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Government Advisory

Report D -Information Specification for the Evaluation and Impact Assessment of the GOsC Revalidation Pilot

July 2011

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1 Introduction

1.1 Introduction and Context

This Report has been commissioned to support the General Osteopathic Council (GOsC) in the evaluation, assessment and impact of their draft revalidation scheme to provide anticipated costs, benefits, financial and regulatory risks as envisaged at pre-pilot development along with a detailed specification of the information to be collected during the Pilot to update anticipated costs, benefits and risks analysis. Evaluation and 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 GOsC's response to the overarching policy challenge initially 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. It also supports the more recent recommendations from the Secretary of State in the Command Paper, Enabling Excellence, to 'continue to develop the evidence base that will inform their proposals for revalidation over the next year' and will consider whether there is 'evidence to suggest significant added value in terms of increased safety or quality of care for users of health care.'¹

Report D is the detailed specification of information that is to be gathered to complete the evaluation of the Revalidation Pilot. The report also details the output from focus groups on the costs, benefits and risks that have been envisaged at the pre-pilot development stage. Report D has also been informed by:

- Report A - How do Osteopaths Practise? produced by KPMG summarised some of the potential risks associated with clinical practice (including risks arising from the environment). These were informed by the 2007 White Paper, Trust, Assurance and Safety and also the integration of some of the findings from the draft CONDOR complaint report on claims and complaints about osteopaths² and the Standardised Data Collection Project.³
- Report B - Reviewing the work undertaken by other regulators to outline costs, benefits, financial and regulatory risks, identified how other health regulators were addressing revalidation, in particular the costs, benefits and risks of introduction.
- Report C – The methods used to identify costs, benefits, financial and regulatory risks 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.

¹ <http://www.official-documents.gov.uk/document/cm80/8008/8008.pdf>

² Unpublished report March 2011: Complaints and claims against osteopaths: a baseline study of the frequency of complaints 2004-2008 and a qualitative exploration of patients' complaints (CONDOR)

³ http://www.osteopathy.org.uk/uploads/standardised_data_collection_finalreport_24062010.pdf

Report D will be succeeded by Report E and Report F which will conclude our evaluation 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 GOsC with the information to decide next steps around revalidation.

1.2 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.

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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.

2 Determining the Evaluation/ Impact Specification

2.1 Our Approach

As part of the pre-pilot development stage consultation has been carried out to date with 47 stakeholders as well as the GOsC Senior Management Team. The purpose of the consultation has been to gather information on the costs, benefits and risks that are envisaged at the pre pilot development stage to inform the specification for the evaluation of the Revalidation Pilot.

In some cases the stakeholder consultation was also used as an opportunity to review the evaluation tools that have been developed. The feedback received from participants has been incorporated into the final versions of the tools.

The consultation was conducted with osteopaths but also a wider group of stakeholders as represented by the following organisations:

- Osteopathic Educational Institutions
- Regional Communications Network (RCN)
- Sheffield Osteopathic Association
- British Osteopathic Association
- Special Interest Groups
- The GOsC Senior Management Team

We have also conducted a mapping exercise to ensure that all of the evaluation and impact criteria are covered sufficiently within the pre pilot, pilot and post pilot phases. For further information and detailed specification mapping please see Appendix 1. These are indicative at pre pilot stage and due to the nature of the pilot process it is inevitable these may evolve and will be reported in full in reports E and F.

2.2 Stakeholder Consultation

2.2.1 Summary of Findings

We conducted semi structured interviews/focus groups with the stakeholders' as indicated above. We have detailed below a summary of our findings from the stakeholder consultation that has been carried out at the pre-pilot development stage. The envisaged pre pilot costs, benefits and risks identified by stakeholders will be tested during later stages of the Revalidation Pilot evaluation to see if these have been realised and to see if others have emerged during the pilot process.

In summary some general findings from the stakeholder consultation have been summarised below.

- The depth of awareness and knowledge of the Revalidation Pilot across registrant stakeholder groups was found to be relatively low. The majority of whom were not clear on the content and requirements of revalidation.
- There was some concern from osteopaths that the Revalidation Pilot will be another 'PPP' which was not a positive experience for a number of those consulted.
- There were mixed views in terms of whether osteopathy needs revalidation because practice is seen by the participants as low risk. It was noted by osteopaths that revalidation could be perceived as a 'waste of time' across the sector.
- Some stakeholders expressed the view that the pilot may be 'skewed' by 'keen' participants seeking to improve their practice. This may mean that the Revalidation Pilot evaluation outcome is not reflective of the whole profession of Osteopathy.

2.2.2 Anticipated Benefits

The stakeholders consulted as part of the pre pilot stage were asked to consider the benefits for osteopaths engaging with the Revalidation Pilot. A summary of the benefits that were envisaged at the pre-pilot development stage is presented below:

- All stakeholders noted that revalidation could enhance osteopath practice. Examples of how this could be achieved were cited by osteopaths and included 'becoming a more reflective practitioner' and 'improving communication with patients'.
- The majority of stakeholders welcomed the opportunity to engage with a broader range of CPD opportunities.
- A further theme that emerged was a benefit for patients and the fact that they would probably view the Revalidation Pilot in a positive way. The benefits for patients could include 'safer treatment' and the 'selection of the best treatment for patients'.

Some of the specific benefits referenced by osteopaths included the following:

- The Revalidation Pilot will provide reassurance that you are doing a good job and could also help to identify shortcomings in your existing practice that can be identified and tackled.
- Getting more involved in revalidation and CPD means osteopaths can use these wider skills to support other osteopaths e.g. 'Teach CPD'.
- A number of the osteopaths consulted noted that the Revalidation Pilot may have a positive impact on how osteopathy is viewed by the rest of the sector (e.g. General Practitioners).
- One Osteopath noted that 'If osteopaths make good use of the audit tools available then the resultant data could contribute to the evidence base for osteopathic practise'.
- It was also noted that participation in the Revalidation Pilot may make osteopaths read the Code of Practice which is a good thing.

The aim of our work is to evaluate the impact and the benefits of the pilot and to present these to the GOsC. These benefits can then be used by the GOsC to conduct a full benefit realisation study post pilot, so that they can determine whether these benefits are realised.

2.2.3 Anticipated Costs and Risks

The stakeholders consulted were also asked to consider the costs and risks for osteopaths engaging with the Revalidation Pilot. A summary of the costs and risks that were envisaged at the pre-pilot development stage is presented below:

- One issue to emerge consistently was that if the Revalidation Pilot (and revalidation more widely) is overly bureaucratic and takes a lot of time then the sector will not engage.
- A number of stakeholders also noted that there is a risk if revalidation is not well received then it may lead osteopaths to voluntarily come off the register. This creates a *regulatory risk* in that the GOsC may not have sufficient income to perform its regulatory function. It would also create a potential *clinical risk* with osteopaths treating patients with no obligation to adhere to the Code of Practice.
- Revalidation needs to be commensurate with the cost, osteopaths are considered a low cost 'private' service. Will revalidation add to the cost?

Some of the specific costs and risks referenced by osteopaths included the following:

- Their biggest worry with regards to revalidation was failing the required standard (this fear was largely based on a poor experience of PPP).
- One osteopath noted a further worry was getting penalised for practising in some areas of the Profession that they considered to be a bit 'edgy' and thought to be 'frowned upon'. Others considered that they would not reflect on these treatments in any revalidation paperwork.
- It was noted that there was a risk that with such an 'arms length' method the Assessor ends up assessing the quality of the osteopath's paperwork, not the quality of care.
- One osteopath noted that 'it feels like osteopaths are going through revalidation as a guinea pig' for the rest of the health sector.
- Some osteopaths felt that the focus on keeping up with the 'Code of Practice' was 'odd' as most experienced professionals were way ahead of this in a number of areas. This raises a risk that if it is too basic osteopaths will not engage.
- There was concern noted by one osteopath that in a similar way to existing CPD, it would be hard to find Revalidation Pilot activities that will provide opportunity for 'stretch' for experienced osteopaths.

2.3 Patient and Public Involvement

As presented in Report C the evaluation of patient and general public feedback will come from several sources and will focus on:

- The costs to patients of revalidation where these can be quantified;
- The potential benefits of revalidation such as higher quality provision, reduced sub-optimal outcomes and reduced complaints; and

- Clinical risks to patients as discussed in the Investigating Osteopathic Patients⁴
Expectations of care: the OPEn project⁴ and the CONDOR adverse events data report data⁵

National Voices, commissioned by the General Medical Council in 2010 ran two roundtable events with service users to explore patient and public opinion of Medical Revalidation⁶. Whilst there are clearly differences between the revalidation model proposed for osteopathy and for doctors there are some interesting findings which the GOsC might like to consider.

