**Consultation document**

**Registration assessment process**

**February 2019**

## Introduction

1. The General Osteopathic Council (GOsC) undertakes a range of functions in order to exercise its statutory duties, set out in the Osteopaths Act 1993, including:

    a. Keeping the Register of all those permitted to practise osteopathy in the UK.

    b. Setting, maintaining and developing standards of practice and conduct.

    c. Assuring the quality of undergraduate and pre-registration education (Quality Assurance).

    d. Assuring that all registrants keep up to date and undertake continuing professional development.

    e. We help patients with any concerns or complaints about registrants and have the power to remove from the Register any registrants who are unfit to practise.

## Background

2. The GOsC accredits pre-registration osteopathic educational programmes in the UK as 'recognised qualifications'. These undergo a robust process of approval and subsequent monitoring to ensure high standards of osteopathic education are maintained. Graduates from UK institutions with such recognised qualifications are eligible to apply to join the register of osteopaths, subject to providing sufficient character and health references, having appropriate indemnity insurance, and payment of fees.

3. The GOsC does not accredit international osteopathic qualifications, however. We therefore assess whether internationally qualified applicants meet our requirements in a different way.

4. For internationally qualified applicants, the assessment process typically a Further Evidence of Practice Questionnaire (FEPQ)3, and an Assessment of Clinical Performance4 (ACP).

5. At the time of writing, a more streamlined process is in place for those with EU rights, but this position may change post Brexit.

6. Current guidance for both applicants and assessors is published on the GOsC website[1].

7. The current Osteopathic Practice Standards[2] were introduced in 2012. These have recently been updated, and revised standards[3] have been published, which will come into effect from September 2019. The updating of the Osteopathic Practice Standards means that the FEPQ and ACP documentation requires updating as these are grounded in demonstrating adherence to the standards on the applicant's part.

8. We have taken this opportunity to conduct a broader review of the application process, based on feedback received from registration assessors, applicants, and from the executive's own reflections. This has focussed on the process and documentation around the further evidence of practice (FEP) and assessment of clinical performance (ACP).

9. We developed the following:

    a. Further Evidence of Practice form (Annex A)

    b. Further Evidence of Practice Guidance for Applicants and Assessors (Annex B)

    c. Assessment of Clinical Practice evaluation form (Annex C)

    d. Assessment of Clinical Practice, Guidance for Assessors and Applicants document.

10. This consultation seeks views on the process and documents outlined in the following sections:

    - Initial feedback and development of drafts for consultation
    - Further Evidence of Practice form
    - Further Evidence of Practice Guidance for Assessors and Applicants
    - Assessment of Clinical Practice evaluation form
    - Assessment of Clinical Practice, Guidance for Assessors and Applicants document
    - Gaps in assessment of Osteopathic Practice Standards, and mechanisms for providing assurance regarding these.

[1] https://www.osteopathy.org.uk/news-and-resources/document-library/registration/further-evidence-of-practice-questionnaire-guidelines-for/
[2] https://www.osteopathy.org.uk/standards/osteopathic-practice/
[3] https://www.osteopathy.org.uk/news-and-resources/document-library/osteopathic-practice-standards/updated-osteopathic-practice-standards/

## Initial feedback and development of drafts for consultation

11. We sought feedback from applicants and from registration assessors in 2018 on both the Further Evidence of Practice (FEP) and Assessment of Clinical Performance (ACP) processes. Key points for consideration included:

    - General support for the broad structure of the assessment process, including assessment of qualification, a written assessment (the FEP) and a practical assessment (the ACP).
    - Some areas of concern around demonstration of clinical reasoning and of effective communication and gaining of informed consent.
    - The possibility of providing samples of what a 'good' application looked like.
    - The complexity of assessors having to map an applicant's written evidence to the relevant Osteopathic Practice Standards.
    - Clarity about the purpose of the FEP process – for example, to what extent is it useful or feasible to assess an applicant's use of osteopathic techniques in a written portfolio?
    - Review necessary of which of the Osteopathic Practice Standards it is feasible to demonstrate effectively in the FEP and ACP process.

12. The FEP and ACP processes and documentation were reviewed taking this feedback into account. Further input into the developing drafts was sought from registration assessors at training events in October 2018. The revised documentation, and changes to this and to the evaluation process are summarised in the following sections, alongside questions for consideration.

