



Consultation

by: The Osteopathic Council of New Zealand | Kaunihera Haumanu Tuahiwi o Aotearoa

for: Competent Authority Pathway (CAP) Programme Review

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Competent Authority Pathway (CAP) Programme Review

The Osteopathic Council of New Zealand | Kaunihera Haumanu Tuahiwi o Aotearoa (the Council) is seeking feedback on its Competent Authority Pathway Programme (CAPP).

The Competent Authority Pathway Programme (CAPP) is a programme by which overseas registrants with recognised qualifications can demonstrate their competence to practice in New Zealand, and that serves to support osteopaths with transitioning to independent practice in the New Zealand context. These practitioners have generally trained in countries that have similar academic requirements and regulatory environments to New Zealand, and often demonstrate clinical experience in these countries.

The CAPP (and associated Guide) was last reviewed in 2017 and the Council has undertaken this review to ensure it remains suitable for the modern regulatory environment. This review provides an opportunity for Council to ensure that the programme requirements are targeted and efficient while meeting the goal of assuring Council that registrants meet the expected standard for safe, independent osteopathic practice in New Zealand.

The scope of this review includes the structure, content, and timing of the current CAP programme. The Council is not currently intending on reviewing the overall format from that of a post-registration, portfolio-based assessment.

Background

Current Programme

Overview

Under section 12 of the Health Practitioners Competence Assurance Act 2003 (the Act), the Council has prescribed the following qualifications for overseas applicants to registered in the Osteopathic scope of practice:

- a. be registered under the Competent Authority Pathway endorsed by the Council, which means that an applicant is registered with the General Osteopathic Council of the United Kingdom (GOsC) and holds a qualification listed on the GOsC website; or
- b. pass the overseas assessment process endorsed by the Council.

The Council has set the Competent Authority Pathway Programme as a competence programme as described in section 40 of the Health Practitioners Competence Assurance Act.

This programme is completed by all osteopaths registering under pathway a. *Recognised qualification pathway* above and may be required of those registering under pathway b. *Non-recognised qualification pathway*. Osteopaths registering with a New Zealand qualification, or under the provisions of the Trans-Tasman Mutual Recognition Act (1997) are not typically required to complete the programme.

The requirement to complete this programme is enacted through a condition placed on an osteopath's Annual Practising Certificate, which occurs subsequent to registration as an osteopath. The competence programme requires registrants to complete a 12-month workplace-based assessment. Situating the programme as a post-registration activity allows the osteopath to engage in this authentic workplace-based assessment process while practising as an osteopath. Registrants are supported in the programme by a preceptor (supervisor) appointed by the Council.

The CAP programme, whilst being an assessment process, is also designed to act as a mentoring process and provide support to osteopaths transitioning to practice in the context of Aotearoa New Zealand. To this end, it also provides learning opportunities that help newly registered osteopaths to develop an understanding of the specificities of osteopathic healthcare relevant to New Zealand.

Current Structure

The current CAPP is a one-year portfolio-based preceptor guided system based on a critically self-reflective practitioner model. The programme consists of a workplace-based assessment occurring over four three-month phases. Each phase requires an osteopath to complete a number of portfolio tasks and/or compulsory learning modules.

Preceptors, who are appointed and trained by the Council, review and report on progress at each stage. Compulsory modules facilitate familiarisation with the NZ health care context including cultural competency. Portfolio requirements facilitate candidates to demonstrate specific competencies that are mapped to the OCNZ Osteopathic Practice Competencies. Practical clinical assessment may be undertaken if competencies are not clearly demonstrated through the portfolio process.

The full Competent Authority Pathway Programme Guide is available on the Osteopathic Council website [here](#).

