



General  
Osteopathic  
Council

## NEWS

### GOsC publishes report on results of revalidation consultation

8 December 2009

The GOsC has published a [report](#) on the results of the consultation held earlier this year on a draft scheme of revalidation for osteopaths.

#### The consultation

The GOsC draft revalidation scheme was launched for formal consultation in March 2009 and closed on 12 July 2009. The consultation comprised:

- a consultation pack mailed to all registrants in February, which was also distributed to a wide range of stakeholders including patient groups;
- six regional events at which there was an opportunity for osteopaths to discuss revalidation; and
- completion of a questionnaire online or in hard copy.

In addition to the rich range of comments received at the regional meetings, we also received 360 completed consultation questionnaires (including 69 received electronically).

The questionnaires, as well as written notes and recordings from the consultation meetings were analysed by an independent consultant who produced the [report on the analysis of the results](#). There is a summary of the feedback received below under 'Summary of feedback'.

#### Next steps

At its meeting in July 2009, Council noted that it would continue to receive reports on revalidation at every meeting and that appropriate working groups would oversee its further development. Council also noted that more detailed work needed to be undertaken, including obtaining further patient and public input, developing assessment criteria, appointing and training assessors, and tailoring the scheme to specific groups.

A detailed project plan has been developed to oversee the further development of these areas and the development of standards, guidance and evidence, the process and the model

(including quality assurance and appeals processes), evaluation, equality and diversity issues, research, governance, legislation and communications.

The feedback from the consultation will be used to help inform the development of revalidation. This will involve finalising the draft scheme and preparing a comprehensive pilot to test and evaluate the proposals during 2011.

### **Summary of feedback**

The main findings of the consultation indicated that:

- **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
- **73%** thought that the proposals were unlikely to unfairly discriminate against osteopaths because they work part-time
- **77%** thought the four-stage model as described (osteopaths having to submit a self-assessment every five years) appeared to offer a feasible process for the revalidation of osteopaths and is likely to meet the needs of both the profession and the public
- **84%** thought the guidance notes were clear, **78%** agreed they were sufficiently comprehensive and **79%** said they made it clear what osteopaths will need to do
- **82%** thought the self-assessment form was clear, **86%** found it comprehensive, **69%** said it was relevant and **65%** agreed it was appropriate
- Over **70%** thought the suggested examples of evidence osteopaths would be expected to provide to support their assessments were relevant, appropriate and sufficient and **60%** agree that such evidence would be feasible to collect
- **29%** thought that the GOsC should amend the existing CPD arrangements to support revalidation

As well as the headline figures, general feedback provided by osteopaths in their responses highlighted some important issues which are likely to have an impact on the implementation of revalidation. These included:

- A possible in-built bias in the types of evidence required, such as complaints policies and audits, against those who are associates rather than principals, and those who are sole practitioners or locums
- Potential challenges for those involved in full-time education and/or research in demonstrating their clinical skills, as well as those not in clinical practice, for example osteopaths on maternity or sick leave. These challenges were also envisaged for those working less than part-time, e.g. fewer than eight hours a week, who may find it difficult to generate the evidence required
- The possibility of a greater impact on the earnings of those who work part-time
- The need for the self-assessment form to be succinct and focused, and supported with very clear guidance regarding content and length of responses
- Clarity about what constitutes a special interest and whether having a special interest poses different types of risk with respect to revalidation; whether osteopaths with a special interest should always apportion part of their CPD to that interest; and what the balance between specialist and generalist practice should be, i.e. if a minimum number of hours should be spent in general osteopathic practice
- The possibility of CPD forms and revalidation forms being similar so that one system enhances and supports the other
- The need for further work to be undertaken to ensure that the requirements meet the needs of those with a disability
- The need for all materials to be produced in disability-friendly formats, including the possibility of producing responses in alternative formats, e.g. audio-taped
- Careful consideration needs to be given as to how the model generally, and particularly the initial self-assessment, might be improved
- More thought required on the feasibility of evidence-collection for osteopaths and the impact on costs for patients
- The possibility of publishing the assessment criteria
- The importance of the careful selection of assessors and the possibility that they will require reimbursement for undertaking this role
- The need for GOsC investment in increasing the availability of particular types of CPD programmes across the UK, e.g. clinical audit, first aid and clinical updates. This may reduce anxiety in the profession and smooth implementation

- Further consideration needs to be given on how to ensure the process aids the development of osteopaths and the availability of appropriate support for remediation
- Safeguards will need to be put in place to guard against plagiarism etc.
- Discussions should take place with the other regulators regarding the potential for mutual recognition of CPD and ensuring processes are in place to meet the needs of those with dual registration whilst ensuring the protection of the public
- Clarity is required about the costs and benefits of the process
- More thought needs to be given to the quality assurance of the entire process