General Osteopathic Council

11A

Education and Registration Standards Committee
12 March 2015
Registration Assessments Review – Recognition of Professional Qualifications Directive

Classification	Public
Purpose	For noting
Issue	Update on the scoping of a review of registration processes and assessments for EU/EEA rights applicants to align with the revised Recognition of Professional Qualifications Directive and its transposition into law by January 2016.
Recommendation	To note the approach to the review of registration processes and assessments (EU/EEA rights pathway).
Financial and resourcing implications	Actions outlined in this paper are incorporated into our budgets for Registration Assessments for 2014-15 and 2015-16.
Equality and diversity implications	None from this paper.
Communications implications	None from this paper.
Annex	Scoping plan of review to align with revised RPQ Directive
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Background

1. Applications to the GOsC Register from applicants who do not hold a UK Recognised Qualification are considered through the GOsC's international registration assessment processes. There are different pathways for applicants who have EU/EEA rights and those who do not. This is due the European Directive 2005/36/EC.

2. The Recognition of Professional Qualifications Directive (the existing Directive 2005/36/EC) reorganised and harmonised the rules about the recognition of professional qualifications between relevant European Member States (any member state of the European Economic Area or Switzerland). The GOsC applies this Directive to applicants to the Register who demonstrate mutual recognition rights.

3. Since 2010 the existing Directive has been undergoing a review led by the European Commission. Directive 2013/55/EU (the revised Directive) was adopted at the end of 2013. The transposition deadline for this Directive into UK law is 18 January 2016. Therefore the GOsC must review and revise its registration processes accordingly.

4. This project stream forms part of the wider Registration Assessment Review reported to the Committee (see item 11).

Discussion

5. The GOsC has engaged with the Department of Health, the Department for Business, Innovation and Skills, members of the Alliance of UK Regulators in Europe and the UK Inter-professional Group to contribute to formal consultations and calls for feedback as the implementation process has developed.

6. As reported to the Committee in October 2014, we have commenced a range of work to enhance the operation of all of our registration assessment processes. For example, enhancing communications mechanisms with our registration assessor network and updating standard correspondence documentation.

7. We have additionally scoped a specific review of our EU/EEA rights pathway in relation to revisions in the new Directive, which is summarised in the Annex. This incorporates activities including confirming our interpretation of the Directive and transposing legislation, revising documentation and undertaking training.

8. It is important to note that there are still aspects of the implementation of the Directive which need clarification in the transposition legislation. The Department of Health has advised that we will begin to receive draft legislation in March 2015. We will continue to engage with colleagues and will seek legal advice to inform our approach and actions.

9. The proposed timeline for reviewing and revising our registration processes to meet the transposition deadline of 18 January 2016 is outlined below:

Activity	**Timeline**
Scope review of registration processes to align with revised Directive – report to ERSC (see Annex A)	March 2015
Drafting revised processes and documentation – including obtaining legal advice, as required, and engagement with other regulators Develop training plan for Registration Assessors, Moderators and internal staff	April – September 2015
Report on progress to ERSC	June 2015
Report on revised processes and documentation to ERSC	October 2015
Submit revised processes and documentation to Council for approval	November 2015
Finalise processes and documentation (proof and design)	November – December 2015
Undertake Registration Assessor and Moderator training	November – December 2015
Undertake internal staff training	November – December 2015
Launch aligned processes and documentation (including online communications)	January 2016 (to meet deadline 18 January 2016)

Recommendation: to note the approach to the review of registration processes and assessments (EU/EEA rights pathway).

Scoping a review of registration processes to align with the revised RPQ Directive and its transposition into law – February 2015

The table below outlines the issues, considerations and planned actions currently identified in the review. This plan will be updated as the review progresses.