Service users reported that revalidation would lead to an increase in confidence in the professionalism of doctors. They believe that they can, and should provide feedback on both the clinical care that they receive, and also the professionalism of the doctor. This feedback should not be used in isolation and should form part of a doctor's appraisal process. We reported in Report B that some non-medical regulators were considering how to implement appraisal as one of the potential tools for revalidation. We recognise that this is harder for osteopathy, largely as a result of the environment in which they practice, whereby there is a high incidence of solo-practice, as opposed to medical environments where practice often takes place in teams.

Likewise the recent Command Paper 'Enabling Excellence'⁷, detailed the Department of Health's desire to see a higher level of local accountability of local employers as well as professionals. As osteopathic practice is predominantly outside of the NHS and large group practices this will be harder to implement and incorporate in any revalidation scheme. KPMG will reflect on some of the issues of patient and public involvement in the evaluation and in reports E and F.

As part of our evaluation of the costs and benefits for patients we are conducting a focus group with Insurers to gather their views on the impact of revalidation. We will also review data from Insurers on claims and complaints against osteopaths to further inform our review of impact.

⁴: Investigating Osteopathic Patients' Expectations of care: the OPEn project (University of Brighton)
<http://www.osteopathy.org.uk/resources/research/Osteopathic-Patient-Expectations-OPEn-study/>

⁵ Unpublished report March 2011: Complaints and claims against osteopaths: a baseline study of the frequency of complaints 2004-2008 and a qualitative exploration of patients' complaints (CONDOR)

⁶ <http://www.nationalvoices.org.uk/checks-on-doctors-0>

⁷ <http://www.official-documents.gov.uk/document/cm80/8008/8008.pdf>.

3 Evaluation Tools

We have summarised in the table below the tools that are to be used to gather the information specification required as part of the Pilot Revalidation evaluation. Further detail on each tool is included in Annex 2.

3.1.1 Evaluation Tool Descriptions

Tool	Description	Timeframe
The cost model	A cost model to assess the estimated cost of the pilot and the cost of scaling up the pilot to a population wide model.	Set up stage and throughout pilot
Equality Impact Assessment - Initial Screening	An Equality Impact Assessment (EIA) initial screening has been carried out to ensure that GOsC carefully consider the Revalidation Pilot and its likely impact of their work on different communities or groups.	Final version in KPMG evaluation of pilot report F
Characteristics Form - Pilot Participant Information	Pilot Participant enrolment information required to inform the evaluation. It includes practice details and equality and diversity information. A hard copy will be completed by the applicant at the enrolment stage.	Complete at the enrolment stage.
Pilot Participant Form A (PPA)	Each Pilot Participant will complete an evaluation form every three months. This is the first evaluation form and therefore includes relevant indicators for this stage of the Pilot such as the evaluation of recruitment and training. Pilot Participants will have the option to complete the PPA form electronically or in hard copy.	Completed early December 2011
Pilot Participant Form B (PPB)	This is the Pilot Participant form to be used twice to gather data in April and July 2012. The questions have been developed so they are relevant to the interim stage of the evaluation. Participants can complete electronically or in hard copy.	Completed April 2012 and July 2012
Pilot Participant Form C (PPC)	This is the final participant evaluation form to be used at the end of the Revalidation Pilot. It includes further questions such as overall impact of the pilot. Pilot Participants can complete electronically or in hard copy.	Completed October 2012
Early Leaver Feedback	To gather further feedback on those participants that leave the pilot early	When a participant is confirmed as leaving.
Assessor Perspective (October 2011)	To gather initial feedback from Assessors engaged on the Revalidation Pilot on areas such as training and support.	October 2011
Assessor Perspective (October 2012)	To gather final feedback from Assessors at the end of the Revalidation Pilot on a wider range of areas including impact.	October 2012
Time log	To gather indicative costs of the GOsC staff time that can be extrapolated to full roll out	Set up stage and throughout pilot

4 Anticipated Cost Model

In order to assess the estimated cost of the pilot and the cost of scaling up the model to a population wide model (approximately 4,000 osteopaths) it is necessary to identify all costs at: pilot initiation and set up; pilot operation; and post pilot review so that it is easy to identify which costs are likely to be one off costs or recurring into future periods.

It is also important to identify which party bears the cost and whether these costs are full costs, or are likely to be offset, for example, through participation in other activities. For example, part of pilot participant costs will be for their time in completing the portfolio. However, we understand that part of the portfolio may historically have been completed in order to meet their continuing practice CPD requirements. Therefore, the true cost is the opportunity cost of completing the revalidation portfolio only.

In addition, when the pilot is evaluated we will look to quantify the costs incurred and group into three areas: pilot initiation and set up; pilot operation; and post pilot review.

4.1 Anticipated Pilot Initiation and Set up Costs

We understand that third party external pilot initiation and set up costs are already being actively collected by the GOsC finance team and account for costs such as:

- Research & Risk Assessment;
- Assessment processes;
- Communication tools;
- IT Development;
- Recruitment & Training – assessors;
- Development of pilot materials;
- Equality & Diversity guidance;
- Pilot costs;
- Pilot information materials;
- Advertisement for pilots; and
- Pilot implementation workshops.

These are all third party costs that the GOsC has specifically commissioned in order to facilitate the set up of the pilot. The GOsC is not intending to and has not put systems in place to capture any staff time or RSAG/Council time/resource costs incurred pre pilot as it feels that these costs have been met through the GOsC's business as usual operational structure and that it has not employed any additional staff to manage the pilot processes.

The development of guidance literature, engagement with stakeholders, development of policy and research in this area has also all been absorbed into the business as usual budget. To date we have identified through discussions with officers that this has not impacted on the operational remit of the GOsC, as revalidation is an intrinsic element of the GOsC's business and operational plan.

4.2 Anticipated Costs of Pilot Operation

However, going forward the GOsC needs to be able to quantify those additional costs borne in relation to the running of revalidation. These costs are numerous and include, but are not limited to: GOsC staff time, training costs, Council time, external support and external assessors. We will differentiate those costs that are one off and related to the pilot only, and those that will need to be included in the scaled up 'roll out' costs.

The GOsC also need to be able to draw a view on the financial cost borne by the registrant and so it will be necessary for them to consult with registrants on the additional burdens borne by the registrant both in terms of time and resources. In addition, as part of our analysis we are asking osteopaths to provide us with their average hourly charge out rate. This will enable us to accurately estimate the average cost per hour that registrants charge for their services so that we can accurately calculate the time cost of the Revalidation Pilot and the consequential cost of full roll out of revalidation.

This data is required as it is necessary for the GOsC to satisfy itself and other stakeholders that the revalidation model proposed is proportionate and will not unfairly discriminate against those registrants who, for example, are on low incomes.

In order to be able to capture GOsC staff time we have developed a timesheet for all staff to complete over the pilot period so that an accurate picture can be drawn. We envisage that likely activities may range from answering calls by phone or email, liaising with assessors, arranging consultation events, drafting council papers, project and risk management, managing demarcation of revalidation expenditure. This is contained in the section on evaluation tools.

In terms of other costs, we have listed in the table below the likely costs we anticipate being occurred during the course of the pilot:

- Staff time
- Training for staff
- Training for assessors and refresher training
- Travel costs (Assessors and the GOsC)

- Assessor review of the portfolio costs
- Facilities and support
- Additional printing and stationery
- Room hire
- Evaluation of findings
- Printing and publications

4.3 Anticipated Costs Post Pilot Review

Once the pilot has been finalised, there are activities that will be required so that the GOsC can consider the evaluation of the pilot and determine whether it's proportionate and non discriminative. This will involve considerable liaison with KPMG and with wider groups. In the main this will be GOsC staff time and KPMG time and resources. These will be estimated and reported in report F.

5 Equality and Diversity Impact Assessment

5.1 Overview

An initial screening of the Equality Impact Assessment (EIA) has been carried out to ensure that GOsC carefully consider the Revalidation Pilot and its likely impact of their work on different communities or groups. It involves anticipating the consequences of the Revalidation Pilot on different communities and making sure that any negative consequences are eliminated or minimised and opportunities for promoting equality and equity are maximised.

