ([www.chiropracticboard.org.nz](http://www.chiropracticboard.org.nz)) to ascertain the requirements for registration.*

This candidate guide provides information regarding the CCEA's qualifications and skills assessment process which consists of the following two stages:

### Stage 1 – Desktop audit

All candidates wishing to migrate to and/or register in Australia or New Zealand will be required to successfully complete the *Stage 1 – Desktop Audit*. The *Stage 1 – Desktop Audit* is paper-based and can be undertaken from the candidate's country of residence. Further information regarding *Stage 1 – Desktop Audit* can be found in this Candidate Guide and in the relevant Desktop Audit application forms.

### Stage 2 – Competency based assessment

Overseas-qualified candidates wishing to register in Australia or New Zealand will be required to undertake the *Stage 2 – Competency Based Assessment* which consists of written and practical assessments undertaken in Australia and New Zealand. Further information regarding *Stage 2 – Competency Based Assessment* can be found in this Candidate Guide.

## Contents

Overview	2
Contents	3
1. Introduction	4
1.1 Chiropractic Overseas Assessment Committee	4
1.2 Process for the assessment of a candidate's skills and qualifications	4
1.3 Migration to Australia	5
1.4 Registration in Australia	5
1.5 Registration in New Zealand	6
1.6 Trans-Tasman Mutual Recognition Arrangement	6
1.7 Privacy notice	7
2. Stage 1 – Desktop Audit	9
2.1 Desktop Audit alternatives	9
2.2 Desktop Audit minimum assessment criteria	10
2.3 Points Test Advice	11
2.4 Preparation and Submission of Applications	11
2.5 Notification of Desktop Audit Results	12
2.6 Validity of Desktop Audit Results	12
2.7 Appeals	12
2.8 Feedback	12
3. Stage 2 – Competency Based Assessment	13
3.1 Schedule and deadlines	14
3.2 Exemptions	15
3.3 Content	16
3.4 Results	22
3.5 Materials and equipment required for the assessment	23
3.6 Conduct of candidates undertaking the assessment	23
3.7 Assessment preparation	24
3.8 Special consideration	25
3.9 Supplementary assessments and re-sits	25
3.10 Appeals	26
4. Fees	27
4.1 Stage 1 – Desktop Audit and Stage 2 – Competency Based Assessment	27
4.2 Re-sit and supplementary assessments	27
4.3 Appeals	28
4.4 Feedback	28
4.5 Payment methods	28
Appendix 1. Assessment venues	29
Appendix 2. Sample questions	37
Appendix 3. Recommended reading	50
Appendix 4. Appeals	51

*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 the content and processes contained within this guide, associated forms and documents and on the CCEA website 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 Immigration and Border Protection (DIBP) for the assessment of qualifications and skills for migration to Australia; and 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 (CBA), and in New Zealand with the New Zealand Chiropractic Board (NZCB).

The Chiropractic Overseas Assessment Committee (COAC) is a standing committee of CCEA and administers the assessment of qualifications and skills for migration to, and practise 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. COAC will evaluate each candidate's Desktop Audit application by assessing their educational qualifications, registration/licensure and work experience.

Further information regarding the *Stage 1 – Desktop Audit* can be found in Section 2 of this Candidate Guide and in the relevant Desktop Audit application forms.

#### **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*. The Competency Based Assessment developed and administered by COAC is based on CCEA's ***Competency Based Standards for Entry Level Chiropractors*** ([www.ccea.com.au/index.php/skills-assessment/forms-and-resources](http://www.ccea.com.au/index.php/skills-assessment/forms-and-resources)). The *Stage 2 - Competency Based Assessment* is utilised to determine a candidate's knowledge and competency. Further information regarding *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 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 which Stage 1 application form is relevant to you or contact CCEA if you require clarification.

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### 1.3 Migration to Australia

In accordance with the *Migration Regulations 1994*, CCEA has been specified by the Minister for Immigration and Border Protection as the assessing authority for the DIBP General Skilled Migration program for the occupation Chiropractor (ANZSCO 252111). The Department of Education supported 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. A brief description of the occupation of Chiropractor can be found on the Australian Skills Recognition Information (ASRI) pages of the DIBP website ([www.border.gov.au/asri/](http://www.border.gov.au/asri/)).

If you wish to apply to migrate to Australia as a Chiropractor under the General Skilled Migration program, you must nominate 'Chiropractor' as your occupation from the 'Skilled Occupation List' and have your qualifications and skills assessed by CCEA. Details of the qualifications and skills assessment process are given in Section 2 of this Candidate Guide. CCEA will assess and verify your qualifications and skills as 'suitable' or 'not suitable' for your nominated occupation of Chiropractor against the requirements it has established.

CCEA will send you an official Assessment Letter which must be included with your application to DIBP. Whilst it is the candidate's responsibility to check with DIBP to ascertain what documentation is required for their migration application, candidates are advised to retain all original documents and a certified copy of their completed Desktop Audit application form and any other relevant documentation for their own records.

CCEA can provide advice only in relation to applying for a qualification and skills assessment. All other questions relating to migration should be directed to DIBP ([www.border.gov.au](http://www.border.gov.au)) or a Registered Migration Agent ([www.mara.gov.au](http://www.mara.gov.au)). CCEA recommends that applicants contact DIBP about the requirements for skilled migration to Australia, as the CCEA qualifications and skills assessment is only one component of a migration application. Successfully migrating to Australia as a chiropractor does not automatically confer a right to registration with the Chiropractic Board of Australia, membership of any chiropractic professional body or to employment in Australia as a Chiropractor.

### 1.4 Registration in Australia

CCEA is responsible for performing assessments of the knowledge, clinical skills and professional attributes of overseas qualified chiropractors seeking registration in Australia with CBA, which is operated by the Australian Health Practitioners Regulation Agency (AHPRA) under the *Health Practitioner Regulation National Law Act 2009*.

CCEA will assess and verify your 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 you an official Assessment Letter and Certificate of Attainment which must be included with your application to CBA. Whilst it is the candidate's responsibility to check with CBA to ascertain what documentation is required for their registration application, candidates are advised to retain all original documents and a certified copy of their completed Desktop Audit application form and any other relevant documentation for their own records.

CCEA can provide advice only in relation to applying for a qualification and skills assessment and undertaking the Competency Based Assessment. All other questions relating to registration should be directed to CBA ([www.chiropracticboard.gov.au](http://www.chiropracticboard.gov.au)). CCEA recommends that applicants contact CBA about the requirements for registration in Australia, as the CCEA qualifications, skills and competency assessment is only one component of a registration application.

## 1.5 Registration in New Zealand

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

CCEA will assess and verify your 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 you an official Assessment Letter and Certificate of Attainment which must be included with your application to NZCB. Whilst it is the candidate's responsibility to check with NZCB to ascertain what documentation is required for their registration application, candidates are advised to retain all original documents and a certified copy of their completed Desktop Audit application form and any other relevant documentation for their own records.

CCEA can provide advice only in relation to applying for a qualification and skills assessment and undertaking the Competency Based Assessment. All other questions relating to registration should be directed to NZCB ([www.chiropracticboard.org.nz](http://www.chiropracticboard.org.nz)). CCEA recommends that applicants contact NZCB about the requirements for registration in New Zealand, as the CCEA qualifications, skills and competency assessment is only one component of a registration application.

## 1.6 Trans-Tasman Mutual Recognition Arrangement

The Trans-Tasman Mutual Recognition Agreement, 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 registered with the NZCB, who are not intending to migrate to Australia, may apply directly to the CBA for registration. Similarly, applicants registered with the CBA may apply directly to the NZCB for registration. Those applying for Skilled Migration to Australia will still need to submit a completed *Stage 1 – Desktop Audit* application to CCEA as part of the preparation of their migration application (please refer to Section 2 of this *Candidate Guide* and the *Stage 1 Desktop Application Form A*).