Issue	Considerations at February 2015	Actions
European professional card (Article 4a-e)	The introduction of a European professional card is meant to offer interested professionals the possibility to benefit from easier and quicker recognition of their qualifications. It should also facilitate temporary mobility. The card will be made available according to the needs expressed by the professions. There is currently no impact as the EPC is being piloted among 7 professions (not osteopathy) with significant mobility. We have reported our view to BIS that we strongly support the principle that the use of the card should be around facilitating recognition, not registration. If the EPC were to be introduced, while the home Member State may check the qualifications to confirm they are valid, we may still need to compare this qualification with the UK standards as part of the application process for registration.	**Action:** To continue monitoring progress.
Partial access (Article 4f)	We understand that competent authorities have to apply the concept of partial access on a case by case basis and this can be refused if justified by an 'overriding reason of general interest'.	**Action:** To seek confirmation of our interpretation of partial access and that no change is required to our current processes in this area.

	Our understanding is that patient safety concerns related to healthcare professionals would allow competent authorities to decline applications for partial access. We have not identified any possible scenarios in which partial access would be given in osteopathy. We reflected this in our BIS consultation response and DH correspondence.	
Temporary service provision (Articles 7, 8)	In the BIS consultation and discussion with the DH we commented that it would be helpful to have a clear definition of what constitutes temporary or occasional provision, however we appreciate the terms need to be sufficiently broad to fit the needs of different professions. The revised Directive reduces the professional experience requirement for professionals coming from non-regulated Member States and for those who do not hold a qualification. The applicant now needs to provide evidence of practising as an osteopath for at least one (previously two) of the last 10 years. We raised concerns in the BIS consultation and in discussion with the DH regarding the potential risk to patient safety due to this change.	**Action:** To seek further detail regarding definitions of temporary or occasional provision, and confirmation of change to professional experience requirements.
Conditions for recognition (Article 13)	The revised Directive places a stronger emphasis on deadlines for competent authorities to notify an applicant of a decision.	**Action:** To ensure that our timelines regarding all routes (temporary and establishment, aptitude test and period of adaptation) align with the revised Directive.

Compensation measures (Article 14)	*Possible derogation on compensation measures* We currently offer applicants the choice of an aptitude test or adaptation period if their qualification is found to have substantial differences compared with that of a UK qualification (for either the temporary or establishment route). Article 14.3 of the revised Directive provides that Members States' can stipulate, by way of derogation, an adaptation period or aptitude test. We have expressed interest within the BIS consultation, and in discussion with the DH, of a derogation to require an aptitude test.	**Action**: To establish whether the derogation regarding the provision of compensation measures will be applied to the GOsC.
Compensation measures (Article 14)	*Compensation measures' scope and structure* Currently, the Review of Qualification is undertaken in relation to criteria from the *Subject Benchmark Statement: Osteopathy* to establish similarity with a UK qualification, rather than the *Osteopathic Practice Standards*. As noted above, if an applicant's qualification is found to have substantial differences compared with that of a UK qualification then they progress to compensation measures. The current model involves two stages for each route following the Review of Qualification: first the applicant completes a written Further Evidence of Practice Questionnaire, which, should they be assessed as safe to proceed, they may then choose either an Assessment of Clinical Performance or a Period of Adaptation. Applicants are required to complete <u>all parts</u> of the Further	*Compensation measures' scope and structure* **Action**: To establish whether current Review of Qualification against *Subject Benchmark Statement* and then two-stage aptitude test model (Further Evidence of Practice Questionnaire and Assessment of Clinical Performance) and current two-stage adaptation period model (Further Evidence of Practice Questionnaire and Period of Adaptation) against different parts of the *Osteopathic Practice Standards* aligns with the revised Directive. Legal advice required. Note: if the *Subject Benchmark Statement*