The compulsory learning modules currently includes content related to:

- Cultural competency
- The New Zealand health system and regulation
- Working with ACC
- Osteopathic Council standards, requirements and guidelines

The portfolio tasks currently include submission of between 22 and 26 individual items across the four phases, made up of the following components:

- Learning Needs Analyses (LNA)
- Self-Learning Reports (SLR)
- Critical Incident Reports (CIR)
- Case-based discussions (including clinical records review) (CBD)
- Inter-professional Collaboration/Education/Learning Report (ICELR)
- Case Analysis Reflections Reports (CARR)
- Regular Preceptor reports and feedback

0-3 months STAGE 1	4-6 months STAGE 2	7-9 months STAGE 3	10 - 12 months STAGE 4
<p>TASKS:</p> <p>1) LNAs (Including compulsory modules)</p> <p>- PLUS -</p> <p>2) Begin the compulsory modules and document reflection as SLRs.</p>	<p>TASKS:</p> <p>1) CIR (1) 2) SLR (2) 3) CBD (1) 4) ICELR (1)</p> <p>Anonymised case notes to be submitted with the Case Based Discussion. Compulsory modules should be completed and documented via SLRs.</p>	<p>TASKS:</p> <p>1) CIR (2) 2) SLR (3) 3) CARR 1 + 2 4) ICELR (2)</p> <p>Anonymised case notes to be submitted with the Case Analysis Reflections Report.</p>	<p>TASKS:</p> <p>1) CIR (3) 2) SLR (4) 3) CBD (2) 4) ICELR (3)</p> <p>Anonymised case notes to be submitted with the Case Based Discussion.</p>

Each task is assessed using a relevant feedback form and rated from 5 (above that required for independent practice) to 1 (below required standards and not recommended for remedial supervision). Successful completion of all individual components equates to successful completion of the CAP programme overall.

Indications for Change

In preparation for this review, preliminary feedback on the CAP programme was sought by Council from preceptors and preceptees. An initial review completed in 2021 was complemented by further investigation in 2022/2023.

The results of these reviews suggest the current CAP programme is a necessary component of meeting the required goals, largely fit for purpose and remains broadly in alignment with both right-touch regulation and Council's overall regulatory approach. Nonetheless, feedback to the Council and the research conducted to date highlight a number of areas for consideration of change or modification. The current review seeks to address the following areas:

- Reducing the overall time frame of the programme
 - While the aim of this review seeks to ensure that the programme is sufficient, any reduction in duration must be balanced against allowing sufficient time to successfully complete tasks while gaining clinical experience as an osteopath working in the New Zealand context.
- Reducing actual and perceived repetition of tasks
 - The inclusion of each task needs to be justified and contribute to the overall goals of the programme. The workload associated with the programme, both overall and for each task, should be sufficient to achieve these goals without being overly onerous or substantially impacting the clinical experience.
- Reviewing the content and delivery of compulsory modules
 - Compulsory modules should be reviewed to ensure that they are relevant to current osteopathic practice in the New Zealand context. Content should represent a clinically relevant introduction to key topics, which will serve as a foundation for further discussion and professional development.
- Reviewing the nature of written tasks and assessments
 - Tasks and assessments may utilise a range of submission and presentation styles to match modern learning practices and help ensure an authentic assessment process. Task requirements should provide value to

registrants by being situated in their own practice environment and responsive to their individual learning needs.

- Updating content to align with the Osteopathic Practice Competencies (2023)
 - The current programme was developed in the context of the Osteopathic Council Capabilities for Osteopathic Practice. These Capabilities have since been replaced by the updated Osteopathic Practice Competencies, which provides a higher-level description of the minimum or threshold competencies for osteopathic practice in New Zealand.
- Improving quality assurance and benchmarking processes, including the development of clear task aims and outcomes, marking schemes and rubrics.
 - Reviewing the foundational architecture of the programme will help to ensure that the aims and expectations of the overall programme are well-defined, and the contribution of individual tasks to these outcomes are clear. Ensuring consistency between programme aims, expected task outcomes, marking schemes and rubrics will allow greater consistency between preceptor and preceptee expectations and experiences. Formalised moderation and quality assurance processes will enhance this consistency and allow greater insight into the implementation of the programme.

Consultation Questions (1):

1. Do you agree that the stated areas of focus are important for this review?
 - a. If so, why?
 - b. If not, why not?

2. Do you feel that there are other areas of the current CAP programme that would benefit from a review?
 - a. If so, what areas would you suggest, and why?

Proposed Changes to the Competent Authority Pathway Programme

Overview

This section provides a high-level overview of the proposed changes to the current CAP programme. Detailed material, such as specific assessment tasks and marking rubrics, will be developed once the overall structure of the programme has been finalised.