An EIA consists of two main parts:

- An **initial screening** process.
- A **full assessment**, if the initial screening has identified a possible adverse/negative impact.

EIA is not a one-off exercise. Any potential impact will only materialise when the Revalidation Pilot has been put into practice, therefore the EIA will be reviewed in Report E and Report F. The initial screening is presented overleaf.

5.2 Initial Screening

5.2.1 Overview

Area	Summary
Short description of proposals	<p>The purpose of the pilot is to collect information about the proportionality and feasibility of the draft osteopathic revalidation scheme. This will include a view about the costs, benefits, risk and impact of the scheme for osteopaths, their patients and the GOsC, and an indication of whether it could contribute to the improvement of patient safety and the quality of osteopathic practice.</p> <p>The pilot is a way of delivering the Department of Health’s requirements for non medical revalidation as recently set out in the Command Paper, Enabling Excellence, published on 16 February 2011⁸.</p>
Overall intent	<p>The Revalidation Scheme should be proportionate and not unfairly discriminate against specific groups of individuals. The pilot aims are:</p> <ul style="list-style-type: none"> • To explore the impact of the Pilot, in terms of equality and diversity, on particular groups of osteopaths’ as an explicit aim. • To explore benefits of implementing Stage 1 of the Revalidation Scheme from the perspectives of patients and the public, osteopaths and the GOsC. This should include views about whether the scheme contributes to quality improvement or patient safety. • To test the impact of the stage 1 on all groups of osteopaths – including those identified in the Revalidation Consultation to ensure that there no unfair discrimination. • To explore and calculate additional costs of learning how to use the revalidation tools and associated guidelines. • To explore and calculate additional costs of using the tools in practice over a five year period. • To explore and calculate additional costs of completing the self-assessment form over a five year period. • To explore and calculate the cost of delivery of stage 1 of the revalidation scheme if it was to be rolled out to the profession over a five year period. • To estimate the numbers of osteopaths who are unable to demonstrate the required standards using the tools available. • To gather feedback about the utility of the revalidation guidelines and tools from osteopaths and from other stakeholders. • To gather feedback about the revalidation assessment criteria from osteopaths and from other stakeholders. • To gather feedback about the supporting materials including by using an online discussion forum, FAQs etc. • To gather feedback about the support required by participants during the pilot, the support available and to make recommendations. (This should include information about the use of the FAQs, online discussion forum, use of the podcasts, videos, and the number and types of telephone/email enquiries during the pilot.) • To gather feedback about the support required by assessors during the pilot, the support available and to make recommendations. (This should include information about the use of the FAQs, online discussion forum, use of the podcasts, videos and the number and types of telephone/email enquiries during the pilot.)

⁸ <http://www.official-documents.gov.uk/document/cm80/8008/8008.pdf>

Area	Summary
	<ul style="list-style-type: none"> To consider the implications, potential numbers and discussions with osteopaths who do not provide all the required information on first submission to inform the development of Stage 2 of the revalidation process. (Any sample is unlikely to be representative because the pilot will all be volunteers and it has been suggested that the pilot volunteers are less likely to be practising with lower than the required standards).
Identified stakeholders	<p>These are the identified stakeholders:</p> <ul style="list-style-type: none"> Osteopaths Pilot participants representing the characteristics of practice outlined in Appendix A to KPMG Report C. Pilot Assessors recruited in open competition against published competencies. KPMG – Evaluation and Impact Assessment Caitrian Guthrie and Revalidation Assessment Team. GOsC staff – impact on all staff of pilot. DH – Guidelines produced by the Department of Health may influence the course of the pilot. Osteopathic patients CHRE Insurance companies Osteopathic groups

5.2.2 How could the policy have a significant impact on equality in relation to each area?

Area	Summary
Age	None identified
Disability	None identified See general comments
Ethnicity	None identified
Gender (including trans-gendered people)	None identified
Religion or belief	None identified
Sexual orientation	None identified
Socio-economic groups	None identified
Will the pilot create any problems of barriers to any community of group?	None identified See general comments
Will any group be excluded because of the pilot? and will the pilot have a negative impact on community relations?	No to both See general comments below.
Will the policy have a	We conclude the policies considered in this screening do not contravene the Human

Area	Summary
<p>negative impact on human rights?</p> <p>Will the policy have a negative impact on the equality to all groups?</p>	<p>Rights Act 1998 and are compatible with all domestic and European legislation.</p> <p>See general comments below</p>
<p>General Comments</p>	<p>As part of the pre pilot work KPMG hosted a series of stakeholder consultations and feedback sessions. These sessions were designed to capture their views on revalidation and the impact that it will have on the profession, as well as asking them to review and 'test' the tools KPMG had developed to consider if they were useable.</p> <p>At these meeting several registrants expressed views that specific types of individuals may find the requirements of revalidation more onerous than others, the characteristics identified included:</p> <ul style="list-style-type: none"> • Those osteopaths who practise alone; • Non practising part time practising osteopaths; • Those registrants who are already working to full capacity may not have time to meet the requirements of revalidation; and • Those osteopaths who are less able to use ICT to complete the self assessment form/tools. <p>In addition, KPMG held a meeting with osteopaths, which the GOsC classify as 'special interest groups', representation on this group included, for example, Osteopathic Pelvic, Respiratory & Abdominal Association and the Foundation for Paediatric Osteopathy. Through discussion with representatives from these groups, we were able to determine that they do not see themselves as 'specialist' and that primarily they are all 'osteopaths.' Therefore, it is evident that these groups do not view themselves as a distinct group with different needs and demands.</p> <p>Report A - How do Osteopaths Practise? produced by KPMG summarised some of the potential risks associated with clinical practice (including risks arising from the environment). These were informed by the 2007 White Paper, Trust, Assurance and Safety and also the integration of some of the findings from the draft CONDOR complaint report on claims and complaints about osteopaths⁹ and the Standardised Data Collection Project.¹⁰</p> <p>The KPMG report found:</p> <ul style="list-style-type: none"> • 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

⁹ Unpublished report March 2011: Complaints and claims against osteopaths: a baseline study of the frequency of complaints 2004-2008 and a qualitative exploration of patients' complaints (CONDOR)

¹⁰ http://www.osteopathy.org.uk/uploads/standardised_data_collection_finalreport_24062010.pdf

Area	Summary
	<p>(29% use dry needling, 18% electrotherapy, 13% nutrition therapy and 12% acupuncture).</p> <ul style="list-style-type: none"> • 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. • 3% of all respondents to Report A reported some sort of disability such as autistic spectrum disorders, ME, visual impairment, colour blindness. During the pre pilot consultation no stakeholders identified that disability might be a barrier to completion of the GOsC Revalidation Pilot however, the GOsC should consider how any potential requests might be dealt with. <p>The findings from the GOsC 2009 consultation on revalidation¹¹ suggested that there could be an unfair impact for particular groups and so the pilot aims to practically test some of these findings:</p> <ul style="list-style-type: none"> • 90% of respondents thought the overall purpose of the revalidation proposals was clearly described; • 72% concluded that the proposals seemed fair; • 83% reported that the proposals were unlikely to unfairly discriminate against osteopaths because of their gender, race, age, disability, religion, belief or sexual orientation; • 68% said the proposals were unlikely to unfairly discriminate against osteopaths because of their area of practice e.g. educator, researcher etc; • 75% agreed that the proposals were unlikely to unfairly discriminate against osteopaths if they are on more than one professional register e.g. GOsC and General Medical Council; and • 73% thought that the proposals were unlikely to unfairly discriminate against osteopaths because they work part-time.
Promote equal opportunities	No impact
Get rid of discrimination	No impact
Get rid of harassment	No impact
Promote good community relations	Potential positive impact
Promote positive attitudes towards disabled people	No impact
Encourage participation by disabled people	No impact
Consider more favourable treatment of disabled people	No impact
Promote and protect human rights	No impact
What is the evidence for your answers to	KPMG has undertaken a review into the demographic of the Osteopathic population as well as the strides undertaken by other healthcare regulators in respect of

