Assessment of Clinical Performance

Guidance for Assessors and Applicants

General Osteopathic Council

Contents

Introduction

1. The Assessment of Clinical Performance (ACP) assesses an applicant's ability to fulfil the *Osteopathic Practice Standards*. These standards can be accessed on the General Osteopathic Council (GOsC) website osteopathy.org.uk and at standards.osteopathy.org.uk. These set out the standards of conduct, ethics and competence required of osteopaths to promote patients' health and wellbeing, protect them from harm and maintain public confidence in the profession. They provide a framework to support the delivery of ethical, competent and safe osteopathic care.

Purpose of the ACP

2. The ACP is the second part of the assessment required for registration with the GOsC. It is necessary to have completed the Further Evidence of Practice Questionnaire before progressing to this assessment. Details of this can be found on the GOsC website.

Format

3. The ACP involves the applicant managing two new patients in a clinical setting over a period of around three hours. This includes taking a case history, performing any necessary examinations and undertaking appropriate treatment (or referral).

4. Before the start of the ACP, all members of the assessment team will be provided with the assessment summary from the applicant's *Further Evidence of Practice Questionnaire*.

5. A maximum of four applicants can be assessed in one day; two in the morning and two in the afternoon.

6. The assessment team comprises two assessors and one moderator. They are supported by a GOsC representative, who is acting in an administrative capacity only and will not take part in the ACP.

7. Each assessor will observe the applicant with one patient, and the moderator will sample all patients.

8. The assessor and the moderator will undertake a period of questioning of the applicant in a separate room following the case history and clinical examination.

9. After the applicant has seen both patients, the assessment team led by the moderator will discuss the findings and come to a consensus agreement on whether the applicant has passed or failed the assessment.

10. An evaluation form for recording the findings of the assessments is attached as Appendix 2. This is supported by a checklist for guidance in Appendix 1.

Clinical responsibility

11. The GOsC assessment team of two assessors and one moderator hold clinical responsibility for the patients seen/treated by the applicants they assess.

12. One member of the assessment team must be present to observe the applicant with the patients at all times in order to hold clinical responsibility, and that responsibility must be clear to all parties.

13. Assessors and moderators will be mindful to avoid excessive intrusion. In addition to being present to observe the applicant, assessors or moderators may need to speak with the patient independently of the applicant to cover all aspects of clinical responsibility.

14. Key aspects of clinical responsibility include:
    - > The patient understands the content and approach to the session.
    - > The patients' expectations of the session are understood.
    - > The patient is aware of how to raise concerns and complaints.
    - > The patient provides informed consent throughout the session.
    - > The patient understands what their next steps are (relating to follow-up, treatment, referral and after-care advice).
    - > The patient is offered a copy of their

patient notes from the session. (The original notes will be stored at the clinic. The GOsC will hold a copy of the redacted patient information.)

> Assessors and/or moderators have a duty to intervene and stop the session if the applicant is preventing a risk for the patient.

> The patient must be given a patient information sheet.

Insurance

15. All assessors and moderators must be registered with the GOsC and have appropriate professional indemnity insurance as required by the GOsC. The GOsC ensures that the process is covered separately by its own insurance.

Role of the Assessor

16. The role of the assessor is to gain sufficient evidence to make a judgement on the clinical competence of the applicant.

17. Each applicant will see two new patients. One assessor will take the lead during the consultation with the first new patient; the other assessor takes the lead during the consultation with the second new patient. There will generally only be two applicants being assessed at any one time unless the GOsC has agreed otherwise.

18. Assessors are expected to collect sufficient evidence upon which to make a reliable evaluation of an applicant's performance.

19. Assessors will have one major opportunity to question the applicant during the clinical encounter with the patient, which is after the case history and clinical examination have been performed.

20. The questioning will take place in a designated room away from the treatment room and out of earshot of the patient. Questioning must be conducted in the presence of a second person, preferably the moderator. It is the responsibility of the assessor to ensure that the moderator is present. Assessors must give the applicant time in which to gather his/her thoughts prior to the initiation of the period of questioning.