## 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 at [www.ccea.com.au/index.php/about/publications/](http://www.ccea.com.au/index.php/about/publications/)

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 Immigration and Border Protection (DIBP); Department of Education; and Department of Employment.

Have you completed a recognised, registrable entry-level qualification in Chiropractic at a **recognised accredited program in Australia or New Zealand**?

AND/OR

Do you hold current general registration without conditions issued by the Chiropractic Board of Australia or a current and unconditional Annual Practising Certificate issued by the New Zealand Chiropractic Board?

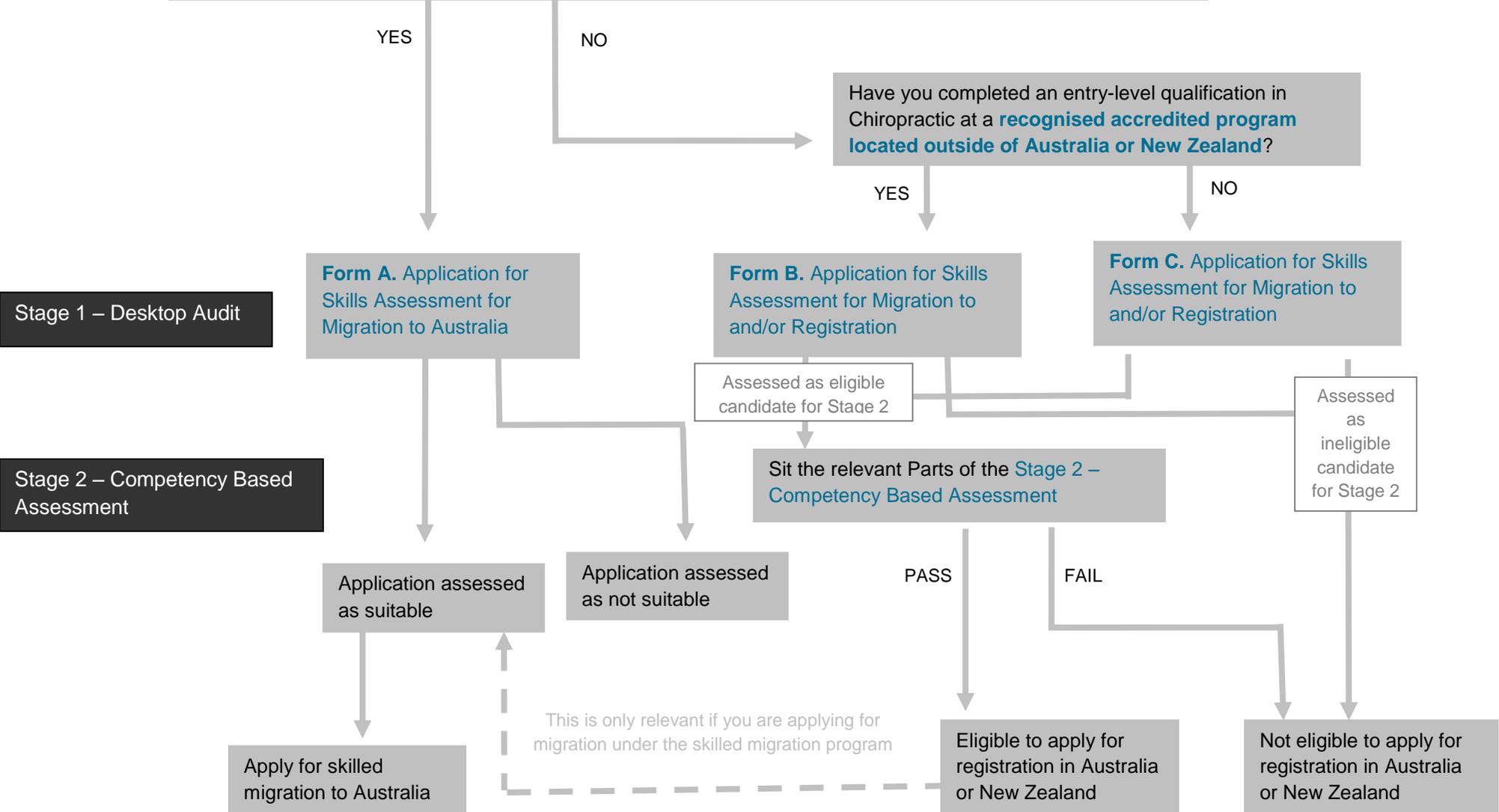


Figure 1. CCEA assessment process

## 2. Stage 1 – Desktop Audit

### 2.1 Desktop Audit alternatives

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* for the purpose of applying for migration and/or registration as a chiropractor in Australia or New Zealand.

The Council on Chiropractic Education Australasia Ltd (CCEA) has three Desktop Audit alternatives available:

- **Form A. Application for Skills Assessment for Migration to Australia as a Chiropractor. For Chiropractors with an Australian or New Zealand Qualification and/or Registered in Australia or New Zealand**

For candidates who are not Australian citizens who wish to apply for migration to Australia and who gained their chiropractic qualification from a recognised accredited program in Australia or New Zealand and/or hold current registration with the Chiropractic Board of Australia or New Zealand Chiropractic Board.

- **Form B. Application for Skills Assessment for Migration to Australia and/or Registration as a Chiropractor in Australia or New Zealand. For Chiropractors with an Overseas Qualification from an Accredited Program**

For candidates who obtained their chiropractic qualification from a recognised accredited program at the time of graduation located outside of Australia and New Zealand.

Note: this application form is for both Australian/New Zealand and non-Australian/New Zealand citizens.

- **Form C. Application for Skills Assessment for Migration to Australia AND/OR Registration in Australia or New Zealand as a Chiropractor. For Chiropractors with an Overseas Qualification that is not from an Accredited Program**

For candidates who obtained their chiropractic qualification from a program located outside of Australia and New Zealand that is not a recognised and accredited program at the time of graduation and is assessed on a case-by-case basis.

Note: this application form is for both Australian/New Zealand and non-Australian/New Zealand citizens.

Candidates must ensure they complete the Desktop Audit application form that relates to their individual circumstances (please refer to the CCEA Assessment Process in Figure 1) and that all supporting documentation is either attached, or arranged to be sent directly to CCEA.

All application forms are available for download from the CCEA website ([www.ccea.com.au](http://www.ccea.com.au)).

Note:

1. If a candidate cannot obtain the required supporting documentation, they must attach a letter to 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.
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 criteria

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

### 2.2.1 Chiropractic qualification(s)

The minimum requirement is the equivalent of an accredited Australian chiropractic qualification. The minimum criteria against which a 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 equivalent to an Australian/New Zealand chiropractic qualification (as per CCEA *Standards for First Professional Award Programs* in Chiropractic and Australian Education International National Office of Overseas Skills Recognition (AEI-NOOSR) Country Education Profiles).

The general comparability of an applicant's educational qualifications to Australian educational standards will be based on the published standards on the CCEA website and guidelines contained in the AEI-NOOSR Country Education Profiles for the country concerned. Further information regarding the Profiles is available on the AEI-NOOSR website ([www.aei.gov.au](http://www.aei.gov.au)).

*Please note: For a candidate's qualifications to be individually assessed, an additional fee will be payable.*

### 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, they must be eligible for registration or licensure as a chiropractor in their country of training.

### 2.2.3 Chiropractic work experience

The chiropractic work experience of candidates will be assessed as to whether the claims made equate to work at an appropriately skilled level.