13. Feedback may be provided in hard copy or electronically, and to some or all of the questions. Responses may be sent by email to standards@osteopathy.org.uk, or if a hard copy, to the General Osteopathic Council, 176 Tower Bridge Road, London SE1 3LU.

## Further Evidence of Practice (FEP) form

14. A copy of the proposed revised Further Evidence of Practice application form is included as annex A to this document. A summary of the changes and a comparison to the current process is provided below:

## Name

15. The current document is referred to as a Further Evidence of Practice *Questionnaire.* The revised document refers to the Further Evidence of Practice application/form where appropriate, rather than 'questionnaire', which was felt too simplistic a title for this complex and significant process.

## FEP Section 1 – Patient Profiles

16. In the current FEP application section 1 requires applicants to provide a profile of their patients seen for a three-month period within their last year of practice. A table is provided for them to complete, and they are required to provide anonymised case notes as evidence of this. They are further asked to consider and briefly discuss how these patients have helped them to maintain their clinical and professional skills, and to indicate areas of practice which they might wish to strengthen. Also, to indicate any areas of special interest or clinical focus.

17. In section 1 of the updated FEP document, the request for an overview of their case load for a three-month period over has been maintained, together with details of any areas of special interest. The rationale for retaining this is that the applicant is given the opportunity to demonstrate the breadth of their osteopathic practice to help contextualise their application for registration. It also helps to assess their ability to gather and present data about their practice (OPS B4). We have, however, removed the requirement in this section for the applicant to reflect on the professional development opportunities afforded by their patient profile. This element is picked up in section 2.

**Consultation question:**

| **1. Do you agree with the proposed changes to section 1 of the FEP, regarding the applicants providing patient profiles as evidence of their practice?** | **Yes** | **No** |
|---|---|---|
| **Comments:** | | |

## FEP Section 2 - Professional development and application in practice

18. In section 2 of the current FEP, applicants are asked to discuss how they feel that they have kept their professional knowledge and skills up to date and what initiatives they have taken to enhance and monitor the quality of care they provide.

19. In the updated section 2, applicants are still asked to discuss how they feel they have kept their knowledge and skills up to date (over the last two years this time) and what initiatives have they taken to enhance the quality of osteopathic care they provide. They are further asked, however, to pick two cases from the profile provided in response to section 1 and expand on how these particular cases have helped to enhance their professional and clinical skills. The rationale here is to focus this section on professional development, and to allow the applicant the opportunity to refer to two specific cases in this respect, rather than their full patient profile.

**Consultation question:**

| **2. Do you agree with the proposed changes to section 2 of the FEP, requiring details of the applicant's professional development over the last two years, and reflecting on two cases from their patient profile?** | **Yes** | **No** |
|---|---|---|
| **Comments:** | | |

**FEP - Section 3 – Case Scenarios**

20. In the current FEP, applicants are asked to provide specific case studies in several areas:
    - Neuromusculoskeletal presentation
    - Visceral (non-musculoskeletal) presentation
    - Referral of a patient to another healthcare professional
    - Presentation where patient was considered unsuitable for osteopathic treatment
    - Two cases to demonstrate their osteopathic management of a patient

21. In section 3 of the updated FEP, we ask applicants to provide four case scenarios:

    - A neuromusculoskeletal presentation
    - A musculoskeletal presentation with or without nerve involvement

- A case where they concluded that the primary issue was non-musculoskeletal, but mimics a musculoskeletal presentation

And then a choice of:

- A case where they referred the patient to another healthcare practitioner
- A case where they felt osteopathic techniques or approaches were contraindicated from the outset or had been indicated but become no longer appropriate.

22. In each case, applicants are asked how they involved the patient in making an informed decision about their management and treatment, and which of the Osteopathic Practice Standards they have demonstrated. Over the four cases, they need to demonstrate compliance with at least standards A1, A2, A3, A4, B1, B2, C1, C2, D10.

