

**Minutes from the Meeting of the Revalidation Standards and Assessment
Group held on Tuesday 28 June 2011, at Elan & Co,
Chartered Certified Accountants,
Unit 3 Cedar Court, 1 Royal Oak Yard, London SE1 3GA**

DRAFT

Chair: Professor Ian Hughes

Members: Miss Paula Cook
Professor Adrian Eddleston
Dr Jane Fox
Mr Robert McCoy
Mr Brian McKenna
Mr Liam Stapleton
Miss Fiona Walsh

Guests: Ms Louise Scott-Worrall
Mr Lee Oliver

GOsC Present: Mr Tim Walker (until 2.55)
Ms Fiona Browne
Ms Brigid Tucker
Mr Marcus Dye
Ms Joy Bolt
Ms Dayna Sherwin

Item 1 Welcome and Apologies

1. The Chair welcomed Brian McKenna to his first meeting of the RSAG. The Chair also welcomed Jonathan Hearsey to membership of the RSAG as a result of changes to the membership of the Education Committee.
2. The Chair confirmed that Miss Paula Cook would be resigning from the GOsC and the Education Committee to undertake a graduate medicine course at Barts and the London Medical School. The Chair congratulated Paula on gaining a place at medical school and expressed enormous gratitude for her contributions to the work of the RSAG and her unique and insightful contributions.

3. The Chair also welcomed Ms Louise Scott-Worrall and Mr Lee Oliver from KPMG to the meeting and confirmed that apologies had been received from Professor Bernadette Griffin, Professor Julie Stone, Mr Jonathan Hearsey and Ms Caitrian Guthrie.

Item 2 Minutes of Meeting of Previous Meeting

4. It was agreed that apologies for Mr Tim Walker should be added to the minutes of the meeting held on 16 March 2011; that 'but' be changed to 'and' in the second bullet point on page 4, and that 'ne' amended to 'be' in the final bullet point on page 9.
5. The Minutes of the meeting on 16 March 2011 were approved.

Item 3 Matters Arising

6. No matters arising were raised.

Item 4 Revalidation Standards, Assessment and Evidence

7. The Head of Professional Standards presented the paper which provided an overview incorporating the finalised *Guidelines for Osteopaths seeking Revalidation (Revalidation Pilot) (Guidelines)* and an update on the development of the training materials for the Revalidation Pilot Participants and the Revalidation Pilot Assessors.
8. A leaflet summarising the various stages of the pilot has been compiled as a visual aide for the Participants and had been presented to the recent Regional Communications Network meeting on 17 June 2011. The RSAG were taken through the leaflet and confirmed that the document was uncomplicated and could be easily understood.
9. It was confirmed that the *Revalidation Participation Manual (Manual)* incorporating the *Guidelines for Osteopaths seeking Revalidation* would be sent out to the 718 osteopaths who have expressed an interest in participating in the Pilot, towards the end of July 2011.
10. The *Manual* includes:
 - The enrolment form – setting out the roles and responsibilities of participants including a willingness to read the manual, submit sample evidence at specified intervals and to provide feedback when requested, and the roles and responsibilities of the GOsC; to confirm 30 hours of

acceptable CPD and to provide training and support throughout the process.

- The Characteristics (or Pilot Participant Information) Form is also included to capture information about the osteopath and their practice This would include equality and diversity characteristics of the participants to assess whether there were particular groups of osteopaths who were adversely affected by the process. It was confirmed that all forms would be returned to KPMG to ensure anonymity.
- An introduction and summary of the process.
- The *Guidelines for Osteopaths seeking Revalidation (Revalidation Pilot)* formerly known as the Revalidation Assessment Guidelines. (*Guidelines*).
- The *Osteopathic Practice Standards* document.