### 2.2.4 English language skills

From 1 January 2017, you are not required to provide evidence of English language proficiency prior to sitting the Stage 2 Competency Based Assessment. English language proficiency requirements for registration in Australia are available on the Chiropractic Board of Australia website at [www.chiropracticboard.gov.au/Registration-standards.aspx](http://www.chiropracticboard.gov.au/Registration-standards.aspx). English language proficiency requirements for registration in New Zealand are available from [www.chiropracticboard.org.nz/](http://www.chiropracticboard.org.nz/)

These requirements may be different to those required for migration and candidates are advised to seek immigration advice from either the Australian Department of Immigration and Border Protection ([www.border.gov.au](http://www.border.gov.au)) or Immigration New Zealand ([www.immigration.govt.nz](http://www.immigration.govt.nz))

## 2.3 Points Test Advice

If required for a General Skilled Migration visa application, applicants can also apply to CCEA for an advisory letter for Points Test purposes. Points Test Advice is provided in addition to and not in place of the skills assessment.

The advice is an opinion of:

- the comparative educational level of your qualifications against the Australian Qualifications Framework (AQF); and
- your employment which has been undertaken as a chiropractor in the 10 years before your application to CCEA.

Please note: the Points Test Advice is an opinion only, and may be taken into consideration by DIBP when assessing your eligibility for points. However the decision to award points remains with DIBP and the departmental case officer may undertake further investigations to verify claims of qualification and employment.

A request for a Points Test Advice will incur an additional fee.

## 2.4 Preparation and Submission of Applications

All documents submitted with a *Stage 1 - Desktop Audit* application must comply with the requirements noted in the application forms.

From 1 January 2017, CCEA will only accept online lodgement of application forms via email. Different documents have a different minimum resolution at which they need to be scanned. Candidates are required to provide clear and complete colour scans of the original application form and supporting documents scanned at 100 dpi resolution or higher. Your passport identification page needs to be scanned at 300 dpi resolution or higher. Assessment officers must be able to see the complete document, including all edges and corners, any images/photographs and be able to read all text clearly.

Documents in a language other than English must be translated by a service accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI).

Applications must be emailed to [ccea.assessments@iasolutions.org.au](mailto:ccea.assessments@iasolutions.org.au)

Once an application has been submitted, correspondence will only occur via the skills assessment team until formal notification of the outcome of the assessment is available.

## 2.5 Notification of Desktop Audit Results

Stage 1 Desktop Audit application assessments may take up to 8 weeks to process from the time all the correct documentation and full payment is received. Applicants should allow for this, and mail delivery times between their country and Australia when seeking an assessment. Delays in processing an application may occur should further documentation be required.

On completion of the assessment of your application, you will be advised whether you are required to undertake some or all Parts of the *Stage 2 – Competency Based Assessment* (see Section 3). If you are not required to undertake the *Stage 2 – Competency Based Assessment*, you will be advised whether your qualifications and skills are 'suitable' or 'not suitable' for migration purposes and CCEA will send you an official Assessment Outcome Letter which must be included with your application to DIBP.

Applicants assessed as not meeting the *Stage 1 – Desktop Audit* assessment criteria are provided with details of the eligibility criteria that they failed, the reasons that they failed and further action that they may take.

## 2.6 Validity of Desktop Audit Results

Desktop Audit outcomes are considered valid at the time of issue and are not subject to an expiry period.

However, in order to undertake the *Stage 2 - Competency Based Assessment*, CCEA requires a Desktop Audit application assessment no more than 3 years old. That is, the Stage 2 assessments must be commenced within 3 years of the date of issue of an official Assessment Outcome Letter. CCEA reserves the right to request that some documents/evidence is updated even within this 3-year period (e.g. certificate of good standing, professional work experience).

CCEA recommends that applicants confirm requirements relating to currency of assessments for migration or registration with DIBP ([www.border.gov.au](http://www.border.gov.au)), CBA ([www.chiropracticboard.gov.au](http://www.chiropracticboard.gov.au)) or NZCB ([www.chiropracticboard.org.nz](http://www.chiropracticboard.org.nz)), respectively.

## 2.7 Appeals

Should you believe that you have valid grounds to appeal a 'not suitable' outcome from your *Stage 1 – Desktop Audit* assessment, please refer to Appendix 4 for details of the CCEA Appeals Process. Omission of relevant information from the original application should not be grounds for appeal unless this was due to the actions of another or other parties, for example, a migration agent.

## 2.8 Feedback

If you wish to provide any feedback in relation to the assessment process please email [admin@ccea.com.au](mailto:admin@ccea.com.au)

### 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 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 *Stage 2 – Competency Based Assessment* correspond to the CCEA 'Competency Based Standards for Entry Level Chiropractors' ([www.ccea.com.au/index.php/skills-assessment/forms-and-resources/](http://www.ccea.com.au/index.php/skills-assessment/forms-and-resources/)). 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

Approval to undertake the *Stage 2 – Competency Based Assessment* will be based upon the outcome of the candidate's *Stage 1 – Desktop Audit*, issued no more than 3 years prior to the commencement of the Assessment. Candidates are reminded that good communication skills are an essential attribute for being a registered chiropractor in Australia and New Zealand. Whilst you are not required to demonstrate English language proficiency to undertake the *Stage 2 – Competency Based Assessment*, English language proficiency is one aspect of good communication in the clinical practice context (see Section 2.2.4).

Parts 1, 2 and 3 of the *Stage 2 – Competency Based Assessment* are undertaken in Australia or New Zealand and are scheduled over three consecutive days with all candidates being required to be in attendance for portions of all three 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, to enable 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 Competency Based Assessment (fees, airfares, accommodation, meals etc). Unlimited attempts of the Competency Based Assessment are permitted, but a new fee must be paid for each attempt.

Candidates who do not achieve a pass in all parts of the *Stage 2 – Competency Based Assessment* will have a 3-year period in which to pass all remaining parts. If all parts are not passed within that 3-year time period then the candidate will be required to re-sit the entire assessment again.

### 3.1 Schedule and deadlines

The *Stage 2 – Competency Based Assessment* is held 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.

Please see Table 1 and the CCEA website ([www.ccea.com.au](http://www.ccea.com.au)) for the current dates, deadlines and locations of the *Stage 2 - Competency Based Assessment*. *Stage 1 - Desktop Audit* application assessments may take up to 8 weeks to process from the time all the correct documentation and full payment is received. Applicants should allow for this, and mail delivery times between their country and Australia, when determining which Competency Based Assessment they would like to sit.

The specified deadlines are strictly adhered to by CCEA. Late applications and/or payments may result in the candidate being deferred to the next scheduled Competency Based Assessment.

**Table 1.** Competency Based Assessment dates, deadlines and locations

Competency based assessment dates	Locations	Stage 1 – Desktop Audit submission deadline*	Stage 2 – Competency Based Assessment payment deadline
February	Sydney	15 November	15 January
July	Auckland	15 April	15 June
November	Perth	15 August	15 October

\*including receipt by the CCEA of all supporting documents and the application fee

Travel directions, maps and accommodation guides for each assessment location can be found in Appendix 1.

## 3.2 Exemptions

CCEA has established three categories of exemption, which are described in Table 2. Documentary evidence must be submitted as part of the candidate's *Stage 1 – Desktop Audit* application in order to be granted the relevant exemption (see relevant sections of the *Stage 1 – Desktop Audit* application forms). 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 2.** Exemptions for the Competency Based Assessment

<b>The candidate holds:</b>	<b>Part 1 – Written Basic Competency</b>	<b>Part 2 – Written Clinical Competency</b>	<b>Part 3 – Practical Clinical Competency</b>
Chiropractic qualification from a recognised accredited program located outside of Australia and New Zealand	Exempt	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

### 3.3 Content

#### 3.3.1 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 3).

**Table 3.** Part 1 – Written Basic Competency

	<b>Section 1</b>	<b>Section 2</b>
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' document available on the CCEA website ( <a href="http://www.ccea.com.au/index.php/skills-assessment/forms-and-resources/">www.ccea.com.au/index.php/skills-assessment/forms-and-resources/</a> )	Anatomy  Physiology  Pathology  Clinical microbiology  Biochemistry and nutrition
Assessors	Suitably qualified academics at the host institution	
Sample questions	Please contact the CCEA  Email <a href="mailto:admin@ccea.com.au">admin@ccea.com.au</a>	
Pass marks	The pass mark is 50% and must be obtained in each Section of Part 1 of the <i>Stage 2 - Competency Based Assessment</i> (i.e. candidates must attain a pass mark of 50% in each Section).	