¹¹ http://www.osteopathy.org.uk/uploads/revalidation_consultation_report.pdf

Area	Summary
the above questions?	<p>revalidation:</p> <p>'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 Report A also summarised some of the key attributes of the profession which are detailed in the previous section 'General Comments.</p> <p>'Report B – A report on the review of the work undertaken by other regulators to outline, costs, benefits, financial and regulatory risks' identified how other health regulators were addressing revalidation, in particular the costs, benefits and risks.</p> <p>Through the course of this work KPMG has worked extensively with the full spectrum of stakeholders and has worked with the GOsC to identify how the evaluation of the pilot specification could be altered and how it can be rigorously tested to ensure that the specification is proportionate to the risk of practising osteopathy.</p> <p>The tools within the GOsC pilot participant pack include tools that encourage group and peer working. Therefore, this may have a positive impact upon relationships within the Osteopathic community. In addition, the introduction and promotion of revalidation may have a positive impact upon the public's perspective of the profession and may encourage more general practitioners to refer patients to osteopaths and more people to consider independently approaching an Osteopath for treatment.</p>
What does available research say?	<p>The National Council for Osteopathic Research 'Standardised Data Collection Project. Standardised data collection within osteopathic practice in the UK: development and first use of a tool to profile osteopathic care in 2009' ¹²</p> <p>The overall aim of this project was to develop and pilot a "Standardised Data Collection" tool (SDC) for the collection of patient-based data within osteopathic private practice in the UK. The project provided baseline pilot data for comparison with future snapshot surveys, as well as providing information about a number of important issues relevant to professional practice, policy, regulation, and future research. This review found that referrals to an osteopath by a practitioner were found to be relatively low, with a total of 13% of patients referred by their osteopath to another practitioner. The osteopaths had considerable interaction with the patients' GPs. Almost half the patients (48%) had visited their GP prior to visiting the osteopath. In contrast, only 6% had been referred to the osteopath by their GP.</p>
Have you thought about commissioning new data or research?	<p>The need for further evidence to support an analysis of the impact of proposals in 'Enabling Excellence' will be considered as part of the evaluation of the pilot and the development of an associated impact assessment.</p>

¹² http://www.osteopathy.org.uk/uploads/standardised_data_collection_finalreport_24062010.pdf

6 Appendices

6.1 Appendix 1 Pilot evaluation specification

6.2 Appendix 2 Pilot evaluation tools



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Appendix 1

Evaluation Specification

Detailed evaluation specification

The evaluation criteria as specified pre pilot have been developed as a result of the pilot specification data, consultation and discussions with the GOsC and other stakeholders but are not necessarily exhaustive. We have set out below an indicative schedule of how and when we will use them to evaluate the pilot and contribute to the impact assessment .

Pilot Specification criteria to test	KPMG Tools							Meetings/focus groups									
	Assessor Form 1	Assessor Form 2	Pilot Participant Form A (PPA)	Pilot Participant Form B (PPB)	Pilot Participant Form C (PPC)	GOsC Time log	Early leaver form	Pilot participant focus groups	Insurers	PPI Group	Assessors	BOA	GOsC project team	Assessor Support	RCN	OElS	Specialist Interest groups
Benefits																	
Benefits of implementing Stage 1 of the Revalidation Scheme from the perspectives of: patients public osteopaths other stakeholders		✓	✓	✓	✓		✓			✓	✓	✓			✓	✓	✓
Positive impacts generated for the GOsC e.g. more streamlined delivery of regulatory functions or improved perception with other stakeholders.		✓				✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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.	✓	✓	✓			✓		✓			✓		✓	✓			
Improvement of own practice through peer observation of other osteopaths		✓	✓	✓	✓			✓			✓		✓				
Higher quality provision and reduced sub-optimal outcomes and reduced complaints.								✓	✓			✓					
If osteopaths make good use of the audit tool the resultant data could contribute to the evidence base for osteopathic practise.	✓	✓	✓	✓	✓			✓			✓	✓	✓	✓	✓	✓	✓
Lower onward referral (therefore lower treatment costs overall).								✓			✓						
Costs																	
To explore and calculate additional costs (using time taken as a proxy for an hourly rate costing) of learning how to use the revalidation tools and associated guidelines.			✓	✓	✓	✓						✓	✓				
To explore and calculate additional costs (using time taken as a proxy for an hourly rate costing) of actually using the revalidation guidelines and tools over a five year period.			✓	✓	✓	✓						✓	✓			✓	
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.	✓	✓									✓		✓	✓			
To explore costs (using time taken as a proxy for an hourly rate costing) of completing the self assessment form over a five year period.					✓	✓						✓	✓				
Financial Risks																	
Extent pilot imposes new or additional costs upon the GOsC e.g. greater administrative costs or increase in non value adding activity.						✓						✓					
Reputational Risks																	
Does osteopathy need revalidation? Practice is seen by the registrants as low risk. It could be perceived as a waste of time.	✓	✓	✓	✓	✓						✓	✓			✓		
Clinical Risks																	
A high percentage of osteopaths fail to reach the required standard		✓						✓			✓						
The extent to which patients are more willing to utilise osteopaths.				✓	✓			✓		✓		✓					

Detailed evaluation specification (cont.)

Pilot Specification criteria to test	KPMG Tools							Meetings/focus groups									
	Assessor Form 1	Assessor Form 2	Pilot Participant Form A (PPA)	Pilot Participant Form B (PPB)	Pilot Participant Form C (PPC)	GOsC Time log	Early leave form	Pilot participant focus groups	Insurers	PPI Group	Assessors	BOA	GOsC project team	Assessor Support	RCN	OEIs	Specialist Interest groups
Regulatory Risks																	
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.									✓	✓		✓	✓		✓	✓	
Environmental Risks																	
To gather feedback about the utility of the revalidation guidelines and tools from osteopaths and from other stakeholders and impact on practice.		✓	✓	✓	✓		✓	✓		✓				✓	✓	✓	✓
To gather feedback about the revalidation assessment criteria from osteopaths and from other stakeholders and impact on practice.		✓	✓	✓	✓		✓	✓		✓		✓		✓	✓	✓	✓
Overarching issues																	
To gather feedback about the support required by participants during the pilots and the support available and to make recommendations. (This should include information about the use of the FAQs, online discussion forum, use of the podcasts, videos, and the number and types of telephone calls during the pilots.)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓
To consider the implications, potential numbers and discussions with osteopaths who do not provide all the required information on first submission. (Any sample is not likely to provide a representative sample because pilots will all be volunteered and it has been suggested that the pilot volunteers are less likely to be practicing with lower than the required standards.		✓						✓	✓		✓		✓	✓			

Appendix 2

Proposed data collection tools

Tool	Page number
Characteristics Form - Pilot Participant Information	23 - 27
Pilot Participant Form A (PPA)	28 - 35
Pilot Participant Form B (PPB)	36 - 42
Pilot Participant Form C (PPC)	43 - 51
Revalidation Pilot Early Leaver Feedback	52
Assessor Perspective on the Revalidation Pilot (October 2011)	53 - 56
Assessor Perspective on the Revalidation Pilot (October 2012)	57 - 63
Time log sample for completion by the GOsC	64

Characteristics Form (Pilot Participant Information)

This information will be used to monitor the impact of the Pilot on osteopaths. Your response will be confidential and will be summarised and reported back to GOsC in a way that does not allow individual responses to be identified. **Please complete this form fully.**
Please return to KPMG in the SAE included.

Q1 General identification details	
Name?	_____
What is your unique pilot participant number (PPN) <This should be a 5 digit code>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
What is your GOsC registration number?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Are you registered to practice outside of the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you registered to practice on a temporary basis in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your email address?	_____

Q2 Are you currently? Please tick all that apply.	
Practising as an osteopath?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Doing academic work, teaching or studying in osteopathy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Providing other health services? If yes, please give detail: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Working in an unrelated field?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Doing other clinical work related to osteopathy or otherwise? (please state) _____	

Q3 Where do you currently practise? Please tick all that apply.	
England	<input type="checkbox"/>
Northern Ireland	<input type="checkbox"/>
Republic of Ireland	<input type="checkbox"/>
Wales	<input type="checkbox"/>
Scotland	<input type="checkbox"/>
Other UK	<input type="checkbox"/>
Non UK	<input type="checkbox"/>

Q4 Are you currently registered with another health regulator? Please tick all that apply.	
GMC	<input type="checkbox"/>
HPC (e.g. physiotherapist)	<input type="checkbox"/>
Other (please specify) _____ _____	

Characteristics Form (Pilot Participant Information)

