



**Council
3 May 2018
Registration Report**

Classification	Public
Purpose	For noting
Issue	<p>This paper provides an update of registration activity covering the six month period from 1 October 2017 – 31 March 2018.</p> <p>In addition, Council is being given oversight of an amendment to the process for conducting Assessments of Clinical Performance and that some clarification around clinical responsibility has been issued to the GOSc appointed registration assessors.</p>
Recommendations	<p>To note the amendment to the process for conducting Assessments of Clinical Performance and the clarification issued to registration assessors around clinical responsibility.</p> <p>To note the remaining content of the registration report.</p>
Financial and resourcing implications	None
Equality and diversity implications	None
Communications implications	None
Annexes	None
Author	Matthew Redford

Background

1. The registration report to Council provides detailed information about the statistics and activities which have been undertaken within the Registration team and covers the six months from 1 October 2017 to 31 March 2018.

Assessments of Clinical Performance

2. One element of the registration application process for international applicants is an Assessment of Clinical Performance (ACP). This process involves an applicant managing two new patients in a clinical setting and includes taking case history, performing any necessary examinations and undertaking any appropriate treatment or referral. The registration assessment team consists of three assessors of which one will be the moderator.
3. ACPs are scheduled for every two months and on average two applicants attend each ACP session.
4. Feedback from the registration assessors identified that it would be beneficial for the assessment team to have an additional opportunity to talk to and question the applicant during an ACP.
5. After the applicant has completed the case history of the patient it was identified that it would be possible to introduce a 'pause' phase which would allow the assessors to speak with the applicant and ask questions about their findings, their thought process and their choice of treatment plan. This would occur before the examination and before any treatment, if appropriate, took place.
6. This would allow the registration assessment team to determine whether there was a patient safety risk, and to stop the process at that stage, before the applicant was to proceed.
7. If the applicant did proceed, this would, however, still require the registration assessment team to be mindful that any examination and treatment undertaken would still need to be observed and to make any appropriate interventions accordingly.
8. This new 'pause' phase was first tested at the January 2018 ACP and feedback suggests that it was worthwhile.
9. An addendum to the ACP Guidelines was drafted and published on the GOsC website alongside the guidelines.
10. Alongside this process amendment, the Executive became aware that registration assessors also sought some re-clarification around the topic of clinical responsibility. A letter was sent to the registration assessors involved in ACP assessments setting out that the GOsC position remained unchanged in that

clinical responsibility during an ACP rests with the registration assessors. The letter set out information in relation to the following areas:

- Clinical responsibility
 - Key aspects of clinical responsibility
 - Additional opportunity to talk with applicant during the ACP process
 - Stopping an ACP
 - Insurance
 - Future training
11. Council is being given oversight of the amendment to the ACP process and the issuing of clarification around clinical responsibility as it needs to assure itself of the way in which registration applicants are assessed against the *Osteopathic Practice Standards*.

Registration activities

Performance against service targets

12. The service level agreement for registering a new applicant, from receipt of a completed application, is five working days for UK applicants and 90 days for overseas applicants.
13. Performance against the targets in the reporting period was:
- a. UK graduates/restorations: median time two days
 - b. EU applicants: median time 35 days (seven applications)
 - c. Non-EU applicants: median time 69 days (two applications).

Registration data

Number of registrants and gender split

14. At the end of March 2018, the Register contained 5,293 osteopaths of which 50.48% of registrants are female (2,672) and 49.52% are male (2,621).

Internal Market Information (IMI) system alerts

15. Since 18 January 2016 GOsC has been complying with the revised EU Directive 2013/55/EU and sending and receiving alerts through the IMI system about any prohibition placed on a registrant arising through fitness to practise proceedings.
16. In the reporting period, GOsC received 2,295 IMI alerts relating to prohibitions placed on healthcare practitioners by competent authorities. Each alert is checked by the Registration team, although to date, no further action has been required. Over a 12 month rolling period we are receiving c.3,800 IMI alerts.