23. The rationale, here, is to simplify the process to an extent, for both the applicant with fewer case examples required, and for assessors in terms of assessing adherence to standards. There is a greater focus for applicants, however, in judging for themselves which standards they have met in each case, which assessors can then review. In requesting details of how patients have been involved in the decision process, we have aimed to make the process more patient-centred and emphasise this aspect of the Osteopathic Practice Standards.

**Consultation question:**

| **3. Do you agree with the proposed changes to section 3 of the FEP, requiring the applicant to provide four case scenarios?** | **Yes** | **No** |
|---|---|---|
| **Comments:** | | |

## FEP section 4 – use of osteopathic techniques and approaches

24. In the current FEP application, applicants are required to complete a table outlining their familiarity with and use of a range of osteopathic techniques and approaches. Further they have to provide examples of contraindications for techniques that they do use, and indications as to when they might be used, mapped to the case scenarios which they have already provided.

25. This is reflected in section 4 of the updated FEP, where a slightly modified table is retained, and applicants are asked to complete this to outline their familiarity and use of particular osteopathic approaches, and to map ones they utilise to examples within their patient profile.

26. Some question the usefulness of this section, pointing out that it is not really possible to assess application of techniques in a written application such as this, and query how can it be determined whether applicants genuinely are familiar with particular techniques and approaches? Others feel it is useful, however, as it does provide the applicant with a further opportunity to provide some context as to their osteopathic practice in relation to Osteopathic Practice Standards B1 and C1, which is evidenced by a linking to their patient profile. We have removed reference to an 'appropriate' range of techniques, as there is no consistency as to what this is. Osteopathy features many approaches, and osteopaths may engage with some or all of these, according to their clinical interests and experience.

**Consultation question:**

| | | |
|---|---|---|
| **4. Do you agree with the proposed changes to section 4 of the FEP, regarding familiarity with osteopathic approaches and techniques, examples of application of these and contraindications?** | **Yes** | **No** |
| **Comments:** | | |

**Summary report from FEP to ACP assessors:**

27. In the current FEP process, if an applicant is deemed able to progress to the Assessment of Clinical Practice element of their application for registration, a summary of the FEP assessors' findings is provided to the ACP assessors. This enables them to highlight any areas where they feel particular attention should be made in terms of the applicant's clinical performance.

28. In reviewing the FEP process, it was considered whether it was appropriate for a report of FEP outcomes to be provided to ACP assessors. Some assessors felt that the two elements of the process should be separate, and that if an applicant passed the FEP process, they should be seen by ACP assessors without any pre-conceptions. Some ACP assessors wanted to be able to assess the applicant without any leading information from the FEP process.

29. Others felt that it was useful to be able to provide a summary, whether this was to give assurance to FEP assessors that they could raise any particular areas of concern, or to ACP assessors that they had a more rounded understanding of the applicant being assessed. We have left the reporting requirement within the draft FEP process as acknowledgement of the fact that both elements – the FEP and ACP – collectively generate the evidence needed to determine an applicant's adherence to the Osteopathic Practice Standards, and, on reflection, these are complementary rather than completely distinct.

**Consultation question**

| **5. Do you agree that a summary report of FEP outcomes should be provided to ACP assessors?** | **Yes** | **No** |
|---|---|---|
| **Comments:** | | |

**FEP – conclusion:**

30. The changes, therefore, represent an updating of the further evidence of practice process which is intended to simplify, to some extent, the application process for applicants, but maintain a robust assessment of an applicant's ability to demonstrate the ability to practise according to the Osteopathic Practice Standards.

| **6. Is the FEP form easy to follow?** | **Yes** | **No** |
|---|---|---|
| **Comments:** | | |

**Further Evidence of Practice Guidance for Assessors and Applicants**

31. The updated guidance for assessors and applicants is included as annex B to this document.

32. The document sets out guidance regarding the further evidence of practice application and is updated to reflect the changes outlined above. It includes mark sheets for each section of the FEP application. These have been modified as follows:

    *(The following relate to the evaluation sheets in Appendix 2 of the FEP Guidance)*

    - Section 1 – Patient profile: We have changed reference to 'an appropriate range and profile of patients', to 'a representative overview of their practice and any areas of specialised focus or interest'.

