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Government Advisory

Report C - Report on the methods used to identify costs, benefits, financial and regulatory risks

For the General Osteopathic Council - April 2011

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Contents

1	Introduction	3
1.1	Introduction and Context	3
1.2	Scope	4
1.3	Confidentiality and Disclaimer	4
2	Overview of our methodology and approach	5
2.1	Overview of Our Approach	5
2.2	Key assumptions	5
3	Timeline	7
4	Evaluation Criteria	8
4.1	Evaluation Costs and Benefits Framework	8
4.2	Defined risks to be evaluated	9
5	Impact Assessment – key activities	10
5.1	Sample selection	10
5.2	Establishing the baseline	10
5.3	Pre pilot impact assessments	10
5.4	Pilot Evaluation	11
5.5	Final Evaluation	12
6	Our approach to data gathering	13
6.1	The evidence required to complete the evaluation	13
6.2	Independent patient feedback	14
6.3	How risk will be evaluated	15
6.4	Responsibilities for data and information collection	15
6.5	Evidence required – pilot interviews	16
7	Developing the Cost Model	17
8	Costing Full Roll Out	18

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9 Summary and Next Steps 19

9.1 Assessing proportionality 19

9.2 Next Steps 19

10 Appendix A 21

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1 Introduction

1.1 Introduction and Context

This Report has been commissioned to support the General Osteopathic Council (GOsC) in assessing the impact of their draft revalidation scheme. Impact assessment is typically used to understand the costs and benefits of regulatory intervention on the private sector, the third sector, and public services.

In this instance it will help the GOsC's response to the overarching policy challenge presented in the Department of Health's Guidance 'Principles for revalidation: report of the Working Group for Non-medical Revalidation'. In particular whether the draft scheme appears proportionate to the risk associated with Osteopathic practice, and whether the pilots present a feasible mechanism for rolling out revalidation at a national level. The final evaluation will also be expected to consider any current thinking on revalidation. The recent White Paper 'Enabling Excellence' has suggested that revalidation may not be a 'one size fits all' solution, and there is a new focus on quality improvement as well as patient safety. Health regulators over the next period are requested to 'continue to develop the evidence base that will inform their proposals for revalidation over the next year. For those professions where there is evidence to suggest **significant added value in terms of increased safety or quality of care for users of health care services** from additional central regulatory effort on revalidation, the Government will agree with the relevant regulators, the Devolved Administrations, employers and the relevant professions the next steps for implementation.' [1]

'Report A - How do osteopaths practise?' produced by KPMG summarised some of the potential risks associated with clinical practice based as defined in the 2007 White Paper - Trust, Assurance and Safety. The KPMG report found:

- More than half of osteopaths normally practise alone, meaning they are frequently alone with patients, possibly in the osteopath's own home. The unsupervised nature of osteopathy also means that responsibility for patient safety rests firmly with individual osteopaths.
- Formal performance appraisal is rare, and we have found that very little documented reflection on performance or feedback from patients exists.
- 15% regularly practise in managed environments such as hospitals or clinics which may be subject to NHS standards of clinical governance.
- Around two thirds of osteopaths appear to use one or more adjunct therapy (29% use dry needling, 18% electrotherapy, 13% nutrition therapy and 12% acupuncture).
- 22% of survey respondents appear to undertake examinations of intimate areas, although the majority of these habitually offer chaperones when so doing. Around 10-15% of the 22% of osteopaths never offer chaperones when undertaking such examinations.
- Informed consent appears to be gained from patients for specific techniques in around 50% of cases (this is written consent in around 15% of those subset of cases where informed consent is sought).

[1] Enabling ExcellenceAutonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers at http://www.official-documents.gov.uk/document/cm80/8008/8008.pdf

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Report A also summarised some key attributes of the profession which will assist in ensuring that the sample selected is representative of the profession. This is further explored in Section 5.

In addition Report B identified how other health regulators were addressing revalidation, in particular the costs, benefits and risks. KPMG made some recommendations for the GOsC to consider for their own scheme. These should be further explored, and where relevant tested with stakeholders. This may include the review of core activities which support revalidation such as continuing professional development (CPD), the use of formative and summative assessments and training.

1.2 Scope

Report C outlines a methodology which will help measure the impact of the revalidation pilots. It sets out the approach which will be followed during the KPMG Evaluation and Impact Assessment, as documented in subsequent Reports D, E, and F. This Report will therefore explain the process which will be used to identify the costs, benefits, and risks with reference to the different practice of osteopaths.

This Report is informed as mentioned by two previous KPMG Reports:

- Report A – How do osteopaths practise?
- Report B – A report on the review of the work undertaken by other regulators to challenge costs, benefits, financial and regulatory risks.