### 3.3.2 Part 2 – Written Clinical Competency

The *Part 2 – Written Clinical Competency* papers (see Table 4) 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 context. Questions are designed to assess a candidate's ability to apply their knowledge of chiropractic practice and to respond to questions about specific scenarios involving a chiropractor. This is the level required to qualify for General Registration with the Chiropractic Board of Australia and reflects the CCEA '[Competency Based Standards for Entry Level Chiropractors](#)'.

**Table 4.** Part 2 – Written Clinical Competency

	<b>Section 3</b>	<b>Section 4</b>	<b>Section 5</b>	<b>Section 6</b>
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
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  Extended matching questions  Short essay questions			
Indicative content	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	General knowledge and clinical scenarios requiring responses to a series of questions, which may encompass any of the following: <ul style="list-style-type: none"> <li>• Diagnosis and clinical impression, therapeutic techniques, adjunctive and supportive techniques, and case management of common syndromes</li> </ul>	Theoretical components of diagnostic radiology and the elements of diagnostic imaging interpretation as practised in Australian chiropractic practice.	Radiography including principles of image and radiation production, radiation safety, patient positioning and various spinal views across digital and plain film systems

Table 4 (continued)	Section 3	Section 4	Section 5	Section 6
Indicative content (continued)		<ul style="list-style-type: none"> <li>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</li> </ul>	Questions may assess knowledge, application and/or problem solving skills related to diagnostic imaging (mainly plain film radiographs but also CT, MRI, Bone Scan and US may be included) of the musculoskeletal system.	Questions may assess knowledge, application and/or problem solving skills.
Assessors	Suitably qualified academics at the host institution			
Sample questions	See Appendix 2			
Pass marks	The pass mark is 50% and must be obtained in 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 you to answer in various formats, as described in Table 4.
- 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 taken into account. Candidates will lose marks however if their management/diagnostic approach is clearly contraindicated on the grounds of patient safety or sound clinical judgment.
- Ensure that answers are legible and logical. 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.

### 3.3.3 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 attitudes 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;
- perform or request relevant physical examinations including clinical skills, technique skills, adjustive skills and patient management skills;
- assimilate the above information, which may include radiographic materials and laboratory values with respect to the creation of differential diagnoses, treatment recommendations and plans of management;
- establish appropriate outcome measures and prognoses; and
- demonstrate an understanding of the code of conduct expected of a chiropractor in Australia or New Zealand.

The *Part 3 – Practical Clinical Competency* consists of four sections (Table 5).

**Table 5.** Part 3 – Practical Clinical Competency

	<b>Section 7</b>	<b>Section 8</b>	<b>Section 9</b>	<b>Section 10</b>
Topic(s)	Clinical cases	Manipulative skills technique	Image interpretation	Radiographic positioning.
Duration	1 hour	30 minutes	30 minutes	15 minutes
Assessment method(s)	Viva voce which may include demonstration on a live subject	Demonstration on a live subject	Objective assessment using electronic or hard copy images	Demonstration on a live subject
Indicative content	Verbal responses and/or practical demonstration in relation to one or more clinical cases presented in written descriptive narrative form.	Demonstrate a range of 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:	Candidates will be required to interpret a range of 15 radiographic images, with an emphasis on the spine, but may include extremity or basic chest interpretation.	Demonstrate positioning of a live subject for three sectional radiographic views of the spine, as typically used in Australian/New Zealand chiropractic practice.

Table 5 (continued)	Section 7	Section 8	Section 9	Section 10
Indicative content (continued)		<ul style="list-style-type: none"> <li>• upper cervical;</li> <li>• mid cervical;</li> <li>• cervicothoracic;</li> <li>• mid thoracic;</li> <li>• thoracolumbar;</li> <li>• lumbosacral spine and pelvis; and</li> <li>• extremities.</li> </ul> <p>Consideration will be given to patient somatotype, technique comfort and safety and clinical proficiency.</p>		
Assessors	<p>Three person panel incorporating the following qualifications, skills and expertise:</p> <p>Relevant academic experience;</p> <p>Current registration as a chiropractor in Australia or New Zealand; and</p> <p>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</p> <p>Experience as a chiropractic technique assessor.</p>	Suitably qualified academics at the host institution.	A chiropractic radiographer or a radiographer experienced in taking chiropractic images.
Sample questions	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.
- Assessing institutions may record (audio and/or visual) sections of the *Part 3 – Practical Clinical Competency* assessment. Such recordings will remain the property of CCEA and will be destroyed 6 weeks post-assessment. These recordings are not accessible by candidates.
- 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 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.

## **3.4 Results**

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

- You may be advised that you have passed a Section(s) and/or Part(s) of the assessment
- You may be advised that you have not passed a Section(s) and/or Part(s) of the assessment.

### **3.4.1 Verification of results**

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

### **3.4.2 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 is to allow sufficient time for results to be received, assessed, ratified and verified by COAC (CCEA).

CCEA will post you an official Assessment Letter and Certificate of Attainment following the notification of results by email, which must be included with your applications submitted to the Department of Immigration and Border Protection (DIBP), the Chiropractic Board of Australia (CBA) and/or the New Zealand Chiropractic Board (NZCB). In addition, CCEA will advise CBA and NZCB 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. Candidates who have successfully completed the CCEA Competency Based Assessments must apply to DIBP to migrate to Australia and/or CBA to register in Australia and/or NZCB to register in New Zealand.

Applicants assessed as not meeting the *Stage 2 – Competency Based Assessment* criteria are advised of the sections they failed, opportunities for supplementary or re-sit assessments and further action that they can take, including appeal.

Please note: institutions conducting 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.

### 3.5 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. At the end of the examination, candidates **MUST** hand in all assessment materials. No 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 exam. However, candidates may bring their own diagnostic equipment if they wish.

Please ensure you are wearing appropriate clothing during the assessment. You are not required to wear a white coat or other uniform but if you do wish to do so, please provide your own clothing.

If you require medication (e.g. insulin) for your own personal use during the day of your assessment, please notify CCEA (admin@ccea.com.au) prior to the date of your assessment (see the section titled *Health Status* in the *Stage 1 – Desktop Audit* application form). If you are taken ill just before or during the day of your assessment or you have an accident, then staff at the host institution will help to manage the situation (on the relevant assessment day only). However, you must ensure you have adequate health insurance, and you will be responsible for any associated or additional costs which may arise. Eligibility for re-sit examinations in such circumstances would be subject to the provision of medical tests/certificates and may incur other fees to the candidate. Please seek advice directly from CCEA (admin@ccea.com.au) for further information regarding these issues.

### 3.6 Conduct of candidates undertaking the assessment

- Candidates are expected to conduct themselves courteously in assessments, correspondence and in personal contact with assessors and employees and Councillors 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 will be expected to arrive at least 15 minutes before the scheduled start time of the assessment. Candidates who arrive late will be permitted to sit the relevant assessment but will not receive additional time.
- Candidates should assemble in the designated waiting area of the assessment venue.
- 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. During the reading time candidates are not permitted to write answers in the assessment booklets. However, 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 on arrival at the assessment venue.