Q5 How many hours a week are you currently spending:	
Performing osteopathic clinical practice?	_____ hours
Supervising osteopathic clinical practice?	_____ hours
Teaching osteopathic clinical practice?	_____ hours
Practice management/administration?	_____ hours
Other please specify _____	_____ hours
Total working week	_____ hours
what is your average hourly charge out rate for your osteopathic services?	£ _____

Q6 How long have you been practising as an osteopath (Note: Please include time before the statutory register was created and exclude any prolonged breaks e.g. sabbaticals, pregnancy)?	
_____ years _____ months	

Q7 What percentage of your time do you currently spend on different osteopathic methods or therapies in a normal week?					
	More than 90%	50-90%	10-50%	0-10%	None
Cranial osteopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural osteopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visceral osteopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (please state) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As part of your work, do you practise or incorporate other therapeutic methods? Please tick as many as apply					
Acupuncture	<input type="checkbox"/>				
Dry needling	<input type="checkbox"/>				
Applied or clinical kinesiology	<input type="checkbox"/>				
Electrotherapy	<input type="checkbox"/>				
Herbal medicine	<input type="checkbox"/>				
Homeopathy	<input type="checkbox"/>				
Nutrition therapy	<input type="checkbox"/>				
Prescription of medications	<input type="checkbox"/>				
Injections	<input type="checkbox"/>				
Other, please specify _____	<input type="checkbox"/>				
None	<input type="checkbox"/>				

Characteristics Form (Pilot Participant Information)

Q8 In the examination or treatment process, do you undertake examination of intimate areas?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Q9 What proportion of your time in a normal week do you spend practising in:					
	More than 90%	50-90%	10-50%	0-10%	None
Your own home – room set aside as clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your own home – room for clinical & domestic use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients' homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your own sole practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A group practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A non-NHS employer's address e.g. office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (please state)					
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10 What proportion of your time in a normal week (assume 35 hours) do you spend practising:					
	More than 90%	50-90%	10-50%	0-10%	None
On your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With other healthcare practitioners (NHS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With other non-healthcare staff (NHS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With other healthcare practitioners (non-NHS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With other osteopaths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With other non-healthcare staff (non-NHS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (please state)					
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Characteristics Form (Pilot Participant Information)

Q11 In what ways do you practise with other osteopaths? (tick all that apply)						
	Never	Seldom	Sometimes	Often	Usually	Always
As a principal of a practice with other osteopaths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working in a practice as an associate or employee osteopath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working as an osteopath in a practice with other osteopaths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working as an osteopath in a practice with other health professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a locum osteopath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In more than one practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q12 Diversity and Ethnicity. This data will be treated confidentially and is for our evaluation purposes only. It helps us to ensure that we do not discriminate against groups of people. Please circle each of the following that apply:					
Your gender:	Male	Female	Other	Prefer not to say	
Your age:	18 - 25	26 - 30	31 - 40	41 - 50	51 - 60
	61-65	65+	Prefer not to say		
Your ethnicity:	White	Mixed	Asian or Asian British	Black or Black British	Chinese
	Other	Prefer not to say			
Your sexuality:	Heterosexual	Homosexual	Bisexual	Transsexual	Other
	Prefer not to say				
Your religion:	Christian	Muslim	Hindu	Buddhist	Sikh
	Jewish	Other	None	Prefer not to say	
Your marital status:	Married	Civil partnership	Single, never married	Separated/divorced	Widowed
	Other				
	Prefer not to say				
Any disability:	No	Yes	Prefer not to say		
If yes what is your disability					

Characteristics Form (Pilot Participant Information)

Q13 How IT literate are you?				
How literate are you in using the following items of interactive equipment and internet based programmes:	Expert	Intermediate	Beginner	Never used
Internet based search engines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video camera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teleconferencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online forums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other. Please specify.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14 Evaluation	
Throughout the Pilot KPMG will be contacting participants every three months to complete an evaluation questionnaire. Could you please indicate your preferred method of questionnaire completion (choose one option only)	Preferred Method
I would prefer to complete an online questionnaire	<input type="checkbox"/>
I would prefer to complete a hard copy questionnaire and return this in the post	<input type="checkbox"/>

Q15 The general information request is designed to capture data on the characteristics of the pilot participant groups so that we can review whether specific characteristics impact upon a registrants ability to successfully complete the pilot. If there is any other information you feel is relevant, but was not captured, please indicate in the space below:	

Please complete and return this form which gathers information on your current engagement with the Pilot. The information that you supply will inform an independent evaluation of the Pilot. Your response will be confidential and will be summarised and reported back to GOsC in a way that does not allow individual responses to be identified. Details of how you can return this form to the KPMG Evaluation Team can be found on page 8.

Your feedback will be very useful to us to inform our evaluation of the Pilot.

Q1	What is your unique ID number?
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Q2 Recruitment to be a pilot participant Why did you elect to be a pilot participant? Please read the following statements and tick the appropriate box which applies to you.		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Ensure that my views are taken on board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
To assist the profession in the development of revalidation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Revalidation is important and will significantly affect the profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I want to improve my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CPD hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I wanted to find out how revalidation will affect me in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I am interested in developments within the profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other(s) Please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Q4	Which of the following tools have you completed over the last three months and which themes did you use them for? (If you have not completed any tools then please leave blank)			
	Theme 1 Communication and Patient Partnership	Theme 2 Knowledge, Skills and Performance	Theme 3 Safety and Quality in Practice	Theme 4 Professionalism
Practice Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Based Discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Reflections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Development Needs Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Action Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multisource Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management and Treatment Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Significant Event Analyses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify tool or method used for patient feedback	_____			
How long did it take the patient to complete?	_____			
What was your patients reaction to completing this?	_____ _____ _____ _____ _____ _____ _____ _____			
How have you used this patient feedback in your practice?	_____ _____ _____ _____			

Q5a		For each tool completed please complete as appropriate.	
Name of tool		_____	
Time in hours it took to complete the tool		_____ hours	
Reason(s) why you decided to use this tool: (please tick all that apply)		<input type="checkbox"/>	
• Easy to understand		<input type="checkbox"/>	
• Quick to complete		<input type="checkbox"/>	
• Something I already do anyway		<input type="checkbox"/>	
• Interesting and rewarding to complete		<input type="checkbox"/>	
• Required no IT equipment		<input type="checkbox"/>	
• Allowed me to work with others		<input type="checkbox"/>	
• Other (please specify) _____		<input type="checkbox"/>	
Has completion of the tool helped you reflect on your current clinical practice?		Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>	
Has completion of the tool changed the way in which you will practise in the future?		Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>	

Q5b		For each tool completed please complete as appropriate.	
Name of tool		_____	
Time in hours it took to complete the tool		_____ hours	
Reason(s) why you decided to use this tool: (please tick all that apply)		<input type="checkbox"/>	
• Easy to understand		<input type="checkbox"/>	
• Quick to complete		<input type="checkbox"/>	
• Something I already do anyway		<input type="checkbox"/>	
• Interesting and rewarding to complete		<input type="checkbox"/>	
• Required no IT equipment		<input type="checkbox"/>	
• Allowed me to work with others		<input type="checkbox"/>	
• Other (please specify) _____		<input type="checkbox"/>	
Has completion of the tool helped you reflect on your current clinical practice?		Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>	
Has completion of the tool changed the way in which you will practise in the future?		Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>	

Q5c		For each tool completed please complete as appropriate.	
Name of tool		_____	
Time in hours it took to complete the tool		_____ hours	
Reason(s) why you decided to use this tool: (please tick all that apply)		<input type="checkbox"/>	
• Easy to understand		<input type="checkbox"/>	
• Quick to complete		<input type="checkbox"/>	
• Something I already do anyway		<input type="checkbox"/>	
• Interesting and rewarding to complete		<input type="checkbox"/>	
• Required no IT equipment		<input type="checkbox"/>	
• Allowed me to work with others		<input type="checkbox"/>	
• Other (please specify) _____		<input type="checkbox"/>	
Has completion of the tool helped you reflect on your current clinical practice?		Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>	
Has completion of the tool changed the way in which you will practise in the future?		Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>	

Q6 If you have not completed any tools in the last three months then please provide a reason from the selection below.	
I have not had time to complete any of the tools	<input type="checkbox"/>
I am working towards completing one or more of the tools but I have not yet completed it	<input type="checkbox"/>
I have decided to leave the pilot early (please complete the early leavers form)	<input type="checkbox"/>
I am not clear on what I need to do to complete the tools	<input type="checkbox"/>
I am awaiting guidance from the GOsC on how to complete the tools	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