21. The applicant will be required to present a brief summary of the main features of the case history; the range of diagnostic hypotheses; the rationale for their clinical examinations; and the significance of their clinical findings and how these inform their diagnostic conclusions and osteopathic diagnosis. Questioning will also explore the proposed treatment and management planning and any specific self-care measures to be discussed with patient in the management of their complaint. It is important that they are specific about their differential diagnoses and can explain the rationale for their choices and the means by which they will attempt to differentiate between potential causes in their examination.

22. In simple cases, an assessor may ask a few 'hypothetical' questions that link to the patient to enable the applicant to demonstrate the full extent of their knowledge base. This section of questioning may be quite lengthy, but should not normally exceed 15 minutes. Assessors should observe a sample of delivery of treatment by the applicant to ascertain how the patient is involved in the management of their complaint.

23. Assessors may ask questions at other times for clarification, but should do so sparingly, especially if this is in front of the patient or is interrupting the applicant's progress with the consultation/treatment. It is important that the questioning should not impinge on the patient's well-being. This should be the priority of both the applicant and assessors at all times.

24. Assessors must ensure that they adequately record any findings made in the periods of observation and questioning. This information will subsequently be used to inform the evaluation of the applicant during moderation. If there are any problems encountered by the applicant or assessors at any point, or they would like clarification, then they can speak to the moderator or GOsC representative.

Role of the Moderator

25. The role of the moderator is to ensure that assessors on the team reach an informed decision on the clinical competence of each applicant assessed. In order to do so, they will need to collect evidence in the same way as assessors to allow them to identify areas that assessors may have missed and feed this in so that they have a clear understanding of the applicant's performance when it comes to moderating the decisions of the assessors.

26. The moderator's role also includes:
    > acting as an applicant advocate to ensure a fair assessment process for the applicant and ensuring that there is no unfair or harsh questioning from the assessors;
    > ensuring that assessors are assessing against the GOsC's *Osteopathic Practice Standards* and not their own personal criteria;
    > facilitating discussion between assessors during moderation meetings and during the ACP, if necessary;
    > sampling the assessors' interaction with the applicant, posing additional questions if necessary, but not conducting their own assessment of the applicant separately, to form their evaluation.

27. A moderator will have less time to spend with each applicant and must allocate time accordingly in order to assess clinical competence for each applicant.

28. The moderator will also be responsible for the administration of the assessment team, including:
    > allocation of assessors to applicants; > ensuring the assessments keep to time;
    > conducting moderation meetings; > taking decisions relating to procedural changes;
    > ensuring that the reports are finalised on the day or to agreed timescales where necessary;
    > ensuring that all the assessment team have reviewed the evaluation of the self-assessment questionnaire;
    > summarising any areas in need of exploration.

Role of the GOSC representative

29. The role of the GOsC representative is to support the assessors and moderator in undertaking their functions. The GOsC representative has no clinical responsibility.

30. The GOsC representative will:
    > make arrangements for allocation of applicants and patients;
    > provide assessors with all necessary forms and information during the assessment;
    > prepare the clinic rooms in advance of the assessment, including all special requests from applicants;
    > greet all applicants and show them to the clinic room;
    > welcome patients on arrival;
    > show patients to the clinic room at the appropriate time;
    > introduce patients to the assessment team and the applicant at the appropriate times;
    > sit in on the period of questioning following the case history taking and examination, and make notes on the discussion;
    > show the patients back to the reception area;
    > show the applicant out at the end of the process;
    > observe the moderation sessions for all applicants;
    > make arrangements for lunch and refreshments for assessors and applicants;
    > ensure that there is a procedure in place to arrange for a 'back up' patient as a contingency in case of a 'no show' on the day of the ACP. Alternatively, make arrangements for a candidate to undergo a viva voce with the assessment team about either a case scenario from their *Further Evidence of Practice application* or hypothetical cases;
    > schedule another ACP when extreme circumstances dictate that it is unreasonable or impractical for an assessment, having started, to continue.

