



**Council**  
**23 July 2014**  
**Continuing fitness to practise**

<b>Classification</b>	Public
<b>Purpose</b>	For noting
<b>Issue</b>	The development of the draft continuing fitness to practise framework
<b>Recommendation</b>	To note the development of the draft continuing fitness to practise model.
<b>Financial and resourcing implications</b>	The costs of the development of the draft continuing fitness to practise model comprise c. £3000 which includes the cost of venues and refreshments.
<b>Equality and diversity implications</b>	Equality and diversity implications are being explored as part of the consultation.
<b>Communications implications</b>	Updates about the development of our framework have been provided to all our key stakeholders this year. Ongoing path-finding work is communicated to registrants through regular articles in the osteopath and key presentations across the UK.
<b>Annexes</b>	A. Draft CPD Guidelines B. Draft Peer Review Guidelines. C. Patient and public views about Continuing Fitness to Practise, Draft Research Report, v1.
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## Background

1. Our Corporate Plan 2013-16 sets out the statutory duty of the GOsC which is to 'develop and regulate the profession of osteopathy' in order to ensure public protection. Our aim as a regulator is: 'To fulfil our statutory duty to protect public and patient safety through targeted and effective regulation, working actively and in partnership with others to ensure a high quality of patient experience and of osteopathic practice.'
2. The work that we undertake to support registrants to remain up to date and fit to practise in accordance with the standards and the way in which we assure continuing fitness to practise is critical to the way that we achieve our aim of public protection.
3. Our Business Plan for 2014-15 states that we will 'Develop operational proposals within which the continuing fitness to practice framework could be realised with key osteopathic partners including BOA, COEI, Osteopathic Alliance and regional groups.' We have also committed to consulting on these proposals this year.
4. In October 2013, Council considered research, the evaluation of our CPD Discussion Document and the evaluation and impact assessment of our revalidation pilot and agreed the draft framework for further discussion with key groups. Council also agreed that the draft framework and more detailed guidance should be subject to consultation during 2014.
5. The draft framework (in this paper termed 'our draft CPD model') is designed to provide assurance about the continuing fitness to practise of registrants.
6. In summary, the draft CPD model comprises a three year cycle (rather than a one year cycle as now) incorporating a total 90 hours of CPD (including 45 hours learning with others). Of this 90 hours, there are three mandatory elements which are:
  - a. An objective activity to inform CPD and practice. This might be patient feedback, peer observation, clinical audit or a case based discussion.
  - b. CPD in communication and consent.
  - c. CPD in each of the four themes of the Osteopathic Practice Standards (communication and patient partnership, knowledge, skills and performance, safety and quality in practice and professionalism).
7. The draft CPD cycle is concluded at the end of each three years by completing a 'Peer Discussion Review' (PDR). The PDR is an opportunity for the registrant to discuss their CPD, their practice and their patient care and to demonstrate that they have complied with the scheme. Detailed background information is available at [http://www.osteopathy.org.uk/uploads/item\\_10\\_continuing\\_fitness\\_to\\_practise\\_final.pdf](http://www.osteopathy.org.uk/uploads/item_10_continuing_fitness_to_practise_final.pdf)

8. This paper provides Council with an update of progress since it agreed the draft framework in October 2013 and next steps. Although Council is invited to note the development of the draft model, the paper provides an opportunity for Council to shape further development ahead of consultation should it wish to do so.

## Discussion

9. Since October 2013, we have been working with stakeholders to flesh out the draft framework, agreed by Council for consultation, with guidance and examples in order to provide a more fully formed version for consultation. The consultation should enable osteopaths and other stakeholders to get a better feel of how the draft scheme could work in practice to support registrants to enhance the quality of care and maintain patient safety.
10. It is planned that we will be in a position to consult on the draft framework, guidance and examples towards the end of 2014.
11. The consultation is likely to comprise:
  - a. A consultation document setting out the key issues for consultation.
  - b. Revised draft CPD Guidelines with case studies (current working draft attached at Annex A).
  - c. Revised draft Peer Discussion Review Guidelines, frequently asked questions and forms (current working draft attached at Annex B).
12. We have been working with a range of osteopathic groups in order to develop, iteratively, the detailed CPD Guidelines, case studies and the Peer Discussion Review Guidelines as well as defining issues for consultation.
13. We are currently working with:
  - a. Four cross-regional pathfinder groups in Belfast, Carlisle, London and Lymm (comprising representatives of seven regional groups, practising in a range of environments – group practice with osteopaths, group practice with other health professionals, sole practice, NHS practice and non-practising) and using a range of different approaches to practice.
  - b. Osteopathic educational institutions.
  - c. Osteopathic Alliance member organisations.
  - d. Institute of Osteopathy.
14. Importantly, we have also continued to test our thinking with patients and the public building on our patient expectations research and also the patient focus groups carried out as part of our revalidation pilot evaluation. In early 2014, we

commissioned Community Research, an independent market research company, to:

- a. Explore unprompted expectations of professionals and regulators in assuring continuing fitness to practise.
  - b. Examine a variety of different approaches to assuring continuing fitness to practise.
  - c. Gather reactions to the GOsC's current proposed approach to continuing fitness to practise.
15. Community Research undertook a patient and public focus group which took place over the course of a day in June 2014. A draft report is available at Annex C. Broadly this research found that 'overall, initial reactions to the GOsC's draft continuing FTP scheme were positive. The proposed scheme was seen as appropriate to the profession.' Independent oversight was felt to be important to participants and it was felt that independent oversight, for example, from the GOsC, osteopathic educational institutions or regional representatives could provide this. We will continue to take this feedback into account as we develop our peer discussion review, quality assurance and audit processes ahead of consultation.
16. Throughout this period, we have also shared our thinking with:
- a. Patients
  - b. Osteopaths across the country
  - c. Other regulators
  - d. The Department of Health (England)
  - e. The Professional Standards Authority.
17. Further engagement will take place in autumn 2014 ahead of any consultation.

#### *Other issues*

18. We have also identified a number of issues that are addressed through 'frequently asked questions' in the Guidance. We will be exploring the adequacy of the guidelines in the consultation in particular areas including:
- a. Guidance about what to do if concerns about practice are identified e.g. when should concerns be raised, reported, remediated?
  - b. What self-training resources are required? (e.g. online videos and role plays)
  - c. Charging (some organisations e.g. CPD providers may choose to charge for offering a PDR, others will not wish to).

- d. Quality assurance.
- e. Audit.
- f. Disagreement about outcomes guidance.
- g. Online submissions.

*Next steps*

19. We will continue to work with our pathfinder group and other stakeholders to refine the guidelines ahead of consultation.
20. It is planned that the Osteopathic Practice Committee and Council will be asked to agree the final documents for consultation towards the end of 2014.

**Recommendation:** to note the development of the draft continuing fitness to practise model.