- No books or papers may be brought into or used in any of the assessments. Candidates found to be giving, receiving or recording information during assessments will be removed from the assessment and may forfeit their eligibility to sit future CCEA assessments.
- No mobile telephones, computers, recording devices, microphones or textbooks are to be used during the assessments. Mobile telephones must be switched off and left in the candidate's bag in the area allocated for candidate's bags and possessions. Any candidate found to contravene this regulation will be formally reported to CCEA.
- 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.

### 3.7 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. Please refer to the relevant Codes and Guidelines published by the:

- Chiropractic Board of Australia ([www.chiropracticboard.gov.au/Codes-Guidelines.aspx](http://www.chiropracticboard.gov.au/Codes-Guidelines.aspx))
- New Zealand Chiropractic Board (<http://www.chiropracticboard.org.nz/Publications/Policies-and-Guidelines/>)
- Australian Radiation Protection and Nuclear Safety Agency ([www.arpsa.gov.au/Publications/codes/rps.cfm](http://www.arpsa.gov.au/Publications/codes/rps.cfm))
- Council on Chiropractic Education Australasia (CCEA) documents 'Competency Based Standards for Entry Level Chiropractors' and 'Principles of Practice' ([www.ccea.com.au/Publications/Publications.htm](http://www.ccea.com.au/Publications/Publications.htm))

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.

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.

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

### 3.8 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. The illness, accident and misadventure provisions are designed to cover candidates who perform below expectation because of illness, accident or misadventure. Candidates are not expected to attend the assessment(s) against specific medical advice.

If candidates are prevented from attending any part of the assessment, 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 to be considered, it must be supported by a specific independent written statement or sickness certificate from a chiropractor, medical practitioner, registered clinical psychologist, dentist or other registered health professional, dated at the time of the assessment. Supplementary written evidence may be attached. The written statement/sickness certificate should outline the nature, effects and implications of the illness in relation to the assessment and be signed and dated by the relevant registered health professional and include their address and phone numbers.

In cases of accident or misadventure, a request for special consideration must also be supported by evidence from an independent person where appropriate. It should outline the nature, effects and implications of the event or incident on assessment and be signed and dated by the relevant person and include their address and phone numbers.

Please prepare a written submission and submit with the relevant evidence as described above and send within 7 days of the assessment date to CCEA (GPO Box 622 Canberra ACT 2601; phone +61 (2) 6100 6264; email [admin@ccea.com.au](mailto:admin@ccea.com.au))

### 3.9 Supplementary assessments and re-sits

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

#### 3.9.1 Supplementary assessments

Candidates who were unsuccessful in the following assessments may be eligible to undertake a supplementary assessment within 28 days of the notification of their results:

- One section of the *Part 1 – Written Basic Competency*
- One or two sections of the *Part 2 – Written Clinical Competency*.

Supplementary assessments are not available for candidates who were unsuccessful in one or more sections of the *Part 3 – Practical Clinical Competency*.

If a candidate is unsuccessful at their supplementary assessment, they will be deemed to have failed the assessment and be required to re-sit the unsuccessful sections at the next scheduled *Part 2 – Competency Based Assessment*.

### 3.9.2 Re-sit assessments

Candidates who were unsuccessful in the following assessments may be eligible to undertake a re-sit assessment at the next scheduled *Part 2 – Competency Based Assessment*:

- Both sections of the Part 1 – Written Basic Competency
- Three or more sections of the Part 2 – Written Clinical Competency
- One or more sections of the Part 3 – Practical Clinical Competency.
- Any supplementary assessment.

## 3.10 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 to CCEA within 28 days of being advised of their results. Details of the CCEA Appeals Process can be found in Appendix 4.

## 4. Fees

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

### 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 ([www.ccea.com.au](http://www.ccea.com.au))

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 if notification of withdrawal is received prior to the dates listed in Table 6. Fees can also be held over for the next assessment if notification is received by the below dates. 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 dates below, the full fee may 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 6.** Competency Based Assessment withdrawal deadlines for partial refund

Assessment date	Written notification of withdrawal to be received by:	Partial refund amount (\$AUD)
February	14 January	Part 1 – Written Basic – \$400
July	14 June	Part 2 – Written Clinical – \$400
November	14 October	Part 3 – Practical Clinical – \$1000

### 4.2 Re-sit and supplementary assessments

Current fees for undertaking a re-sit or supplementary *Stage 2 – Competency Based Assessment* are available on the CCEA website ([www.ccea.com.au](http://www.ccea.com.au)).

### 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 ([www.ccea.com.au](http://www.ccea.com.au)).

### 4.4 Feedback

If you wish to provide any feedback in relation to the assessment process, please email [admin@ccea.com.au](mailto:admin@ccea.com.au)

### 4.5 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

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](mailto:admin@ccea.com.au) to initiate the assessment process.

**Please 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

If requested by the candidate, the assessment venues may be made available to view 1-2 days prior to assessment, by appointment only.

### Macquarie University

Balaclava Road, North Ryde, Sydney, New South Wales, Australia

The assessment venue is Building E7A at Macquarie University (Figure A1.1).

#### Getting to Macquarie

A description of transport options for travel to Macquarie University can be found on the Macquarie University website:

[www.mq.edu.au/about\\_us/strategy\\_and\\_initiatives/sustainability/areas\\_of\\_focus/transport/](http://www.mq.edu.au/about_us/strategy_and_initiatives/sustainability/areas_of_focus/transport/)

#### Staying at Macquarie

Hotel options local to the Macquarie University campus include:

[Travelodge North Ryde](#)

81 Talavera Road, North Ryde NSW 2113; Phone +61 2 8874 5200

[The Ranch Hotel \(formerly El Rancho\)](#)

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

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

Macquarie University, Talavera Road, North Ryde NSW 2113; Phone +61 2 9850 9300; Fax +61 2 9850 6090

[Stamford Hotel North Ryde](#)

Corner Epping & Herring Roads, North Ryde NSW; Phone +61 2 9888 1077

[Quest North Ryde](#)

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

#### Eating at Macquarie

The food and drink options available at Macquarie can be identified and located on the Macquarie University website:

[www.mq.edu.au/on\\_campus/food\\_and\\_shopping/food\\_drink/](http://www.mq.edu.au/on_campus/food_and_shopping/food_drink/)

## Murdoch University

90 South Street, Murdoch, Western Australia, 6150, Australia

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

Upon arrival at the assessment, please wait in the chiropractic clinic waiting area where you will be met prior to the start of the assessment. The clinic opens at 7:30am daily should you need to arrive early.

### Getting to Murdoch

For travel options and directions to Murdoch University please visit:

[www.murdoch.edu.au/index/visitors/wherearewe#transport](http://www.murdoch.edu.au/index/visitors/wherearewe#transport)

[www.murdoch.edu.au/About-us/Getting-to-Murdoch/](http://www.murdoch.edu.au/About-us/Getting-to-Murdoch/)

The Murdoch train station is located near the University. Buses 206, 207, 850 and 851 will take you directly from the Murdoch train station to the Murdoch University campus with a stop located directly in front of the Chiropractic Clinic.

Please see Figure A1.3 for the location of paid parking on campus convenient to the Chiropractic Clinic. Additional parking information can be found at <http://maps.murdoch.edu.au/show/car-park/south-street/>

### 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 ([www.murdochuv.com.au/summer-stays/visitor-apartments.html](http://www.murdochuv.com.au/summer-stays/visitor-apartments.html))

### 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.

## New Zealand College of Chiropractic

6 Harrison Road, Mt Wellington, Auckland, New Zealand

The assessment venue is on Level 2 of the Administration Building. This will be signposted.