31. There should be no interaction/discussion between the GOsC representative and the applicant during the assessment, unless specifically requested by an assessor or moderator.

Pre-assessment talk

32. Approximately 10-15 minutes before the start of the assessment, the assessment team should introduce themselves to the applicant, explain the process and clarify any issues, such as identifying special needs.

33. The following should be emphasised to the applicants:
    - To focus on patient care, good communication and developing patient rapport and to remain professional and ethical throughout the ACP;
    - To demonstrate their reasoning skills throughout with clear justification for decisions made;
    - To keep to time and provide treatment, when appropriate;
    - That they can take a few minutes to gather their thoughts before presenting to the assessors (and should inform assessment team if they intend to do this);
    - To discuss the working diagnosis before starting treatment;
    - To ask for questions to be re-phrased if they do not understand;
    - To ask to discuss sensitive issues outside the treatment room if they feel that it is in the best interests of the patient;
    - To explain the rationale for their decisions, using relevant anatomical, physiological and osteopathic knowledge.
    - To be accurate and specific when giving their differential diagnoses (for example not to say 'it is a gut problem')
    - To be accurate with terminology and recognise the need to employ technical terms with assessors, but to use lay terms when explaining to patients.

Equality and diversity

34. The GOsC is committed to promoting equality of opportunity and access to the osteopathy profession. It therefore supports an inclusive approach to applicants with particular needs.

35. The responsibility is on the applicant to inform the GOsC, at the point of application, about any particular needs and provide written evidence of these from a suitable authority. This should include what adjustments, adaptations or arrangements they require to be made. The GOsC, in consultation with the applicant, will endeavour to accommodate these requirements. The GOsC will inform the assessors of such arrangements.

36. In making their assessments, the assessors should ensure that their judgment is not affected by their own personal beliefs and opinions; the applicant's gender, ethnic origin, sexual orientation, religious, cultural and political beliefs, physical disabilities or requirements for reasonable adjustments.

Conduct

37. It is important that assessors are aware of the need to conduct themselves in a manner that is both professional and beyond reproach. Assessors should be aware of how their demeanour, actions and words may be perceived and to take particular care in this respect. They should particularly avoid behaviours that may be interpreted as rude, discriminatory or aggressive and likely to undermine their integrity and that of the assessment process. The assessment should not be interrupted by the inappropriate use of mobile phones.

38. There should be no discussion between assessors regarding their evaluation findings, in terms of the applicant's competence profile, whilst the examination process is underway.

39. Discussion is permitted between assessors regarding any competence areas where the lead assessor has been unable to locate sufficient evidence upon which to base an evaluation. The purpose of this discussion must be to formulate a strategy to locate further evidence upon which to subsequently make a decision rather than to discuss any student competence issue. This discussion must include the moderator.

Questioning

40. The aim of questioning should be for assessors to observe the applicant's clinical performance, and to seek evidence of the rationale for their actions by questioning that is relevant, fair, efficient and searching.

41. It is better to phrase questions simply and in 'bite size' chunks. Long and complex phrasing can be very unsettling and time wasting. It is usually less intrusive if one assessor asks the majority of the questions for a given applicant, with the other assessor/ moderator adding supplementary questions if necessary. It is important that questioning is clinically relevant and does not become skewed in favour of a particular assessor's favourite topic. Questions need to be asked that sample the applicant's underlying knowledge base and clinical reasoning skills, but not to such an extent that the applicant's interaction with and management of their patient becomes adversely affected. This assessment needs to look globally at the applicant's clinical practice; it needs to be balanced and not to focus unduly on a specific topic.