To situate the portfolio content and tasks more clearly within the programme, this section will describe the purpose of the CAPP and the principles that the Council have used to guide this review. These guiding principles will also serve to underpin ongoing dialogue regarding the programme and demonstrate the Council's intent for how the programme is implemented.

Purpose

The CAP programme was originally developed based on a joint report developed for the Osteopathic Council of New Zealand and the Australia and New Zealand Osteopathic Council¹ to replace the existing clinical examination assessment. The following excerpt from this report sets out the background to the programme:

The osteopathic profession globally is increasingly confronting the challenge of assessing practitioners who wish to migrate and work in different geographical and regulatory jurisdictions to their place of training and current workplace experience, a factor not confined to osteopathy. Changing healthcare practices over time places new stressors on assessment of competence mechanisms. The establishment of national regulatory frameworks in law and codes of practice call for the identification of requirements for continuous professional development and minimum levels of qualification for entry into the profession - and how to assess these. This brings the question of comparability or equivalence between jurisdictions to the fore. Each regulatory authority must therefore decide upon an approach to the assessment of overseas osteopaths wishing to gain entry into that region's workforce. Cultural change may be

¹ Development of an assessment process for overseas osteopaths to practice in Australasia, Caroline Stone, 2011.

required to bring thinking about competency assessment into a form that suits this purpose.

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

The CAP programme has been set by the Osteopathic Council as a competence programme under section 40 of the Health Practitioners Competence Assurance Act (2003). Under this section:

- (1) For the purpose of maintaining, examining, or improving the competence of health practitioners to practise the profession in respect of which an authority is appointed, the authority may from time to time set or recognise competence programmes in respect of health practitioners who hold or apply for practising certificates.

The Osteopathic Council intends to set the CAP programme for the purpose of improving the competence of internationally trained osteopaths registering with the Council. Being registered under the Competent Authority Pathway means that an applicant is registered with the General Osteopathic Council of the United Kingdom (GOsC) and holds a qualification recognised by the GOsC and listed on the GOsC website. The CAP programme may also be considered for other internationally trained osteopaths as part of the non-recognised qualification pathway.

The key purpose of the CAP programme is to improve the competence of new registrants who may have limited experience of practising in New Zealand. Council recognises that these osteopaths will typically have training and experience that is equivalent to, or as satisfactory as, those trained in New Zealand. The primary aim of the CAP programme, therefore, is to improve the competence of practitioners in areas of practice that may be different to their previous experience or that are unique to New Zealand. In effect, the programme also serves to support the transition of a new registrant into independent practice as an osteopath in the New Zealand context.

All osteopaths must meet the expected Osteopathic Practice Competencies and be capable of safe, independent practice as an osteopath in New Zealand. These competencies represent the minimum or threshold competencies for osteopathic practice in New Zealand and the CAP programme allows practitioners to demonstrate they meet this threshold across all Practice Competencies. While practitioners may wish to demonstrate the full range of their skills through their portfolio submissions, this is not a requirement – meeting the threshold competencies is sufficient.

This requires a programme that includes elements of formal assessment to ensure satisfactory completion of the programme, but that also results in a collaborative environment for osteopaths to transition into New Zealand practice in a supported and safe manner. The relative focus on each of these aspects, however, may change depending on an osteopath's unique situation and experience.

Consultation Questions (2):

1. Do you agree that improving competence should be an aim of the CAP programme?
 - a. If so, why?
 - b. If not, why not?
2. Do you agree that supporting the transition to practice in the New Zealand context should be a primary aim of the CAP programme?
 - a. If so, why?
 - b. If not, why not?
3. Do you feel that the CAP programme should have a stronger focus on competence assessment?
 - a. If so, why?
 - b. If not, why not?
4. Do you feel that there is potential alignment or tensions between these aims?
 - a. If so, what might these be?
5. Do you feel that there are other aims that the CAP programme should look to achieve?
 - a. If so, what are these aims, and why?

Guiding Principles

In commissioning the CAP programme review, and to inform ongoing dialogue regarding the programme, the Council has considered a number of guiding principles to demonstrate the Council's intent for how the programme is designed and implemented.

