

**Review of registration processes to align with the revised RPQ Directive and its transposition into law update – January 2016**

The table below outlines the issues, considerations and planned actions identified in the review. This plan will be updated as the review progresses.

| <b>Issue</b>                                     | <b>Considerations at February 2015</b>   | <b>Actions necessary March 2015 to December 2015</b>   | <b>Progress as at January 2016</b>  |
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| <b>European professional card (Article 4a-e)</b> | <p>The introduction of a European professional card is meant to offer interested professionals the possibility to benefit from easier and quicker recognition of their qualifications. It should also facilitate temporary mobility. The card will be made available according to the needs expressed by the professions.</p> <p>There is currently no impact as the EPC is being piloted among 7 professions (not osteopathy) with significant mobility.</p> <p>We have reported our view to BIS that we strongly support the principle that the use of the card should be around facilitating recognition, not registration. If the EPC were to be introduced, while</p> | <p><b>Action:</b> To continue monitoring progress.</p> | <p>The European Professional Card does not yet include osteopaths and so we continue to monitor progress whilst keeping in touch with colleagues from the HCPC and others who are regulating professions which are using the European Professional Card so that we can continue to learn from their experience.</p> |

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|                                    | <p>the home Member State may check the qualifications to confirm they are valid, we may still need to compare this qualification with the UK standards as part of the application process for registration.</p>  |  |   |
| <b>Partial access (Article 4f)</b> | <p>We understand that competent authorities have to apply the concept of partial access on a case by case basis and this can be refused if justified by an 'overriding reason of general interest'.</p> <p>Our understanding is that patient safety concerns related to healthcare professionals would allow competent authorities to decline applications for partial access.</p> <p>We have not identified any possible scenarios in which partial access would be given in osteopathy.</p> <p>We reflected this in our BIS consultation response and DH correspondence.</p> | <p><b>Action:</b> To seek confirmation of our interpretation of partial access and that no change is required to our current processes in this area.</p> | <p>There is no change in this area at the current time.</p>                             |
| <b>Temporary service</b>           | <p>In the BIS consultation and discussion with the DH we</p>   | <p><b>Action:</b> To seek further detail regarding definitions</p>   | <p>Our current definition of temporary or occasional provision remains for the time</p> |

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| <p><b>provision</b><br/><b>(Articles 7, 8)</b></p>               | <p>commented that it would be helpful to have a clear definition of what constitutes temporary or occasional provision, however we appreciate the terms need to be sufficiently broad to fit the needs of different professions.</p> <p>The revised Directive reduces the professional experience requirement for professionals coming from non-regulated Member States and for those who do not hold a qualification. The applicant now needs to provide evidence of practising as an osteopath for at least one (previously two) of the last 10 years. We raised concerns in the BIS consultation and in discussion with the DH regarding the potential risk to patient safety due to this change.</p> | <p>of temporary or occasional provision, and confirmation of change to professional experience requirements.</p>  | <p>being.</p> <p>The changes to professional experience requirements have been reduced and these new changes have been reflected in our Guidance.</p>                                |
| <p><b>Conditions for recognition</b><br/><b>(Article 13)</b></p> | <p>The revised Directive places a stronger emphasis on deadlines for competent authorities to notify an applicant of a decision.</p>   | <p><b>Action:</b> To ensure that our timelines regarding all routes (temporary and establishment, aptitude test and period of adaptation) align with the revised Directive.</p> | <p>Our internal registration process maps have been amended to take account of the changes to timelines and we have implemented staff training to ensure that deadlines are met.</p> |