42. There should be progressively challenging but not aggressive questioning, tempered by the ability to recognise when an applicant is 'freezing' owing to nervousness or is temporarily unsettled by direct questions. If an applicant is clearly having difficulties in replying to questions it is better to move away from a particular line of questioning, and return to it later, perhaps framing questions in a slightly different way. If direct questioning becomes too protracted there is a possibility of distracting and undermining the confidence of the applicant, which may impact on the rest of the assessment. This is particularly so if there is intensive questioning early in the assessment before the applicant has settled. It is often necessary to 'ease into' the questioning, covering some more basic concepts before building up to the more challenging questioning.

43. It is also important to be aware of how applicants are questioned in the presence of their patient. If the line of questioning is likely to cause potential concern to the patient, or will put the applicant in a difficult position, it is always better to pursue this away from the patient. The applicant should also be encouraged to ask to speak to the assessors outside the room if they feel the issues they are discussing may upset the patient.

44. If it is deemed necessary to question applicants in front of the patient, care should be taken to avoid undermining the patient's confidence in the applicant by questioning that is too protracted, too aggressive or is causing the applicant to become obviously confused and erratic.

45. If applicants appear not to understand particular questions it is necessary to put them again in another way.

46. It is important that applicants are encouraged to be specific and accurate about their replies, especially where differential diagnosis and the working diagnosis are concerned. It is not uncommon for applicants to state vague diagnoses, such as 'muscular problem' or 'heart problem', and in such cases the assessor needs to ask the applicant to explain in more detail what they are considering. Accuracy with terminology can sometimes be a problem and applicants need to be able to explain in technical terms for the assessors but show an ability to use lay terms when giving explanations to their patient.

Behavior

47. Applicants who are under stress may behave in a range of different ways. Some become very quiet, some aggressive and others panic. It is necessary to be sensitive to this and to reflect on why an applicant may be reacting in a certain way. Often some reassurance about the process may assist with resolving such issues. It may be necessary for assessors to 'take a deep breath' and 'count to ten' before reacting too vigorously to an applicant who initially appears aggressive or argumentative. The overriding consideration should be to give the applicant the 'benefit of the doubt' to a point where such behaviour becomes too obviously protracted, unreasonable or unprofessional.

48. Assessors may find it helpful to reflect on their own personality and consider how certain aspects may come across to an applicant who will often be in a state of heightened anxiety. This is not an attempt to make assessors automatons, but is recognising the potential for misinterpretation by applicants in a stressful situation. It is desirable that assessors do not enter a clash of personality situation and should therefore adopt, as far as is reasonable, a neutral but assertive approach.

49. Applicants who are behaving in a timid fashion may also be reacting to the stress of the situation. Assessors should look past their initial impressions to seek evidence of such an applicant's ability. It is difficult for some people to display overt confidence in an assessment situation and some allowances can be made.

50. It is important to remember that assessors are in a very much more powerful position in the dynamics of this assessment. This brings with it the responsibility to create the conditions, as far as is reasonable, for individual applicants with varying personalities and approaches to perform to their potential.

Dealing with bias

51. Applicants should be reassured that assessors are aware of the various forms of possible bias when assessing an individual's performance. The ACP is evaluated by considering the applicant's performance against each criterion (see Appendix 2) separately and making a judgement on each aspect.

52. Assessors need to be sensitive to their own biases and pre-conceived ideas. This is especially important during the ACP process where the ACP assessors will have the opportunity to review the outcomes of the prior written assessment which may highlight areas of strengths and weaknesses. This step is here to ensure that assessors are aware of any issues which may affect patient safety and may need to be further explored during the assessment.

53. The assessment team should approach each new applicant with an open mind and should not discuss the applicant prior to the assessment, as this may lead to assessors making assumptions, either positive or negative, about the likely performance of a particular applicant. Applicants who are assumed to be poor in clinic may not be given sufficient attention or opportunity to prove otherwise, while positive assumptions about applicants may lead to assessors not adequately sampling their underlying knowledge, skills and rationale.