11. It was explained that although some minor amendments may be needed to layout and presentation, the RSAG were being asked to review the content of the *Guidelines for Osteopaths seeking Revalidation* within the *Manual* with a view to recommending it to Council at its meeting on 14 July 2011. The RSAG were also asked to provide the executive with advice about the remaining aspects of the *Manual* which were presented to provide a context for their discussions about the *Guidelines*.

12. The RSAG discussed the *Guidelines* and made the following points:

- It was noted by one of the members that attendance on a recent, popular CPD course was well down on what was expected. It was suggested that one of the consequences of the Pilot, could be osteopaths not enrolling on courses as they were undertaking their CPD as part of the Pilot. This could have implications for CPD providers. Should this be communicated?
- The RSAG asked about fitness to practise proceedings in place if unsatisfactory conduct was discovered through the process. It was explained that it was expected that most osteopaths would be able to provide the evidence, or receive feedback about aspects of their practice which may benefit from attention throughout their CPD. The Manual states 'The Pilot is not about testing individual osteopaths. It is about testing the processes and tools that may be used to support and guide osteopaths through the proposed revalidation exercise. Osteopaths may choose to undertake particular types of CPD in the future as a result of feedback received from their participation in the Revalidation Pilot. There is no intention to use the Pilot to look for fitness to practise issues or concerns. Current professional mechanisms for dealing with fitness to practise issues will remain in place and continue to be used.'
- Additional suggested amendments highlighted were:

- A clear definition of what the term 'Practice' means – clinical practice or practice in the wider sense including education and research.
- It was suggested that a statement about the identification of outliers might be helpful.
- A non-definitive list of examples including non clinical practice or education might be helpful.¹ Some more critical incident illustrations might also be helpful.
- To change 'their' to 'your' at point 4.2 on page 52.
- At page 37, it should be repeated that although the participant must submit four pieces of evidence during the 12 months, one piece of evidence is to be submitted at three month intervals.
- At page 166, the 'i' is missing from 'Senior' for John Patterson.
- Blank pages should be labelled as such to avoid confusion. It was explained that the blank pages were even pages and that the presentation would be in a folder and so would be easier to read with each section starting on the right hand side as an odd page.
- It was suggested that colour coding or symbols could be used to aid location of examples.
- The *Guidelines* were large. Would this put people off participating in the Pilot? Should they receive the *Guidelines* part of the Manual at the training day instead?

13. The RSAG then took the opportunity to review the additional information in the pages up to 37 in the manual.

- Page 4 should make clear whether there is a time limit for using the CPD hours awarded for completion of this pilot. There was some concern that should osteopaths not enrol on other CPD activities in the assumption that undertaking the pilot would be enough, they may then be placed in a difficult position should they drop out of the scheme. It was re-confirmed that whilst a blanket 30 hours will be given to completers, osteopaths who have taken part in various training courses will still be able to claim time for those individual activities.
- The paragraph under the heading *Self-Assessing your practice and providing evidence* should be softened to "The Pilot seeks to provide a framework to enable you to provide...".
- Page 22 should replace 'whether' with 'how' to read 'These findings will be considered by GOsC during 2013 and we will then consult further before any decision is taken as to how to proceed with the introduction of revalidation.
- Pages 19-27 should state that the Action Plan is a 'living document' and that should a participants circumstances change, i.e. change from sole practitioner to multi-practitioner this may require a change to the original action plan.

¹ Post meeting note – it will not be possible to include such examples in the Manual before it is sent to osteopaths, but we could explore such examples at Training Days or ensure that such examples are available on the dedicated Moodle site.

- It should be emphasised that the Pilot will contain information that will not be included in any implementation of a process to assess continuing fitness to practise, e.g. questions on the length of time taken to complete a specific tool.

14. The Professional Standards Manager then gave a demonstration of how the new Moodle site would provide online support for the participants. It was confirmed this would only be available to the participants after they had completed their training, and whilst everyone would be encouraged to use the online version, paper copies would also be available.

