



**Education and Registration Standards Committee**  
**27 February 2014**  
**Registration activity report**

<b>Classification</b>	Public.
<b>Purpose</b>	For noting
<b>Issue</b>	This paper presents information on registration activities, including consolidated registration figures for the past two years and information on recent registration assessment activity.
<b>Recommendation</b>	To note the contents of this paper.
<b>Financial and resourcing implications</b>	None
<b>Equality and diversity implications</b>	None
<b>Communications implications</b>	None
<b>Annex</b>	Evaluation of registration assessment training
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## Background

1. In March 2012 Council received the first in a series of bi-annual registration reports, which provided members with a range of data across various registration activities. Now that this information has been collected consistently over a two-year period, it is possible to present a consolidated report.
2. This paper consolidates the bi-annual reports and presents the information which was collected over a two-year period from 1 October 2011 to 30 September 2013. Over time we intend to consolidate this data more precisely into the GOsc April-March planning and financial year.
3. The paper also provides information about recent registration assessment activity.

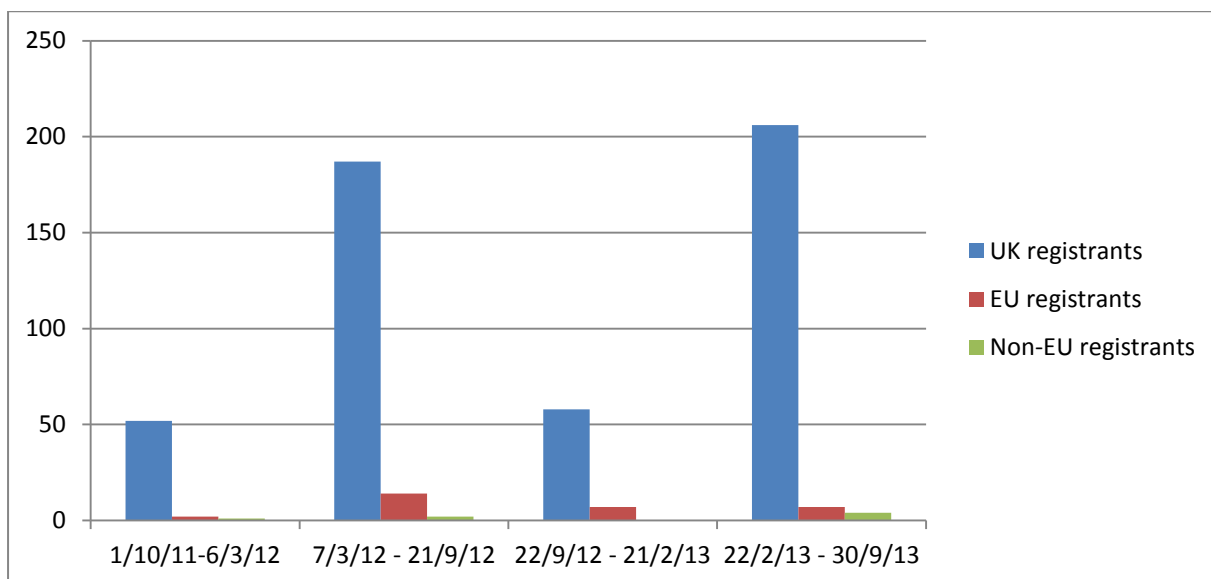
## Discussion

4. The bi-annual registration reports provide members with information in the following key areas:
  - a. New entrants to the Register
  - b. Removals from the Register
  - c. Reasons for voluntary removal from the Register
  - d. Reasons for being registered 'non-practising'
  - e. Number of registrants returning to practice.
  - f. Registration assessment activity

### *New entrants to the Register*

5. The bulk of new entrants to the Register are UK graduates who hold a recognised qualification. The applications tend to be received by registration during the period March-October resulting in a spike in new entrants to the Register in this period. It is also worth noting that the spike in applications coincides with the majority of existing registrants renewing their registration meaning March-October is an extremely busy period for the registration team.