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| <p><b>Compensation measures (Article 14)</b></p> | <p><i>Possible derogation on compensation measures</i></p> <p>We currently offer applicants the choice of an aptitude test or adaptation period if their qualification is found to have substantial differences compared with that of a UK qualification (for either the temporary or establishment route).</p> <p>Article 14.3 of the revised Directive provides that Member States can stipulate, by way of derogation, an adaptation period or aptitude test. We have expressed interest within the BIS consultation, and in discussion with the DH, of a derogation to require an aptitude test.</p> | <p><b>Action:</b> To establish whether the derogation regarding the provision of compensation measures will be applied to the GOSc.</p>  | <p><i>Possible derogation on compensation measures</i></p> <p>At the present time there is no derogation on compensation measures for osteopathy. Our registration processes have been amended to ensure that applicants have the choice of either an aptitude test or a period of adaptation if their qualifications, training and life long learning demonstrate substantial differences to the <i>Osteopathic Practice Standards</i>.</p> |
| <p><b>Compensation measures (Article 14)</b></p> | <p><i>Compensation measures' scope and structure</i></p> <p>Currently, the Review of Qualification is undertaken in relation to criteria from the <i>Subject Benchmark Statement: Osteopathy</i> to establish similarity with a UK qualification, rather than the</p>  | <p><i>Compensation measures' scope and structure</i></p> <p><b>Action:</b> To establish whether current Review of Qualification against <i>Subject Benchmark Statement</i> and then two-stage aptitude test model (Further Evidence of</p> | <p><i>Compensation Measures' scope and structure</i></p> <p>Following review of the Directive, and identification that compensation measures can only be imposed following consideration of relevant qualification, work experience and lifelong learning, we have determined that the <i>Osteopathic Practice</i></p>   |

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|  | <p><i>Osteopathic Practice Standards.</i> As noted above, if an applicant’s qualification is found to have substantial differences compared with that of a UK qualification then they progress to compensation measures.</p> <p>The current model involves two stages for each route following the Review of Qualification: first the applicant completes a written Further Evidence of Practice Questionnaire, which, should they be assessed as safe to proceed, they may then choose either an Assessment of Clinical Performance or a Period of Adaptation.</p> <p>Applicants are required to complete <u>all parts</u> of the Further Evidence of Practice Questionnaire. If they choose the Assessment of Clinical Performance this again follows a generic scope. Taken together these two assessments are mapped to the full <i>Osteopathic Practice Standards</i>. A Period of Adaptation, in contrast, is a bespoke process designed for the individual applicant to meet the <u>specific areas</u> of the</p> | <p>Practice Questionnaire and Assessment of Clinical Performance) and current two-stage adaptation period model (Further Evidence of Practice Questionnaire and Period of Adaptation) against different parts of the <i>Osteopathic Practice Standards</i> aligns with the revised Directive. Legal advice required.</p> <p>Note: if the <i>Subject Benchmark Statement</i> remains as the reference point it will need to be updated to new version when published (Summer 2015).</p> <p><i>Charging</i></p> <p><b>Action:</b> To ensure that any amendments to the assessment process use an appropriate fee structure.</p> | <p><i>Standards</i> are the correct Benchmark to use to assess whether compensation measures are necessary. We have also used the <i>Guidance for Osteopathic Pre-registration Education</i> in order to illustrate what this means for UK qualifications to assist applicants to demonstrate no substantial differences.</p> <p><i>Charging</i></p> <p>A comprehensive review of charging has been incorporated into the Business Plan for 2016-17.</p> |
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|  | <p><i>Osteopathic Practice Standards</i> not yet evidenced during the assessment process.</p> <p>Further clarity is needed as to whether these approaches fully align with the revised Directive, regarding number of required stages, scope and standards.</p> <p><i>Charging</i></p> <p>Currently applicants are required to pay a sum for the organisation of the aptitude test or period of adaptation process, but not the Review of Qualification.</p> |   |   |
| <p><b>Compensation measures (Article 14)</b></p> | <p><i>Decisions on compensation measures</i></p> <p>Applicants are provided with assessment guidance, criteria and feedback on their performance. This meets with the Directive's requirements for transparency, impartiality and justification of decisions to impose compensation measures.</p> <p>To enhance this further, we have begun reviewing our assessment</p>   | <p><i>Decisions on compensation measures</i></p> <p><b>Action:</b> To continue work to enhance the transparency and accessibility of assessment guidance, criteria and feedback. (Includes training of Registration Assessors.)</p> | <p><i>Decisions on compensation measures</i></p> <p>Our guidance and revised assessment documentation has been comprehensively reviewed to enable us to meet the Directive requirements for transparency, impartiality and justification of decisions to impose compensation measures. Further information about this is provided in the body of the paper.</p> <p><i>Re-takes</i></p> <p>Our policy on re-takes remains at the</p> |