15. A request by Caitrian Guthrie was relayed to the RSAG for each member to enrol onto Moodle. Members agreed to provide their email addresses in order to be enrolled into Moodle.

16. The RSAG expressed their thanks and appreciation for all the hard work from the Executive, Caitrian Guthrie and Simeon London in getting the project to this stage.

Agreed: The RSAG agreed to recommend that Council agrees the *Guidelines for Osteopaths Seeking Revalidation (Revalidation Pilot)* for the purposes of the 2011/12 Revalidation Pilot.

Agreed: The RSAG agreed to give permission for their email addresses to be used to sign up to the Moodle site.

Noted: The RSAG noted the progress of the development of the training materials for Revalidation Pilot Participants and Revalidation Pilot Assessors.

Item 5 Evaluation and Impact Assessment

17. This paper considered the draft Report D – *A report setting out anticipated costs, benefits, financial and regulatory risks as envisaged at pre-pilot development along with a detailed specification of the information to be collected during the pilot to update anticipated costs and benefits and risks analysis. This specification should include consideration of the involvement of public and patients in identifying costs, benefits and risks.*

18. Lee Oliver from KPMG gave a breakdown of the various sections of the report and explained how the information was gathered. The RSAG was then asked to comment on the document and suggest amendments. A detailed list of amendments is annexed to these Minutes. Suggestions made included:

- The document needs to more fully reflect the context of Enabling Excellence. There should also be consistency throughout the document in spelling 'Revalidation Pilot' and 'revalidation'.
- The risk of coming off the Register needs to be clarified
- The tone of the document needs to be consistent and quotes need to appear separately as quotes and attributed.
- The issue of benefits needs to be brought out more thoroughly in the report and also the realisation of benefits needs to be addressed.
- Members wanted to be reassured that the data about those who do not complete would be included in terms of the equality impact assessment. It was confirmed that the baseline identified in Report A and the characteristics form for those in the Pilot would help to identify if a disproportionate group of osteopaths displaying similar characteristics were dropping out.
- It was suggested that it was vital to emphasise benefits as well to capture the issue about some groups not getting as much benefit as other groups.
- There was a lack of clarity about the connection between the evidence for the policy and the relationship to the Equality Impact Assessment. One way of dealing with this was to separate out the evidence for the policy from the section 'what is your evidence for your answers to the above questions' should be clearly separated from 5.2.2.
- **Pilot Participation Information Form**
After some discussion, it was agreed that questions 1 to 12 should remain the same as they did in Report A to ensure that the baseline was effective and could be measured against.
- The definition of practise should be clarified – did this include academic or research work? It was agreed this would be picked up during the training sessions.

19. An issue was raised as to whether a Revalidation Assessor needed to be a registered osteopath e.g. retired. After some discussion it was determined that for the purposes of the pilot, an assessor would need to be registered, however, should revalidation be implemented, the scheme may look very different and therefore it was too early to make that decision.

20. The Head of Professional Standards confirmed that the need for an equality impact assessment should be stated explicitly as an aim to the Pilot rather than implicitly. The RSAG agreed that this should be stated explicitly and that Council should amend the Pilot specification accordingly.

Agreed: The RSAG agreed to recommend to Council the publication of Report D subject to the amendments.

Item 6 Revalidation Pilot

21. The Head of Professional Standards presented the paper asking the RSAG to agree to recommend to Council to launch the Revalidation Pilot. The paper set out the issues identified in relation to the Revalidation Pilot and the action taken to address them.
22. The various work-streams involved in developing the Pilot were highlighted and the Revalidation Issues Log was presented to confirm that all aspects were accounted for in the Pilot.
23. Training places had been extended using the same budget. Online training would also be available to some participants. Assessment funding may need to be extended depending on how many completed portfolios were submitted. We would not know this until a little way into the Pilot. Council had taken account of this risk previously and had considered the proposed mitigating action of extending the assessment of some of the portfolios if necessary.
24. The Head of Professional Standards took the opportunity to thank KPMG for the large amount of work they had undertaken so far in the project and also thanked the GOsC staff and particularly the Communications department for all their work in encouraging Pilot Participants to take part and producing the invitation packs and Manual.
25. It was then agreed that should the RSAG agree to recommend to Council that it launches the Revalidation Pilot.
26. The RSAG should not need to meet again as a group until around March 2012. The RSAG would receive regular bulletins, however, should an issue arise, this would be, in the first instance, considered by email.