Entrants to the Register

Total number of entrants to the Register	66
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of which

First time applications	59
Restorations to the Register	7

of which

Number of registrants living in the UK	54
Number of registrants living in the EU	9
Number of registrants living outside of the EU	3

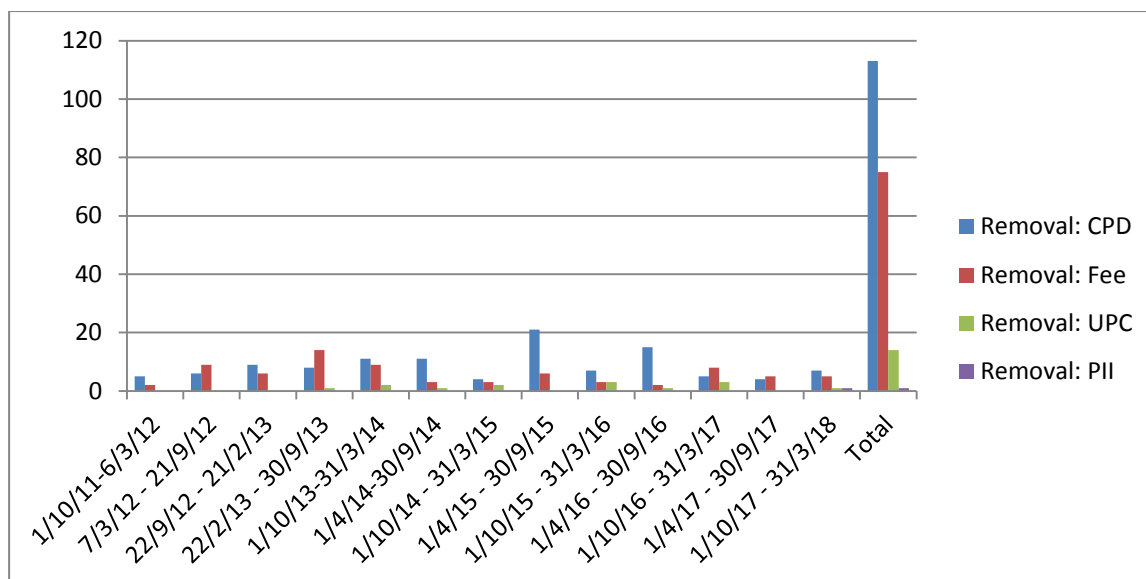
Removals from the Register

Total number of removals (excluding resignations, retirements and death)	14
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of which, those removed for

Non-compliance with CPD	7
Non-payment of fee	5
Unacceptable professional conduct	1
Failure to demonstrate compliance with the PII Rules	1

17. Since the reporting of statistics to Council began, 203 registrants have been removed from the Register, with the majority removed for non-compliance with the CPD scheme rather than removed for non-payment of the registration fee.



18. The data below sub-analyses the removal from the Register data into different categories including age and gender.

Removals from the Register (age)

19. Of those registrants removed from the Register, 79% (160 registrants) are below the age of 50, of which 63% (100 registrants) are below the age of 40. The age range per reason for removal is set out in the table below.

20. It remains the case that everyone removed from the Register under fitness to practise proceedings are all above the age of 40, although it is recognised that with our numbers being so few, it is not possible to determine trend data.

Age range	Number of registrants	Removed for fee non-payment	Removed for CPD non-compliance	Removed under FtP proceedings	Removed under PII Rules
20-29	38	21	16	0	1
30-39	62	25	37	0	0
40-49	60	24	30	6	0
50-59	35	6	23	6	0
60-69	5	1	3	1	0
70-79	3	0	2	1	0
Total	203	77	111	14	1

Removals from the Register (gender)

21. The total number of registrants removed from the Register since reporting of statistics to Council began in October 2011, indicates an even split between female to male registrants removed from the Register.
22. Regardless of gender, removal for non-compliance with the CPD requirements outweighs removal for non-payment of the registration fee.

Gender	Number of registrants	Removed for fee non-payment	Removed for CPD non-compliance	Removed under FtP proceedings	Removed under PII Rules
Male	103 (50%)	33	56	14	0
Female	100 (50%)	44	55	0	1
Total	203	77	111	14	1