1.3 Confidentiality and Disclaimer

This Report has been prepared on the basis set out in our Engagement Letter addressed to Fiona Browne of the General Osteopathic Council (the "Client") dated 15 March 2010 (the "Services Contract"). We have not verified the reliability or accuracy of any information obtained in the course of our work, other than in the limited circumstances set out in the Services Contract. This Report is for the benefit of the Client only**.** This Report has not been designed to be of benefit to anyone except the Client. In preparing this Report we have not taken into account the interests, needs or circumstances of anyone apart from the Client, even though we may have been aware that others might read this Report. We have prepared this report for the benefit of the Client alone. This Report is not suitable to be relied on by any party wishing to acquire rights against KPMG LLP (other than the Client) for any purpose or in any context. Any party other than the Client that obtains access to this Report or a copy (under the Freedom of Information Act 2000, the Freedom of Information (Scotland) Act 2002, through the Client's Publication Scheme or otherwise) and chooses to rely on this Report (or any part of it) does so at its own risk. To the fullest extent permitted by law, KPMG LLP does not assume any responsibility and will not accept any liability in respect of this Report to any party other than the Client. In particular, and without limiting the general statement above, since we have prepared this Report for the benefit of the Client alone, this Report has not been prepared for the benefit of any other Regulatory Body nor for any other person or organisation who might have an interest in the matters discussed in this Report, including for example General Practitioners/Osteopaths those who work in the health sector or those who provide goods or services to those who operate in the health sector.

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2 Overview of our methodology and approach

Our methodology is designed to help the GOsC assess whether the scheme is proportionate and contributes to improving patient safety and quality by considering whether the benefits outweigh the costs. It will focus on the following:

- The extent to which revalidation imposes additional costs or reduces existing costs on osteopaths or patients or introduces new regulatory costs on the public sector. This is of course critical for all parties in the current financial climate.
- The nature of the additional administrative or reporting burdens placed on the GOsC and their registrants.
- Any degree of redistribution or transfer of costs or benefits between sub-groups within the profession, with particular reference to how they practise.
- Identification of the best possible evidence to support our conclusions.

2.1 Overview of our approach

Our approach to date has been as follows:

- An initial development of assessment criteria by KPMG based on our experience of undertaking impact assessment and evaluation of pilots in the Health sector and more broadly.
- Testing these criteria during 2 half-day workshops:
  - First Workshop – with the GOsC Senior Management Team, generating initial ideas on the costs, benefits, and risks associated with revalidation and how these might be measured.
  - Second Workshop – with the GOsC Senior Management Team and members of the RSAG which discussed the key stages and required activities of the pilot revalidation process and how this linked with the evaluation methodology.
- Updating the Evaluation Criteria,whilst progressing the development of the cost model and data specification to inform our pre-pilot evaluation.

Report C concludes Stage 1 of our work with the GOsC and the establishment of our baseline. We will follow a three stage process to our main evaluation, with data drawn and analysed at each stage. This is summarised as follows:

Stage 2 – Pre-Pilot Impact Assessment

Stage 3 – Pilot Evaluation

Stage 4 – Final Evaluation

Each stage will build on the information gained in previous phases and question the conclusions reached at each key point. The timeline for this process is outlined in section 3.

2.2 Key assumptions

The methodology developed in this report outlines at a high level our approach to the evaluation. We make the following assumptions which inform our approach:

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- Due to the iterative nature of this evaluation the projections around costs, benefits, and risks are likely to evolve as the quality of data improves, and the pilots test initial assumptions formed in the pre-pilot stage.
- When assessing costs, benefits and risks these will be quantified and monetised as far as possible from our quantative data. It should however be recognised that much of our evidence will be derived from interviews, which are subjective.
- We are dependent on the quality of the data gathered by the GOsC during the course of the pilots (including budget/financial information). We will be reliant on the GOsC to collect and maintain risks and issues logs, expenses and timesheets.
- Later in this document we outline key assumptions in creating the Cost Model.

In addition to our assumptions that will be used in the methodology we have taken into account the evidence obtained from Reports A and B which will affect findings. In summary:

- The overall level of risk in osteopathic practice, and the number of specific risks both have implications for the extent and scope of revalidation, and consequently for costs (or for risks).
- The extent to which osteopaths practise alone has implications for the cost of revalidation as it limits networks which can be exploited in reviewing or collating submissions as may be the case with larger professional groups working predominantly in the NHS.
- The number of osteopaths working less than full time, including those for whom this is due to unutilised appointments.

Further evidence obtained from Report A – How do Osteopaths Practise will be used to contribute to a representative stratified sample selected for the pilot revalidation.