Agreed: The RSAG agreed to recommend to Council that it launches the Revalidation Pilot.

Agreed: The RSAG agreed that the need to meet as a group should be suspended until March 2011 with further decisions made via email.

Item 7 Recruitment of Pilot Assessors

27. The Head of Professional Standards presented the paper which gave an update on the progress of the recruitment of the assessors for the revalidation Pilot.
28. It was confirmed that in April 2011, Council agreed the job description and person specification for the Revalidation Pilot Assessors. Since then, the British Osteopathic Association (BOA) had already notified the GOsC who their nomination to sit on the

panel was to be, and the nomination from the Osteopathic Educational Institutions (OEIs) was expected shortly.

29. The Head of Professional Standards confirmed that Council was soon to be approached to ascertain who would be volunteering in order to complete the panel.

Noted: The RSAG noted the progress made in terms of the panel to select the Revalidation Pilot Assessors.

Item 8 Review of CPD

30. The Head of Professional Standards presented the paper which was designed to generate views on how to improve the existing CPD scheme. It was confirmed that the intention is for any revised CPD scheme to tie in closely with the revalidation scheme.

31. It was hoped that any findings from the discussion paper would be fed into a formal consultation in 2013 or 2014.

32. Comments made by the RSAG were:

- That the discussion document needs to be clear when it speaks about CPD and must make the distinction between CPD activities, the CPD framework, and CPD resources. It was also thought that the objectives of the CPD scheme, such as being manageable and cost effective could be brought out more in the paper,
- On page 8, the last bullet-point could be made clearer. Was the intention for the osteopath to show that they had learnt something, to for them to show that had learnt and applied that knowledge?
- On page 7, '59 hours' should be changed to '30 hours',
- A suggestion to add 'Comprehensive' to the list of *Principles to underpin the CPD review*, as it should apply equally to all osteopaths no matter what area they are working in. There was then a brief discussion on whether 'comprehensive' should mean across the whole osteopathic population, or across the whole of an osteopaths practice. Whilst it was acknowledged that there was a risk that osteopaths may remain within a very narrow area of practice, it would not be possible to make people undertake CPD around areas in which they were not comfortable.
- To add 'to enhance professional relationships between osteopaths' and 'to promote reflective practitioners' to the list of *Purpose and aims of CPD*. A further suggestion was made to add 'Working within scope of practice' as well.

- It was highlighted that consideration should also be given to situations where osteopaths have to take 'time-out' from practice due to illness or maternity etc.

33. The RSAG agreed that any further comments would be forwarded to the Head of Professional Standards within a week in order to put the paper to Council on 14 July 2011.

Agreed: The RSAG agreed to publish the CPD document for discussion until 30 September 2012.

Agreed: The RSAG to provide any further comments within one week.

Item 10 Any Other Business

34. The RSAG were asked to agree on the terminology to be used when referring to the document containing the revalidation evidence i.e. a portfolio or a professional development folder.