### 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.

<https://at.govt.nz/bus-train-ferry/journey-planner/>

If you're 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.

If you're driving from the airport, you can find driving instructions [here](#).

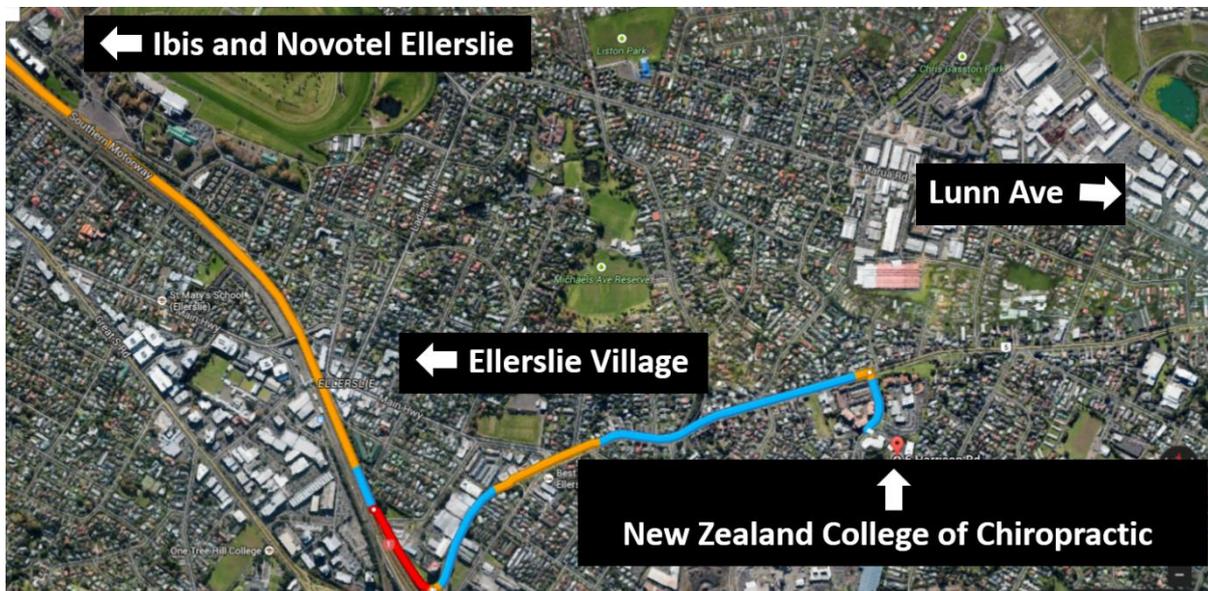
There are numerous car rental options from Auckland Airport

<https://www.thrifty.co.nz/>

<http://www.budget.co.nz/>

<http://www.avis.co.nz/>

Click on the map below to see the area in Google Maps



## Staying in Auckland

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

Best Western Eilerslie International  
2 Wilkinson Road, Eilerslie, Auckland.  
Phone +64 9 525 1909  
Walking distance to the College

Ibis and Novotel Eilerslie  
72-112 Green Lane East, Eilerslie, 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 Eilerslie village which offers many dining and takeaway options.

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

The Wellness Café on campus will be open and serve light meals, cabinet food, drinks, smoothies and coffee.

## 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.



Figure A1.1 Campus map of Macquarie University, Sydney, New South Wales, showing the location of assessment venue (Building E7A; map coordinate P9).

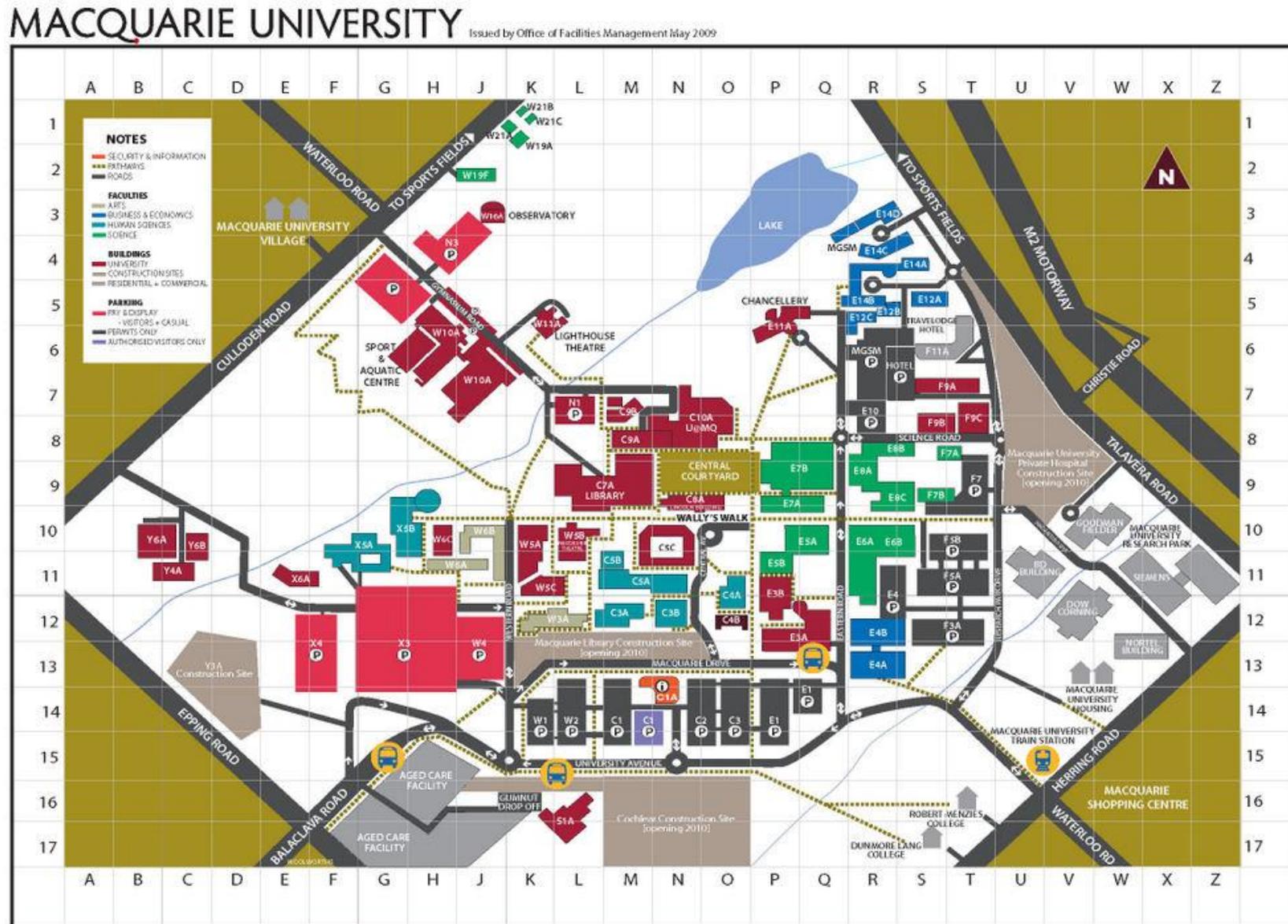


Figure A1.2 Map showing the location of Murdoch University, Perth, Western Australia.



