

**Education Committee
20 September 2012
Osteopathic Practice Standards Implementation**

Classification	Public
Purpose	For Noting
Issue	The GOsC is currently undertaking a range of implementation activities in relation to the Osteopathic Practice Standards (OPS). This paper provides an update on the implementation programme.
Recommendations	<p>A. To note the progress made with the OPS Implementation Strategy.</p> <p>B. To note the recommendations made by the QAA for future development of the registration processes and agree that these should be considered further a future Education Committee meeting once the revised processes have been introduced and established.</p>
Financial and resourcing implications	None arising from this paper.
Equality and diversity implications	None
Communications implications	Training for all GOsC Registration Assessors to take place on 19 September. All GOsC registration assessment material is in the process of being updated.
Annexes	<p>Annex A – Note of Meeting of the Assessment Materials Sub-Committee on 11 August 2012.</p> <p>Annex B - Revision of registration assessments – QAA final report.</p>
Author	Marcus Dye

Background

1. The GOsC published its new Osteopathic Practice Standards (OPS) on 1 July 2011; these took effect on 1 September 2012. The intervening period was used by the GOsC to ensure that all relevant stakeholders were aware of the new standards. The implementation strategy also looks to support osteopaths, Osteopathic Educational Institutions (OEIs) and students in meeting the standards from 1 September 2012 onwards. Finally, the GOsC also aimed to ensure that its policies and procedures, particularly registration assessments, were in line with the OPS by September 2012.
2. A copy of the Implementation Strategy was endorsed by the Education Committee at its meeting of 14 March 2012 and is available on the GOsC website: http://www.osteopathy.org.uk/uploads/part_i_item_6_annex_a_-_osteopathic_practice_standards_implementation_update_-_implementation_strategy.pdf
3. This paper provides an update on the OPS Implementation work which has been carried out since the report of 13 June 2012.

Educational support – quality assurance

4. All OEIs have reported that they are on track with mapping their curricula and learning outcomes to the new OPS by 1 September 2012. We will ask all OEIs to provide a further update on this work as part of their Annual Reports.
5. The Chief Executive, Head of Professional Standards and Professional Standards Manager visited Swansea University on 22 June 2012 and presented to staff on the Osteopathic Practice Standards and how they will impact the delivery of educational courses.
6. The Professional Standards Manager is due to present on the Osteopathic Practice standards to the faculty of the European School of Osteopathy on 23 September 2012.
7. The Recognised Qualification reviews for the British School of Osteopathy and the College of Osteopaths took place prior to 1 September 2012 using the new OPS as the basis. The reports from these reviews are presented on the private agenda of this meeting and will be published following Council in October 2012.

Other work to support the implementation of the Osteopathic Practice Standards

Launch materials for the OPS

8. The Professional Standards Manager has worked closely with the Communications department to produce and distribute materials to support the OPS coming into effect on 1 September. This includes:

- a. Production of specific tailored letters to osteopaths, osteopathic educational institutions and Postgraduate providers/specialist organisations and the BOA.
 - b. Development and distribution of an information leaflet explaining the changes to the GOsC documentation from 1 September 2012.
 - c. Development and distribution of pocket guide to the OPS listing all 37 standards. This refers the reader back to the website and contains our first use of QR codes technology allowing those users with a scanning app on their mobile to scan the code and access the website directly. Copies of these have also been produced to promote awareness of the standards for other stakeholders.
 - d. A poster for OEIs to display in student and staff areas, patient clinics and intranet sites to raise awareness of the standards with students and staff.
9. Education Committee members will have received a copy of most of this information in August 2012. Copies of the main resources are available on the GOsC website: www.osteopathy.org.uk/ozone/resources/publications-and-support-materials/Osteopathic-Practice-Standards.

Development of the OPS support pages on the registrants' o zone website

10. The Professional Standards Manager has been working closely with the Website Manager to develop support pages for osteopaths on the registrants' website (the o zone). These pages are split into the four themes of the OPS and contain materials and learning resources both from GOsC and from other regulators and organisations linked to each theme. These areas will be added to over the forthcoming weeks and will include GOsC advice and guidance, links to learning resources from other healthcare regulators/organisations and GOsC developed learning resources. The Committee can access these pages at: www.osteopathy.org.uk/ozone/practice-guidance/Osteopathic-practice-standards.
11. The Professional Standards Manager, Professional Standards Administrator and Regulation Officer have been working with an external consultant to develop a more complex interactive learning tool which will be based on case scenarios linked to previous GOsC Fitness to Practice (FTP) Committee findings and the relevant sections of the OPS. This will help close the loop between the identification of profession wide issue in FTP and feeding these into development/educational activities for osteopaths. As indicated above, these tools might provide a way to help osteopaths to demonstrate some of the more challenging standards that cannot currently be assessed in within the current registration assessments.

Regional Conferences

12. The programme of six regional conferences included a programme of work on aspects of the Osteopathic Practice Standards:
- a. *An Introduction to the OPS* – overview of OPS and GOsC implementation work given by Head of Regulation/Regulation Manager.
 - b. *Risks and benefits – adverse events and outcomes in UK osteopathy* – a presentation of the findings of one of the GOsC funded research projects looking at risks, given by the research lead Steve Vogel (Vice Principal (Research and Quality) at the British School of Osteopathy).
 - c. *Communicating benefits and risks effectively to patients* – presentation on practical ways in which osteopaths can communicate benefits and risks to patients led by Pippa Bark, Principal Research Fellow at University College London.

These presentations were recorded and are currently being edited by our Communications department. Once finished they will be available to view as part of our e-learning resources.

Articles in The Osteopath magazine

13. The Professional Standards Manager and the Regulation Manager have produced a number of articles in *The Osteopath* magazine, offering advice and guidance in relation to the OPS. These articles help to raise awareness of the OPS with osteopaths and outline practical applications of the standards. The articles have focussed on the four themes, the last articles being:
- a. June/July 2012 – Professionalism Part 2: Equality and Diversity; Maintaining your health.
 - b. August/September 2012 – Putting the OPS into action – information on the OPS coming into force and what to do now.
 - c. October/November 2012 – information on the proposed consultation to develop supporting guidance on Consent.

Initial impact of Implementation programme

14. Emerging figures from our recent Registrants' Opinion Survey 2012 show the awareness among osteopaths of various projects that we have undertaken recently.
15. Our CPD Discussion document that by this time had only been placed on our website, with one article in *The Osteopath* magazine was familiar with 54.5% of respondents.
16. The awareness of OPS increases to 71.9% of respondents which at that point had been the subject of extensive consultation, publication of all materials on our website, an official publication launch and distribution, publication of bi-monthly articles in *The Osteopath* and face to face meetings with key stakeholders such as OEIs, postgraduate providers and the BOA.
17. It could be inferred that the additional awareness of 17.4% among respondents is as a direct result of the implementation programme. It will be interesting to

gauge awareness again in the future following the Regional Conference programme and the more interactive e-learning approach we have subsequently delivered. We will consider this as part of the evaluation proposals.

GOsC Registration Assessment Review

18. In March 2012, following a tender process, the QAA was appointed to conduct the review of the GOsC registration assessments against the new Osteopathic Practice Standards from 1 September 2012. The QAA team consisted of the following members:
 - a. Barbara Edwards – Assistant Director, Reviews (QAA)
 - b. Jennifer Evans – Head of Business and Strategy Development (QAA)
 - c. Mary Rivers – Development Officer (QAA)
 - d. Sarah Wallace – osteopath and GOsC Review Visitor
 - e. Liza Adams – osteopath and GOsC Review Visitor.