35. After some discussion the RSAG decided upon 'Portfolio' by a vote of six for, none against and two abstentions.

Item 11 Date of Next Meeting

36. To be confirmed.

List of Proposed Amendments to Report D at Item 5 – Evaluation and Impact Assessment

1 - Introduction

- **1.1** – The document needs to more fully reflect the context of Enabling Excellence. There should also be consistency throughout in spelling Revalidation Pilot and revalidation,

2 - Determining the Evaluation/Impact Specification

- **2.3 – Anticipated benefits**
 - In the 6th bullet – re teaching CPD – could this be changed to reflect the meaning more clearly? Osteopaths who have been supported through the process of reflection as part of their Revalidation Pilot could usefully support or teach other osteopaths in the process of reflection and documenting this and other evidence for the purposes of their CPD. There was a suggestion that the 'teach CPD' point could be put in quote marks to illustrate this point.
- **2.4 – Costs and risks**
 - What is the risk about people coming off the Register? It was suggested that there were two risks. The first risk related to the reduced income and ability to continue regulatory activities for GOsC. The second risk was the risk to patient safety if formerly registered osteopaths continue to treat their patients with no obligation to adhere to the required standards and the consequent loss of a body for the patient to complain to if there is a concern about practice.
 - Some of the language here appeared to be quotes from osteopaths but appear as a summary of comments from all stakeholders. The tone of the text didn't quite work in relation to the rest of the document. It was suggested that the findings are summarised and illustrated with quotations from osteopaths and other stakeholders to ensure that the findings reflect more accurately on all stakeholders.
 - There was a suggestion that 2.3 and 2.4 could follow more logically as 2.2.2 and 2.2.3 – although again it would need to illustrate findings perhaps from other sources too.
- **2.5 – Patient and Public Involvement**
 - In the 4th paragraph it was suggested to use 'result' of the environment instead of 'symptom' of the environment.
 - Also in the 4th paragraph it was suggested to remove 'traditional' from medical environments as it was suggested that traditional medical environments were sole practitioners rather than hospitals or group practices. It was suggested that the document refer to 'some' other non medical regulators considering how to implement appraisal and suggested rephrasing it as *'We know that some medical and non-medical regulators have considered the use of appraisal as one of the potential ways in which*

the revalidation recommendation could be evidenced – particularly where professions practise predominantly in an employed context within teams. However, appraisal is impractical in contexts where there is a high incidence of sole practitioners working in the independent sector.'

3 – Evaluation Tools

- Pilot Participant A should be changed to something else which removes the question about who Pilot Participant A might be. It was suggested that Pilot Participant Period A might be helpful.
- There was a question about whether the cover text focuses sufficiently on the benefits or the realisation of the benefits in the forms. Could we emphasise data gathered relates to benefits too here?
- Does a benefits model need to be illustrated and worked up?

4 – Anticipated Cost Model

- In the 2nd paragraph a point is made about costs and opportunity costs – osteopaths will see the full costs of revalidation and will not see it offset against CPD.
- **4.2 Anticipated costs of operation**
 - A point made about the geographical distinctions in cost make averages difficult and may affect the scaling up. The model needs to take account of geographical differences.
 - In the 3rd paragraph – 'This data is' should be changed to 'This information is required' as 'data' is plural.

5- Equality Impact Assessment

- Members wanted to be reassured that the data about those who do not complete would be included in terms of the equality impact assessment. It was confirmed that the baseline identified in Report A and the characteristics form for those in the Pilot would help to identify if a disproportionate group of osteopaths displaying similar characteristics were dropping out.
- It was suggested that it was vital to emphasise benefits as well to capture the issue about some groups not getting as much benefit as other groups.
- **5.2.2**
 - There was a lack of clarity about the connection between the evidence for the policy and the relationship to the Equality Impact Assessment. One way of dealing with this was to separate out the evidence for the policy from the section 'what is your evidence for your answers to the above questions' should be clearly separated from 5.2.2.
 - In the 3rd full paragraph on page 17, 'serious effects' should be changed to 'unwanted effects' so that it reads 'The research literature on adverse events suggested that unwanted effects after osteopathic treatment are extremely rare...'