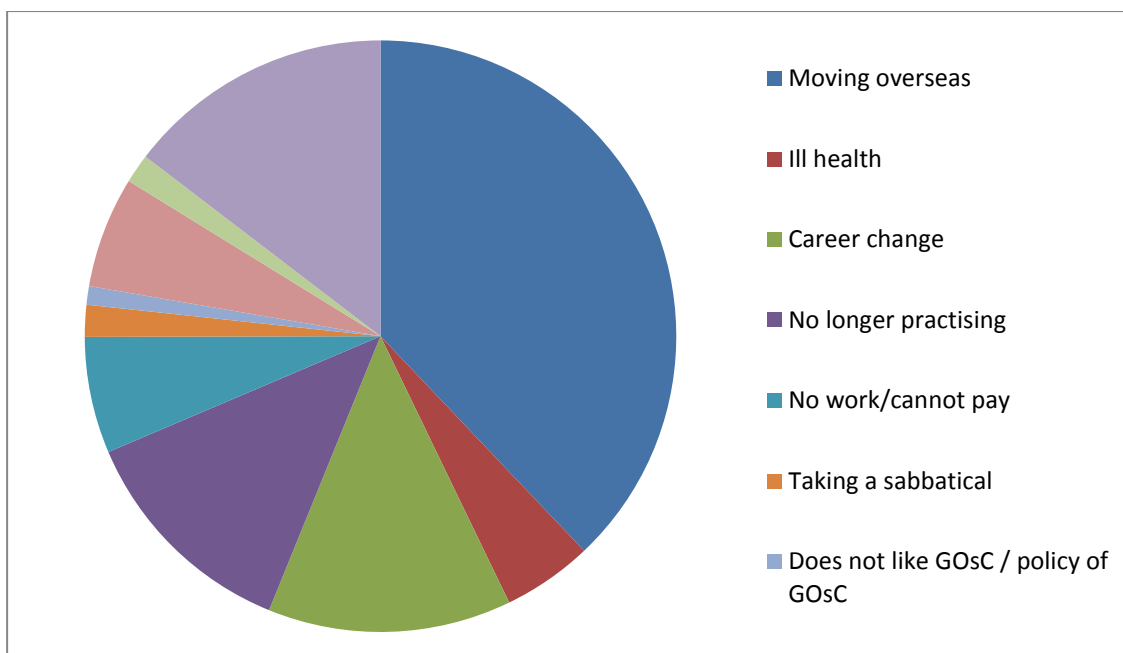
Reasons for resignations

Total number of resignations	47
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of which, the reasons cited were

Moving overseas	27
Ill health	0
Career change	8
No longer practising	2
No work/cannot afford fee/meet renewal requirements	3
Taking a sabbatical	1
Family reasons	4
Full-time study	0
Does not like GOSc/agree with policy	0
No reason provided	2

23. The graph below represents the reasons provided by registrants for their resignation from the Register since statistics were reported to Council.



Registration refusals

Number of registration appeals carried forward from previous report and heard in the reporting period	1
Number of new registration appeals lodged	0

Non-practising registrants

Total number of registrants who are listed as non-practising	158
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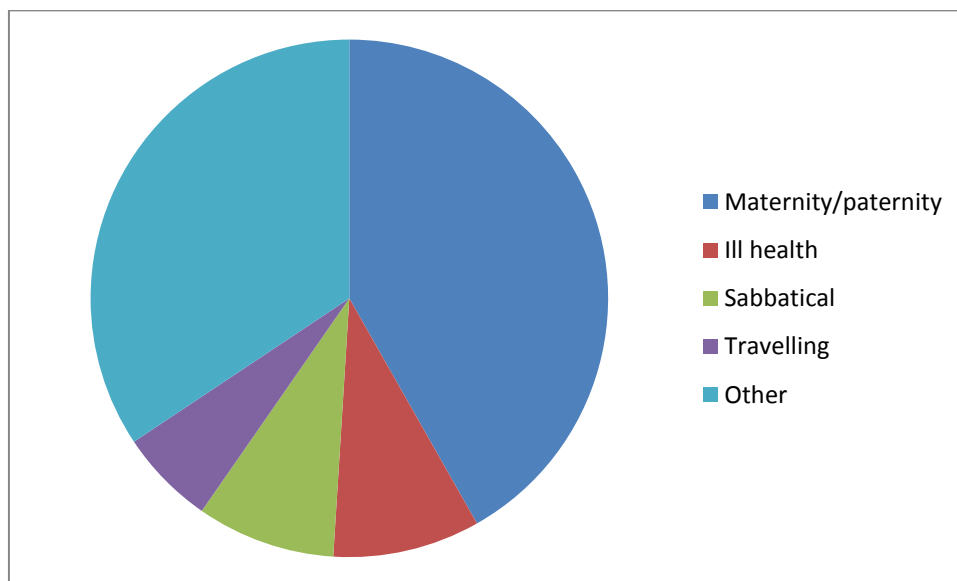
of which

Maternity/paternity	52
Ill health	19
Sabbatical	10
Travelling	8
Other*	69

*Other includes: studying; not being able to find work; relocation of home/work premises; circumstances around the loss of a spouse/parent/child; acting as a carer; research; and pursuing other careers.