19. At its meeting of 14 March 2012, the Education Committee agreed to delegate the approval of the assessment materials produced by the QAA to a smaller sub-group of three members who would meet to give final sign-off of the materials. The subgroup consisting of Jane Fox, Bernadette Griffin and Brian McKenna, the Professional Standards Manager and representatives from the QAA team met on 11 August 2012. The group discussed the materials, including comments made by other Education Committee members and the materials were signed off subject to minor changes. A report of the meeting is at Annex A. A full set of the documents are available on request; once formatted and designed they will be published on the GOsC website.

20. Training will be held for all types of registration assessors on 19 September 2012.

21. No Assessments of Clinical Performance (ACPs) or Return to Practice Process interviews (RTTP) are scheduled to take place in September to allow time for training to take place. There will be a transition period for those completing the Further Evidence of Practice Questionnaire (FEoPQ), with a grace period up until 30 September 2012 for submission and processing of the old style form. However, the new Osteopathic Practice Standards will apply from 1 September 2012. We have written to the 49 applicants to the register who have already reached this stage and have been sent the old form prior to 1 September 2012.

Next steps

22. The QAA has made a number of recommendations for future development of the Registration assessments in their final report at Annex B as follows:

QAA Team Recommendation	Proposed Action
To ensure the transparency of the processes by sharing all registration documents with the applicant	It is planned that all documentation will be published on the website and accessible to candidates to enhance

osteopaths	the transparency of the process.
To endorse the development of a standardised approach to the return to practice and assessment processes through the development of templates which would support new assessors; enhance the reliability and validity of the processes; and reduce the potential risk of examiner bias, while respecting the expertise and maintaining the independence of the assessors	Further work needs to be undertaken to enhance the validity and reliability of the assessment processes taking into account current expertise in assessment thinking. We also need to provide further guidelines and signpost educational resources for the return to practise process to support the expertise of the assessors and to demonstrate that applicants receive the same level of support. We will explore this further with Council as part of the development of a revised Corporate Plan.
To consider extending the range of support mechanisms available for CPD, for example mentoring, and to develop guidelines for reviewers/assessors on the various forms of activity which can be recommended to applicant osteopaths	Mentorship and support is likely to be a key area for further development over the next few years. It is a theme that is arising from the CPD Discussion Document responses and the Revalidation Pilot. It is also a theme that we have noted from the Preparedness to Practise research undertaken by Professor Della Freeth on behalf of GOsC in part due to the perception of the isolated and commercial way in which the profession works. The theme also cuts across our work in undergraduate education with OEIs, faculty and students. We should ensure that this theme is integrated in projects and work across the organisation and will work with Council to develop this further as part of our Corporate Plan.
To consider the need to increase the range of assessment tools to evaluate the full breadth of the OPS in a more robust and valid manner	The GOsC needs to consider whether the current set of assessment tools is suitable to test all of the OPS for initial registrants and whether the same assessments should be applied to those who are referred from Fitness to Practice hearings. We will explore this further with Council as part of the development of a revised Corporate Plan. (See also comment below)
To develop a method for evaluating the applicant osteopath's ability to meet	These aspects of the Osteopathic Practice Standards relate to

<p>those elements of the OPS (C9, D2, D4-11, D13-18) which cannot be assessed under the current process</p>	<p>professionalism and acting quickly to minimise harm. They are difficult to assess in a written assessment or long case clinical examination which are the current assessment tools that we use. The fact that these are areas that are difficult to demonstrate or to assess doesn't mean that we should ignore them</p> <p>This forms part of an overall review of the assessments to ensure suitability (see comment above).</p> <p>We will also consider how we might support osteopaths to demonstrate these standards in different ways. This includes the development of the e-learning tools that the Professional Standards Manager and the Regulation Officer are constructing with the consultant Sue Roff. We will also feed this issue into our thinking in the CPD review and the development of revalidation</p>
<p>To increase the size of the assessor pool, particularly for the RTPP, to increase the range of perspectives, extend the capacity for moderation and benefit from the expertise of current practitioners</p>	<p>A paper about increasing the size of the assessor pools is available on the agenda at Item 8</p>
<p>To develop an annual monitoring and review process to evaluate the overall effectiveness of the return to practice and assessment processes; to evaluate the effectiveness of the guidance on CPD offered; to promote the sharing of good practice; and to plan the training/refresher training for assessors</p>	<p>Evaluation of the effectiveness of the return to practise and assessment processes will take place as part of our need to continually enhance our performance. A paper about the evaluation of the Osteopathic Practice Standards Implementation strategy as a whole is scheduled for the Education Committee in December. To an extent, we are in the process of evaluating the effectiveness of our CPD Guidance through our CPD Discussion Document consultation. This is enabling us to seek feedback about what works well in the current CPD scheme and what doesn't work so well as we look to develop proposals to refine the scheme. We will also, as part of our engagement, seek feedback</p>

	particularly from those who have been through our return to practise processes and assessment processes to seek information about how we might enhance the scheme from their perspectives.
To provide additional guidance in the form of an overview (to include a flow chart) of the RTPP, FEoPQ and ACP processes for applicant osteopaths, reviewers/assessors and any interested external parties, which would be informed by the recommendations listed above, if accepted.	We will work with our communications department to make sure that existing materials are as accessible as possible to registrants. This information would be updated as we work to enhance our procedures as outlined above.
In respect of the Review of Non UK Qualifications (formerly Part 1 of the FEoPQ), to pilot the revised document as a temporary measure, and to request the module course guide and the academic transcript as mandatory evidence	The revised document is a structured way of assessing qualifications from outside of the UK. As part of our OPS evaluation strategy we will seek feedback from our assessors on all aspects of the process to support continual enhancement.
To consider other potential uses for the current assessment tools, given their capacity to evaluate the knowledge base and clinical skills elements of the OPS, for example in the area of Fitness to Practise.	We will work with the Regulation Department and the Fitness to Practise Policy Committee in order to explore the role of specific assessments, in the fitness to practise policy committees. This will feed into the current work to review indicative sanctions and conditions of practice orders currently being discussed.

23. Additional recommendations from the Assessment Materials Sub-Committee meeting on 11 August include the following:

Assessment group recommendation	Proposed action
As the forms for the Further Evidence of Practice process have changed, a recommendation on the revised timescale for assessment is included.	In conjunction with the head of Finance, GOsC will review its compensation for written assessors to ensure that it remains competitive following the changes. Contracts will be considered again as part of any recruitment exercise discussed in Item 8

<p>For the Review of Non-UK qualifications, ensure that this is a separate assessment process to the other assessments and that assessors have the required specialist academic/educational knowledge to undertake.</p>	<p>It is important that the right expertise is in place and this will be considered as part of Item 8 on recruitment and appraisal of the assessor pools.</p>
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Recommendations:

- A. To note the progress made with the OPS Implementation Strategy.
- B. To note the recommendations made by the QAA for future development of the registration processes and agree that these should be considered further a future Education Committee meeting once the revised processes have been introduced and established.