6 - Appendices

- The benefits, costs and risks from Report C in the grid at pages 20 and 21 need to be elaborated.
- **Pilot Participation Information Form**
 - After some discussion, it was agreed that questions 1 to 12 should remain the same as they did in Report A to ensure that the baseline was effective and could be measured against.
 - Question 4 on page 23 should have 'e.g.' added in front of Physiotherapists to indicate that this is an example of another healthcare profession osteopaths may also be members of;
 - The definition of practise should be clarified – did this include academic or research work? It was agreed this would be picked up during the training sessions.
 - In question 13 it was agreed to remove the 'use as needed' column as it was felt it would not assist in measuring the IT proficiency of the user.
 - A general comment was made to ensure the boxes are bolded all the way through equally for all questions.
- **Pilot Participant A**
 - On page 30, the word 'Domains' should be replaced with 'Themes' and should be written in bold,
 - The text in question 5a should be made bigger.
 - It was agreed that tools or templates that were not from the *Guidelines* or the NCOR Handbook would be picked up in the Assessment.
 - There was a discussion about how to pick up any changes in views about reflection on clinical practice on the same tool, and whether it could be picked up on this form. It was agreed that this was more likely to be picked up in a Focus group.
 - In Question 8 it was agreed to remove 'all of' from the statement so that the question now reads 'benefitted my patients'.
- **Pilot Participant B**
 - On question 3 it was felt that the four point scale was unbalanced and could appear to be biased towards a favourable response. It was suggested that an additional option should be added indicating a less than satisfactory response, but not as strong as 'Poor'.
 - In questions 5a, 5b and 5c, a 'Maybe' option should be added to the penultimate questions about reflection.
- **Pilot Participant C**
 - In questions 5a, 5b and 5c, a 'Maybe' option should be added to the penultimate questions about reflection.
 - In question 9, there was a discussion around the statement 'Over the entire year I probably spent too long completing all the tools', however it was eventually agreed that no change was required as the actual length of time is also recorded to give some context.

- Consideration was given as to whether the seventh point on page 50 should really be two questions; 'The time spent engaging with the Revalidation Pilot resulted in reduced time with patients (and therefore reduced income)'.
- Throughout question 10 it is not clear whether the statements are about the pilot or Revalidation itself. It is also unclear whether the statements refer to reduced time, loss of time or income? If the questions are about revalidation then the reference to the Pilot should be removed.
- **Early Leaver Feedback**
 - Comment that came from RCN about particular wording – no other comments.
- **Assessor Perspective**
 - Question 3 should be re-numbered as question 3a.
 - Question 4 should be re-numbered as question 4a.
 - Question 4a discusses whether the Pilot will positively contribute. It was agreed that the question should remain as it is following a longitudinal question across the pilot.
 - In question 4b there is an extra space in front of the 'b'.
 - There was a brief discussion around the fact that the assessors will not have a unique number.
- **Assessor – October 2012**
 - Question 3 should be split into question 3a and question 3b
 - In question 5 it was felt that the four point scale was unbalanced and could appear to be biased towards a favourable response. It was suggested that an additional option should be added indicating a less than satisfactory response, but not as strong as 'Poor'.
 - Question 6b should read 'e.g. through observation of other Pilot Participants' portfolios' rather than 'Osteopaths'.

37. The RSAG also made some general comments:

- The numbering throughout the needs to be consistent – some a's and b's are missing.
- In questions where various groups are listed and the osteopath is asked their view on whether revalidation will have a positive impact in their eyes of these groups, it was agreed that 'Osteopaths' needs to be added to the list.
- Throughout the document, the boxes in the 'Strongly disagree' column are not highlighted to the same degree as the other columns.
- Some of the formatting at the bottom of the form is not quite right by Emma's name.

38. An issue was raised as to whether a Revalidation Assessor needed to be a registered osteopath e.g. retired. After some discussion it was determined that for the purposes of the pilot, an assessor would need to be registered, however, should

revalidation be implemented, the scheme may look very different and therefore it was too early to make that decision.