    - Section 2 – Professional development: This has been modified to reflect the changes in the FEP assessment, checking that applicants have provided a summary of their professional development over the last two years, and focussed on two cases from their patient profile to demonstrate the impact of these on their development. Assessors also consider whether the

applicant has demonstrated that they are professionally engaged with an appropriate approach to their professional development.

- Section 3 – Case scenarios: In the current guidance, the evaluation of case scenarios requires the assessors to cross reference their evaluation with particular osteopathic practice standards but does not provide descriptors of these within the evaluation sheet itself. In the updated guidance, the same mark sheet is used in each case scenario, and this is divided into sections related to each of the themes of the osteopathic practice standards:
  - Communication and patient partnership
  - Knowledge skills and performance
  - Safety and quality in practice
  - Professionalism

  Criteria are provided in each case, with reference to the relevant standards identified.

- Section 4 – application of techniques in practice: Here assessors are asked if the applicant has demonstrated familiarity with a typical range of osteopathic techniques, that they have shown a knowledge of contraindications of these and have shown where they have employed techniques with which they are familiar in relation to their patient profile.

**Consultation questions relating to Further Evidence of Practice Guidance for Assessors and Applicants:**

| **7. Do you feel that the guidance is easy to follow?** | **Yes** | **No** |
|---|---|---|
| **Comments:** | | |

| **8. Do you feel that the evaluation criteria in Appendix 2 of the Guidance are appropriate?** | **Yes** | **No** |
|---|---|---|
| **Comments:** | | |

| **9. Do you have any other comments regarding the FEP guidance?** | **Yes** | **No** |
|---|---|---|
| **Comments:** | | |



**Assessment of Clinical Practice evaluation form**

33. The current assessment of clinical practice comprises an evaluation of the applicant with two actual patients. There are two examiners in each case, and a moderator. As with any clinical evaluation with a real patient, it is hard to predict how a patient will present, and whether or not they will be appropriate for osteopathic intervention. This can lead to a variable experience for those being assessed, with some patients presenting with fairly straightforward issues, and others being much more complex. That said, the assessment of applicants in this way (which is carried out in the teaching clinic of an osteopathic educational institution) has high validity, as applicants are assessed with real patients in unpredictable scenarios, replicating real practice. Such assessments are typical

within pre-registration osteopathic education, and it is not proposed to change the format of this assessment.

34. The current Assessment of Clinical Performance Evaluation Form divides the assessment into:

    - Case Summary – looking at the taking and recording of a case history and communication in general.
    - Differential diagnosis, clinical reasoning, knowledge base, biomedical science and osteopathic principles
    - Clinical Examination/Osteopathic evaluation
    - Formation of diagnostic conclusions/treatment and management plan

35. The updated Assessment of Clinical Performance evaluation form is set out as annex C to this document. This maintains the broad structure of the current evaluation form, with sections on:
    - Case summary
    - Differential diagnosis
    - Clinical examination/evaluation
    - Working diagnosis - management/treatment plan

36. The form is more structured, however, with criteria setting out what 'the applicant should' demonstrate in each case, which reflect the expectations of the relevant Osteopathic Practice Standards and aim to be more patient-centred. Some assessors indicated that they found some of the 'aide memoire' checklists from the current evaluation form helpful, and some of these have now been incorporated into the updated evaluation form.

**Consultation questions related to the updated Assessment of Clinical Performance**

| **10. Do you agree that maintaining the current format of an assessment of the applicant with two actual patients is appropriate?** | **Yes** | **No** |
|---|---|---|
| **Comments:** | | |

| **11. Do you agree that the updated evaluation form is clear?** | **Yes** | **No** |
|---|---|---|
| **Comments:** | | |

**Assessment of Clinical Practice, Guidance for Assessors and Applicants document**

37. This document is included as annex D to this document. It sets out details for assessors and applicants as to the format and purpose of the assessment, including guidelines on:

    - Clinical responsibility
    - Role of assessors, moderators and GOsC representative
    - Conduct of assessors
    - Assessment technique, including guidance on questioning, the impact of stress on the applicant's performance and behaviour, dealing with bias and decision making.

38. The document has been amended to reference the updated Osteopathic Practice Standards and the updated draft ACP evaluation form as discussed above, but in other respects is largely unchanged from the current Assessment of Clinical Performance Guidance.