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GENERAL OSTEOPATHIC COUNCIL
Minutes of the Assessment Material Sub-Committee which took place on
Saturday 11 August 2012 at
Osteopathy House, 176 Tower Bridge Road,
London SE1 3LU

Unconfirmed

Present: Dr Jane Fox (EdC)
Professor Bernardette Griffin (EdC)
Mr Brian McKenna (EdC)

In Attendance: Ms Barbara Edwards (QAA – project leader)
Mr Marcus Dye, Professional Standards Manager
Ms Sarah Wallace (QAA – osteopath consultant)

INTRODUCTION

1. The Sub-Committee and QAA were welcomed and introduced by the Professional Standards Manager. It was confirmed that the three Education Committee members had been selected to represent the whole Committee in order to review the work which the QAA had undertaken to revise and map the GOsC Registration Assessments to the new Osteopathic Practice Standards. The representatives would sign-off this work subject to any agreed amendments, so that training of assessors could take place on 19 September 2012.
2. The QAA work had previously been circulated to all Education Committee members by email on 31 August 2012 for comments to be fed into the Sub-Committee. A copy of the email is at Appendix A. One member had commented and these comments were fed in at appropriate times.
3. Barbara Edwards provided the Sub-Committee with an overview of the work undertaken by the QAA, including the scoping of the project the methods by which input was gained through consultation with current registration assessors and the split of the work between the various members of the project team. More detail on this can be found in the QAA final report of the project attached at Appendix B.

RETURN TO PRACTICE

4. The Sub-Committee discussed the changes to the return to practice process with the following outcomes:
 - a. Guidelines need to have a welcoming statement to reassure the applicant so that they are clear what this process is for and are reassured.

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- b. Clarified the need to remove the question which asks if they had treated friends and family while being non-practising – this was not acceptable practice as osteopaths should not be treating anyone while non-practising.
- c. Needs to include a statement related to confidentiality of submitted information (applied to all assessments).
- d. Needs to have statement or process to identify conflicts of interest – this currently formed part of the administrative process but could also include a statement in the assessment documentation.
- e. Replace the term 'interview' with 'discussion'
- f. On the report form there should be space to record agreed recommendations discussed at the meeting, together with a separate section for 'additional recommendations' for consideration. The latter may include more general advice applied to all or be used where there has not been the need to call the person for a meeting.
- g. Question 2.2 of the form – relate the CPD activities to the four themes of the OPS, i.e. list within the question and require a response for each.
- h. The term 'capabilities' may not be understood and a footnote might be necessary or the another term used. Needs to be rationalized.
- i. Need to revise order of information to position 'Outcome' after 'Stages' and before 'Reports' to achieve more logical sequence
- j. Guidance on types of CPD that can be recommended should be included for assessors
- k. Discussion on whether reviewer would need specialist knowledge to assess specialist osteopaths, but agreed that the outcomes of the OPS would be the same no matter what type of practice they were applied to.
- l. Discussed the new focus on guided CPD which could target shortfalls or familiarise the applicant with the working environment (especially after prolonged absence). GOsC to consider development of the follow-up process for support to those with recommended CPD, i.e. how is this reviewed? Assessors have initial shown willingness to provide additional support and guidance 6 months to 1 year later to ensure that applicant is on track. Considered the possibility of developing a future mentor network to support new registrants and agreed to put forward for consideration.
- m. Flow diagrams would be useful to show how the registration processes work in an easy and clear way.

FURTHER EVIDENCE OF PRACTICE QUESTIONNAIRE

5. The Sub-Committee considered the change made to the Further Evidence of Practice Questionnaire. There was an explanation that the written assessment and the assessment of clinical performance were complimentary processes which could only test certain aspects of the OPS on their own – demonstrated by the Master OPS checklist at Annex C. The Further Evidence of Practice questionnaire initially reviews safety and competence aspects allowing the applicant to proceed to the assessment of clinical performance stage which fills any gaps in assessment against the OPS. Comments from the group were as follows:
- a. Discussed the need to accommodate those applicants who may not be able to provide the required supporting case notes as evidence, i.e. those who had applied for registration directly from an educational institution or who did not have access to their case notes. Agreed that we needed to encourage the submission of case notes at all times, so if the applicant was unable to do so, they needed to provide

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- a justified reason in advance of submission of the questionnaire – they could then submit a written account of what they would do in a similar hypothetical situation. This information should be added to the guidelines.
- b. In relation to the areas that could not be assessed in the questionnaire, the group was comfortable that most could be picked up in the assessment of clinical performance. However, where gaps existed, the GOsC must consider future assessment processes as a whole and look at the need to assess all standards in the process and how best this could be achieved, i.e. use of different assessment methods such as OSCEs, online tests and CPD.
 - c. As the forms have been changed, a recommendation for the amount of time it takes to review these forms should be included. This time should be taken into account by the GOsC.
 - d. The use of the term diagnostic hypothesis was discussed and it was agreed that this was appropriate for the context to help ensure clarity for non-osteopaths as well as osteopaths.

ASSESSMENT OF CLINICAL PERFORMANCE (ACP)

6. The Sub-Committee considered the changes made to the ACP and concluded the following:
 - a. ACP Evaluation form – replace 'Grade' with 'Outcome'
 - b. 'Special Needs' section in guideline to be reviewed by the GOsC Head of Regulation to ensure that it is suitable and any necessary amendments made.
 - c. Amend 'Personality' to 'Behaviour' in guidelines title following paragraph 42. The characteristics described in this section should relate to how a person behaves on the day and are not necessarily synonymous with an individual's personality.
 - d. In relation to the feedback provided to applicants following the ACP, this should ideally be both positive as well as negative and should aim to identify future development areas as well as CPD.
 - e. Needs some guidance as to the extreme circumstances where it would not be reasonable to continue the ACP, i.e. there may always be personal or other circumstances that would apply. In this scenario, the assessment should be retaken at a later date.
 - f. Minor amendments made to the layout of assessment form.
 - g. The group consider briefly whether this type of assessment was suitable for application to Fitness to Practise cases given that these applicants would not undertake the previous further evidence of practice questionnaire. This was another area of work which required further development with the potential to explore different types of assessment based on the Master OPS checklist at Appendix C
 - h. The consideration of whether assessors would be biased by receiving information at start of assessment was discussed and it was agreed that as this was a two stage process looking to cover all standards, assessors need to be aware of the gaps in the OPS that they needed to explore through the ACP.

REVIEW OF EQUIVALENCE OF NON-UK QUALIFICATIONS

7. The Sub-Committee discussed separately the need to review the qualifications of those who qualify outside of the UK and compare them against standard UK qualifications to assess equivalence. This process needed to be completed within 1 month as defined

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by a European Directive translated into UK law, and there were no pre-existing recognition of any courses within the EU by the GOsC. The QAA proposals had taken a pragmatic view and proposed to expand on the existing paper based review and link it to the only 'educational standards' document currently used by the GOsC, namely the Osteopathy Benchmark Statement. The proposals look to map the information submitted by the applicant against the relevant aspects of the benchmark statement. The group made the following comments:

- a. The 'optional' module/course guide should be made compulsory otherwise the assessors will have no way of evaluating the content of the modules listed on the academic transcript. As it is the duty of the applicant to demonstrate standards to GOsC then non-submission will then mean that GOsC is unable to make a decision on equivalency from the available evidence.
- b. The assessment process should be made separate from the Further evidence of practice questionnaire and ACP as it requires different skill sets.
- c. Title changed to 'Review of Non UK Qualifications'
- d. Happy to agree process now as a pragmatic approach, but this should be developed in the future to link more directly with the OPS as these are the true outcomes rather than the Benchmark. Might better link to proposed worked on development of undergraduate core curriculum, so needs to feed into future policy.
- e. This type of assessment requires specialised knowledge from those involved directly in educational development as raised through feedback received before meeting. Current assessors generally have this experience, but needs to be taken into account in future recruitment and separated from the further evidence of practice assessor pool.