	1/10/2011 to 6/3/2012	7/3/2012 to 21/9/2012	22/9/2012 to 21/2/2013	22/2/2013 to 30/9/2013	<b>Total</b>
UK	52	187	58	206	<b>503</b>
EEA	2	14	7	7	<b>30</b>
Non- EEA	1	2	0	4	<b>7</b>
<b>Total</b>	<b>55</b>	<b>203</b>	<b>65</b>	<b>217</b>	<b>540</b>

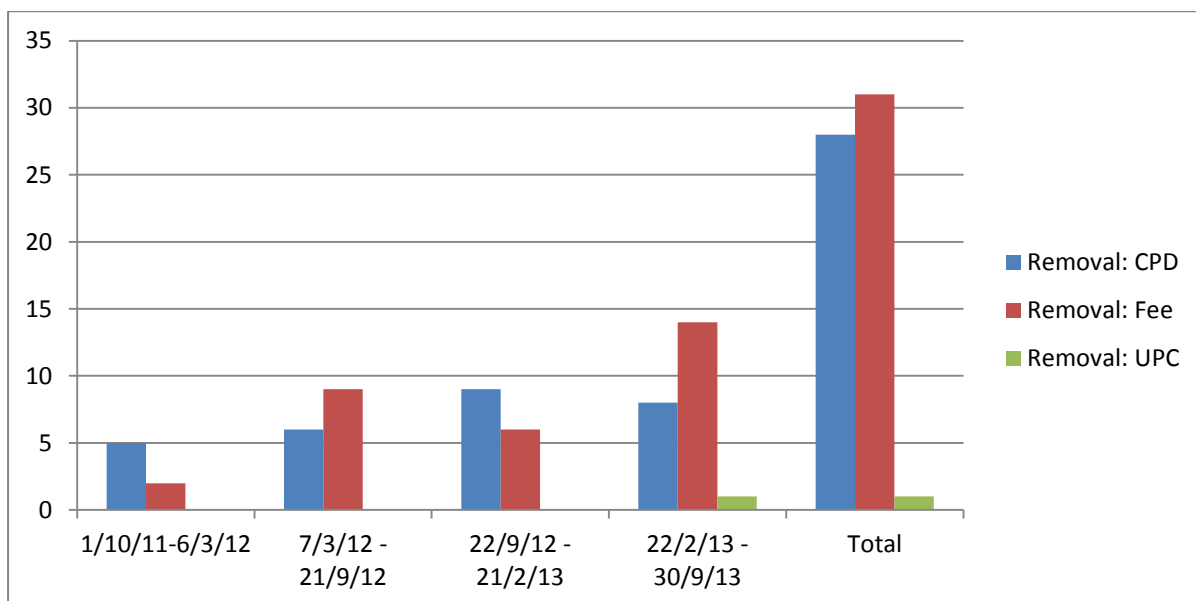


6. The trend of registration applications spiking between March-October is unlikely to change in the future, and because of this the Registration team have well defined processes in place to accommodate this known bulge in activity.

#### *Removals from the Register*

7. Between 1 October 2011 and 30 September 2013, 60 registrants were removed from the Register. There is an almost equal split between those removed for non-payment of fee compared to those removed for non-compliance with the CPD scheme.

	1/10/2011 to 6/3/2012	7/3/2012 to 21/9/2012	22/9/2012 to 21/2/2013	22/2/2013 to 30/9/2013	<b>Total</b>
Non-compliance with CPD scheme	5	6	9	8	<b>28</b>
Non-payment of registration fee	2	9	6	14	<b>31</b>
Removed by Professional Conduct Committee	0	0	0	1	<b>1</b>
<b>Total</b>	<b>7</b>	<b>15</b>	<b>15</b>	<b>23</b>	<b>60</b>