Q7 How many hours in total has revalidation taken to complete in the last 3 months?	
How many hours in total over the last three months have you dedicated to revalidation?	_____ hours
How many hours (out of the total hours you have spent) have you spent reading, and learning to use the guidance over the last 3 months	_____ hours
If you were not taking part in the Pilot, how many hours do you estimate that you would have dedicated to CPD activities?	_____ hours

Q8 How has the pilot impacted on you? Please read the following statements and tick the appropriate box which applies to you.					
Participation in the pilot over the last 3 months has:	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Improved the standard of care I provide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made me more aware of the standards of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meant I have less time to provide care to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duplicated documentation that I already produce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meant I have worked more closely than before with other osteopaths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meant I have reflected more on areas of my clinical practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been an administrative burden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has had a positive impact on the feedback received from my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefited my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9 Your views on revalidation Please read the following statements and tick the appropriate box which applies to you.					
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Revalidation will positively impact upon the whole of the osteopathic profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The benefits of revalidation outweigh any associated costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revalidation is well thought out and planned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The GOsC is providing the profession with sufficient information on the requirements of revalidation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The model of revalidation developed by the GOsC is fit for purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revalidation will be onerous and place undue strain on all osteopaths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is little point in revalidation, osteopathy is low risk clinically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is little point in revalidation, osteopathy is provided in low risk environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of patient care will improve if Osteopaths engage with the Pilot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revalidation will have a positive impact upon patient safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revalidation will have a positive impact for osteopathy in the eyes of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteopaths;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the NHS;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other healthcare professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
parents/carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any further comments in relation to the benefits and costs for pilot participants? (please state)	<hr/> <hr/>				



KPMG Data Survey – Pilot Participant Form B (PPB) – April 2012 & July 2012

Please complete and return this form which gathers information on your current participation in the Pilot. The information that you supply will inform an independent evaluation of the Pilot. Your response will be confidential and will be summarised and reported back to GOsC in a way that does not allow individual responses to be identified. Details of how you can return this form to the KPMG Evaluation Team can be found on page 7.

Your feedback will be very useful to us to inform our evaluation of the Pilot.

Q1						
What is your unique ID number?						
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
Q2						
Support or guidance from the GOsC for the Pilot during the last three months.						
Please read the following statements and tick the appropriate box which applies to you. If you have not used any of the guidance then please leave part 2b blank.						
Have you read the guidance provided by the GOsC?						Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, why not?						
Have you asked for, or received any additional support or guidance from the GOsC over the last three months?						Yes <input type="checkbox"/> No <input type="checkbox"/>
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	
Q 2b Support and guidance						
The GOsC has provided me with all the support I have needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have not needed any support as the guidance provided to me at the beginning of the pilot was clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have not needed any support as I have not yet started completing any of the templates provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training						
The training GOsC provided me with was exactly the preparation I needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What support have you been provided with over the last three months? In what area(s) did you require support in? If you commented that you lacked support, why do you think this was and how could the GOsC improve this? Please detail below.						

Q3

Please indicate below whether you have received any of the following types of support from the GOsC and how useful this has been to you.

Please read the following statements and tick the appropriate box which applies to you.

	Very good	Good	Satisfactory	Poor	Very Poor	Not used
Online forum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4	Which of the following tools have you completed over the last three months and which themes did you use them for? (If you have not completed any tools then please leave blank)			
	Theme 1 Communication and Patient Partnership	Theme 2 Knowledge, Skills and Performance	Theme 3 Safety and Quality in Practice	Theme 4 Professionalism
Practice Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Based Discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Reflections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Development Needs Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Action Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multisource Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management and Treatment Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Significant Event Analyses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify tool or method used for patient feedback	_____			
How long did it take the patient to complete?	_____			
What was your patients reaction to completing this?	_____ _____ _____ _____ _____ _____ _____ _____			
How have you used this patient feedback in your practice?	_____ _____ _____ _____			

Q5a		For each tool completed please complete as appropriate.	
Name of tool		_____	
Time in hours it took to complete the tool		_____ hours	
Reason(s) why you decided to use this tool: (please tick all that apply)		<input type="checkbox"/>	
• Easy to understand		<input type="checkbox"/>	
• Quick to complete		<input type="checkbox"/>	
• Something I already do anyway		<input type="checkbox"/>	
• Interesting and rewarding to complete		<input type="checkbox"/>	
• Required no IT equipment		<input type="checkbox"/>	
• Allowed me to work with others		<input type="checkbox"/>	
• Other (please specify) _____		<input type="checkbox"/>	
Has completion of the tool helped you reflect on your current clinical practice?		Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>	
Has completion of the tool changed the way in which you will practise in the future?		Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>	

Q5b		For each tool completed please complete as appropriate.	
Name of tool		_____	
Time in hours it took to complete the tool		_____ hours	
Reason(s) why you decided to use this tool: (please tick all that apply)		<input type="checkbox"/>	
• Easy to understand		<input type="checkbox"/>	
• Quick to complete		<input type="checkbox"/>	
• Something I already do anyway		<input type="checkbox"/>	
• Interesting and rewarding to complete		<input type="checkbox"/>	
• Required no IT equipment		<input type="checkbox"/>	
• Allowed me to work with others		<input type="checkbox"/>	
• Other (please specify) _____		<input type="checkbox"/>	
Has completion of the tool helped you reflect on your current clinical practice?		Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>	
Has completion of the tool changed the way in which you will practise in the future?		Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>	

Q5c		For each tool completed please complete as appropriate.	
Name of tool		_____	
Time in hours it took to complete the tool		_____ hours	
Reason(s) why you decided to use this tool: (please tick all that apply)		<input type="checkbox"/>	
• Easy to understand		<input type="checkbox"/>	
• Quick to complete		<input type="checkbox"/>	
• Something I already do anyway		<input type="checkbox"/>	
• Interesting and rewarding to complete		<input type="checkbox"/>	
• Required no IT equipment		<input type="checkbox"/>	
• Allowed me to work with others		<input type="checkbox"/>	
• Other (please specify) _____		<input type="checkbox"/>	
Has completion of the tool helped you reflect on your current clinical practice?		Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>	
Has completion of the tool changed the way in which you will practise in the future?		Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>	

Q6	If you have not completed any tools in the last three months then please provide a reason from the selection below.
I have not had time to complete any of the tools	<input type="checkbox"/>
I am working towards completing one or more of the tools but I have not yet completed it	<input type="checkbox"/>
I have decided to leave the pilot early (please complete the early leavers form)	<input type="checkbox"/>
I am not clear on what I need to do to complete the tools	<input type="checkbox"/>
I am awaiting guidance from the GOsC on how to complete the tools	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

Q7	How many hours in total has revalidation taken to complete in the last 3 months
How many hours in total have you spent over the last three months have you dedicated to revalidation?	_____ hours
If you were not taking part in the Pilot, how many hours do you estimate that you would have dedicated to CPD activities?	_____ hours



KPMG Data Survey – Pilot Participant Form C (PPC) – October 2012

Please complete and return this form which gathers information on your total engagement with the Revalidation Pilot. The information that you supply will inform an independent evaluation of the Revalidation Pilot. Your response will be confidential and will be summarised and reported back to GOsC in a way that does not allow individual responses to be identified. Details of how you can return this form to the KPMG Evaluation Team can be found on page 9.

Your feedback will be very useful to us to inform our evaluation of the Revalidation Pilot.

Q1 What is your unique ID number?					
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Q2 Support or guidance from the GOsC for the Revalidation Pilot during the last three months Please read the following statements and tick the appropriate box which applies to you. If you have not used any of the guidance then please leave blank.					
Have you asked for or received any support or guidance from the GOsC over the last three months?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Support and guidance					
The GOsC has provided me with all the support I have needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have not needed any support as the guidance provided to me at the beginning of the pilot was clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have not needed any support as I have not as yet started completing any of the templates provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training					
The training GOsC provided me with was exactly the preparation I needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What support have you been provided with over the last three months? In what area(s) did you require support in? If you commented that you lacked support, why do you think this was and how could the GOsC improve this? Please detail below.					