General

8. Some more general comments discussed by the group and which would apply to all assessments are as follows:
 - a. Consistency of terminology – especially in the use of terms such as 'examiner', 'assessor' and 'reviewer' – should use one consistent term. Highlighted in feedback received before meeting.
 - b. Consider use of colour-coded forms which might work quite well for administration.
 - c. Forms could be given an identification code to make them more easily distinguishable.
 - d. Members advised that the training should be used to clarify areas of potential sensitivity with assessors, for example the use of guidelines and templates, which were intended to provide a framework for decision making rather than inhibit the exercise of individual professional judgement.
 - e. The need for the materials to be reviewed after a period of usage to assess whether they are suitable and easy to use.

AGREEMENTS

Agreed: That the QAA registration materials are signed off for use in the training on 19 September 2012, subject to the agreed changes at this meeting listed in 5 a-j, 6a, 7a-f, 8a-c and 9a-d.

Agreed: That suggestions on further development work would be considered and taken forward by the GOsC. This is outlined in 5l-m, 6b-c, 7g, 8d-e, 9e and any further suggestions from the QAA.

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Appendix A – email to Education Committee members 31 August 2012

Dear Education Committee Member

Response required by Wednesday 8 August 2012

Osteopathic Practice Standards Implementation - Review of GOSc Registration Assessments

Background

At its meeting of 13 June 2012 the Committee agreed to appoint a subcommittee to consider the work that has been undertaken by the Quality Assurance Agency for Higher Education (QAA) to amend and map the current GOSc registration assessments against the new Osteopathic Practice Standards. The subcommittee comprises Bernadette Griffin, Jane Fox and Brian McKenna. This group will be meeting with the QAA project team on Saturday, 11 August 2012 to agree the final documentation supporting the registration assessments.

The Education Committee as a whole wished to have the opportunity to see the documentation produced by the QAA in advance of the meeting, so that all members had the opportunity to feed their comments into the discussion.

I now attach the following documents related to this work:

- Original GOSc tender for this work (I have not attached original GOSc registration assessment documentation to avoid confusion. This documentation that exists can either be found on our website <http://www.osteopathy.org.uk/practice/How-to-register-with-the-GOSc/Qualified-outside-the-UK/> or can be sent on request)
- Scoping report from the QAA
- Final report of the QAA team on this project
- Principal changes to registration documents
- Document list

The assessments being reviewed include

- Return to Practice Assessment – a supportive, educational process applied to those who have been non-practising for a period of 24 months or more. Recommendations are made to the person undertaking the process to help guide them back into practise. This is not a competence assessment. **Revised documentation in attachment RTPP form and interview**
- Written Assessment Part 1 – assessment of equivalency between a non-UK qualification and a UK qualification – applied to those applicants to the register who qualified outside of the UK. **Revised documentation in FEO PQ Part 1**
- Written Assessment Part 2 – further evidence of practice questionnaire – applied to those applicants to the register who qualified outside of the UK. **Revised documentation in attachments: FEO PQ questionnaire; FEO PQ Guidelines for assessors; FEO PQ OPS checklist; FEO PQ evaluation form; Mapping of FEO PQ against OPS table**
- Assessment of clinical performance – a clinical test of those applicants to register who qualified outside of the UK and for those referred from a Fitness to Practise Panel. **Revised documentation in attachments: ACP guidelines for assessors and applicants; ACP evaluation form; Mapping of ACP to OPS table**

Action Required

Please review the documentation provided by the QAA and provide any comments that you may have on this by return, copying in the other recipients of this email by **Wednesday 8 August 2012**. These comments will then be fed into the meeting between the subcommittee appointed by the Education Committee and the QAA when we meet on 11 August 2012 to finalise the documents.

I am happy to answer any questions that you may have in relation to the above. Please contact me as outlined below

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Best wishes

Marcus

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Appendix B

Hi Marcus,

On the whole OK. However, there are a few areas where improvements/amendments may be required. These are:

Revised documentation in FEO PQ Part 1 - the assessment grid, in particular, point 3 may prove too complex to some of the evaluators without a lot of academic experience- difficult to map out all these descriptors from some of the available course guides;

RTPP form - you need to ensure that used terminology is accessible to all - e.g. OEI - and also ensure consistency in the terminology used - e.g. is there a difference between capabilities and skills in this context? Would applicants know what those differences are?

ACP guidelines for assessors and applicants - point 4 - giving an assessment summary to the examiners prior to the ACP may bias their decision making process. Why not only the moderator? Points 11 and 12 - these may need to be strengthened, get input from Velia, think about the limits of clinical responsibility in the event of a patient reported injury. It needs to be clear;

FEO PQ questionnaire - throughout the document there is mention to diagnostic hypothesis. This gives the impression that osteopathic diagnosis is always associated with a high level of certainty which is not the case. It should refer to diagnostic hypotheses, which would enable applicants to provide a range of hypotheses and therefore demonstrate their knowledge and skills. Point 7 - ...how you reflected on the..should be changed to how you assessed the effectiveness of...Question 8 - diagnostic palpation is not a therapeutic technique but a form of assessment;

FEO PQ Guidelines for assessors - some point regarding diagnostic hypotheses and not hypothesis. Question 4 - decisions required - there is an assumption that all applicants would treat visceral cases. What about those who would not treat a visceral case? Question 8 - Diagnostic palpation is not a technique, therefore we should not be asking them to prove at least two contraindications for 'that' technique;

FEO PQ evaluation form - this form is too reductionist; it does not allow professional judgments. It will be difficult to effectively assess their overall competence profile.

I hope this helps.

Best,

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Appendix C

Master Osteopathic Practice Standards Checklist

A1	You must have well-developed interpersonal communication skills and the ability to adapt communication strategies to suit the specific needs of a patient.	ACP	<p>Does the applicant:</p> <ul style="list-style-type: none"> ➤ Communicate effectively with the patient? ➤ Recognise possible communication difficulties with the patient, and adapt their communication skills accordingly?
A2	Listen to patients and respect their concerns and preferences.	ACP	<p>Does the applicant:</p> <ul style="list-style-type: none"> ➤ Communicate effectively with the patient by talking and listening to them? ➤ Adapt appropriately to any disquiet voiced, patient discomfort or non-verbal body language? ➤ Adapt to the specific needs of the patient in relationship to gender, ethnicity, disability, culture, religion or belief, sexual orientation, lifestyle, age, social status or language? ➤ Demonstrate an appropriate range of time keeping skills throughout each phase of the consultation that is appropriate to the needs of the patient? ➤ Communicate clearly with patient as to which intimate area(s) they wish to examine and treat, why they wish to do so, and how this will be carried out? ➤ Ensure that they gain patient understanding as to how and why this examination and treatment will be carried out?
A3	Give patients the information they need in a way that they can understand.	ACP FEoPQ ACP	<p>Does the applicant inform the patient:</p> <ul style="list-style-type: none"> ➤ About their right to have a chaperone present? ➤ That they can stop the examination or treatment at any time? ➤ About what to realistically expect from the applicant as an osteopath? ➤ About any material or significant risks associated with any clinical action proposed pertinent to the specific patient's presenting situation and needs?