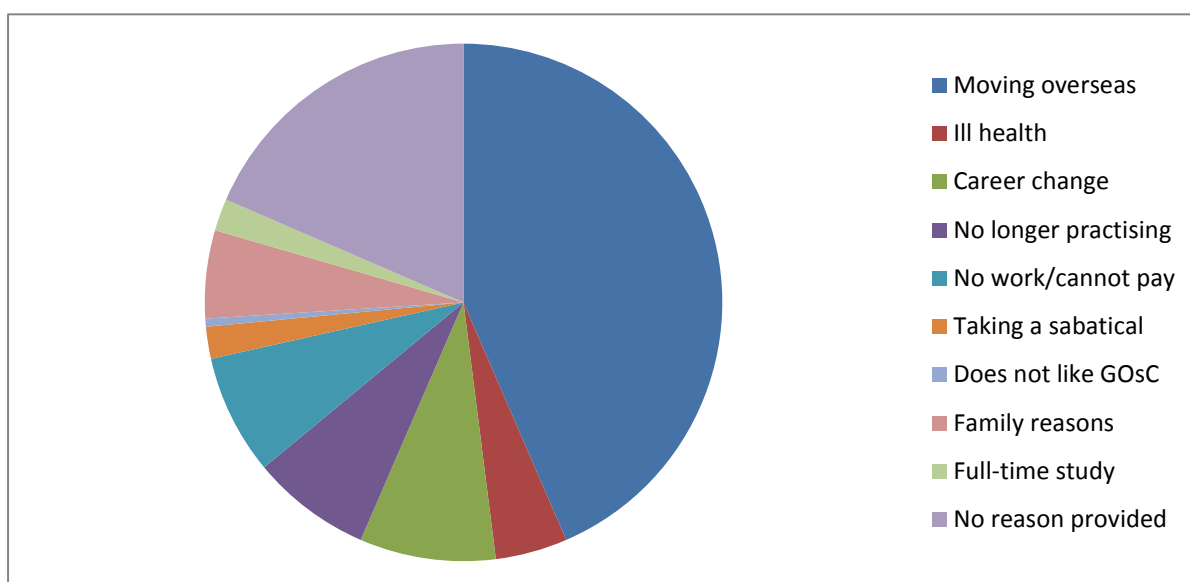


### *Reasons for voluntary removal from the Register*

8. Across the two-year data collection period 200 registrants have voluntarily left the Register. At the time of the resignation the Registration team seek to understand the reason for the decision to leave the Register although there is no requirement on the registrant to provide an answer.
9. Of the 200 registrants who have voluntarily left the Register, 38 individuals – 18.50% – have not provided GOsC with a reason for their departure. We feel that this is an area where more can be done.
10. To that end, 2014 will see the development of a survey which will be sent to those registrants leaving the Register in order to try to ascertain a greater understanding as to the reason(s) for leaving the Register.

	1/10/2011 to 6/3/2012	7/3/2012 to 21/9/2012	22/9/2012 to 21/2/2013	22/2/2013 to 30/9/2013	<b>Total</b>
Moving overseas	10	35	19	23	<b>87</b>
Ill health	2	3	1	3	<b>9</b>
Career change	0	5	6	6	<b>17</b>
No longer practising	2	5	2	6	<b>15</b>
No work	3	4	2	6	<b>15</b>
Taking a sabbatical	1	0	0	3	<b>4</b>

Does not like direction of GOsC	0	1	0	0	<b>1</b>
Family reasons	1	4	2	4	<b>11</b>
Full-time study	2	1	0	1	<b>4</b>
No reason provided	3	9	9	16	<b>37</b>
<b>Total</b>	<b>24</b>	<b>67</b>	<b>41</b>	<b>68</b>	<b>200</b>