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|   | <p>documentation and standard correspondence with applicants (including signposting applicants to sources of support to assist their effective preparation for assessment).</p> <p><i>Re-takes</i></p> <p>Our understanding is that the Directive allows for re-taking aptitude tests if the applicant fails. The host Member State determines the number of times it may be re-taken, taking into account the rules that apply at national level.</p> | <p><i>Re-takes</i></p> <p><b>Action:</b> To establish criteria for re-takes, including whether we may stipulate that a re-take may not be offered on grounds of patient safety.</p> | <p>current time. It is open to applicants to submit further information or to reapply for compensation measures should they wish to do so. We will review our existing policy as part of a wider review of registration assessments planned for scoping during the 2016-17 Business Plan.</p> |
| <p><b>Common training principles</b></p> <p><b>(Articles 49a-49b)</b></p> | <p>The Directive introduces the possibility to set up 'common training frameworks' and 'common training tests', aimed at offering a new avenue for automatic recognition. A common training framework should be based on a common set of knowledge, skills and competences necessary to pursue a profession.</p> <p>This is not an option for osteopathy currently. Osteopathy would need to be regulated in 9 Member States.</p>                      | <p><b>Action:</b> To continue monitoring progress.</p>  | <p>There is no change in relation to common training principles. We will continue to keep this area under review as regulation increases across the EU.</p>   |

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|   | <p>Currently osteopathy is regulated in 7 (Finland, Iceland, Liechtenstein, Malta, Portugal, Switzerland, UK).</p> <p>We have been working with our colleagues in Europe to develop <i>a European Standard on Osteopathic Healthcare Provision</i> through the CEN (European Committee for Standardisation – <a href="http://www.ceu.eu">www.ceu.eu</a>) process. While this Standard will not impact on the UK, this Standard seeks to set a European benchmark of education, training and practice standards for osteopathy in those countries without any regulatory mechanisms.</p> |   |   |
| <p><b>Putting administrative procedures online (Articles 50, 57, 57a)</b></p> | <p>Information regarding our registration process, including relevant documentation, is available on our public website. Applicants are also able to submit their application online to us.</p> <p>Our understanding is that there is no obligation on the GOsC to provide a facility for the applicant to complete the entire registration process online. Therefore we understand that we meet this</p>   | <p><b>Action:</b> To confirm our understanding that we meet this requirement.</p> | <p>There has been no change here. Information about our current registration processes is available on our website and applicants are able to submit applications electronically.</p> |



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| <b>Knowledge of languages (Article 53)</b> | <p>The Directive provides that competent authorities should be able to apply language controls after recognition of professional qualifications, but for professions with patient safety implications in particular those language controls can be applied before the professional accesses the profession in the host Member State.</p> <p>Currently we raise concerns about language competence only when these become evident during the application process, as we already apply standards related to the ability to communicate with patients. We are exploring whether we may add evidence of language to our registration criteria for EU/EEA applicants.</p> | <b>Action:</b> To establish whether and how we may apply criteria regarding the knowledge of English. | Our revised registration processes allow for language testing when appropriate.  |
| <b>Alert mechanism (Article 56a)</b>       | While we understand that the Alerts will focus on issues affecting an individual's fitness to practise, we have sought clarification as to whether removal might also include non-fitness to practise matters, for example non-compliance with   | Action: To confirm our understanding of how to meet this requirement.                                 | Staff have been trained on the use of the internal IMI system through which alerts are made to other competent authorities. We have some concerns about the numbers of alerts that will come through, however, we will monitor this issue along with the other regulators and keep |

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|  | <p>insurance or continuing professional development requirements. This would help to avoid any confusion and ensure a consistent approach among competent authorities.</p> <p>We have also requested clarification with the DH and BIS as to when the three day notification deadline takes effect and whether this includes working days only; and also guidance on how long information should be published, again to ensure a consistent approach.</p> |                    | resources under review.                                  |
| <p><b>Transparency initiative (Article 59)</b></p> | <p>A new mechanism is introduced in the Directive to ensure greater transparency and justification of regulated professions. Member States will have to provide a list of their regulated professions and the activities reserved for them, and justify the need for regulation.</p> <p>We commented in our BIS consultation response that this process would be helpful in highlighting areas where the extension of regulation might be desirable.</p>  | No further action. | No further action is necessary in relation to this area. |