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			<p>Does the applicant:</p> <ul style="list-style-type: none"> ➤ Explain clearly the proposed course of clinical action or treatment? ➤ Check with the patient as to their understanding of this action and any associated risks? ➤ Identify and adapt to the patient's communication difficulties whilst examining or treating them?
A4	You must receive valid consent before examination and treatment.	ACP	<p>In gaining valid consent from the patient does the applicant ensure or take all steps to consider:</p> <ul style="list-style-type: none"> ➤ That the patient is competent, and has the capacity to give consent? ➤ That if the patient appears not to be competent to understand they do not proceed further? ➤ That the any information given to the patient is contextually sensitive and takes into consideration age, disability, and cultural background. ➤ That the patient is able to give consent voluntarily without being made to feel under pressure. ➤ That consent is an ongoing process during treatment?
A5	Work in partnership with patients to find the best treatment for them.	ACP FEoPQ	<p>Does the applicant:</p> <ul style="list-style-type: none"> ➤ Interact with and involve the patient during the examination and treatment phases of the consultation? ➤ Involve the patient in treatment and management planning? ➤ Demonstrate a reasoned and appropriate course of management action for this specific patient?
A6	Support patients in caring for themselves to improve and maintain their own health	ACP FEoPQ	<p>Does the applicant:</p> <ul style="list-style-type: none"> ➤ Provide sufficient information for the patient to be able to make an informed choice as to which course of action they wish to proceed with? ➤ Offer the patient the opportunity to inform their GP or other healthcare professionals about receiving osteopathic treatment?
B1	You must understand osteopathic concepts	ACP FEoPQ	<p>Does the applicant:</p> <ul style="list-style-type: none"> ➤ Apply osteopathic principles and

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			<p>interpret, an evaluation of the patient that is informed by the presenting signs and symptoms, is modified to the needs of the patient, and includes observation, palpation and motion evaluation (both active and passive)?</p> <ul style="list-style-type: none"> ➤ Problem-solving and thinking skills, in their evaluation of the patient through the different phases of the consultation, that informs clinical reasoning and decision-making processes? ➤ Good physical practitioner handling skills being mindful of their own and patient's morphology? ➤ The application of suitable strategies to protect themselves psychologically in any interaction with the patient?
B3	Recognise and work within the limits of your training and competence.	ACP FEoPQ	<p>Does the applicant:</p> <ul style="list-style-type: none"> ➤ Have the skills and competence to treat a patient? ➤ Consider the need to seek advice or assistance for ongoing patient care?
B4	Keep your professional knowledge and skills up to date.	ACP FEoPQ	<p>Does the applicant demonstrate:</p> <ul style="list-style-type: none"> ➤ That they have kept their professional knowledge and skills up to date? ➤ That they are able to monitor, and act accordingly, on the quality of osteopathic care they provide? ➤ How they integrate contemporary advice related to osteopathic healthcare into their practice? (eg: guidelines, risks and adverse reactions)
C1	You must be able to conduct an osteopathic patient evaluation sufficient to make a working diagnosis and formulate a treatment plan.	ACP FEoPQ	<p>Does the applicant demonstrate the ability to:</p> <ul style="list-style-type: none"> ➤ Take and record a detailed case history? (This should include any problems and symptoms reported by the patient; general health across all body systems, relevant medical, surgical and traumatic history, family and social history) ➤ Make, and record, an analysis of the presenting complaint given the context of the case history? ➤ Adapt their interview and enquiry skills to their perception of the

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			<p>specific needs of that patient? (eg: pain levels, psychosocial issues, and communication ability).</p> <ul style="list-style-type: none"> ➤ Take into consideration the significance of possible predisposing factors, such as physiological, psychological and social issues, in their analysis of the presenting complaint? ➤ Select and conduct a range of clinical examinations / investigations that are initiated from the case history analysis and are adapted or modified to the needs of the patient? ➤ Formulate a diagnostic hypotheses informed by the analysis of the case history, observation of the patient, and the examination findings? ➤ Develop a working osteopathic diagnosis?
C2	<p>You must be able to formulate and deliver a justifiable osteopathic treatment plan or an alternative course of action</p>	<p>ACP FEoPQ</p> <p>ACP FEoPQ</p>	<p>In developing a treatment and management plan does the applicant:</p> <ul style="list-style-type: none"> ➤ Select and justify a treatment and management approach that is developed from the information gathered from the different phases of the consultation, and informed by the working diagnosis? ➤ Take into consideration the specific needs and expectations of the patient? ➤ Consider their personal limits of competence? ➤ Consider and discuss with the patient the likely effects of treatment? ➤ Identify the suitability of, modification of, or contra-indication to using specific osteopathic techniques given the needs of the patient, the context of their presenting complaint and history? <p>In applying treatment does the applicant:</p> <ul style="list-style-type: none"> ➤ Monitor the effects of treatment during and after its application? ➤ Adapt the application of either technique or treatment approach in response to ongoing palpation? ➤ Evaluate post treatment response? ➤ Justify the continuance, modification or cessation of osteopathic treatment?

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			<ul style="list-style-type: none"> ➤ Recognise, and take appropriate remedial action to deal with, an adverse reaction to osteopathic treatment?
C3	Care for your patients and do your best to understand their condition and improve their health.	ACP FEoPQ	<p>Does the applicant demonstrate that:</p> <ul style="list-style-type: none"> ➤ They endeavour to develop a good rapport with their patient? ➤ They have attempted to understand the context of patient's presenting complaint and its significance to that patient? ➤ They have attempted to improve the patient's health and well-being?
C4	Be polite and considerate with patients.	ACP	Does the applicant demonstrate that that are polite and considerate with patients?
C5	Acknowledge your patients' individuality in how you treat them.	ACP	Does the applicant acknowledge, respect and acknowledge the patient's wishes and expectations?
C6	Respect your patients' dignity and modesty.	ACP	Does the applicant take all necessary steps to ensure that they acknowledge the patient's needs, and respect their dignity and modesty? (eg: taking into consideration cultural and religious backgrounds; patient sensitivities in the need to undress for examination and treatment purposes; the actual act of undressing; exposure during examination and treatment; the patient's wishes for a chaperone)
C7	Provide appropriate care and treatment.	ACP FEoPQ	Does the applicant throughout each phase of the consultation, and overall, demonstrate that they are able to provide appropriate care and treatment for the patient?
C8	Ensure that your patient records are full, accurate and completed promptly.	ACP FEoPQ	<p>Do the patient records contain:</p> <ul style="list-style-type: none"> ➤ The date of the consultation? ➤ The patient's personal details? ➤ Any problems and symptoms reported by the patient? ➤ Relevant medical, family and social history? ➤ The clinical findings, including negative findings? ➤ The information and advice provided, whether this is