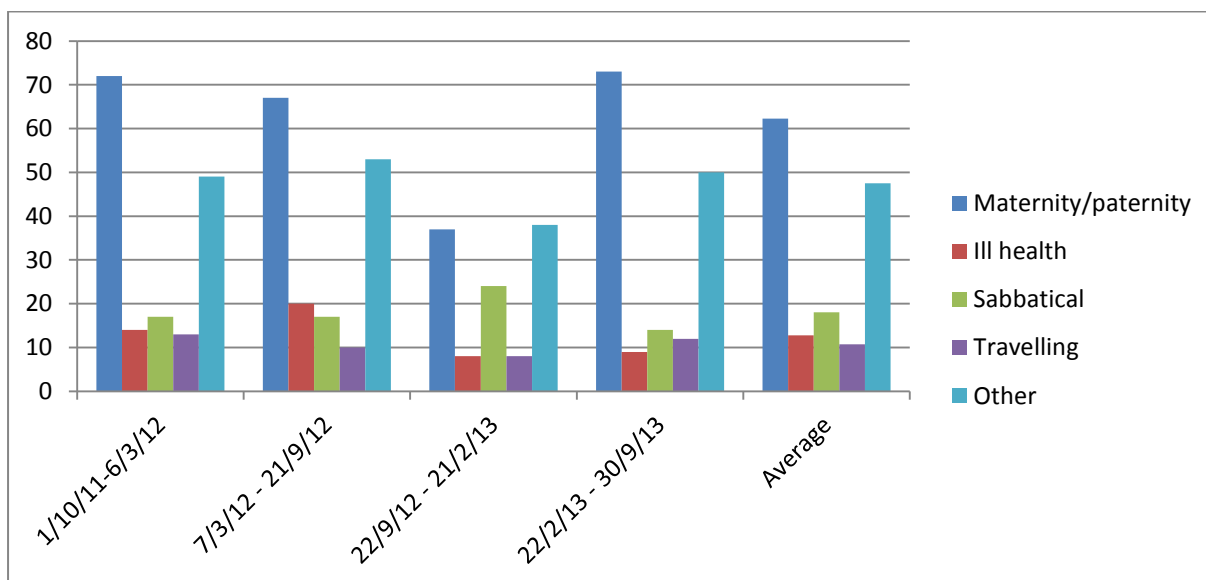
*Reasons for being registered as 'non-practising'*

11. Based on the four reports, at any one time the GOsC has on average 152 registrants who are non-practising, i.e. not being in clinical contact with patients.
12. The main reason for a registrant to be listed as non-practising is because of maternity leave. This should come as no surprise given the Register is comprised of an almost 50/50 split between male and female practitioners.

	1/10/2011 to 6/3/2012	7/3/2012 to 21/9/2012	22/9/2012 to 21/2/2013	22/2/2013 to 30/9/2013	<b>Average</b>
Maternity leave	72	67	37	73	<b>62</b>
Ill health	14	20	8	9	<b>13</b>
Sabbatical	17	17	24	14	<b>18</b>

Travelling	13	10	8	12	<b>11</b>
Other	49	53	38	50	<b>48</b>
<b>Total</b>	<b>165</b>	<b>167</b>	<b>115</b>	<b>158</b>	<b>152</b>

NB: Other includes: studying; not being able to find work; relocation of home/work premises; circumstances around the loss of a spouse/parent/child; acting as a carer; research; and pursuing other careers.



#### *Number of registrants returning to practice*

13. A total of 138 registrants have converted their registration status from being that of 'non-practising' to that of practising between October 2011 and September 2013. For registrants who have been out of practice for less than two years, this is an administrative process.
14. It is interesting to note that in the last year the number of registrants converting back to practising status has significantly increased. In fact, 91 registrants converted from 'non-practising' to practising in the last twelve months (2012-2013) compared to 47 registrants in the preceding twelve months (2011-2012). This increase is also reflected in the review figures below.
15. If a registrant (or an applicant for restoration) has been out of practice for two years or longer, they go through a return to practice process. The return to practice process is detailed in guidelines available at: [http://www.osteopathy.org.uk/uploads/return\\_to\\_practice\\_guidelines\\_for\\_assessors\\_and\\_osteopaths.pdf](http://www.osteopathy.org.uk/uploads/return_to_practice_guidelines_for_assessors_and_osteopaths.pdf) and is designed to be a supportive educational process enabling the osteopath to have an open discussion about strengths and areas for development and to get advice and guidance from the reviewers to support their transition back into clinical practice. The process consists of two stages, a self-assessment form which explores any CPD undertaken by the applicant and an interview with two experienced osteopaths to support and supplement the self-assessment.