**Consultation questions related to Assessment of Clinical Guidance for Assessors and Applicants**

| **12. Do you feel that the ACP Guidance for Assessors and Applicants document is clear and easy to understand?** | **Yes** | **No** |
|---|---|---|
| **Comments:** | | |

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| **13. Do you have any further comments as to the format and structure of the ACP Guidance for Assessors and Applicants?** | **Yes** | **No** |
|---|---|---|
| **Comments:** | | |



## Gaps in assessment of Osteopathic Practice Standards

39. The purpose of the Further Evidence of Practice and Assessment of Clinical Performance processes, is to assess whether the applicant has the knowledge and skills required to practice in accordance with the Osteopathic Practice Standards . In the current version of the practice standards, implemented from September 2012, there are thirty-seven standards. In the updated practice standards, to be implemented from 1 September 2019, there are twenty-nine. This has been achieved by reducing areas or repetition, combining some standards, and in some cases, moving a standard to 'guidance' within the document where this was felt to be appropriate.

40. In both the current Further Evidence of Practice and Assessment of Clinical Performance processes, and the proposed updates to these set out within this document, not all of the Osteopathic Practice Standards are assessed. Table 1 compares the standards assessed in the current FEP process (in the left column), and those assessed within the proposed updated FEP process (in the right column).

*Table 1:*

| **Further Evidence of Practice** | |
|---|---|
| **Standards assessed in current FEP** | **Updated standards assessed in FEP** |
| A3. Give patients the information they need in a way that they can understand. | A3 - You must give patients the information they want or need to know in a way they can understand. |
| | A4 - You must receive valid consent for all aspects of examination and treatment and record this as appropriate. |
| A5. Work in partnership with patients to find the best treatment for them. | 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. |
| A6. Support patients in caring for themselves to improve and maintain their own health. | |
| B1. You must understand osteopathic concepts and principles, and apply them critically to patient care. | 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 have sufficient knowledge and skills to support your work as an osteopath. | |
| B3. Recognise and work within the limits of your training and competence. | B2 - You must recognise and work within the limits of your training and competence. |
| B4. Keep your professional knowledge and skills up to date. | B3 - You must keep your professional knowledge and skills up to date. |
| C1. You must be able to conduct an osteopathic patient evaluation sufficient to make a working diagnosis and formulate a treatment plan. | 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 be able to formulate and deliver a justifiable osteopathic treatment plan or an alternative course of action. | |
| C3. Care for your patients and do your best to understand their condition and improve their health. | 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 |
| | 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 |
| C7. Provide appropriate care and treatment. | C1 - You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients. |

| | |
|---|---|
| C8. Ensure that your patient records are full, accurate and completed promptly. | C2 - You must ensure that your patient records are comprehensive, accurate, legible and completed promptly. |
| D1. You must consider the contributions of other healthcare professionals to ensure best patient care. | D10 - You must consider the contributions of other health and care professionals, to optimise patient care. |
| D3. You must be capable of retrieving, processing and analysing information as necessary. | B4 - You must be able to analyse and reflect upon information related to your practice in order to enhance patient care. |

41. Table 2 compares the standards assessed in the current ACP process (in the left column), with those in the updated evaluation (right column).

*Table 2*

| **ACP** | |
|---|---|
| **Standards assessed in current ACP** | **Updated standards assessed in ACP** |
| A1. You must have well-developed interpersonal communication skills and the ability to adapt communication strategies to suit the specific needs of a patient. | 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. |
| A2. Listen to patients and respect their concerns and preferences. | 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 |
| A3. Give patients the information they need in a way that they can understand. | A3 - You must give patients the information they want or need to know in a way they can understand. |
| A4. You must receive valid consent before examination and treatment. | A4 - You must receive valid consent for all aspects of examination and treatment and record this as appropriate. |
| A5. Work in partnership with patients to find the best treatment for them. | A5 - You must support patients in caring for themselves to improve and maintain their own health and wellbeing. |
| A6. Support patients in caring for themselves to improve and maintain their own health. | A5 - You must support patients in caring for themselves to improve and maintain their own health and wellbeing. |
| B1. You must understand osteopathic concepts and principles, and apply them critically to patient care. | 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 have sufficient knowledge and skills to support your work as an osteopath. | |