These principles include an aim for the programme to be:

Supportive

While the CAP programme does require a formalised assessment process, which may be challenging to practitioners, the Council also recognises the vulnerable position of practitioners who may be new to the country and may lack strong support networks. Relationships between preceptees and preceptors should be professional, collegial and reflect the status of those engaged as professional peers.

Targeted

The requirements of the CAP programme should be targeted to enable the aims of the programme to be met without being overly onerous. On occasion, a pragmatic, flexible approach may be taken to allow CAP requirements to be refocused, either to recognise existing areas of demonstrated competence and strength or to provide targeted support and additional review in areas of potential weakness.

Fair and Transparent

While the CAP programme may be responsive to the unique situation of each preceptee, the requirements should be clear and the overall experience of preceptees should be standardised across all those engaged in the programme. While some variation in the preceptee-preceptor relationship will naturally exist, the assessment of achievement and quality of feedback must be equal and fair. This will be reflected in strong moderation and alignment processes along with clear expectations for both preceptees and preceptors throughout the programme.

Valuable

Although the primary purpose of the CAP programme is to help satisfy the Council's responsibilities towards public protection under the Act, there is also substantial opportunity for the programme to be a valuable experience for preceptees. Where possible, the design of the programme should demonstrate value to preceptees through authentic tasks and meaningful discussions. This will serve to both increase preceptee buy-in and help to ensure a genuine learning experience.

Rigorous

Tasks completed as part of the programme should be both valid and reliable with respect to their individual purpose. Valid means that they accurately achieve these aims, while reliable means that they will give consistent results. To achieve this, both individual task and overall programme design should be developed and reviewed with current evidence and best practice in mind. While strong rigour is important, however, it should also be considered in the context of the other guiding principles listed here.

Consultation Questions (3):

1. Do you agree that each of the guiding principles listed are important for the CAP programme design and implementation? For each guiding principle:
 - a. If so, why?
 - b. If not, why not?
2. Do you feel that there are other guiding principles that should be included?
 - a. If so, what are these, and why?
 - b. If not, why not?

Design and Structure

The current CAP programme structure requires 22 to 26 items to be completed over four, three-month phases. This results in an overall standard timeline of 12 months to complete the programme.

The revised programme proposes a streamlined portfolio of fourteen tasks completed over three, three-month phases plus a negotiated number of self-completed online modules (see Appendix for task descriptors). The programme structure has also been revised to ensure a scaffolded approach to progression with the inclusion of both formative and summative tasks. Formative tasks are those that have a greater focus on preceptee development and learning, whereas summative tasks are used to more formally assess a preceptee's level of achievement.

Overall, programme design will follow an *assessment as learning* approach, which incorporates “assessment that necessarily generates learning opportunities for students through their active engagement in seeking, interrelating, and using evidence”². As a competence assessment process, however, the programme will maintain a focus on requiring evidence of meeting the Osteopathic Practice Competencies and retain the current provision for onsite clinical assessment where required.

Tasks Streams

Tasks are separated into four streams. Each stream describes one of the four key topics that make up the CAP programme. Each stream also includes an association with one of the Domains described in the Osteopathic Practice Competencies, although aspects of all competencies can be seen in each task. Domain 2 (Communication and patient partnership) is specifically represented across all streams.

² Assessment As Learning: Maximising Opportunities for Student Learning and Achievement, edited by Zi Yan, and Lan Yang, Taylor & Francis Group, 2021.

Stream 1: The New Zealand Context

This stream includes tasks related to those areas of practice particularly relevant to the New Zealand context. A definitive list of modules has not yet been developed, however there is potential for this stream to be responsive to the preceptee's individual needs. At a minimum, these will include content related to Te Tiriti o Waitangi partnership responsibilities, cultural safety and New Zealand's health system (including ACC and the Health and Disability Commissioner).

Associated Domain: Te Tiriti o Waitangi partnership responsibilities

Tasks: Self-completed online modules

Stream 2: Case Analysis and Reasoning

This stream includes tasks that help to demonstrate a preceptee's competence in case analysis and clinical reasoning, referencing the New Zealand osteopath's role as a primary practitioner. These tasks include a mix of provided cases and those arising from the preceptee's clinical experience.