16. Figures for return to practice activity for those out of practice for two years or more are set out below:

Year	Number of return to practice self-assessment forms reviewed	Number of return to practice interviews	Total number of applicants returning to practice after a period of two years or longer has elapsed
1 September 2011 to 31 August 2012 (12 months)	17	15	<b>17</b>
1 September 2012 to 31 August 2013 (12 months)	14	10	<b>14</b>
1 September 2013 to 31 January 2014 (5 months)	10	10	<b>10</b>
<b>Totals</b>	<b>41</b>	<b>35</b>	<b>41</b>

*Registration assessment activity*

17. Internationally qualified applicant or applicants without a UK 'recognised qualification' are required to undertake a three stage process to enable their qualification to be 'recognised' and to enable them to be registered with the GOsC (subject to other requirements such as good health, good character, payment of a fee and having appropriate insurance in place). Applicants with EU rights may not need to complete all three stages in appropriate circumstances.

18. A total of 91 registration assessments were carried out between September 2011 and January 2014.

	1/9/2011 to 31/8/2012	1/9/2012 to 31/8/2013	1/9/2013 to 31/1/2014	<b>Total</b>
Non-UK qualification	17	26	7	<b>50</b>
Further evidence of practice	12	8	5	<b>25</b>
Assessment of clinical performance	6	6	4	<b>16</b>

	1/9/2011 to 31/8/2012	1/9/2012 to 31/8/2013	1/9/2013 to 31/1/2014	<b>Total</b>
<b>Total</b>	<b>35</b>	<b>40</b>	<b>16</b>	<b>91</b>

NB: There were 2 further Assessments of clinical performance as part of fitness to practice cases during the same period.

19. We conducted training for 23 registration assessors and return to practice reviewers in November 2013. An evaluation of the training event is presented at the Annex. We introduced a new system of appraisal for the 14 existing assessors and reviewers in autumn 2013 and this will be rolled out for all 23 assessors and reviewers, including newly recruited assessors and reviewers, in autumn 2014.
20. All respondents felt that the venue was 'good'; 95% stated that the materials provided were 'good' with 5% rating them as 'satisfactory'; and 92% felt that the organisation on the day was 'good', with 8% rating it as 'satisfactory'.
21. Overall the sessions achieved their aims. The number of learning points noted by the respondents exceeded the more negative comments by a considerable margin and reflected the key objectives. There were a number of useful suggestions for further activity, principally involving the provision of more 'worked' examples of the documentation and more regular opportunities to reflect on the process with colleagues and to discuss how to improve mentoring, interviewing and other key techniques through shadowing and assessor networking.
22. Improvements to the return to practice review process and the registration assessments processes have been instigated as a result of feedback including:
  - Shadowing for all new ACP assessors before they take up the role of assessor.
  - In all assessments and reviews, all newly recruited assessors are paired up with a more experienced assessors
  - Briefing sessions are now organised ahead of each return to practice review and registration assessments to ensure that all assessors are fully briefed and clear about their role.
  - Additional written instructions and timetables have been provided for each assessment to support assessors and reviewers to manage the assessment appropriately.
  - Moderation meetings have now been introduced for all stages of the registration assessment process.



**Recommendation:** to note the contents of the paper.

### Evaluation of registration assessment training, 2 and 3 November 2013

Barbara Edwards, Quality Assurance agency

#### Introduction

1. The registration assessment training was carried out on 2 and 3 November 2013 at GOsC House by Sarah Wallace, independent osteopathic practitioner and Barbara Edwards, Assistant Director, QAA, with Marcus Dye, Professional Standards Manager, GOsC.
2. The training was divided into four separate sessions and the number of participants attending each session is provided in brackets:
  - Non UK (9)
  - Further evidence of practice (11)
  - Assessment of clinical performance (15)
  - Return to practice (9)
3. Participants were able to attend one or a combination of sessions which were arranged in series and a brief explanation of the overall process was provided at the beginning of each for those who had not attended the previous session(s).

