



Council
6 February 2019
Review of Registration Assessments and consultation

Classification	Public
Purpose	For decision
Issue	The review of registration assessment processes to reflect the updated Osteopathic Practice Standards, and feedback received from assessors and applicants.
Recommendation	To agree the proposed documentation, consultation strategy and timetable in relation to the updating of the FEP and ACP process.
Financial and resourcing implications	This is managed within existing budgets for registration assessment and assessor training. Consultation planned for 2019 will be managed in-house, with no added resource implications.
Equality and diversity implications	Issues of diversity and equality may impact on accessibility to the application and assessment process and will be taken into account in the proposed consultation when seeking feedback.
Communications implications	There will be a consultation process in 2019 which will have communications implications to be managed in-house, and the final agreed documentation will be communicated to stakeholders through our usual channels.
Annexes	<ul style="list-style-type: none">A. Draft Further Evidence of Practice formB. Draft Further Evidence of Practice Guidance for Applicants and AssessorsC. Draft ACP evaluation formD. Draft Guidance for ACP Assessors and ApplicantsE. Draft Consultation document
Author	Steven Bettles

Background

1. Applicants to the register with a UK qualification have had their qualification quality assured by the General Osteopathic Council to ensure that only students meeting the Osteopathic Practice Standards are awarded a 'recognised qualification'.
2. We do not go through a process of assuring the quality of international qualifications. We therefore assess whether internationally qualified applicants meet our requirements in a different way.
3. For internationally qualified applicants, the assessment process typically involves:
 - a. Assessment of qualification
 - b. Completion of further evidence of practice questionnaire (FEPQ)
 - c. Completion of an Assessment of Clinical Performance (ACP).
4. At the date of writing, a more streamlined process is in place for those with EU rights. This position may change 'post Brexit'. Current guidance for both applicants and assessors is published on the GOsC website¹.
5. The updating of the Osteopathic Practice Standards (OPS) and their implementation from 1 September 2019 means that the FEPQ and ACP documentation requires updating, as these are grounded in demonstrating adherence to the OPS on the applicant's part.
6. Rather than just retain the documentation as it is, but with revised OPS references, we have taken this opportunity to conduct a broader review, based on feedback received from registration assessors, applicants, and from the executive's own reflections on the process.
7. We developed an initial updated draft of:
 - a. Further Evidence of Practice form
 - b. Further Evidence of Practice Guidance for Applicants and Assessors
 - c. ACP evaluation form.
8. These early draft documents formed the basis of discussions with registration assessors at two training sessions in October 2018, to seek feedback to help us develop the drafts further, and to consider how best the assessments can be structured to provide assurance that applicants meet the standards but also to consider how they might embody those standards in practice.

¹ <https://www.osteopathy.org.uk/news-and-resources/document-library/registration/further-evidence-of-practice-questionnaire-guidelines-for/>

9. The initial drafts were further presented to the Policy Advisory Committee on 18 October 2018. The Committee agreed the proposed timetable for the project as follows:

October 2018	Registration assessor training days to include workshop discussions on the draft documentation
October 2018	Consideration by the Policy Advisory Committee
October to December 2018	Rework drafts in light of feedback received and to develop policy options in relation to 'gaps'.
January 2019	Report to Council with updated documentation to agree for consultation
Early 2019	Further engagement with registration assessors and other stakeholders.
February to May 2019	Formal consultation and opportunity for assessors and others to provide further formal feedback.
July 2019	Final documents reported to Council
September 2019	All FEP and ACP assessments will be against updated OPS using revised documentation.

10. This paper outlines subsequent developments to the draft documentation, presents a draft consultation document, and seeks Council's approval to proceed with the consultation in accordance with the timetable above. It is important that Council are content that the standards for entry to the register are maintained.

Discussion

11. Initial feedback on the existing FEP and ACP process was given by applicants and registration assessors through assessment feedback, from registration assessors through their appraisal process, and also through webinars held in Spring/Summer 2018. This feedback was reported to the Policy Advisory Committee, and included:
- A general agreement that the overarching process, including both written and practical assessment, was fit for purpose.
 - Highlighting areas of concern around areas such as clinical reasoning, communication and consent.
 - The complexity of the documentation, and its accessibility, both for applicants and for assessors.

- d. Clarity as to which OPS it is reasonable to assess in the FEP and ACP processes, respectively.
12. This feedback borne in mind when developing initial drafts for consideration, in order to address particular areas of concern, or to enhance the process generally. Further feedback from the assessors and from the Policy Advisory Committee has enabled us to develop the documents further for consultation.
 13. Details of the proposed changes to the FEP and ACP documentation are set out in the draft consultation document (Annex E) and will not be further repeated in this paper. The issues raised in the consultation document, and upon which specific feedback will be sought in the consultation are:
 - a. Retaining the requirement for applicants to provide a patient profile as evidence of their practice for the FEP.
 - b. Requiring FEP applicants to provide details of their professional development activities, including a reflection on how two cases from their patient profile have contributed to this.
 - c. Changes to the number and types of case scenarios which the applicant is required to submit.
 - d. Retention of the requirement that the applicant provides a summary of the osteopathic approaches with which their familiar, and links this to their patient profile.
 - e. The inclusion of more specific criteria in the ACP assessment form.
 - f. Options in relation to the gaps in terms of assessment of the OPS.
 - g. Feedback on the general clarity and accessibility of all documentation, including the FEP and ACP assessments and their respective guidance documents.

Consultation strategy

14. Once approved by Council, we will finalise the consultation documents, and publish them on the GOSC website for three months (between February and May 2019). This is not a consultation where we would envisage a large response, but we will seek meaningful feedback by engaging directly with key stakeholders. We plan to hold webinars with registration assessors to seek further feedback on the drafts, and to undertake a focus group with patients and past successful applicants of the process to gather meaningful insight. We will also seek feedback from the Inter-regulatory group on registration.
15. The consultation will be publicised using our owned channels e.g. website, social media channels, ebulletins, and direct emails to relevant stakeholders

Timetable

16. The timetable approved by the Policy Advisory Committee outlined in paragraph 8 above remains unchanged. The revised documents need to be ready for implementation of the updated OPS from 1 September 2019.

Recommendation: to agree the proposed documentation, consultation strategy and timetable in relation to the updating of the FEP and ACP process.