| | |
|---|---|
| B3. Recognise and work within the limits of your training and competence. | B2 - You must recognise and work within the limits of your training and competence. |
| C1. You must be able to conduct an osteopathic patient evaluation sufficient to make a working diagnosis and formulate a treatment plan. | 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 be able to formulate and deliver a justifiable osteopathic treatment plan or an alternative course of action. | |
| C3. Care for your patients and do your best to understand their condition and improve their health. | 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. |
| C4. Be polite and considerate with patients. | 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 |
| C5. Acknowledge your patients' individuality in how you treat them. | |
| C6. Respect your patients' dignity and modesty. | A6 - You must respect your patients' dignity and modesty. |
| C7. Provide appropriate care and treatment. | C1 - You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients. |
| C8. Ensure that your patient records are full, accurate and completed promptly. | C2 - You must ensure that your patient records are comprehensive, accurate, legible and completed promptly. |
| D1. You must consider the contributions of other healthcare professionals to ensure best patient care. | D10 - You must consider the contributions of other health and care professionals, to optimise patient care. |
| D12. Take all necessary steps to control the spread of communicable diseases. | |

42. The only standard which is referenced in the current ACP assessment but not in the updated version is the current D12 – Take all necessary steps to control the spread of communicable diseases. In the updated OPS, this features within the guidance to updated C5 which states: '*You must ensure that your practice is safe, clean and hygienic and complies with health and safety legislation*'. In practice, this is hard to assess when the assessment is undertaken in a teaching clinic of an educational institution, as is the case.

43. The standards which, in the current proposals, will continue to remain unassessed within the FEP and ACP processes are shown in Table 3:

*Table 3:*

| **Gaps in assessment of OPS** |
|---|
| A7 - You must make sure your beliefs and values do not prejudice your patients' care. |
| C5 - You must ensure that your practice is safe, clean and hygienic, and complies with health and safety legislation. |
| C6 - You must be aware of your wider role as a healthcare professional to contribute to enhancing the health and wellbeing of your patients. |
| D1 - You must act with honesty and integrity in your professional practice. |
| D3 - You must be open and honest with patients, fulfilling your duty of candour. |
| D4 - You must have a policy in place to manage patient complaints, and respond quickly and appropriately to any that arise. |
| D5 - You must respect your patients' rights to privacy and confidentiality, and maintain and protect patient information effectively. |
| D6 - You must treat patients fairly and recognise diversity and individual values. You must comply with equality and anti-discrimination law. |
| D7 - You must uphold the reputation of the profession at all times through your conduct, in and out of the workplace. |
| D8 - You must be honest and trustworthy in your professional and personal financial dealings. |
| D9 - You must support colleagues and cooperate with them to enhance patient care. |
| D11 - You must ensure that any problems with your own health do not affect your patients. You must not rely on your own assessment of the risk to patients. |
| D12 - You must inform the GOsC as soon as is practicable of any significant information regarding your conduct and competence, cooperate with any requests for information or investigation, and comply with all regulatory requirements. |

44. This is not to say that a clear breach of these standards would not affect the outcome of an assessment, but that it is hard to ensure within the process that they can definitely be assessed in each case.

45. Options for consideration in relation to these 'gaps', include (with comments in each case:

| **Option 1** |
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| Acknowledge that it is not possible to expect assessors to form a judgement on each of the Osteopathic Practice Standards, though this does not mean that a clear breach of these would be ignored in the assessment process. |

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| **Comment:** This maintains the current position with regard to standards which are not explicitly assessed. |

| **Option 2** |
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| Require applicants to provide additional evidence, for example, an additional essay style explanation that which could cover such issues as:<br><br>• How they would handle complaints<br>• How they would deal with an issue where candour with a patient was needed regarding the outcomes of a particular treatment<br>• Their approach to supporting colleagues<br>• How they establish appropriate boundaries with patients. |
| **Comment:** An additional essay style assessment could be added to the FEP process, though this would add an additional layer of complexity for the applicant and increase the demands on assessors and subsequent costs for the applicant. It's possible, also, that applicants will reflect what they think assessors wish to read in their response, rather than demonstrating how they actually currently embody the standards in practice. Indicative costings would suggest implementing this option could see the charge levied on applicants increase by approximately £80-100. |