#### Participant feedback

4. An evaluation form was circulated at the end of each session. Participants were invited to rate the general organisation of the training on a simple three point scale, but were asked to identify three learning points and also what they had found least useful in each session, and what follow-up activities they would most value.
5. 38 responses were received in total. The number for each session is given below.

#### Non UK (Forms returned: 8)

6. Participants identified three key learning points: the importance of the subject benchmark statement; the need to base their assessment on the evidence presented and not make assumptions; and the need to provide specific and detailed feedback to the osteopath.
7. There were few negative comments and three participants stated that it was 'all useful', but others would have appreciated more time to carry out the tasks and to have had the opportunity to interact with more experienced assessors.

8. Suggestions for follow-up activity included providing a flow chart of the process, and more case studies. Participants also felt that a contact list of assessors should be made available.

### **Further evidence of practice** (Forms returned: 10)

9. The range of responses to what had been learned from this session were more diverse, but again included the need to provide clear, concise and specific feedback. Respondents recognised that comments have to be useful for the Assessment of Clinical Performance assessor and also noted the importance of clear referencing.
10. There were fewer negative comments and these again related to the lack of time to complete the exercise and the amount of 'paperwork to juggle'.
11. The suggestion that a flow chart of the process should be provided was reiterated. Participants also asked for more training on moderation, and for more discussion on good practice and how issues leading to appeals could be minimised in the writing of reports.

### **Assessment of clinical performance** (Forms returned: 12)

12. This session prompted the most numerous and diverse range of learning points. Some respondents again noted the need for meaningful, contextualised feedback and a firm evidence base. The most frequent observation was about the importance of recognising personal bias and there were also a number of comments highlighting the need to use professional judgement in applying the criteria to the individual osteopath. The critical importance of the relationship between the assessor and moderator roles was also noted.
13. There were two main criticisms of the session: the exercise which asked participants to identify good and bad practice from a list of comments extracted from previous reports, and two respondents commented on the way in which certain experienced assessors had tended to dominate the session. One respondent also felt that the process was already sufficiently well-known to them.
14. Suggestions for improvement included the opportunity for new assessors to shadow more experienced assessors; for an opportunity to reflect annually with other assessors on the process; for peer appraisal; and for more examples of anonymised reports to be made available.

### **Return to practice** (Forms returned: 8)

15. The most frequently cited learning points from this session were an understanding of the supportive tone and purpose of the interaction; the need for an empathetic approach; and how this could be demonstrated through an appropriately structured interview and well-formulated questioning techniques.

16. There were very few negative remarks and these referred to the lack of time for preparation for the session.
17. Suggestions for further activity included mentoring; more examples of completed documentation; opportunities for further discussion of points such as the merits of telephone as opposed to face-to face discussions with the osteopath; and the development of a network of assessors. One respondent asked for techniques on speed writing to help complete the 'numerous forms'.

### Summary

18. Overall the sessions achieved their aims. The number of leaning points noted by the respondents exceeded the more negative comments by a considerable margin and reflected the key objectives. There were a number of useful suggestions for further activity, principally involving the provision of more 'worked' examples of the documentation and more regular opportunities to reflect on the process with colleagues and to discuss how to improve mentoring, interviewing and other key techniques through shadowing and assessor networking.

### General organisation

19. All respondents felt that the venue was 'good'; 95% stated that the materials provided were 'good' with 5% rating them as 'satisfactory'; and 92% felt that the organisation on the day was 'good', with 8% rating it as 'satisfactory'.

	Good	Satisfactory	Poor
Organisation on the day	35	3	0
Suitability of the venue	38	0	0
The materials provided	36	2	0

Barbara Edwards  
29 December 2014