	Evidence of Practice Questionnaire. If they choose the Assessment of Clinical Performance this again follows a generic scope. Taken together these two assessments are mapped to the full *Osteopathic Practice Standards.* A Period of Adaptation, in contrast, is a bespoke process designed for the individual applicant to meet the specific areas of the *Osteopathic Practice Standards* not yet evidenced during the assessment process. Further clarity is needed as to whether these approaches fully align with the revised Directive, regarding number of required stages, scope and standards. *Charging* Currently applicants are required to pay a sum for the organisation of the aptitude test or period of adaptation process, but not the Review of Qualification.	remains as the reference point it will need to be updated to new version when published (Summer 2015). *Charging* **Action**: To ensure that any amendments to the assessment process use an appropriate fee structure.
Compensation measures (Article 14)	*Decisions on compensation measures* Applicants are provided with assessment guidance, criteria and feedback on their performance. This meets with the Directive's requirements for transparency, impartiality and justification of decisions to impose compensation measures. To enhance this further, we have begun reviewing our assessment documentation and standard correspondence with applicants (including signposting applicants to sources of support to assist their effective preparation for assessment).	*Decisions on compensation measures* **Action:** To continue work to enhance the transparency and accessibility of assessment guidance, criteria and feedback. (Includes training of Registration Assessors.) *Re-takes* **Action**: To establish criteria for re-takes,

	Re-takes Our understanding is that the Directive allows for re-taking aptitude tests if the applicant fails. The host Member State determines the number of times it may be re-taken, taking into account the rules that apply at national level.	including whether we may stipulate that a re-take may not be offered on grounds of patient safety.
Common training principles **(Articles 49a-49b)**	The Directive introduces the possibility to set up 'common training frameworks' and 'common training tests', aimed at offering a new avenue for automatic recognition. A common training framework should be based on a common set of knowledge, skills and competences necessary to pursue a profession. This is not an option for osteopathy currently. Osteopathy would need to be regulated in 9 Member States. Currently osteopathy is regulated in 7 (Finland, Iceland, Liechtenstein, Malta, Portugal, Switzerland, UK). We have been working with our colleagues in Europe to develop *a European Standard on Osteopathic Healthcare Provision* through the CEN (European Committee for Standardisation – www.ceu.eu) process. While this Standard will not impact on the UK, this Standard seeks to set a European benchmark of education, training and practice standards for osteopathy in those countries without any regulatory mechanisms.	**Action:** To continue monitoring progress.
Putting administrative procedures online	Information regarding our registration process, including relevant documentation, is available on our public website. Applicants are also able to submit their application online to	**Action**: To confirm our understanding that we meet this requirement.

(Articles 50, 57, 57a)	us. Our understanding is that there is no obligation on the GOsC to provide a facility for the applicant to complete the entire registration process online. Therefore we understand that we meet this requirement.	
Knowledge of languages (Article 53)	The Directive provides that competent authorities should be able to apply language controls after recognition of professional qualifications, but for professions with patient safety implications in particular those language controls can be applied before the professional accesses the profession in the host Member State. Currently we raise concerns about language competence only when these become evident during the application process, as we already apply standards related to the ability to communicate with patients. We are exploring whether we may add evidence of language to our registration criteria for EU/EEA applicants.	**Action**: To establish whether and how we may apply criteria regarding the knowledge of English.
Alert mechanism (Article 56a)	While we understand that the Alerts will focus on issues affecting an individual's fitness to practise, we have sought clarification as to whether removal might also include non-fitness to practise matters, for example non-compliance with insurance or continuing professional development requirements. This would help to avoid any confusion and ensure a consistent approach among competent authorities. We have also requested clarification with the DH and BIS as to when the three day notification deadline takes effect and	**Action**: To confirm our understanding of how to meet this requirement.

	whether this includes working days only; and also guidance on how long information should be published, again to ensure a consistent approach.	
Transparency initiative (Article 59)	A new mechanism is introduced in the Directive to ensure greater transparency and justification of regulated professions. Member States will have to provide a list of their regulated professions and the activities reserved for them, and justify the need for regulation. We commented in our BIS consultation response that this process would be helpful in highlighting areas where the extension of regulation might be desirable.	**No further action.**