| **Option 3** |
|---|
| Expand the FEP process to provide scenarios for the applicant to consider, which explore their thinking around some of the unassessed standards, for example, a case around candour or boundaries with patients. |
| **Comment:** Again, it would be possible to do this, though it would create a further demand on the applicant, and lead to additional marking and costs. There would be an additional requirement, from an administrative perspective, to ensure that the range of scenarios was updated and refreshed regularly so that there was a bank of scenarios to draw on and to prevent applicants sharing successful responses with others.<br><br>Indicative costings would suggest that implementing this option might incur additional costs for the applicant of up to £200. |

| **Option 4** |
| --- |
| In relation to practical assessment, ensure greater consistency of experience by using model patients, or structured clinical assessments, where each applicant performs a range of activities (evaluation and examination of patients and application of a range of techniques to achieve a given outcome – for example - 'demonstrate how you would test for mobility of the lumbar spine, and show two techniques for increasing range of movement in this area'. |
| **Comment:** Objective Structured Clinical Exams (OSCEs) are widely used within osteopathic pre-registration education and are effective in assessing a range of skills and knowledge in relation to pre-set clinical scenarios. In terms of demonstrating compliance with practice standards, however, they will form part of the picture, and are not used as a replacement for assessment of undergraduate students with real patients. They are demanding, logistically, too, with the need to update and refresh these regularly, as well as provide models as 'patients', increasing costs for the applicant, which may act as a barrier to applications.<br><br>Similarly, it is possible to use models – maybe, actors – as 'patients' in a clinical exam so that it can be determined in advance what the applicant will be required to deal with on the day. Again, this can be onerous and expensive to arrange, and increases the administrative burden, with case scenarios having to be prepared, reviewed and updated regularly. There would also be additional preparation required for models and assessors, which further add to costs involved.<br><br>Neither scenario is likely, on its own, to be able to fully provide the assurance of an assessment of a clinical encounter with an actual patient, so may only be a possibility as an adjunct to this, again increasing costs, assessment load and complexity. We would not, either, be in a position to implement such changes in time for September 2019.<br><br>Indicative costings suggest that the cost of implementing this option might result in additional costs to the applicant of up to £500. |

| **Option 5** |
| --- |
| Applicants could be asked to sign a declaration linked to the FEP to confirm that they had read the Osteopathic Practice Standards and had considered these in the context of their own practice. Resources could be signposted to support the implementation of standards (for example, guidance pages on the GOsC website, the dedicated CPD and OPS microsites, and the Institute of Osteopathy resources). |

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|---|
| **Comment:** Although self-declaration may not be seen as an assessment, as such, it does reflect the self-declaration processes that the GOsC utilise with regard to annual renewals of registration, for example. It would emphasise to applicants the significance of the Osteopathic Practice Standards as a framework for their practice and set the ground for their engagement with these on admission to the register. It would not involve additional expense for the applicants, any additional administrative load, and should not act as a barrier to the application process.<br><br>This option would not incur additional costs. |

46. There are, therefore, additional options that might be considered to broaden the scope of assessment of an applicant's ability to practise in accordance with the Osteopathic Practice Standards. Some are more achievable than others in the shorter term, but all would add a further burden on the applicant and require additional assessment and costs. We have aimed, in the current proposals, to update the existing registration assessment process, and to streamline this to some extent, whilst maintaining this as a robust but proportionate assessment of an applicant's ability to practice in accordance with the Osteopathic Practice Standards, but we are keen to seek wider views on this.

**Consultation questions relating to the gaps in assessment of the Osteopathic Practice Standards**

| **14. Do you consider that the registration assessment process as outlined in the FEP and ACP documents in annex A to D, is robust, proportionate and appropriate?** | **Yes** | **No** |
|---|---|---|
| **Comments:** | | |

| **15. Do you feel that the FEP and/or ACP process should be enhanced to broaden the range of assessed standards? (consider options outlined under clause 46 above)** | **Yes** | **No** |
|---|---|---|
| **Comments:** | | |

| **16. Do you have any other comments or feedback on either the FEP or ACP process?** | **Yes** | **No** |
|---|---|---|
| **Comments:** | | |