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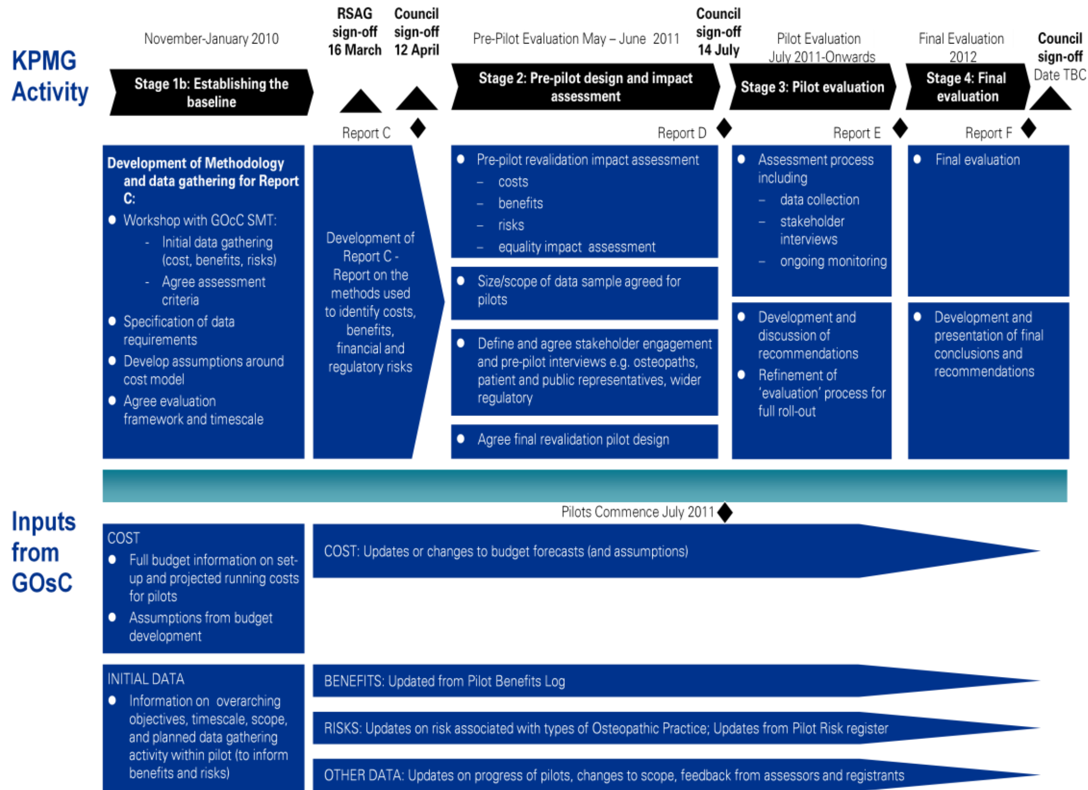
3 Timeline

The timeline for delivery of the KPMG evaluation is detailed at a high level in the diagram below.



The timeline above shows the KPMG activity and the inputs from the GOsC at each stage of the pilot:

- Stage 2 – Pre-Pilot Impact Assessment
- Stage 3 – Pilot Evaluation
- Stage 4 – Final Evaluation

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4 Evaluation criteria

Our evaluation criteria will inform an assessment of whether the benefits are outweighed by the costs. They will therefore help us assess whether the scheme is proportionate and feasible.

We will take into account findings from Report A – and Report B to outline costs, benefits and risks. These documents will support selection of the sample and will ensure appropriate data is gathered given the current level of knowledge of the profession.

Our evaluation criteria are designed to review the costs and benefits against key stakeholders within the revalidation process. We have also outlined the risks that are to be evaluated as part of this process. The information is summarised below with further information on the data collection techniques provided in section 6.

4.1 Evaluation Costs and Benefits Framework

	Costs	Benefits
GOsC	Extent pilot imposes new or additional costs upon the GOsC e.g. greater administrative costs or increase in non value adding activity.	Positive impacts generated for the GOsC e.g. more streamlined delivery of regulatory functions or improved perception with other stakeholders.
Osteopaths	Costs for the osteopath would include the time spent engaging with revalidation pilot (potentially forgoing patient income).	The benefits of engaging with the revalidation pilot will be explored and could include enhanced Continued Professional Development. The evaluation will include actual and perceived benefits.
Assessors	Costs will be explored for assessors. An example potential cost could be the time taken engaging with revalidation (training etc) is not financially viable with reference to the volume of work undertaken.	Potential benefits will be explored. Examples could include improvement of own practice through peer observation of other osteopaths (this will not be undertaken by the GOsC assessor team).
Patients	The extent to which patients are more willing to utilise osteopaths.	Benefits could include higher quality provision and reduced sub-optimal outcomes and reduced complaints.
Health sector	Potential costs to the wider health sector will be evaluated with information collated through stakeholder consultation. These could include additional regulatory costs, which may require regulators to rebalance internal budgets to account for this.	The benefits will be explored and could include lower onward referral (therefore lower treatment costs overall).

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4.2 Defined risks to be evaluated

The risks to be evaluated are as follows:

	Risk	Description	In practice
The GOsC	**Financial and capacity Risk**	**Evaluation of revalidation in relation to financial and capacity risk** The risk that the GOsC will be unable to meet its financial obligations in relation to revalidation and that it will not have adequate grant monies (£402,000 total funding) to cover the costs of running the pilot, and that the cost of the full scale roll out is prohibitive.	Consider if there are particular risks faced by the GOsC around the financing of both piloting and full revalidation e.g. whether the organisation has sufficient capacity to deliver this and it can be funded.
	Regulatory Risk	**Evaluation of revalidation in relation to regulatory risk** The risk that a change in laws and regulations will materially impact a security, business, sector or market. A change in laws or regulations made by the government or a regulatory body can increase the costs of operating a business, reduce the attractiveness of investment and/or change the competitive landscape.	The extent to which regulatory changes may affect osteopaths' businesses, become burdensome or adversely impact the way they practise, resulting in some registrants choosing not to stay on the register. In the Report A focus groups there was some intimation that if revalidation is perceived as too burdensome some registrants may choose not to stay on the register.
	Reputational Risk	**Evaluation of revalidation in relation to reputational risk** In addition regulatory risk can span much further to cover the risks associated with public, patient and other healthcare professionals' perceptions of the pilot revalidation scheme and its implementation.	Patients may have greater confidence in the osteopath as a result of the revalidation pilot which would indirectly impact upon the profile of the GOsC.
Registrant	**Environmental Risk**	**Evaluation of revalidation in relation to environmental risk** Environmental risk is inherent in the nature of the current sphere in which osteopaths practice. Report A – How do osteopaths practise, summarises some of the potential environmental risks associated with osteopathy.	From Report A and Trust, Assurance and Safety we know that registrants who practise in their own home are perceived as being of a higher environmental risk than those who may practise in a group practice. We also know from the focus groups we hosted as part of report A that osteopaths themselves consider that they are exposed to some risk, through practising at home.
	Clinical Risk	**Evaluation of revalidation in relation to clinical risk** Clinical risk is an avoidable increase in the probability of harm occurring to a patient. Events or incidents occur in daily practice that will, or could potentially, affect the quality of patient care. The research carried out in relation to adverse events will contribute to this.	For osteopaths the level of clinical risk is dependent upon the manner in which they practise and the techniques that they deploy.

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5 Impact assessment – key activities

5.1 Sample selection

During this next stage we will work with the GosC to select an appropriate pilot sample utilising our knowledge of the profession.

We understand that the GOsC has budgeted for 350 pilot completions. We suggest that the pilot sample should include an additional 10% of enrolments (385 registrants) to minimise the potential impact of attrition throughout the pilot. It is important that the sample is representative of the osteopathic demographic as a whole and reflects the diverse characteristics of the profession. Within Appendix A we have highlighted an ideal sample frame for the pilot against the key characteristics of the sector.

Our recommendation is that smaller sample groups (e.g. osteopaths over the age of 65 yrs old) are over represented within the sample to reduce the risk of attrition and ensure an adequate number of completers within each group. We recommend that the GOsC aim to set a minimum criteria of 10 registrants for each sample group.

We are also aware that the current proposal is that the pilot will include only those osteopaths who volunteer to be in the pilot. We appreciate that this would be the ideal solution, as one would assume that those registrants who put themselves forward to participate in the pilot are more likely to complete the full pilot. It may be necessary in order to gain a broader population for the the GOsC to approach specific 'subsets' of registrants with a view to asking them directly whether they would be prepared to volunteer in the pilot.

5.2 Develop the specification

This part of the process involves understanding the GOsC's definition and assessment of the challenge around piloting revalidation and its key objectives around implementation. In this stage we will begin to specify the data that will be gathered over the course of the evaluation, building on the qualitative information that was gathered during the initial SMT workshop. This includes data generated from Report A , good practice from other regulators as in Report B, and initial thoughts about how to measure costs, benefits and risks.

This will be tailored to understanding the impact of the pilots on key groups, as defined in Report A. The Impact Assessment undertaken in subsequent stages will be in reference to the Evaluation Criteria agreed with the GOsC. The initial draft of the cost model will also be developed in this stage, which will form the key assumptions around quantifying the cost of the pilots.

5.3 Pre-pilot impact assessments

This stage involves specifying and gathering the data to inform the initial part of the impact assessment. During this stage we will carry out a series of tasks:

- We will work with the GOsC to understand the budget information they are projecting for the cost of the pilots.
- The types of practice of osteopathy will reflect the data collected and reported in Report A.

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- We will also undertake semi-structured interviews with key stakeholders to gather qualitative information, anticipating key benefits and risks. This information will support the development of Report D, the Pre-pilot Impact Assessment.

Example: Assessing the budget

For example, in order to develop the cost model we will look at the assumptions made by the GOsC in the funding request to the Department of Health and consider whether the cost assumptions appear reasonable in light of the developed specification and include all possible costs.

Within the model presented to the Department of Health the cost headings were broken down into several areas.

If we take one distinct set of costs: **'revalidation pilot assessors'** then within this category there are cost estimates for: online advertising, training, and reimbursement of travel costs.

When evaluating this cost estimate there are several factors which we may consider to see if the estimates are reasonable?

- Where are the assessors being trained?
- Are central administration costs being accounted for?
- Is there a budget for a possible churn of assessors within the pilot period?
- Is online advertising the only advertising, given that many osteopath may not have ready access to a computer?
- Where are assessors being sourced from? Regionally based?

5.3.1 Equality Impact Assessments (EqIA)

In terms of our commitment to ensuring we obtain data on equality and diversity issues we will carry out an Equality Impact Assessment (EqIA). An EqIA assesses the effects a particular project or policy is likely to have on different groups, i.e. gender, age, sexual orientation, ethnicity/race, disability, and religion or belief. EqIAs help anticipate and identify the consequences and benefits of a project and initiatives on people.