Q3 Please indicate below whether you have received any of the following forms of support from the GOsC and how useful this has been to you. Please read the following statements and tick the appropriate box which applies to you.						
	Very good	Good	Satisfactory	Poor	Very Poor	Not used
Online forum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



KPMG Data Survey – Pilot Participant Form C (PPC)

Q4 Which of the following tools have you completed over the last three months and which themes did you use them for? (If you have not completed any tools then please leave blank)				
	Themes 1 Communication and Patient Partnership	Themes 2 Knowledge, Skills and Performance	Themes 3 Safety and Quality in Practice	Themes 4 Professionalism
Practice Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Based Discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Reflections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Development Needs Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Action Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multisource Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management and Treatment Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Significant Event Analyses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify tool or method used for patient feedback	_____			
How long did it take the patient to complete?	_____			
What was your patients reaction to completing this?	_____ _____ _____ _____ _____ _____ _____ _____			
How have you used this patient feedback in your practice?	_____ _____ _____ _____			

Q5a		For each tool completed please complete as appropriate.	
Name of tool		_____	
Time in hours it took to complete the tool		_____ hours	
Reason(s) why you decided to use this tool: (please tick all that apply)		<input type="checkbox"/>	
• Easy to understand		<input type="checkbox"/>	
• Quick to complete		<input type="checkbox"/>	
• Something I already do anyway		<input type="checkbox"/>	
• Interesting and rewarding to complete		<input type="checkbox"/>	
• Required no IT equipment		<input type="checkbox"/>	
• Allowed me to work with others		<input type="checkbox"/>	
• Other (please specify) _____		<input type="checkbox"/>	
Has completion of the tool helped you reflect on your current clinical practice?		Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>	
Has completion of the tool changed the way in which you will practise in the future?		Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>	

Q5b		For each tool completed please complete as appropriate.
		Tick as apply
Name of tool _____		
Time in hours it took to complete the tool _____		_____ hours
Reason(s) why you decided to use this tool: (please tick all that apply)		
• Easy to understand		<input type="checkbox"/>
• Quick to complete		<input type="checkbox"/>
• Something I already do anyway		<input type="checkbox"/>
• Interesting and rewarding to complete		<input type="checkbox"/>
• Required no IT equipment		<input type="checkbox"/>
• Allowed me to work with others		<input type="checkbox"/>
• Other (please specify) _____		<input type="checkbox"/>
Has completion of the tool helped you reflect on your current clinical practice?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Maybe <input type="checkbox"/>
Has completion of the tool changed the way in which you will practise in the future?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Maybe <input type="checkbox"/>

Q5c		For each tool completed please complete as appropriate.
		Tick as apply
Name of tool _____		
Time in hours it took to complete the tool _____		_____ hours
Reason(s) why you decided to use this tool: (please tick all that apply)		
• Easy to understand		<input type="checkbox"/>
• Quick to complete		<input type="checkbox"/>
• Something I already do anyway		<input type="checkbox"/>
• Interesting and rewarding to complete		<input type="checkbox"/>
• Required no IT equipment		<input type="checkbox"/>
• Allowed me to work with others		<input type="checkbox"/>
• Other (please specify) _____		<input type="checkbox"/>
Has completion of the tool helped you reflect on your current clinical practice?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Maybe <input type="checkbox"/>
Has completion of the tool changed the way in which you will practise in the future?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Maybe <input type="checkbox"/>

Q6 If you have not completed any tools in the last three months then please provide a reason from the selection below.

I have not had time to complete any of the tools	<input type="checkbox"/>
I am working towards completing one or more of the tools but I have not yet completed it	<input type="checkbox"/>
I have decided to leave the pilot early (please complete the early leavers form)	<input type="checkbox"/>
I am not clear on what I need to do to complete the tools	<input type="checkbox"/>
I am awaiting guidance from the GOsC on how to complete the tools	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

Q7 How many hours in total has revalidation taken to complete in the last 3 months

Time in hours to complete the self assessment form	_____ hours
Total time in hours over the last three months	_____ hours

Q8 How has the pilot impacted on you over the last 12 months?
Please read the following statements and tick the appropriate box which applies to you.

Participation in the pilot over the last 12 months has:	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Improved the standard of care I provide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made me more aware of the standards of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duplicated documentation that I already produce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meant I have worked more closely than before with other osteopaths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meant I have reflected more on areas of my clinical practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has had a positive impact on the feedback received from my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefited my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been an administrative burden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meant I have less time to provide care to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any further comments in relation to the impact of the pilot? (please state)	_____ _____				

Q10 Your views on Revalidation as informed by your experiences so far in taking part in this Pilot. Please read the following statements and tick the appropriate box which applies to you.					
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Revalidation will positively impact upon the whole of the osteopathic profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The benefits of Revalidation outweigh any associated costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revalidation is well thought out and planned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The GOsC is providing the profession with sufficient information on the requirements of Revalidation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The model of revalidation developed by the GOsC is fit for purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revalidation will be onerous and place undue strain on all osteopaths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The time spent engaging with the Revalidation Pilot resulted in reduced time with patients (and therefore reduced income)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is little point in Revalidation, osteopathy is low risk clinically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is little point in Revalidation, osteopathy is provided in low risk environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revalidation would positively contribute to the quality of osteopathic practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of patient care will improve if osteopaths engage with Revalidation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revalidation will have a positive impact upon patient safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revalidation will have a positive impact for osteopathy in the eyes of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteopaths;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the NHS;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other healthcare professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
parents/carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you strongly agree or disagree with any of the statements above could you please provide more information as to why you feel this way?	<hr/> <hr/>				
Do you have any further comments in relation to the benefits and costs for pilot participants? (please state)	<hr/> <hr/>				



KPMG Data Survey Revalidation Pilot Early Leaver Feedback

Please complete and return this form if you no longer wish to participate in the Pilot. Your feedback will be very useful to us to inform our evaluation of the Pilot.

Q1 Background	
Your unique identification number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Can you please confirm that you have withdrawn from participating in the Pilot	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of withdrawal from the Pilot.	DD/MM/YYYY <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Q2 Reasons for leaving the Pilot	
Please state your reasons for not completing the Pilot.	

Q3 Pilot Feedback	
From your experience?	
What didn't work in the pilot?	
How could the pilot be improved?	
Do you have any other feedback that you would want to share?	

Q4 Are you happy for the GOsC to contact you so that they can understand further the reason why you decided to discontinue your participation in the Pilot?	
Your response	<input type="checkbox"/> Yes <input type="checkbox"/> No
What would be your preferred method of contact?	<input type="checkbox"/> telephone <input type="checkbox"/> email <input type="checkbox"/> post Please could you provide your contact details – (email or telephone number) -----

Please return this form to: **Emma Stewart** or osteopathy@kpmg.co.uk
 KPMG LLP (UK)
 One Snow Hill
 B4 6GH

Thank you for taking the time to complete and return this form



KPMG Data Survey – Assessor Perspective on the Revalidation Pilot (October 2011)

Please complete and return this form which gathers information on your current perspective of the Pilot. The information that you supply will inform an independent evaluation of the Pilot. Your response will be confidential and will be summarised and reported back to GOsC in a way that does not allow individuals to be identified. Details of how you can return this form to the KPMG Evaluation Team can be found on page 4.

Your feedback will be very useful to us to inform our evaluation of the Pilot.

Q1 Background	
Name	
Please state whether you are also a pilot participant	Yes <input type="checkbox"/> No <input type="checkbox"/>

Q2 Recruitment to be a Pilot Assessor. Why did you elect to be an Assessor? Please tick all that apply.	
Assist the profession in the development of revalidation	<input type="checkbox"/>
Revalidation is important and will significantly affect the profession	<input type="checkbox"/>
Interested in developments within the profession	<input type="checkbox"/>
The remuneration involved.	<input type="checkbox"/>
Other(s) Please specify _____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

Q3a Training and Support. Please read the following statements and tick the appropriate box which applies to you.					
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Training and Materials					
The training received has prepared me to effectively carry out the assessor role.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand my role as an assessor on the GOsC Pilot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand what is expected of me as an assessor on the GOsC Pilot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the four stage revalidation model.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the revalidation assessment framework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the revalidation evidence requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the revalidation guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The revalidation guidelines will help me to carry out the assessor role effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the tools available to support revalidation (e.g. case based discussion, significant event analysis).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The revalidation tools available will help me to carry out the assessor role effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any further comments in relation to the training received or the tools and materials that have been made available? For example are there any improvements that could be made? (please state)	<hr/> <hr/> <hr/> <hr/>				

KPMG data survey – Assessor Perspective on the revalidation pilot (October 2011)