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			<p>provided in person or via the telephone?</p> <ul style="list-style-type: none"> ➤ A working diagnosis and treatment plan? ➤ Records of consent, including consent forms? ➤ The investigation or treatment undertaken and the results? ➤ Any communication with, about or from the patient? ➤ Copies of any correspondence, reports, test results, etc. about the patient? ➤ Clinical response to treatment and treatment outcomes? ➤ The location of the treatment if outside the usual consulting rooms? ➤ Whether a chaperone was present or not required? ➤ Whether a student or observer was present?
C9	Act quickly to help patients and keep them from harm.		Is the applicant aware of the obligations they are under to protect patients from risk posed by colleagues, other practitioners, or staff members (if applicable) where concern is raised as to their health, conduct or professional performance?
D1	You must consider the contributions of other healthcare professionals to ensure best patient care.	ACP FEoPQ	<p>Does the applicant:</p> <ul style="list-style-type: none"> ➤ Provide any evidence of consideration of other healthcare approaches in the management plan of the patient? ➤ Understand the contribution of osteopathic treatment in context of primary care provision? ➤ Consider referral to other disciplines in order to request further investigations as appropriate? ➤ Understand the indications for referral? ➤ Provide copies of communications with other members of the healthcare team?
D2	You must respond effectively to requirements for the production of high-quality written material and data		<p>Does the applicant provide evidence of:</p> <ul style="list-style-type: none"> ➤ An adequate level of information and communication technology skills ➤ Mechanisms for storing and retrieving financial and other practice data to comply with legal requirements
D3	You must be capable of retrieving, processing and analysing information as necessary.	FEoPQ	<p>Does the applicant provide evidence of:</p> <ul style="list-style-type: none"> ➤ Their ability to collect & analyse data about professional practice?

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D4	Make sure your beliefs and values do not prejudice your patients' care		Does the applicant provide evidence to ensure that they are aware that whatever beliefs and value systems they hold do not prejudice their care and management of a patient?
D5	You must comply with equality and anti-discrimination laws		Does the applicant provide evidence of their understanding and implementation of equality and anti-discrimination legislation?
D6	Respect your patients' rights to privacy and confidentiality		<p>Does the applicant provide evidence to support :</p> <ul style="list-style-type: none"> ➤ the manner in which they ensure patient confidentiality? ➤ how they ensure their members of staff, if applicable, conform to the requirement for confidentiality? ➤ An adequate and secure method for storing patient information and requests? ➤ Their policy on the retention of patient records? ➤ How they comply with the law on data protection?
D7	Be open and honest when dealing with patients and colleagues and respond quickly to complaints		Does the applicant provide evidence of a formal complaints procedure?
D8	Support colleagues and cooperate with them to enhance patient care		<p>Does the applicant provide evidence of how they operate a 'handover procedure regarding patient care.</p> <p>If applicable, does the applicant provide evidence of how they inform their staff about:</p> <ul style="list-style-type: none"> ➤ patient confidentiality, retention of medical records, the boundaries and professional relationships with patients, colleagues and other healthcare professionals? ➤ The complaints procedures operated by the practice? ➤ Ensure that they have a working knowledge of the relevant legislation and its implementation to their particular workplace? <p>If applicable, does the applicant provide evidence of their necessary requirement, support mechanisms and adequate resources:</p> <ul style="list-style-type: none"> ➤ for their associates or assistants? ➤ The training of junior colleagues and osteopathic students?

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			<p>If applicable, does the applicant provide evidence of how they develop and maintain effective teaching skills?</p> <p>If applicable, does the applicant provide evidence of their policy on observation of their practice by potential osteopathic students?</p>
D9	Keep comments about colleagues or other healthcare professionals honest, accurate and valid		Does the applicant demonstrate awareness of the need to be respectful of their colleagues and other healthcare professionals?
D10	Ensure that any problems with their own health do not affect your patients		Does the applicant provide evidence of how they self-guard their own physical and mental health?
D11	Be aware of your role as a healthcare provider to promote public health		Does the applicant demonstrate awareness of their role in promoting public health?
D12	Take all necessary steps to control the spread of communicable diseases	ACP	<p>Does the applicant provide evidence of:</p> <ul style="list-style-type: none"> ➤ Their role as a healthcare provider in the promotion of public health? ➤ Their infection control procedures? ➤ How they comply with health and safety legislation?
D13	Comply with health and safety legislation		Does the applicant provide evidence of compliance with relevant health and safety legislation?
D14	Act with integrity in your professional practice		Does the applicant demonstrate honesty in advising their patients and in the information they provide about themselves and their practice?
D15	Be honest and trustworthy in your financial dealings, whether personal or professional		<p>Does the applicant provide evidence of:</p> <ul style="list-style-type: none"> ➤ How they inform patients as to their fee structure? ➤ Acting responsibly in any recommendation of generic products they may make to a patient and explaining any financial benefit? ➤ Keeping sound financial records?
D16	Do not abuse your professional standing		Does the applicant demonstrate an awareness of professional and social boundaries, and acts accordingly to ensure their maintenance?
D17	Uphold the reputation of the profession through your conduct		Does the applicant demonstrate an awareness of their need to act as a professional in all walks of their life?
D18	You must provide to the GOsC any important information about your conduct or competence		Is the applicant aware of the obligations upon them as an osteopath to inform the GOsC about any criminal or professional charges and offences?

Revision of registration assessments – final report

Introduction

1. The revision of registration assessments project began in March 2012, after a tender submitted by the Quality Assurance Agency (QAA) and presented by Virginia Isaac, Head of Business Development and David Gale, Assistant Director, was accepted by the General Osteopathic Council (GOsC).

Project brief

2. The project was initiated by the GOsC in response to the introduction of the new Osteopathic Practice Standards (OPS) and involved:
 - the revision of the assessment criteria and the guidance for the four types of assessment:
 - the *Return to Practice Process form*
 - the *Return to Practice Process interview*
 - the *Further Evidence of Practice Questionnaire*
 - the *Assessment of Clinical Performance*.
 - making recommendations as to how each assessment might be developed in future, given that changes to the assessments themselves were not within the scope of this project
 - the delivery of training on the revised assessment criteria and guidance to the assessors.

Project team

3. The QAA project team (the team) were formed shortly afterwards and comprised:
 - Jennie Evans (JE), Head of Business Development, QAA
 - Barbara Edwards (BE), Assistant Director, QAA
 - Mary Rivers (MR), Development Officer, QAA

Two independent practising osteopaths, Sarah Wallace (SW) and Liza Adams (LA), were recruited to the team. Both had current or recent experience as visitors under the QAA's method for the review of Osteopathic Education Institutions.

Project planning

4. The team met on 30 March 2012 to discuss and determine the scope of the project. It was agreed that:
 - a number of clarifying questions needed to be raised with GOsC:
 - whether any assessment criteria already existed
 - the number of assessors and the type of assessment they were involved with
 - how many of each type of assessment took place on average annually
 - whether any developmental work had already been undertaken on any of the assessment criteria or guidance.

- a meeting should be organised with the team and Marcus Dye, Professional Standards Manager, at GOsC House in April.