Equality is about making sure that individual requirements of equality groups are taken into account, though equality does not simply mean treating everybody the same. To carry out the EqIA we will need:

- Quantitative data that provides numerical information e.g. population information, trends, monitoring reviews, internal reports, performance data, registrant profile, numbers of service users and non-users etc.
- Qualitative data that furnishes evidence of people's perceptions and views and experiences of the pilot or professionals. This might include analysis of complaints, surveys, insurance claims, comparative studies, external detailed research and consultation with stakeholders.
- If there is a lack of data or information concerning a particular area, this will not be a reason for us to stop the process. For example, if the likely impact on a particular group is unknown, it would be reasonable to decide to undertake further monitoring of the policy within a set period.

We will design a structured set of questions in order to ensure we collect this data and ensure that the pilot population is in line with our expectations and distributed across the entire population.

5.4 Pilot Evaluation

Once the pilots have commenced, we will undertake our Pilot Evaluation. This will involve monitoring and evaluating the costs, benefits, and risks of the pilots – gathering data both from the GOsC and a

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second series of stakeholder interviews to measure the impact of the pilots. Report E will document this updated impact assessment.

For example if we focus on the registrants and the requirements placed upon them as part of the overall revalidation programme post self-certification then we would look to assess what tools registrants use to ensure they make an assessment for all four domains and that they give various types of evidence as specified in the pilot specification. We would assess which are the preferred tools and the registrants' rationale for the completion of these tools.

We may, for example, for each means of providing evidence, as specified in Draft Guidelines October 2010 'Guidelines for osteopaths seeking revalidation' i.e. clinical reflections, action plans, management plans, look at:

- the time it took the registrant to complete each tool;
- the combination of tools used;
- the optimum minimum time to meet the prescriptions laid down in terms of evidence to meet the four domains;
- the manner in which the tool was completed (IT/hand written); and
- the means used to submit evidence.

A typical example is provided below (at this stage this is indicative only):

Patient Satisfaction Surveys

- The specification says that a registrant should provide 10 completed surveys from a range of surveys from across the lifespan with a range of different presentations.
- We would need to assess:
  - Did registrants find the GOsC tool helpful?
  - How long did it take for the patient to complete the questionnaire?
  - What was the patient's reaction to being asked to complete the tool?
  - What administrative tasks were involved in the distribution, collation and summary of the findings?
  - Did the findings affect the manner in which the registrant delivered their care offering?
  - How long did it take the registrant to document the rationale for using that particular tool?

5.5 Final Evaluation

After the pilots are complete we will undertake our final impact assessment. This will involve analysis of the last tranche of data from the GOsC, and final stakeholder interviews. We will finalise the cost model to understand what the full cost of rolling out revalidation will amount to, and quantify benefits and risks wherever possible.

Report F will conclude this work and will contain our assessment of whether the revalidation scheme appears proportionate to the risk associated with osteopathic practice, and whether the pilots present a feasible model for rolling out revalidation at a national level, providing the GOsC with the information to decide next steps around revalidation.

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6 Our approach to data gathering

The following table highlights the type of information we will need to complete the evaluation. Report D will detail the information specification in more detail and we will design templates for the assessors and osteopaths to complete to gather required information.

6.1 The evidence required to complete the evaluation

	Pre-pilot	Pilot	Final Evaluation
The GOsC	Full budget information on set up and projected running costs. Summary of completed time for all revalidation activity.	Revised budget information. Time log information from all those involved in pilot roll out. Summary of process issues log.	Signed off costs from the pilot and agreed assumptions for scaled up model. Completed time log information for all staff involved in revalidation. Completed process issues log.
Osteopaths	Osteopath enrolment information including Equality and Diversity information and current view of the pilot/reasons for participation.	Summary of completed time logs for all revalidation activity. Data set containing the feedback from osteopaths on costs/benefits/risks (actual and perceived) and potential improvements collated every three months. Feedback on reasons from early pilot leavers.	Final completed time log for all revalidation activity. Data set containing all osteopath feedback over the course of the pilot.
Assessors	Feedback on the recruitment/ training process and materials/tools.	Summary of completed time logs for all revalidation activity. Feedback from assessors on costs/benefits/risks (actual and perceived) and potential improvements.	Final completed time log for all revalidation activity. Data set containing all assessor feedback over the course of the pilot.
Patients	Consult PPI Group on potential benefits of the revalidation approach (Link Group). Registrant feedback on revalidation approach.	Consult PPI Group on potential benefits of the revalidation approach (Link Group). Pilot registrant data used to assess changes in practice as a result of feedback from patients and the additional costs of the pilots.	Consult PPI Group on potential benefits of the revalidation approach (Link Group). Pilot registrant data used to assess changes in practice as a result of feedback from patients and the additional costs of the pilots.
Health Sector	Work with the GOsC to Consult with stakeholders on approach, perceived costs/benefits/risks and alignment with DH strategy.	Work with the GOsC to carry out further consultation to explore stakeholder views on approach, perceived costs/benefits/risks and alignment with DH strategy.	Work with the GOsC to carry out final consultation to explore views of stakeholders on perceived costs/benefits/risks and alignment with DH strategy.