'On the day' performance

54. It is worth mentioning the potential in assessments for applicants who have shown consistently borderline or poor performance in the past to excel 'on the day'. Conversely, applicants who may perform consistently well in practice may do badly in the assessment. It is necessary for assessors to be aware that sometimes 'good' applicants are very self-critical and can be over-anxious leading to a poor performance. This is exacerbated if assessors pitch their questioning a little too rigorously too early on.

55. Assessors need to be aware also that some applicants may give superficial responses to questions that may require challenging to ascertain their underlying clinical reasoning

Risk

56. If at any time an assessor thinks that an applicant is presenting a risk to their patient the applicant should be asked to leave the room for discussion. If assessors feel that an applicant is really unable to cope with the particular patient and situation, it may be necessary to stop the assessment and to ask the GOsC staff representative to liaise with the clinic management to find someone to take over the consultation.

Decision making

57. Assessors' decisions need to be fair and considered. There needs to be an appreciation of the complexity of the clinical practice process and a good rationale for those decisions. The weighting and balancing of different aspects of the clinical performance process needs to be taken into account. Assessors need to look at the overall performance on balance and not to be unduly influenced by discrete areas of good or bad performance, especially if this relates to an assessor's favourite subject areas.

58. Assessors should not judge applicants too much by what they would do themselves, since applicants will have had input from many different sources during their training and experience of practice. The important point is that the applicant has a reasoned rationale for what they are doing and the conclusions they arrive at.

59. Assessors should be careful not to provide direct feedback to applicants on the day of the assessment that may indicate the outcome of their assessment.

Report writing

60. The moderator will compile a report for each applicant after the moderation meeting and this should reflect the applicant's ability to fulfil the *Osteopathic Practice Standards* as evidenced by the assessors' completion of the evaluation form (Appendix 2) for each patient seen. The report should be finalised and signed by the whole assessment team. The report should reflect the outcome of the moderation meeting and include the following specific details:
    - Whether the applicant passed or failed, and the reasons for failing, if applicable
    - Feedback to the applicant on strengths/good practice and areas for development which could form the basis of future continuing professional development.

    The report template is provided in Appendix 3.

Appendix 1 Osteopathic Practice Standards Checklist

STANDARDS	CHECKLIST
A1 You must listen to patients and respect their individuality, concerns and preferences. You must be polite and considerate with patients and treat them with dignity and courtesy.	Does the applicant: ➢ Demonstrate effective communication, taking into account unspoken signals, from a patient's body language or tone of voice? Demonstrate awareness of the particular needs or values of patients in relation to gender, ethnicity, culture, religion, belief, sexual orientation, lifestyle, age, social status, language, physical or mental disability?
A2 You must work in partnership with patients, adapting your communication approach to take into account their particular needs, and supporting patients in expressing to you what is important to them.	Does the applicant: ➢ Involve the patient in treatment and management planning? Demonstrate sensitivity to the specific needs of patients, and be select and utilize effective forms of communication to take these into account?
A3 You must give patients the information they want or need to know in a way that they can understand.	Does the applicant inform the patient: ➢ 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?
A4 You must receive valid consent for all aspects of examination and treatment and record this as appropriate	Does the applicant: ➢ Demonstrate that they have gained valid consent to examination and treatment of the patient, and recorded this appropriately?
A5 You must support patients in caring for themselves to improve and maintain their own health and wellbeing	Does the applicant: ➢ Provide information on the effects of lifestyle choices on health and wellbeing, support decision making around lifestyle changes where appropriate and encourage and support patients to seek help from other health professionals if necessary?
A6 You must respect your patient's dignity and modesty	Does the applicant treat patients with dignity and respect, acting sensitively to their requirements in this respect. This would include: ➢ Allowing the patient to get dressed and undressed without being observed, unless this is discussed with the patient and consent obtained. ➢ Giving patients the option of covering areas of their body that do not need to be exposed for examination or treatment. If it becomes necessary during examination or treatment to adjust or remove items of the patient's clothing asking them to do this themsleves