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

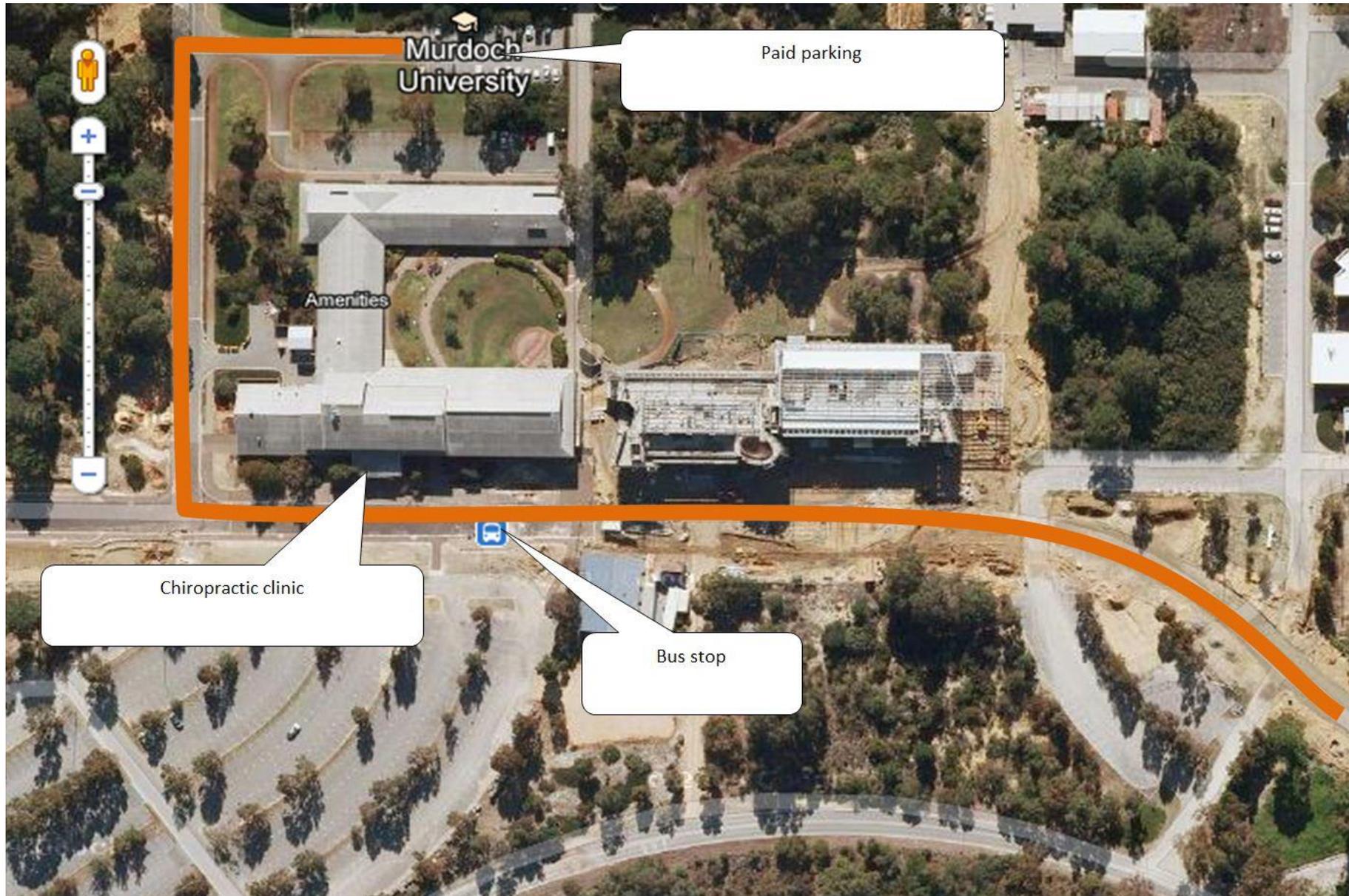
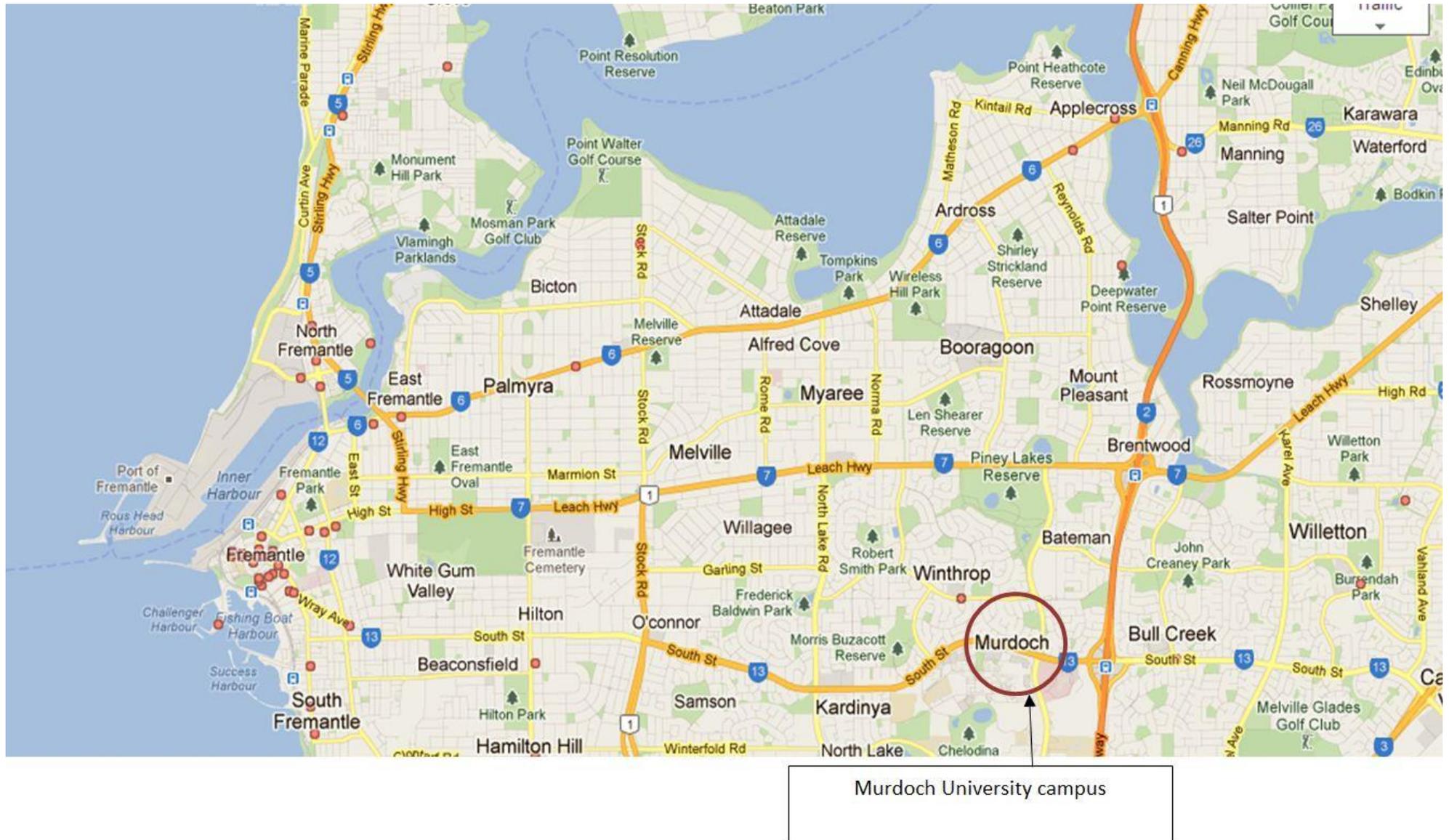


Figure A1.4 Location of Murdoch University campus and accommodation options.



## Appendix 2. Sample questions

### Stage 2 – Competency Based Assessment Sample Questions

#### Part 1 – Written Basic Competency

Please email CCEA ([admin@ccea.com.au](mailto:admin@ccea.com.au)) for sample questions

#### Part 2 – Written Clinical Competency

*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.*

#### **Section 3: Neurology and orthopaedics**

##### **MCQ format: Select the one best answer**

1. Regarding Dupuytren's contracture, which of the following statements is True?
  - 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 true
  
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**

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

**Section 4: Differential diagnosis and organ systems****MCQ 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 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 170/100 mmHg 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, ↓↓ = etc).

