

Education Committee
27 February 2013
Continuing fitness to practise update

Classification	Public
Purpose	For noting
Issues	This paper provides an update on our progress with the revalidation pilot evaluation and impact assessment publication and the CPD Discussion Document analysis.
Recommendation	To note the continuing fitness to practise update.
Financial and resourcing Implications	None arising from this paper.
Equality and diversity Implications	None arising from this paper.
Annexes	Annex A – Final Report of the Evaluation of the General Osteopathic Council’s revalidation pilot. Annex B – Final Report of the Impact Assessment of the General Osteopathic Council’s revalidation pilot.
Communications implications	None arising from this paper.
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Background

1. This paper reports on the high level findings of the independent KPMG evaluation and impact analysis of the revalidation pilot. The paper also it reports on the progress of the analysis of the responses to the CPD Discussion Document.
2. It is planned that the independent KPMG evaluation and impact assessment reports and the CPD Consultation Document Analysis will be provided to Council in March 2013 for consideration.
3. These reports are important because they complete an intensive three programme of work to provide an evidence base (or otherwise) for a revalidation scheme as required in the Government Command Paper, *Enabling Excellence*.¹ The reports will provide a foundation upon which we consider the development of proportionate proposals for a scheme which enables us to assure that registrants continue to be fit to practise and are committed to enhancing the quality of practice to meet the requirements of the Professional Standards Authority.²
4. In April 2010, Council endorsed the appointment of KPMG to undertake an independent evaluation and impact assessment of Stage 1 of the GOsC revalidation pilot. As part of the specification, KPMG agreed to undertake the following work as part of the evaluation and impact assessment:
 - a. A survey of osteopaths to find out how they practise. *This report was considered by Council in February 2011.*
 - b. An analysis of the work on revalidation undertaken by the other regulators to help to inform proportionate development. *This report was considered by Council in October 2010.*
 - c. A proposal setting out the methods to be used to establish the costs and benefits of revalidation prior to the commencement of the pilots. *These reports were considered by Council in April 2011 and July 2011.*
 - d. A report evaluating the pilots and whether the expected outcomes were met and a final report comprising a full evaluation and impact assessment for the osteopathic revalidation scheme. *These reports are attached at Annexes A and B.*
 - e. .
5. In July 2011, Council agreed to launch the revalidation pilot which took place from September 2011 to September 2012. Since this time, the revalidation pilot has been ongoing and throughout the pilot period, as indicated in the reports at

¹ See Enabling Excellence, a Government Command Paper, p19, available at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124374.pdf and accessed on 12 February 2013.

² See Professional Standards Authority, A right touch approach to continuing fitness to practice, available at <http://www.professionalstandards.org.uk/docs/psa-library/november-2012---right-touch-continuing-fitness-to-practise.pdf?sfvrsn=0> and accessed on 12 February 2013.

Annexes A and B, KPMG have been collecting data from a range of pilot participants, pilot assessors and other stakeholders including patients, insurers and the British Osteopathic Association.

6. In September 2011, Council agreed to publish the CPD Discussion Document which was to sit alongside the pilot to promote discussion about the changes that might be made to the CPD Scheme.
7. In October 2012, Council received an update about the progress of the revalidation pilot and the responses to the CPD Discussion Document. This paper can be found at: http://www.osteopathy.org.uk/uploads/public_item_8_revalidation_and_cpd_progress_report_final.pdf Again a range of diverse responses to this document have been received including osteopaths, the British Osteopathic Association, various osteopathic special interest groups, patients, lay people, the NHS Leadership Academy, regulators and others.
8. On 27 November 2012, the Education Committee received an update about the feedback from the revalidation pilot drawn from the feedback and discussion during the pilot assessor moderation days. The Committee also received a preliminary analysis of the Professional Standards Authority (PSA) Report, *An approach to continuing fitness to practise based on right-touch regulatory principles* which was published in November 2012.
9. The PSA report confirms the principle that 'Regulators should be able to provide assurances of the continuing fitness to practise its registrants' and that this can include quality improvement.

Discussion

Progress with the KPMG independent Revalidation Pilot Evaluation and Impact Assessment

10. The final drafts of the KPMG Evaluation and Impact Assessment Reports are attached at Annexes A and B. These reports complete the series of reports that KPMG have undertaken as part of the comprehensive evaluation of the osteopathic revalidation pilot. The reports bring the involvement of KPMG as evaluators of the GOsC revalidation pilot to an end following three years of work.
11. The reports have been published on our website and will be highlighted to osteopaths in the e-bulletin and also in *The Osteopath* magazine and through other channels including the Regional Communication Network Meeting in March 2013 and the British Osteopathic Association, the Council for Osteopathic Educational Institutions, the Osteopathic Alliance and the National Council for Osteopathic Research as part of the programme of development work. We will also alert all our stakeholders to the publication of the report shortly. This will

include the Department of Health who funded the pilot and the independent evaluation and impact assessment as well as other regulators.