Project team work allocation

5. The team met with Marcus Dye at GOsC House in April to clarify the aims and scope of the project. Following this meeting, responsibilities were allocated to the team:
 - JE: business and operational management
 - BE: coordinating production of documents; Return to Practice Process (RTPP)
 - MR: RTPP and Sharepoint
 - SW: Further Evidence of Practice Questionnaire (FEoPQ)
 - LA: Assessment of Clinical Performance (ACP)
6. Each of four members of the team took the lead on one of the sets of registration assessment documents, but has also worked collaboratively on all of the materials to ensure overall consistency and help resolve any issues arising.

Project development

7. The team were keen to ensure that assessors were informed and involved at every stage of the revision process.
8. A questionnaire using Survey Monkey was devised and made available to all assessors between 11 and 24 May. The questionnaire invited assessors to comment on the positive and negative aspects of each type or set of registration documents; the suitability of each to meet the new OPS; and their suggestions for improvement. There were 12 respondents, with a response distribution as follows: FEoPQ 5; ACP 8; RTPP form 2; RTPP interview 3.
9. A meeting to discuss the assessors' responses was held on 1 June at GOsC House. One assessor attended and two joined the discussion by telephone. The feedback was focused on the FEoPQ and the ACP and, despite the small numbers and limited function of the teleconference equipment, proved detailed and helpful.
10. Following the meeting, the team worked on the revision of the existing materials; the mapping of the new OPS to the FEoPQ and ACP; and the development of performance indicators underpinned by a checklist, which respondents to the questionnaire had favoured as a means of assessing the FEoPQ and ACP, and which would form the basis of the proposed evaluation documents. The assessors also advocated the use of a rating scale supported by anchor statements to make their judgement on an applicant's performance for both tools. In revising the documentation, emphasis was placed on the complementary use of the two assessments. It was agreed that the RTPP form and interview would be developed after the preparatory work had been completed around the two larger assessments.
11. The team invited the assessors to a second meeting on 11 July to discuss the development of the draft documents. This initially proved problematic as some assessors

asked for more notice and some who were self-employed said that they could not attend in person as they would lose income. QAA pays travel and subsistence expenses, but not fees, for individuals who are involved in activity from which they will ultimately benefit financially and no provision had been made in the budget to pay assessors for their attendance.

12. As soon as it became apparent that there may be difficulties in organising face-to-face meetings, JE set up a Sharepoint discussion board so that the assessors could read and comment on the developing materials, both in advance of the second meeting and on an ongoing basis. Six assessors signed up to Sharepoint before the meeting on 11 July and two more signed up afterwards. Although the number of contributions was quite limited (a total of 11), they were all constructive and, in some cases, very detailed. The documents were always circulated by email as a back-up, and any emailed responses were uploaded to the discussion board
13. The second meeting with the team was attended by six assessors in person and one by telephone, and also Marcus Dye and Fiona Browne, Head of Professional Standards at GOsC. A one-hour session was allocated to each of the four sets of documents and the day was planned so that assessors could attend or join the teleconference for the whole time or for just that part of the discussion relevant to them. The discussion was extremely productive, both generally in clarifying the nature of the return to practice and assessment processes, and more specifically in shaping the supporting documents. There was a general endorsement of the rationale behind the revisions and approval of the proposed materials for the FEO PQ and the ACP, although some assessors expressed concern about the amount of additional paperwork it appeared to generate. There was also general agreement about which standards could not be covered by the two assessments. The RTPP form and interview were only in the early stages of development, but the meeting provided clear direction to the team by confirming the supportive nature of the RTPP and allying it firmly to continuing professional development (CPD).
14. MR provided a short demonstration of Sharepoint for assessors after the lunch break.
15. As a consequence of the second meeting further revisions were made to the documentation. A table listing the principal changes and additional documents created is attached (Appendix 1) with explanatory notes. In summary:
 - Existing documents were revised to align with the new OPS
 - RTPP documents were revised to disassociate them from the assessment process and emphasise the importance of CPD
 - The link between the FEO PQ and ACP assessments was strengthened and made more explicit
 - Existing guidelines to assessors were refreshed
 - New documents were added to provide assessors with a more robust recording and decision making framework (for example the FEO P evaluation documents)
 - New documents were added to provide greater clarity and support for applicant osteopaths (for example the RTPP interview guidelines for osteopaths)

- New documents were provided to standardise and enhance the reliability and validity of the process while still allowing for the exercise of independent professional judgement (for example the ACP checklist)
- Simple tables were developed mapping the OPS to the FEO PQ and ACP.

Project outcomes

16. The documents were circulated to the full GOsC Education Committee in advance of the meeting with selected members of the Committee on 11 August. Two members of the project team, SW and BE met with Marcus Dye and a group of three Committee members with assessment experience: Brian McKenna, Jane Fox and Bernadette Griffin.
17. The project team explained the rationale behind the development of the materials and the reasons for each revision and additional document, which received general approval from the Committee members. Members then provided a detailed critical commentary on each document which led to agreement regarding further amendments to the process and the documentation. This included the strengthening of references to CPD throughout the RTPP documentation and the modification of some terminology; the use of hypothetical scenarios in the FEO PQ; and the clarification of guidance on the conduct of the ACP. Additionally, it was confirmed that some elements of the OPS could not be assessed with the current tools, and that others might be more effectively assessed in a different way. It was also agreed that Part 1 of the FEO PQ should be developed as an independent document.
18. The meeting also considered comments sent in by another member of the Committee and an assessor in response to the prior circulation of the documents.
19. Members advised that the training should be used to clarify areas of potential sensitivity with assessors, for example the use of guidelines and templates, which were intended to provide a framework for decision making rather than inhibit the exercise of individual professional judgement.
20. As a consequence of the discussion, further improvements were made to the documents, as recorded in Appendix 1 (Further changes from 11 August 2012), and the recommendations to the Committee were refined and amended.

Conclusions

21. The team are confident that they have met the aims of the project in revising the registration assessments against the new OPS and developing a new framework of documentation, but recognise that there is further work to be undertaken, both in support of what has already been produced and in developing tools which will assess the full range of the OPS in the most appropriate way.

Recommendations

22. The team have identified some areas for consideration by the Committee, including two which may be regarded as outside the project remit:

- i. To ensure the transparency of the processes by sharing all registration documents with the applicant osteopaths
- ii. To endorse the development of a standardised approach to the return to practice and assessment processes through the development of templates which would support new assessors; enhance the reliability and validity of the processes; and reduce the potential risk of examiner bias, while respecting the expertise and maintaining the independence of the assessors
- iii. To consider extending the range of support mechanisms available for CPD, for example mentoring, and to develop guidelines for reviewers/assessors on the various forms of activity which can be recommended to applicant osteopaths
- iv. To develop a method for evaluating the applicant osteopath's ability to meet those elements of the OPS (C9, D2, D4-11, D13-18) which cannot be assessed under the current process
- v. To consider the need to increase the range of assessment tools to evaluate the full breadth of the OPS in a more robust and valid manner
- vi. To increase the size of the assessor pool, particularly for the RTPP, to increase the range of perspectives, extend the capacity for moderation and benefit from the expertise of current practitioners
- vii. To develop an annual monitoring and review process to evaluate the overall effectiveness of the return to practice and assessment processes; to evaluate the effectiveness of the guidance on CPD offered; to promote the sharing of good practice; and to plan the training/refresher training for assessors
- viii. To provide additional guidance in the form of an overview (to include a flow chart) of the RTPP, FEO PQ and ACP processes for applicant osteopaths, reviewers/assessors and any interested external parties, which would be informed by the recommendations listed above, if accepted.