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6.2 Patient feedback

The current national policy emphasis on revalidation has arisen because of the potential for harm to patents which can arise if registrants fail to maintain fitness to practise. The most recent command paper from the Coalition Government, as discussed in section 1.1, has suggested a new focus on quality improvement as well as patient safety. Service users, actual and potential, are the ultimate beneficiaries of a robust system of revalidation. Therefore, patient and public involvement (PPI) in this pilot is one of the critical aspects which will impact upon the longevity of the scheme and the acceptance of its proposals.

The level of involvement should be determined by the GOsC and will be dependent upon what is desirable, and what is feasible given the timetable and resources and could include interjections at various stages of the scheme:

- design of the evaluation;
- the conduct (including the data collection); and
- the interpretation of results.

The methodology proposes the following to incorporate patient feedback:

- Consultation with a general public group at the pre-pilot, pilot and final evaluation stage to gather views related to the costs, benefits and risks of the draft revalidation pilot; and
- Assessment of costs and benefits to patients through the collation of registrant data i.e. has practice changed as a result of feedback from patients and what are the additional costs of the pilots.
- Incorporation of findings of patient expectation research, 'Standardised data collection within osteopathic practice in the UK: development and first use of a tool to profile osteopathic care in 2009.'

The methodology proposed would ensure that ethical approval was not required. For ethical approval to be required. **'The decision turns on whether the project is 'research'. The NHS Research Governance Framework (2e 2005) defines this as 'the attempt to provide generalisable new knowledge by addressing clearly defined questions with systematic and rigorous methods'.** Recent literature, NRES leaflet 'Defining Research', issued in 2009 now advises that service evaluations, service developments and quality improvement (which may involve questionnaires and interviews) do not require ethical approval.

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6.3 How risk will be evaluated

The evidence will be used to assess benefits and costs (including a cost model defined in section 7) and will also be used to evaluate risk as follows:

	Risk	Information Source
	Financial and capacity Risk	Analysis of full budget and time log information to assess pilot running costs against budget information. Cost model developed and scaled up to detail costs of the pilot and full revalidation scheme roll out.
The GOsC	**Regulatory Risk**	Stakeholder consultation to gather views (Regional Communications Networks etc) to assess potential regulatory risk. Feedback gathered from osteopaths and assessors as part of pilot process on time commitments and the costs and benefits of the revalidation process.
	Reputational Risk	Stakeholder consultation at pre-pilot, pilot and final evaluation to gather views. Feedback from assessors and osteopaths and information on issues log i.e. assessment of how well the GOsC have identified and dealt with arising issues.
Registrant	**Environmental Risk**	Feedback from assessors and osteopaths on awareness and perceived impact of revalidation on environmental risk. Service user feedback as part of revalidation process.
	Clinical Risk	Stakeholder consultation to gather views on clinical risk impact. Assessor and osteopath views on the impact of revalidation on their own practice. Access to complaints and fitness to practise data and information.

6.4 Responsibilities for data and information collection

In order to provide an independent evaluation KPMG will collate and analyse data/ feedback at various intervals, pre-pilot, pilot and post pilot. KPMG will provide templates and stuctured tools for data collection as part of report D. It is anticipated that these will be shared with pilot participants and assessors as part of the GOsC pre pilot induction. To summarise responsibility in relation to data and information collation:

- KPMG will carry out semi-structured interviews with stakeholders to inform the analysis of costs/benefits/risks and alignment with DH strategy.
- The GOsC will supply project management data including budget information and time log information.
- The GOsC will supply registrant and assessor enrolment forms (from enrolment/application process including required Equality and Diversity information).
- KPMG will collate registrant and assessor structured feedback (tools to include including time log information and further information to support feedback on costs, benefits and risks).
- KPMG will collate feedback from early pilot leavers.

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6.5 Evidence required – pilot interviews

As with Report A and B, we will be using semi-structured interviews to explore views of key stakeholders to the GOsC. We will be canvassing the views of the following groups at each stage of the evaluation:

- Representative Registrant Groups/Regional Communications Network;
- Osteopathic Insurers/Defence Unions;
- Special Interest Groups;
- Osteopathic Educational Institutions/Other Employers (Including Private Health sector);
- PPI Group;
- Selection of pilot participants;
- The GOsC Revalidation/Pilot Project Team and SMT; and
- British Osteopathic Association.

Our interviews will cover each of the main areas of our evaluation criteria in order to gain comprehensive qualitative feedback on the pilots. The interview structure will be defined as part of the data specification for Report D.

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7 Developing the cost model

In 2009, the GOsC successfully bid for a Department of Health grant to undertake development work for revalidation. Following this award, the GOsC produced a schedule of anticipated pilot costs showing the allocation of grant monies in more detail. This covered both the costs of preparations to enable the pilot to take place and also the recruitment of osteopaths for the pilot. The GOsC undertook a high level analysis of the pilot costs and allocated grant monies across eight areas.

