



GOsC Continuing Fitness to Practise Seminar

QA, International House, 1 St Katherine's Way, London, E1W 1UN

18 July 2013

During the presentation we will pose some questions for more detailed consideration. These questions are set out below to help you to make notes and contribute to the seminar discussion.

1. Findings from the Revalidation Pilot

- a. Building on aspects of the pilot that worked well

Q1: How could we continue to build awareness of the <i>Osteopathic Practice Standards</i> : communication and patient partnership; knowledge, skills and performance; safety and quality and professionalism?	
Q2: How could we encourage continued higher levels of reflection on practice?	
Q3: How can we encourage and support feedback on practice?	



b. Removing aspects of the pilot that did not work well

Q4: How could we reduce the time spent on the requirements to demonstrate continued fitness to practise?	
Q5: How could we reduce the burden of the mapping of evidence – that is showing which piece of evidence relates to which standard?	
Q6: How can we reduce the complexity of the structure (the 3-D matrix of requirements)?	

c. Enhancing self-assessment and reflection

Q7: Should we explore other ways of demonstrating continuing fitness to practise e.g. more formal assessment?	
Q8: How might we strengthen self-assessment?	



Q9: What roles could other organisations or groups play in the process to support honest reflection in practice?	
Q10: Could more local or peer scrutiny work in the osteopathic context?	

d. Consent

Q11: How could we work together to improve the patient's experience in relation to consent?	
Q12: What support should the GOsC provide?	
Q13: What support should other organisations provide?	



2. Findings from the CPD Discussion Document

a. Learning cycles

Q14: How can we strike a balance between CPD that is purposefully related to the <i>Osteopathic Practice Standards</i> but also ensure that we don't restrict registrants' personal interests and personal development?	
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b. Core CPD

Q15: What roles could CPD providers, special interest societies and educational institutions play in the provision of CPD in the areas of: <ul style="list-style-type: none">• Communication• Professionalism• Consent?	
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c. CPD Cycle and Minimum Hours

Q16: Are we content that the minimum requirements for CPD should remain 30 hours including 15 hours learning with others?	
Q17: What more needs to be in place to meet the PSA's expectations?	
Q17: Would a longer cycle make it easier to include additional requirements?	



d. Feedback and quality assured CPD

Q18: How could we build (developmental) feedback to osteopaths into a revised scheme?	
Q19: Should we consider the role of QA further as we develop the role of other organisations in the continuing fitness to practise framework?	

e. Effective CPD

Q20: How can we build what many osteopaths are already doing into a continuing fitness to practise scheme?	
Q21: What roles can other organisations play to support osteopaths to do this effectively?	