Additionally:

- i. In respect of the Review of Non UK Qualifications (formerly Part 1 of the FEO PQ), to pilot the revised document as a temporary measure, and to request the module course guide and the academic transcript as mandatory evidence
- ii. To consider other potential uses for the current assessment tools, given their capacity to evaluate the knowledge base and clinical skills elements of the OPS, for example in the area of Fitness to Practice

Appendix

1. Table of 'Principal changes to registration assessment documents'

Barbara Edwards
28 August 2012

Principal changes to registration assessment documents

Appendix 1

Changes to RTP Process form and interview documents

Document	Changes to 11 July	Further changes from 11 August 2012
Revised RTP Process guidelines	<ul style="list-style-type: none"> • Decoupled from the ACP (following conversation with GOsC (26/07/12) and all references to ‘assessment’ and ‘assessors’ and ‘judgements’ removed. Third ‘outcome’ also removed. Have tried to make more careful use of ‘decision’ and ‘recommendation’. • Using ‘GOsC reviewer’ instead of ‘assessor’ or ‘interviewer’ • Using ‘osteopath’ instead of ‘applicant’ • Developmental aspect of process made more explicit and links to CPD process • Format altered and sub-headings amended to make stages in process clearer 	<ul style="list-style-type: none"> • Revised order of information to position ‘Outcome’ after ‘Stages’ and before ‘Reports’ to achieve more logical sequence • Added note on assurance of confidentiality and conflicts of interest (paragraph 3) • Added footnote on guidelines to be provided for assessor on the types of CPD support which could be recommended • Further increased the emphasis on CPD (paragraph 11) by making explicit the expectation that some activities will be mutually agreed during the discussion as the basis of the action plan and other activities will take the form of recommendations for consideration • Inserted ‘and review’ to ‘after submission of their next CPD return’ (paragraph 12) to emphasise the importance of following up on the recommended CPD activity
New RTP Self-Assessment Form - Guidelines for osteopaths	<ul style="list-style-type: none"> • Developed from notes at bottom of original form and expanded to include reference to usefulness of learning needs analysis and links to CPD 	
New RTP interview – guidelines for osteopaths	<ul style="list-style-type: none"> • Developed to increase transparency of process and reinforce link to CPD 	<ul style="list-style-type: none"> • Emphasised importance of agreed CPD activity and review (paragraph 5)

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Revised Self Assessment form (Appendix 1)	<ul style="list-style-type: none"> • Sub-divided into sections to focus on each area of the OPS • Section 1 introduced to provide some additional background and Section 6 to allow for any additional comments 	<ul style="list-style-type: none"> • Terms changed to achieved greater consistency ('competences' , 'capabilities' and 'skills' replaced by 'skills')
New RTP interview – questions for reviewers (Appendix 2)	<ul style="list-style-type: none"> • Developed to provide interviewers with prompts and is a step towards standardisation 	<ul style="list-style-type: none"> • Question/prompt asking if osteopath may have treated family and friends while non-practising (2.2) removed to avoid misinterpretation • Some acronyms expanded (eg OEI) • 'Interview' replaced with 'discussion' to further increase developmental
New Report template (Appendix 3)	<ul style="list-style-type: none"> • Developed to provide template for reviewers and a more standardised approach 	<ul style="list-style-type: none"> • 'Strengths' and 'Areas for development' sub-headings added to provide summary of key points • 'Recommendations' divided into mutually agreed activities and recommendations for consideration
<p>General comments</p> <p>The notion of 'assessment' has been removed from the documentation and replaced with a stronger emphasis on extending and formalising the role of CPD within the RTP process.</p>		

Changes to Further of Evidence Practice Questionnaire

Document	Changes to 11 July	Further changes from 11 August 2012
New Osteopathic Standards Practice Checklist	<ul style="list-style-type: none"> • Drawn up following consultation with assessors as need for tighter evaluation indicators to increase reliability. • To be used in the evaluation of this questionnaire and the assessment of clinical practice. The Further Evidence of Practice Questionnaire and Assessment of Clinical Practice should now be seen as a combined assessment. 	<ul style="list-style-type: none"> • Separated the document into the 'Further Evidence of Practice Questionnaire Osteopathic Standards Checklist' and a 'master' checklist reference document showing which elements are assessed by the FEO PQ, which by the ACP, and which elements are not assessed
Revised Further Evidence of Practice Questionnaire	<ul style="list-style-type: none"> • Review of questions in parts 1, 2 and 3 to reflect the demands of the osteopathic practice standards. Part 2 and 3 revised four times following assessor feedback. • Part 1 revised in conjunction with GOsC 	<ul style="list-style-type: none"> • Included paragraph outlining the need for hypothetical scenarios if the applicant is unable to provide patient records for genuine reasons • Divorced part 1 from the remainder of the questionnaire to stand alone as a separate entity. • Part 1: Included sub-committee recommendation that module / course outline is a compulsory requirement
Revised Further Evidence of Practice Questionnaire Guidelines including evaluation forms	<ul style="list-style-type: none"> • Revised in conjunction with the questionnaire development. • Second composite evaluation form compiled, following assessor feedback about inconsistencies in assessor evaluation, the failure to triangulate the evidence within the questionnaire, and the need to provide more robust feedback that is anchored to the osteopathic practice standards. This evaluation form will be provided to the ACP assessors on each applicant. 	<ul style="list-style-type: none"> • Included guidance outlining the need for hypothetical scenarios if the applicant is unable to provide patient records for genuine reasons, and the need to record as to whether case scenario submitted is hypothetical. • Added time allowance for questionnaire evaluation.
General comments		

Part 1 of the FEO PQ separated and revised to become 'Review of Non UK Qualifications'

Changes to Assessment of Clinical Performance

Document	Changes to 11 July	Further changes from 11 August 2012
Revised ACP assessor guidelines	<ul style="list-style-type: none"> • Includes guidelines for applicants in addition to assessors • Refers to assessor team receiving assessment summary from the FEO P questionnaire • Includes section on 'Special needs' to comply with Equality and Diversity legislation and the Disability Discrimination Act (2005). • Includes plan to provide a 'contingency patient 'if there is a 'no show' • Provides additional clarification of roles of assessor, moderator and GOsC representative • Includes expanded section on bias 	<ul style="list-style-type: none"> • Clarified the roles/ personnel involved within and without the ACP. • Added guidance about extreme circumstances where it would not be reasonable to continue the ACP. • Amended special needs guidance following feedback from the GOsC • Simplified section on bias to make it clearer and less repetitious.
New ACP OPS checklist	<ul style="list-style-type: none"> • Drawn up in parallel to FEO PQ checklist to provide a more robust framework for assessment along with evaluation form 	
New ACP evaluation form	<ul style="list-style-type: none"> • Developed to improve recording of performance and reliability and validity of assessment process • Layout of criteria adjusted to follow the natural reasoning of the assessors in the assessment process 	<ul style="list-style-type: none"> • Amended evaluation form as requested • Added further amendments to adapt to the use of one form per patient.

Annex B to 7

		<ul style="list-style-type: none">• Drafted an ACP outline final report for use by the GOsC to provide feedback for the applicant.
<p>General comments</p> <p>Complementary nature of FEO PQ and ACP strengthened</p>		