We will use this allocation as our starting point in developing the cost model for the pilot scheme. A summary of our approach is provided below:

1. We will assess whether the GOsC's allocation of grant monies have been costed in detail, and, where they have not, we will assist senior management in filling in the gaps.
2. We will challenge the assumptions used by the team in order to identify and report the key uncertainties. We will assess the assumptions for consistency with the pilot approach and ensure that they are revisited, and updated if necessary, as the approach is finalised. This will include whether factors such as the number of members in the pilot scheme, geographical spread and method of moderation have been adequately taken into account.
3. We will identify whether any costs have been overlooked. Currently, the GOsC's approach to identifying and quantifying pilot costs has been to exclude internal costs to the organisation, for example the time of existing staff members, on the basis that these will be unchanged whether the pilot and full revalidation programme take place or not. We will agree with management a method of keeping a memorandum of internal costs during the pilot, particularly staff time, so that the assumption that the pilot and roll-out can be managed within existing resources can be reviewed. Where we identify external costs which have been overlooked, we will provide our best assessment of the additional cost to the GOsC.
4. We will assist management in the recording of costs incurred for the pilot scheme in sufficient detail to allow the cost model to be validated.
5. We will assess whether the GOsC have taken any opportunity costs into account when analysing the costs of revalidation. For example, we know that registrants are already asked to provide evidence to support their CPD portfolios. Therefore, we will assess whether the GOsC has identified this overlap and taken this into consideration in calculating overall costs.

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8 Costing full roll out

The pilot cost model will require further refinement in order to develop a cost model for full roll-out. Based on an agreed set of assumptions, we will assess how the anticipated pilot costs would be expected to deviate on full roll-out.

Examples of factors affecting the scaling of the cost model to full roll-out

- Volume of revalidation and phasing. For example, the number of osteopaths to be revalidated each year, the time period over which full roll-out will be implemented
- Identification of one-off set-up costs versus ongoing running costs. For example, one-off production of delegate packs in the pilot versus ongoing needs to keep osteopaths informed of revalidation requirements.
- Changes in internal management costs as a result of scaling. In particular, whether the organisation has the existing capacity for full roll-out or whether additional resources are required.
- Communication methods and their effectiveness during the pilot. For example, the extent to which workshops are needed for osteopaths and the use of other, less costly, methods such as podcasts and internal publications.
- Future use of information technology. Considering the use of IT by registrants and what proportion of registrants used IT in the pilot and whether this is likely to be used in the future by registrants.
- Potential changes to the CPD scheme that may affect the degree and scope of revalidation.
- Consistency review and audit arrangements. For example, what proportion of evidence submitted by osteopaths will be assessed and how will this be carried out.

The model which articulates the full cost of rolling out revalidation (as piloted) will be documented in Report F.

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9 Summary and next steps

9.1 Assessing proportionality

The methodological approach that we have outlined above will enable KPMG to carry out a full evaluation and impact assessment of the draft GOsC revalidation scheme. It will enable the review of the costs, benefits, risk and impact of the scheme and an indication of whether it could contribute to the improvement of patient safety, enhancement of quality as enviaged in the white paper – Enabling Excellence.

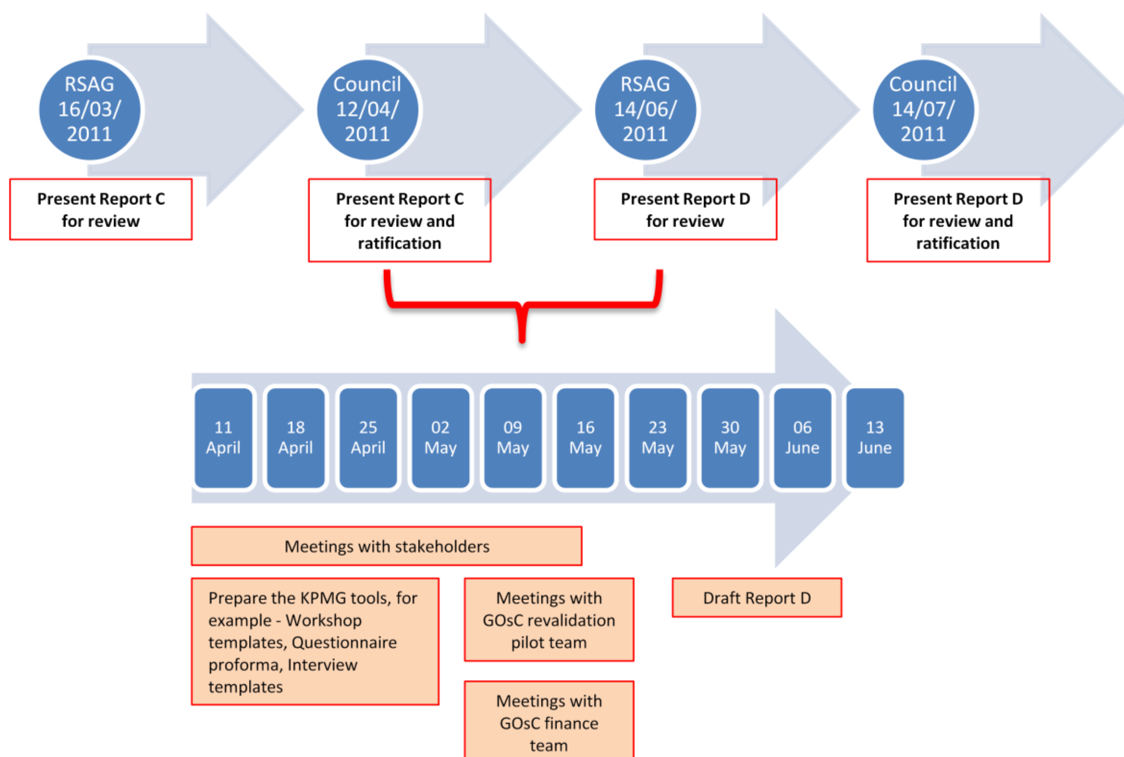
As part of the final evaluation the specification outlined and the information gathered will enable KPMG to assess the proportionality and feasibility of the revalidation scheme in order to determine if these are appropriate given the risk to patients posed by Osteopaths.