Associated Domain: Knowledge, skills, and performance

Formative Tasks: Case-based Analysis/Structured Case Discussion, Provided Case Analysis

Summative Task: Case-based comparisons

Stream 3: Incident Management

This stream considers the preceptee's ability to appropriately manage critical incidents. It recognises the importance of not just minimising the risk of harm but also responding appropriately to any incidents that do occur. It reflects the practitioner's actions within their clinical environment, whether as an independent practitioner or as part of a healthcare team, and a practitioner's understanding of wider patient safety systems in New Zealand.

Associated Domain: Safety and quality in practice

Formative Task: Critical Incident Report (1)

Summative Task: Critical Incident Report (2)

Stream 4: Interprofessionalism

This stream supports the preceptee to demonstrate their ability to work as an integrated part of New Zealand's healthcare system. This includes both the ability to work appropriately with other health professionals, and knowledge of how New Zealand osteopaths work within the wider healthcare system.

Associated Domain: Professionalism

Formative Task: Interprofessional Collaboration Report

Summative Task: Case-based Referrals Report

Consultation Questions (4):

1. Do you agree that the topics described in each stream are important components of the CAP programme? For each stream:
 - a. If so, why?
 - b. If not, why not?
2. Do you feel that there are other key topics that should be included?
 - a. If so, what are these, and why?
 - b. If not, why not?
3. Do you feel that there is an appropriate balance between formative and summative tasks?
 - a. If so, why?
 - b. If not, why not?
4. Do you have any other comments regarding the proposed streams?

Timing

The four phases of the revised programme (one preliminary phase plus three active phases) occur over approximately nine months. The preliminary phase is ideally completed before a preceptee commences practice in New Zealand, but typically no more than one month after this date. Phases 1-3 are three months each:

- Preliminary phase: Preparatory work for practice in Aotearoa NZ
- Phase 1: Introduces case analysis and incident management
- Phase 2: Summative case analysis and introduction to interprofessionalism
- Phase 3: Summative incident management and interprofessionalism

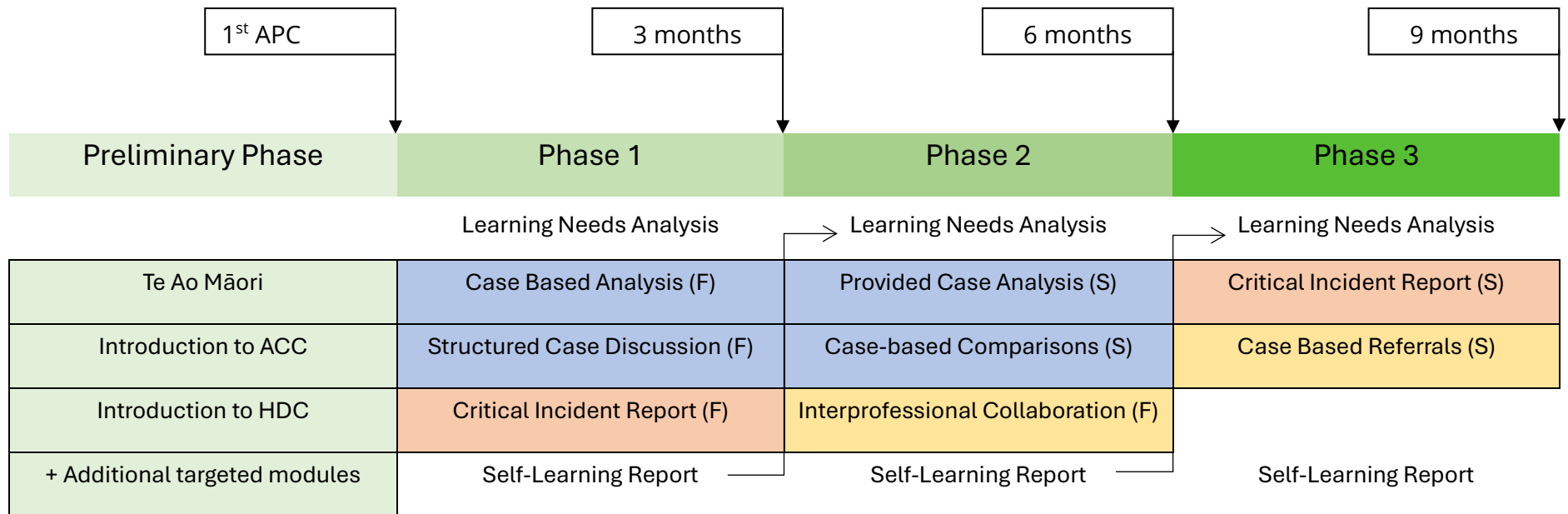
In addition to the tasks specific to each phase, Phases 1-3 also include:

- An opening Learning Needs Analysis to develop preceptee-led goals for the phase
- A closing Self-Learning Report to reflect on what has been achieved so far

It is intended that the learning achieved during the preliminary phase is interwoven into future work.