Q3b Support. Please read the following statements and tick the appropriate box which applies to you.					
Support					
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The support available (online discussion forums, FAQ etc) will help me carry out the assessor role effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The support available has effectively dealt with any queries I have had to date with reference to the Pilot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any further comments in relation to the support available ? For example are there any improvements that could be made? (please state)	<hr/> <hr/> <hr/>				

Q4a Perceived benefits and costs (your views on benefits and costs for both pilot participants and assessors). Please read the following statements and tick the appropriate box which applies to you.					
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Benefits and costs for Pilot Participants					
The benefits for osteopaths engaging with the Pilot outweigh any associated costs (e.g. The time to carry out revalidation activity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Pilot will positively contribute to the quality of osteopathic practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of patient care will improve if osteopaths engage with the Pilot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteopaths will find the Pilot process burdensome and may not wish to participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revalidation will have a positive impact for osteopathy in the eyes of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteopaths;					
Patients					
the NHS;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other healthcare professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
parents/carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any further comments in relation to the benefits and costs for pilot participants? (please state)	<hr/> <hr/> <hr/>				

KPMG data survey – Assessor Perspective on the revalidation pilot (October 2011)

Q4b	Benefits and costs (your views on benefits and costs for both pilot participants and assessors).				
Please read the following statements and tick the appropriate box which applies to you.					
Benefits and costs for Assessors					
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The Pilot will positively contribute to improving my own practice (e.g. through observation of pilot participant portfolios)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What are the key benefits for assessors participating in the Pilot?	1. _____ 2. _____ 3. _____				
Are there any potential costs for assessors participating in the Pilot?	1. _____ 2. _____ 3. _____				
Do you have any further comments in relation to the benefits and costs for assessors? (please state)	_____ _____ _____				

Q5	Please detail below if you think that there is anything that may assist the KPMG team in their evaluation of the revalidation pilot. For example are there any ways in which the Pilot could be improved?				

Please return this form to: **Emma Stewart** or osteopathy@kpmg.co.uk
 KPMG LLP (UK)
 One Snow Hill
 B4 6GH

Thank you for taking the time to complete and return this form



KPMG Data Survey – Assessor Perspective on the Revalidation Pilot (October 2012)

Please complete and return this form which gathers information on your current perspective of the Pilot. The information that you supply will inform an independent evaluation of the Pilot. Your response will be confidential and will be summarised and reported back to GOsC in a way that does not allow individuals to be identified. Details of how you can return this form to the KPMG Evaluation Team can be found on page 7.

Your feedback will be very useful to us to inform our evaluation of the Pilot.

Q1 Background.	
Name	
Please state whether you are also a Pilot participant.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Q2 Activity Completed. Please read the following statements and tick the appropriate box which applies to you.	
How many portfolio assessments have you undertaken to date?	_____ portfolios
Please estimate the total hours that you have spent conducting the portfolio assessments?	_____ hours
Approximately what is the average number of hours spent on each portfolio assessment undertaken? (No. Assessments / Total Hours)	_____ hours
Please state the number of hours spent undertaking <u>any additional</u> Pilot activity (i.e. all activity excluding carrying out Assessments such as training, familiarising yourself with support materials, administration etc).	_____ hours

Activity Completed.					
Q3a Based upon the self assessments that you have completed to date, please read the following statements and tick the appropriate box.					
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Activity Completed					
I am confident that overall the self assessment are being completed accurately/honestly by pilot participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluating the self assessment forms has been relatively straight forward.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pilot participants have been able to self assess at the required standards using the tools that are available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Based upon the completed self assessment forms only, the majority of the pilot participants reviewed to date would achieve Revalidation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From your experience of reviewing the self assessments as part of the Pilot is there anything that worked particularly well?	<hr/> <hr/> <hr/> <hr/> <hr/>				
From your experience of reviewing the self assessments as part of the Pilot is there anything that could be improved? If so what/how?	<hr/> <hr/> <hr/> <hr/> <hr/>				
Do you have any further comments in relation to the self assessments that you have completed to date?	<hr/> <hr/> <hr/> <hr/> <hr/>				

Activity Completed.					
Q3b	Based upon the portfolio assessments that you have completed to date, please read the following statements and tick the appropriate box.				
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Activity Completed					
I am confident that overall the portfolios are being completed accurately /honestly by pilot participants and reflect the self assessments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall , assessing the portfolios has been relatively straight forward.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pilot participants have been able to demonstrate the required standards using the tools that are available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pilot participants have used additional/ diverse range of other tools/evidence to demonstrate the required standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The majority of pilot participants submitted electronic or word processed evidence for assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you believe that other tools/evidence were used successfully by pilot participants please detail examples.	<hr/> <hr/> <hr/> <hr/>				
If you believe other tools/evidence were less successfully used by pilot participants please detail examples.	<hr/> <hr/> <hr/> <hr/>				
From your experience of carrying out assessments as part of the Pilot is there anything that worked particularly well?	<hr/> <hr/> <hr/> <hr/>				
From your experience of carrying out assessments as part of the Pilot is there anything that could be improved?	<hr/> <hr/> <hr/> <hr/>				
Do you have any further comments in relation to the assessments that you have completed to date?	<hr/> <hr/> <hr/> <hr/>				

Q4 Support and Materials.						
Please read the following statements and tick the appropriate box which applies to you.						
Have you asked or received any support or guidance from the GOsC over the course of the Pilot?				Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	
Support and Materials						
The revalidation guidelines enabled me to carry out the assessor role effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The revalidation tools available enabled me to carry out the assessor role effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The revalidation assessment framework is fit for purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The revalidation evidence requirements are fit for purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The GOsC has provided me with all of the support required to carry out the assessor role effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The training materials provided have supported me to carry out the assessor role effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The payment I received for completing the portfolios was appropriate given the amount of work and training required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any further comments in relation to the support and materials that have been provided ? (please state)	<hr/> <hr/> <hr/>					

Q5 Please indicate below whether you have received any of the following forms of support from the GOsC and how useful this has been to you.						
	Very good	Good	Satisfactory	Poor	Very Poor	Not used
Online forum.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone call.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify).	<hr/> <hr/> <hr/>					

Benefits and costs (your views on benefits and costs for Pilot Participants).					
Q6a Based upon the portfolio assessments that you have completed to date, please read the following statements and tick the appropriate box which applies to you.					
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Benefits and costs for Pilot Participants					
The benefits for osteopaths engaging with revalidation as piloted outweigh any associated costs (e.g. time taken to carry out revalidation activity).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revalidation as piloted will positively contribute to the quality of osteopathic practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of patient care will improve if osteopaths engage with revalidation as piloted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteopaths will find revalidation as piloted burdensome and may not wish to participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revalidation will have a positive impact for osteopathy in the eyes of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteopaths;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the NHS;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other healthcare professionals;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
parents /carers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any further comments in relation to the benefits and costs for pilot participants? (please state)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

Benefits and costs (your views on benefits and costs for Assessors)					
Q6b Based upon the portfolio assessments that you have completed to date, please read the following statements and tick the appropriate box which applies to you.					
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Benefits and costs for Assessors					
The Pilot will positively contribute to improving my own practice (e.g. through observation of other pilot participant portfolios). If you agree please specify with examples?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What are the key benefits for you as an assessor participating in the Pilot?	1. _____ 2. _____ 3. _____				
Are there any other potential costs for you as an assessor participating in the Pilot?	1. _____ 2. _____ 3. _____				
Do you have any further comment in relation to the benefits and costs for assessors? (please state)	_____ _____ _____				

Revalidation Pilot timesheet for GOsC staff

A screen shot of the GOsC Revalidation Pilot timesheet is presented below. This has been produced to gather information on the time spent by GOsC staff undertaking Pilot Revalidation activity.

	A	B	C	D	E	F	G	H	I
1	GOsC Revalidation Pilot Timesheet up to end of 2011								
2									
3									
4				Jul-11					
5	Job Title	Description of Activity	If the description of activity is other please provide more information		04-Jul				
6	Head of Professional Standards	Project and Risk Management				7	7		
7		Marketing and Communications							
8		Administration							
9		Supporting Assessors							
10		Supporting Pilot Participants							
11		Other							
12									
13									
14									
15									
16									
17	<p>Select your job title and the activity undertaken from the yellow cell highlighted above. If the description of activity is 'Other' then please provide a short description of the activity undertaken.</p> <p>Enter in the grey cells the number of hours delivered supporting the revalidation pilot</p>								

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