9.2 Next steps

In this report we have set out how we intend develop our approach to evaluation in terms of the methods we intend to use to identify costs, benefits and financial and regulatory risks. Our thinking in this report will be used to inform our future work which will enable us to complete reports D, E and F and to work with the GOsC to develop a proportionate revalidation scheme.

The immediate few weeks are key to ensure that we work with the GOsC and wider stakeholders to make sure that we are fully conversant with the pilot specification, appreciate the resource implications of actions, understand data requirements and fully recognise the implications of the pilot overall.

We have set out in the timeline below our approach in the forthcoming weeks:



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In terms of report D we will work with the GOsC to ensure that it covers the key areas and outlines clearly the information that we will need to collect and the formats that we will require the data to be in.

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10 Appendix A

We have detailed below the stratified sample criteria for the revalidation and in particular the ideal sample number of participants for each criteria. Whilst it will not be possible to match this criteria exactly we suggest that there are efforts to mirror these criteria but in particular that a minimum number of registrants is achieved for each sample group.

Our suggestion is that where possible smaller groups are over represented to achieve a minimum number of 10 registrants (to ensure adequate coverage and offset impact of attrition on small groups).

Suggested Stratified Sample

	Population	Ideal Sample Size
Gender		
Male	*51%*	*197*
Female	*49%*	*188*
Age		
30 or under	*14%*	*55*
31 to 40	*27%*	*105*
41 to 50	*36%*	*137*
51 to 65	*20%*	*78*
66 or older	*2%*	*10*
Geography		
England	*86.3%*	*332*
Northern Ireland	*0.45%*	*2*
Republic of Ireland	*1.8%*	*7*
Wales	*2.15%*	*9*
Scotland	*3.2%*	*12*
Other UK	*0.3%*	*1*
Non UK	*5.8%*	*22*
Disability		
Yes	3%	*12*
No	97%	*373*
Ethnicity		
White	*82%*	*316*
Black or Minority Ethnic Group	*18%*	*69*
Total		***385***

Source: Report A: Age, Gender, Geography and Nationality population information sourced from the GOsC registrant data base. Disability population information sourced from the GOsC consultation on revalidation (2009). Ethnicity population information sourced from KPMG survey.

We recommend where sub samples are less than 10 that the GOsC should over recruit to allow for possible attrition.

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10.1.1 Covering the breadth of how osteopaths practise

The GOsC may also consider that the sample needs to reflect the range of situations within which Osteopaths practice. These are listed below (extracted from the GOsC invitation to tender these were used as the basis of Report A – How do Osteopaths Practice.

Situation	Population	Ideal Sample Size
People taking time out e.g. maternity leave	n/a	n/a
Sole practitioner	57%	219
Newly qualified osteopaths (within 2 to 5 years of practise)	28%	108
Practitioners working less than full time	50%	193
Practitioners with a disability – including autistic spectrum disorders, ME, visual impairment, colour blindness	3%	12
Teaching or research	25%	96
Groups registered with other health regulatory bodies	5%	20
Locum practitioners	4%	13
National Health Service (NHS) practice (either exclusively or in conjunction with a private practice too).	15%	58
Those who deliver osteopathy via home visits either exclusively or as part of their practice.	30%	116
Those registered with the GOsC who practise outside of the UK with or without formal regulation in their main country of practise.	5%	17
Those registered in the UK on a temporary basis.	4 on register	4
Those using adjunct therapies as part of their practise.	67%	258
Those undertaking internal interventions. * It was agreed at the GOsC Council 14/10/10 that the consideration of intimate examination would be preferred	22%	85
Those who are consulted by particular groups, for example, pregnant women or children	few specialise	n/a

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Business in the Community 2008

Education, Health communities, Employability, Environmental Leadership, Power in Partnership

Business in the Community 2008

Power in Partnership

Best company to work for – 2008

Financial Times best workplaces UK 2007

Best companies accreditation 2008

Accountancy Age awards – 2007

Corporate Finance deal of the year

Employer of the year

Best company to work for – 2009

Top Employer for working families 2009

Accountancy Age awards – 2009

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