B1 You must have and be able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath.	Does the applicant: ➢ Demonstrate an understanding of osteopathic principles and concepts in their clinical decision making? ➢ Demonstrate a knowledge of pathophysiological processes sufficient to inform clinical judgement. ➢ Demonstrate an understanding of psychological and social influences on health ➢ Consider the patient as whole in the context of the presenting complaint? Use palpation as an evaluation, diagnostic, treatment and re-evaluation tool?
B2 You must recognise and work within the limits of your training and competence.	Does the applicant: demonstrate that they are able to use their professional judgement to assess whether they have the training, skills and competence to treat a patient, and to seek advice when necessary?
C1 You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients.	Does the applicant demonstrate the ability to ➢ take and record the patient's case history, adapting their communication style to take account of the patient's individual needs and sensitivities? ➢ select and undertake appropriate clinical assessment of the patient, taking into account the nature of their presentation and their case history? ➢ formulate an appropriate working diagnosis or rationale for care and explain this clearly to the patient? ➢ develop and apply an appropriate plan of treatment and care. This should be based on: • the working diagnosis • the best available evidence • the patient's values and preferences • their own skills, experience and competence? ➢ adapt an osteopathic technique or treatment approach in response to findings from the examination of the patient? ➢ evaluate post-treatment response and justify the decision to continue, modify or cease osteopathic treatment as appropriate? ➢ recognise adverse reactions to treatment, and take appropriate action? ➢ monitor the effects of their care, and keep this under review? where appropriate, refer the patient to another healthcare professional, following appropriate referral procedures?
C2 You must ensure that you patient records are comprehensive, accurate, legible and completed promptly	Do the patient records contain: ➢ 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 provided in

	person or via the telephone? ➢ 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?
C6. You must be aware of your wider role as a healthcare professional to contribute to enhancing the health and wellbeing of your patients.	The applicant should, if appropriate, be able to discuss public health issues and concerns with patients in a balanced way, and guide them to resources or other professionals to support their decision making regarding these.
D10 You must consider the contributions of other health and care professionals to optimise patient care	Does the applicant ➢ Treat other health and care professionals with respect, acknowledging the role that they may have in the care of patients? ➢ Ensure any comments about other healthcare professionals are honest, valid and accurate? ➢ Follow appropriate referral procedures? Work collaboratively with other healthcare providers to optimise patient care, where such approaches are appropriate and available?

Mapping of Assessment of Clinical Performance to OPS

	Communication Case History	Differential Diagnosis	Clinical Examination Osteopathic Evaluation	Treatment Management Plan
A1	X		X	X
A2	X			X
A3	X		X	X
A4	X		X	X
A5	X		X	X
A6	X			X
B1		X	X	x
B2				X
C1	X	X	X	
C2	X	X		X
C6				X
D10				X

Appendix 2 Evaluation Form

Applicant's name:	**Date:**
Examiner's name:	**Moderator's name:**

Case summary	
The applicant should:	
Demonstrate effective communication skills, adapting their approach to the needs of the patient. (A1, A2)	
Be polite and considerate, and treat the patient with dignity and courtesy. (A1, A6)	
Give patients the information they want or need to know, and obtain valid consent for examination and treatment (including risks and benefits of evaluation and treatment) (A3, A4)	
Work in partnership with the patient, respecting their individuality, concerns and preferences. **(A2, A5)**	
Take and record the patient's case history, including all relevant and appropriate clinical details ***(Occupation, psychosocial context, symptoms, progression, aggravating and relieving factors, daily pattern, sleep, past medical history, family history) (C1, C2)***	

Differential Diagnosis
The applicant should demonstrate an appropriate knowledge of human structure and function, biomechanics, pathophysiological and psychosocial processes, sufficient to inform sound clinical judgement. (B1, C1)