The findings of the independent Revalidation Pilot Evaluation and Impact Assessment

12. The independent Evaluation and Impact Assessment reports comprise:

- An executive summary
- Introduction and context to the evaluation
- An overview of the GOsC Revalidation Pilot Scheme
- An outline of the methodology used to evaluate the pilot.
- The findings of the report
- The implications of the findings

13. In high level terms there are a number of positive benefits of the pilot identified in the reports. These include:

- 'Three quarters of all participants reported that pilot participation meant that they reflected more on areas of their clinical practice.'
- '40% of participants also reported that their participation in the pilot has benefited their patients.'
- The majority of participants (79%) considered that 'purposeful review' of the Osteopathic Practice Standards has been beneficial.
- Many registrants 'indicated that they would continue to use the tools to develop their practice in future.'
- 'Engagement in the pilot and using pilot tools has enabled participants to document their practice'³ (this is described in the report as an area of development noted as part of the pilot where support for osteopaths will be required).
- Much of this is in marked contrast to the baseline report undertaken by KPMG in 2009 at the start of the pilot evaluation when KPMG noted that 'there was very little formal or documented reflection on performance or feedback from patients.'
- Patients' reports that they did want to provide feedback to their osteopath and also patient feedback was the most used tool as part of the pilot process.⁴

14. However, there are also a number of issues identified as part of the pilot, these include:

- The scheme was perceived as complex and administratively burdensome which did not sit comfortably with the highly kinaesthetic nature of osteopathy.⁵

³ See KPMG, *Final Report of the Evaluation of the GOsC Revalidation Pilot Scheme*, 2013, p4 and p22

⁴ As above p30 and p19

- A disproportionately high (although not statistically significant) group of people who declared disabilities did not complete the pilot. Although the risk that this poses was mitigated by specific advice and support being available from the independent Educational Support consultant and GOsC.⁶ KPMG also noted that 'from discussions with pilot assessors and the External Educational Support Consultant, we understand that, even for those participants who submitted portfolios, there was a degree of evidence of poor record-keeping and standard of writing skills. Consequently, we observe that a simpler scheme clearly communicated is likely to be more successful and inclusive.'⁷
- There were differing data about ability to analyse and reflect. The impression of the independent educational support consultant and the assessors was that there was considerable evidence of a lack of reflection once data had been collected. Although the perception of the participants was that they had reflected.⁸ This inconsistency is illuminated in the detailed report at page 29 which states 'From our analysis of the completed portfolios, we know from assessors that 74% of participants were able to demonstrate a process of analysis in their portfolio. This reinforces the views we heard from assessors that they considered that some participants felt that it was very difficult to reflect on their practice without being seen to criticise their practice and expose themselves to risk of scrutiny by the GOsC. In addition, one assessor commented that the pilot scheme 'assumes that osteopaths are able to write reflectively' whereas no formal training is currently offered to osteopaths in this area.'
- The mapping grids analysing the evidence against the criteria from the participant's perspective did not always agree with the assessor perspective suggesting that self-assessment alone would probably not be sufficiently accurate for some participants.
- The assessors and pilot participants were asked at the beginning and at the end of the pilot whether the pilot activities would the quality of patient care would improve. In both cases this figure reduced at the end of the pilot. The report does not expressly indicate why this is.⁹ The finding does appear to be inconsistent with some of the other comments, for example, the increase from 75 to 85% of assessors who felt that 'their participation in the pilot would positively contribute to improving their own practice'.¹⁰ And also the findings from the participants that consistently 40% of osteopaths felt that 'their participation in the pilot has benefitted their patients.'¹¹ It is possible that the value of recording notes, and recording information demonstrating that one is up to date, is not seen as contributing to patient care. We may need to explore this norm further.

⁵ As above, p5

⁶ As above, p4

⁷ See above p34

⁸ See above p4 and also p5 and 20

⁹ See above, p24 and p28.

¹⁰ See above p28

¹¹ As above see p23 and p24

- Considerable support is likely to be needed in any future scheme to enable osteopaths to meet the requirements. See also above.
15. It is evident at the outset that the scheme in place was too burdensome and administratively complex and this needs to be reduced because it is disproportionate and did not support osteopaths to achieve the benefits anticipated. KPMG advise that 'a simpler scheme clearly communicated is likely to be more successful and inclusive.'¹²
 16. However, equally, the scheme did appear to encourage reflection, feedback on practice, more peer learning and a much better awareness of the Osteopathic Practice Standards. These are positive aspects of practice and we would wish to build on these moving forward to contribute towards enhanced practice and therefore patient safety.
 17. It will be important to consider the findings in the report fully when formulating changes to our continuing fitness to practise scheme in conjunction with the findings from our CPD Discussion Document consultation.

Progress with the analysis of the responses to the CPD Discussion Document

18. A tender exercise was undertaken in January 2013 in order to appoint a firm to analyse the CPD Discussion Document consultation responses. Abi Masterson Consulting was successfully appointed to undertake this work.
19. The first draft report will be available shortly before the Education Committee meeting and so we plan to provide the Education Committee with a summary overview of the responses at that meeting. The report will be finalised and provided to Council in March 2013.

Next steps

20. The next steps are as follows:

Date	Activity
Spring 2013	Publication of the KPMG Evaluation Publication of the CPD Discussion Document consultation analysis
Summer 2013	Engagement with osteopaths, patients, osteopathic organisations as we develop revised proposals. Council and Committee seminars to enable a full discussion about the findings and the how they can be built on in a proportionate way.
Autumn 2013	Publication of revised proposals about regulating continuing fitness to practise.

¹² See above p34

21. The delay in the publication of revised proposals to autumn will allow additional time to formulate these critically important proposals, in partnership with others, and also to fully develop an effective communication and consultation strategy.
22. This additional time will also allow time for the new Osteopathic Practice Committee to become familiar with the detailed development of the continuing fitness to practise proposals ahead of consideration by Council.

Recommendation: to note the continuing fitness to practise update.