Disease	Ca <sup>2+</sup>	TSH	PSA	PTH
Diabetes mellitus				
Hyperthyroidism				
Renal osteodystrophy				
Osteomalacia				
Prostate metastasis				

TSH=thyroid stimulating hormone; PSA=prostate specific antigen; PTH=parathyroid hormone

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

### Short essay format

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 Paper: Diagnostic imaging and Section 6 Paper: 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:

<b>Diagnostic Imaging</b>	<b>Radiographic Practice</b>
A slipped capital femoral epiphysis is a classic example of a:	The centring point for a lateral cervical spine view is:
A. Torus fracture	A. C3
B. Occult fracture	B. C4
C. Salter-Harris Type V fracture	C. C5
D. Salter-Harris Type I fracture	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> <p>A. T2-weighted magnetic resonance imaging (MRI)</p> <p>B. three-dimensional helical (reformation) computed tomograph (CT) scan</p> <p>C. planar bone scintigraphy (PBS)</p> <p>D. single-photon emission computed tomography (SPECT)</p>	<p>Patient doses are reduced if:</p> <p>A. an air gap technique is employed</p> <p>B. a low kVp is used</p> <p>C. a long focal film distance (FFD) is used</p> <p>D. high resolution films are used</p> <p>The contrast on a lumbar spine image is too high (ie, there is a short scale of contrast). This can be corrected by:</p> <p>A. increasing the kVp</p> <p>B. increasing the mAs</p> <p>C. shortening the SID/FFD</p> <p>D. changing from a 10:1 to a 12:1 ratio grid</p> <p>E. decreasing the kVp</p>

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 end-plates. Radionuclide bone scans reveals 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> <p>A. Staphylococcus aureus</p> <p>B. Brucellosis abortus</p> <p>C. Streptococcus</p> <p>D. Pseudomonas</p>	<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> <p>A. a 180cm SID was used</p> <p>B. the 'anode-heel' effect was utilised</p> <p>C. the OID of the cervical spine causes an air-gap to produce an effect similar to that of a grid</p> <p>D. the patient's shoulders were depressed sufficiently to visualize the cervical spine without a grid</p> <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> <p>A. 100cm SID, 100mA, 1.0sec, 100kVp, 12:1 grid, 200 speed</p> <p>B. 100cm SID, 400mA, 0.5sec, 80kVp, 12:1 grid, 400 speed</p> <p>C. 100cm SID, 200mA, 0.5sec, 90kVp, 10:1 grid, 1200 speed</p> <p>D. 100cm SID, 400mA, 0.25sec, 80kVp, 12:1 grid, 600 speed</p> <p>E. 100cm SID, 200mA, 1.0sec, 80kVp, non-grid, 600 speed</p>

**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 200 cm to 100 cm
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 2-3 cm thick flowing ossification along 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 ionizing 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

*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.*

### **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.

The written answers will not be marked but will be collected from the candidate at the completion of the examination. The candidate is permitted to refer to these answers 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 their involvement in delivering chiropractic care.

The VIVA panel will consist of a panel of three assessors, as described in Table 5 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 three marks will be recorded as the final mark awarded to the candidate and this mark must meet 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 half way 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 worse, 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*. The indigestion is at its worse 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:

<b>Cervical spine</b>	<i>Range of motion</i>	Rotation positive left 60°, Extension +ve at end range Lateral flexion positive bilaterally All+ in neck only
<b>Shoulder examination (right)</b>	<i>Range of motion-active</i>	abd +ve at 90°, internal rotation at 40° and horizontal adduction at 50°
	<i>Range of motion-passive</i>	As above

4. 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.

5. 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.
6. 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:

<i>Element</i>	<i>Not as good as the expected entry-level competence</i>	<i>Entry-level competence</i>	<i>Better than entry-level competence</i>
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:

1. 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 chiropractic adjustment about the neck?

How would you modify your technique for a 9-year-old male patient who has not previously been adjusted?

2. 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 adjustment of this finding.

How would you modify your technique for a 57-year-old male patient who has a history of chiropractic adjustment about the pelvis?

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 the following:

- Patient preparation/ pregnancy questions (if appropriate)
- Proper view selection for specific scenarios
- Patient instructions, communication, and handling
- Providing and/or setting appropriate exposure factors (kVp, mAs)
- Modifications for specific patient types (e.g. paediatric, geriatric, muscular)
- 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
- Patient protection (e.g. stabilisation, gonadal shielding use and placement).

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, that view will be failed automatically.

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## 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, published by the:

Chiropractic Board of Australia ([www.chiropracticboard.gov.au/Codes-Guidelines.aspx](http://www.chiropracticboard.gov.au/Codes-Guidelines.aspx))

Australian Radiation Protection and Nuclear Safety Agency  
([www.arpansa.gov.au/Publications/codes/rps.cfm](http://www.arpansa.gov.au/Publications/codes/rps.cfm))

Council on Chiropractic Education Australasia (CCEA) documents 'Competency Based Standards for Entry Level Chiropractors' and 'Principles of Practice'  
([www.ccea.com.au/Publications/Publications.htm](http://www.ccea.com.au/Publications/Publications.htm))

National and International Guidelines for patient care relevant to chiropractic

The following texts may also assist with a candidate's preparation for the assessments; 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.

- Magee D. Orthopaedic Physical Assessment, 6th edition. St Louis: Elsevier Saunders; 2014.
- Cleland J. Netter's Orthopaedic Clinical Examination – An Evidence-Based Approach, 2nd edition. Philadelphia: Saunders; 2010.
- Hammer W. Functional Soft Tissue Examination & Treatment by Manual Methods. 3rd edition. Maryland: Jones and Bartlett Publishers Inc; 2007.
- Bergmann T, Peterson D. Chiropractic Technique: Principles and Procedures. 3rd edition Missouri: Mosby Elsevier; 2011.
- Goetz C. Textbook of Clinical Neurology, 3rd edition. Philadelphia: Saunders; 2007.
- Bickley L. Bates' Guide to Physical Examination and History Taking. 11th edition. Philadelphia: Lippincott Williams and Wilkins; 2013.
- Hoppenfield S. Physical Examination of the Spine and Extremities. Prentice Hall; 2012.
- Yochum T, Rowe L. Essentials of Skeletal Radiology – Vols I & II. 3rd edition. Baltimore: Lippincott, William & Wilkins; 2005.
- Souza T. Differential Diagnosis and Management for the Chiropractor. Maryland: Jones and Bartlett Publishers Inc; 2009.
- Section 6: Normal anatomy. In: Marchiori D. Clinical imaging, 3rd edition. St Louis: Elsevier Mosby; 2014.

## Appendix 4. Appeals

If you believe you meet the criteria for the submission of an appeal, please contact the office of the Council on Chiropractic Education Australasia (CCEA) in the first instance:

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. 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* and/or *Stage 2 – Competency Based Assessment*. Please send to:

Council on Chiropractic Education Australasia Ltd (CCEA)  
GPO Box 622  
Canberra ACT 2601  
Australia

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
- The Examination Panel's report of the relevant *Stage 2 – Competency Based Assessment* (if applicable)
- 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 COAC for consideration. Unless there is an impact on the ability to demonstrate a candidate has met the required criteria, the assessment result will not be changed.

### Stage 1 – Desktop Audit

Candidates who fail 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 Desktop Audit eligibility 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.

## Stage 2 – Competency Based Assessment

Candidates who fail 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 Competency Based Assessment 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 resident in Australia and wish to receive additional information on their options at any stage of the assessment and 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.