Given the intent of the CAP programme to be based in the workplace, and that many tasks rely on the preceptee discussing appropriate cases from their clinical experience, it is not expected that flexibility would be provided regarding the timing of the programme.

Proposed High-level Structure



Online self-learning modules

Case Analysis tasks

Incident management tasks

Interprofessionalism tasks

(F) = Formative submission

(S) = Summative Submission

Consultation Questions (5):

1. Do you agree that the proposed timing is appropriate for the programme? Your answer could be related to both the number of tasks, and the overall length of the programme.
 - a. If so, why?
 - b. If not, why not?
2. Do you feel that there are an appropriate number of tasks to complete across the programme?
 - a. If so, why?
 - b. If not, why not?
3. Do you have any other comments on the timing or overall structure of the programme?

Task design

The Council is currently consulting on the high-level design of the programme, and the design of individual tasks will follow once the overall structure is determined.

Where appropriate, tasks will be adapted from the current CAP programme, however consideration will also be given to ensuring tasks are appropriate, that the aims for each task are clear, and that marking schemes and rubrics set clear expectations for achievement.

Consideration will also be given to including a range of assessment types. While a number of written tasks may remain, the portfolio will potentially include video submissions, preceptor-preceptee conversations, presentations, or other assessment modalities.

Each task will include the following information:

- Task name
- Programme phase
- Task type (Formative/Summative)
- Submission requirements (e.g., written portfolio submission)
 - This includes submission instructions
- Relevant learning outcomes (related to programme topics and/or Competencies)
- Task description
- Expected evidence (e.g. certificate of completion, anonymised patient notes)
- Guidelines for completion (this may include exemplars)
- Assessment details (e.g. relevant marking rubric)

For formative assessments, assessment details and marking rubrics will focus on preceptee feedback over summative grading. For summative tasks, grading will be clarified to indicate that meeting the threshold competence is sufficient – grades over this level are only for feedback purposes.

Consultation Questions (6):

1. Do you agree with the approach to task design described above?
 - a. If so, why?
 - b. If not, why not?
2. Do you feel that there are particular task types that should be included, or should NOT be included? (e.g. written assessment, verbal presentations)
 - a. If so, what are these, and why?
3. Do you have any other comments on areas of task or assessment design that would improve the experience of preceptees and/or the outcomes of the CAP programme?

Programme Outcomes

In addition to the structure and content of the CAP programme, the current review also seeks to describe the potential outcomes with greater clarity. While the design of the CAP programme does provide for some flexibility in supporting successful completion, the Health Practitioners Competence Assurance Act 2003 also has provision for unsatisfactory results.

Satisfactory completion

A practitioner is considered to have satisfactorily completed the CAP programme when they have demonstrated evidence of meeting the Osteopathic Practice Competencies by:

- Completing all components of the programme to a satisfactory standard and within the required timeframes; and,
- Achieving results in the summative tasks that are at or above the required standard, as described by the relevant marking criteria; and,
- Addressing any concerns that may arise regarding the practitioner's competence to a satisfactory standard.

While preceptors may provide feedback on individual tasks, all tasks will undergo a moderation process before final results are ratified and satisfactory completion is confirmed by the Council.