Proposed differential diagnoses:	**Rationale**
1	
2	
3	
4	
5	

Clinical examination/evaluation/	
The applicant should:	
Give patients the information they want or need to know, and obtain valid consent for examination and treatment. (A3, A4)	
Demonstrate effective communication skills, adapting their approach to the needs of the patient. (A1)	
Be polite and considerate, and treat the patient with dignity and courtesy. (A1, A6)	
Conduct an appropriate osteopathic clinical assessment of the patient, taking into account the nature of their presentation and case history. ***Consider where appropriate:*** ***Postural examination*** • ***gait*** • ***bony landmarks*** • ***tissue quality*** • ***active ROM*** • ***passive ROM*** ***Special tests*** • ***orthopaedic*** • ***neurological*** • ***vascular*** ***Osteopathic evaluation – handling, patient comfort, effective sequencing, recording (C1, C2)***	

Working diagnosis – management/treatment plan	
The applicant should:	
Be able to formulate an appropriate working diagnosis taking into account the nature of the patient's presentation, the case history and clinical findings, and communicate this effectively. (A1, B1, C1)	
Have an understanding of osteopathic principles and concepts of health and disease, and the ability to apply this knowledge in the care of the patient. (B1)	
Develop an appropriate plan of treatment and care (if appropriate), taking into account: - **the best available evidence** - **the patient's values and preferences** - **the applicant's own skills, experience and competence.** **Consider :** **aims of treatment** • **short term** • **longer term** **prognosis** **clinical reasoning/rationale (C1)**	
Be able to adapt osteopathic techniques and approaches in response to the patient's needs/clinical findings. (C1)	
Provide advice to support the patient in relation to exercises (if indicated) and lifestyle if appropriate. (A5, C6)	
If required, to recognise when osteopathic intervention or particular techniques/approaches may be contraindicated, and/or referral to another	

healthcare professional may be appropriate, and be able to make such a referral. (B2, C1, D10)	

Any other comments

Applicant's grade (please circle):	**Pass**	**Fail**

Areas of strength
Areas for development

Areas of significant weakness/reason for failure

Appendix 3 Outcome Report

Applicant's name:	Date:	
Recommendation: (Please circle)	PASS	FAIL

Summary:

1 Strengths and areas for development identified by the *Further Evidence of Practice Questionnaire*
2 ACP outcomes

Strengths/good practice

Areas for development

Reasons for failure (if applicable)

Assessor 1:	Signed:	Date:
Assessor 2:	Signed:	Date:
Moderator:	Signed:	Date:

Brief Summary of Patient 1	Brief Summary of Patient 2

Note: In compiling your feedback, please consider how the applicant demonstrated/did not demonstrate fulfilment of the relevant aspects of the following Osteopathic Practice Standards. Please give examples from the ACP to support your conclusions. It is recommended that you refer to the ACP Osteopathic Practice Standards Checklist and the accompanying mapping document to assist you in completing this report.

Osteopathic Practice Standards	**Comments**
A: Communication and patient partnership	
A1 You must listen to patients and respect their individuality, concerns and preferences. You must be polite and considerate with patients and treat them with dignity and courtesy.	
A2 You must work in partnership with patients, adapting your communication approach to take into account their particular needs, and supporting patients in expressing to you what is important to them.	
A3 You must give patients the information they want or need to know in a way that they can understand.	
A4 You must receive valid consent for all aspects of examination and treatment and record this as appropriate.	
A5 You must support patients in caring for themselves to improve and maintain their own health and wellbeing.	
A6 You must respect your patients' dignity and modesty.	

B: Knowledge skills and performance	
B1 You must have and be able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath.	
B2 You must recognise and work within the limits of your training and competence.	
C: Safety and quality in practice	
C1 You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients.	
C2 You must ensure that your patient records are comprehensive, accurate, legible and completed promptly	
C6 You must be aware of your wider role as a healthcare professional to contribute to enhancing the health and wellbeing of your patients.	
D: Professionalism	
D1 You must consider the contributions of other health and care professionals to optimise patient care.	