24. Based on the statistics reported to Council since October 2011, at any one time GOsC has on average 156 registrants who are out of clinical contact with

patients. The main reason for registrants to be listed as 'non-practising' is because of maternity leave.



CPD Audits

25. At the January 2018 Council meeting members asked for additional information around the CPD auditing process. This is set out below.

Headline CPD audit position

26. The Business Plan 2017-18 includes a commitment for Continuing Professional Development (CPD) audit activity of:

- 20% of CPD Annual Summary Forms [submitted] each month to support registrants to meet existing standards and to identify areas of good practice and development.
- 2% of CPD Record Folders [submitted] each year to support registrants to meet existing standards and to identify areas of good practice and areas of development.

27. CPD Annual Summary Form audits and CPD record folder audits for 2017-2018 were completed on time, by the year-end.

CPD Annual Summary Form audits

28. CPD Annual Summary Form audits consist of a detailed review of the activities declared by a registrant, specifically focussing on the relevancy of the activity to a registrant's osteopathic practice. An assessment will be made as to whether the activity and the associated relevancy comply with the spirit of the CPD Guidelines.

29. The Registration team has a range of letters which can be sent out following the completion of an audit. These are:

Category A	Audit passed, no further information required
Category B	Audit passed, advice/guidance provided by team for future summary form submissions
Category C	Further information/clarity required from registrant. New submission required

30. In 2017-2018, a total of 1,026 CPD Annual Summary Forms were audited. Of these forms:

Category A	246
Category B	641
Category C	139

Of the 139 that were classified as category C audits, on re-submission:

Category A	77
Category B	62

31. The advice/guidance provided by the team in the category B and C audits often related to insufficient information being provided on the CPD annual summary form and there being limited relevancy shown as to how the CPD activity related to the *Osteopathic Practice Standards*.

32. This information is used to write articles for *the Osteopath* magazine in order to feedback to the profession learning points. The most recent article, *How to submit the best possible CPD Annual Summary Form*, was published in the October/November 2017 edition: <http://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/the-osteopath-octnov-17/>

CPD Record Folder audits

33. CPD Record Folder audits consist of the registrant submitting the evidence to underpin the CPD activities declared on their CPD Annual Summary Form. The Registration team will then undertake a review of the Record Folder to assess whether the evidence provided matches the activities declared and the relevancy recorded by the registrant.

34. The Registration team will categorise the CPD Record Folders as:

Category A	Audit passed, no further information required
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Category B	Audit passed, advice/guidance provided by team for future folder submissions
Category C	Further information/clarity required from registrant. New submission required

35. In 2017-2018, 80 CPD Record Folder audits were undertaken. Of these folders:

Category A	49
Category B	9
Category C	22

Of the 22 that were classified as category C audits, on re-submission:

Category A	12
Category B	10

Future audit activity

36. The CPD Annual Summary Form audits and the CPD Record Folder audits will continue in the Business Plan years 2018-2019 and 2019-2020. However, the auditing approach will change around October 2019 when the GOsC starts to receive the first CPD declarations under the new CPD 3-year cycle.

37. Information on the verification and assurance approach under the new scheme was provided to Council at its previous meeting in January 2018:
<http://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/council-january-2018-item-14d-annex-d-cpd-verification-and/?preview=true>

Return to practice activity

38. We offer a return to practice process to all applicants who have been away from UK practice for two years or more to support their transition back to practice. This process involves a self-assessment activity, which may then be followed by a meeting with two trained Return to Practice Reviewers.

Total number of applicants who went through the Return to Practice self-assessment process	12
Of which, the number who also undertook a Return to Practice review	4

International Registration Assessment activity

39. A total of 11 registration assessments were completed in the reporting period. During the reporting period, five applicants were found to be eligible to register with the GOsC.

Number of Non-UK Review of Qualifications	3
Number of Further Evidence of Practice Questionnaires	4
Number of Assessments of Clinical Performance	4

Recommendation: to note the content of the registration report.