Addressing Concerns

During the course of completing the programme, concerns may arise regarding a practitioner's engagement in the programme or competence as an osteopathic practitioner. Examples of areas of concern may include:

- Communication with preceptors and response to feedback
- Timely submission of programme tasks
- Difficulty meeting the requirements of programme tasks
- Information suggesting a practitioner is not meeting the Osteopathic Practice Competencies

Where these concerns are borderline and do not indicate a risk of harm to the public, the Council may consider amending the requirements of the CAP programme to further explore areas of concern and facilitate successful completion. Actions or amendments that Council may consider include:

- Completion of a diagnostic onsite clinical assessment
- Adjustment of programme timeline and submission dates
- Modifying existing tasks or requiring submission of additional work to address areas of concern

Unsatisfactory results

As the CAP programme is a competence programme under section 40 of the Act, the Council may, at any time where the practitioner is not satisfactorily meeting the requirements, consider action under section 43.

Under this section, if a health practitioner who is required to complete a competence programme does not satisfy the requirements of the programme, the responsible authority may make either of the following orders:

(a) that the health practitioner's scope of practice be altered—

(i) by changing any health services that the practitioner is permitted to perform; or

(ii) by including any condition or conditions that the authority considers appropriate:

(b) that the practitioner's registration be suspended.

If the Osteopathic Council proposes an order under this section, the practitioner must be provided with the reasons why the order is being proposed and have an opportunity to respond.

Consultation Questions (7):

1. Do you agree with the approach to programme outcomes described above?
 - a. If so, why?
 - b. If not, why not?
2. Do you have any other comments on programme outcomes that would improve the experience of preceptees and/or achieving the aims of the CAP programme?

Appendix | Task Descriptors

Learning Needs Analysis

A learning needs analysis helps candidates to identify where they are in terms of their knowledge, skills and competencies, versus where they themselves wish to be – to identify their personal learning goals. This will often result in the identification of skills or knowledge that requires further development, and any expectations or goals that set out how this might be achieved.

Self-Learning Report

Self-learning reports allow a preceptee to describe and reflect on learning tasks that have been of benefit to their professional practice, and the implications this may have for future behaviour, professional actions and/or further learning. These typically relate to the personal self-learning needs identified in a learning needs analysis, but may also relate to other learning opportunities that arise.

Case-Based Analysis

A case-based analysis is used to explore a preceptee's osteopathic analysis of a particular case. This case will typically be one seen by the preceptee as a new patient and that involves some ongoing care. The case-based discussion allows a preceptee to illustrate how they approach clinical reasoning – how they come to conclusions, what they consider are important issues with the case, how they have addressed them and how they approach osteopathic care.

Structured Case Discussion

Based on the previous case-based analysis, the structured case discussion provides an opportunity for a preceptor to discuss the case with a preceptee. By providing a structure for the discussion, this task allows consistency in the focus and aims of a one-to-one discussion of the particulars of the case.

Provided Case Analysis

While the case-based analysis and structured case discussion allow the exploration of an authentic case managed by the preceptee, the provided case analysis task presents a standardised case to assess the preceptee's clinical reasoning and analysis. This allows a more objective assessment of these skills as a summative assessment.

Case-based Comparisons Report

The case-based comparisons task asks preceptees to reflect on several patient cases that show some similarity in presentation, in order to compare and contrast the particulars of each case. The task looks at the decisions a preceptee makes over time, how they may respond to patient needs and individualise their approaches to patient care, and how this is communicated. This process also assists the preceptee in developing reflective skills that facilitate self-directed learning and practice improvement.

Critical Incident Report

A critical incident report relates to an incident which has created an opportunity for a preceptee to become aware of a critical aspect of clinical performance. They are likely to arise most commonly from patient interactions but might emerge from other professional activities. Critical incidents do not necessarily relate to an incident where something has 'gone wrong' but could include positive situations that allow a preceptee to identify and learn from a particular issue, or to recognise and learn from something that had not been previously apparent. It is also useful to explore the reaction to, and management of, such an incident or issue where this may have related to patient care.

Interprofessional Collaboration Report

An osteopath will engage with other health professionals as well as osteopathic peers during the normal course of their clinical work, and this interprofessional practice is an important part of osteopathic practice. This report allows a preceptee to discuss the nature of any interprofessional engagement they have undertaken, what was gained from the experience, and what further self-learning this might have prompted.

Case-based Referrals Report

Similar to the case-based comparisons task above, this task asks preceptees to reflect on several patient cases that incorporated either collaborative interprofessional care and/or complete referral and hand-over of care to another health professional. This task allows a preceptee to demonstrate their process and justification for patient referral, as well as their ability to work as part of a healthcare team.