Developing a revalidation model for osteopaths

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General Osteopathic Council

Aims

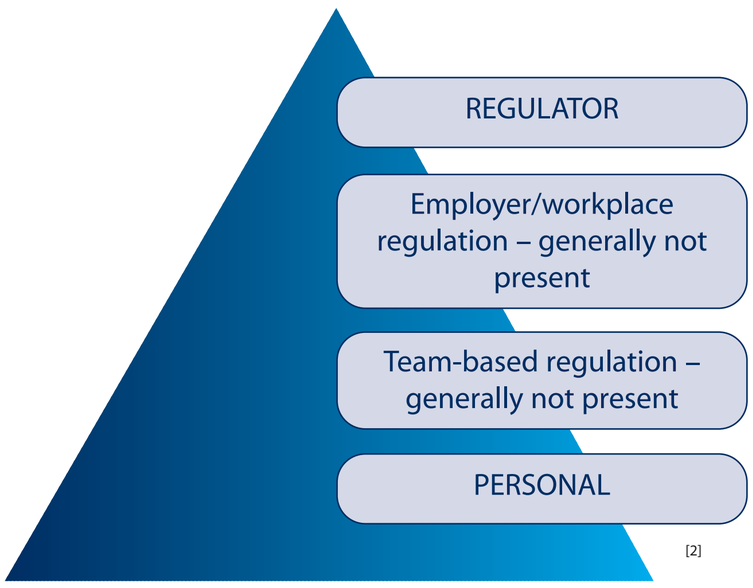
> To help osteopaths to demonstrate that they are up to date and can meet our requirements.

> To develop a scheme that is sufficiently flexible to enable all osteopaths to demonstrate the requirements.

> To help the General Osteopathic Council to understand whether the proposed revalidation scheme is proportionate and addresses any risks inherent in practice.

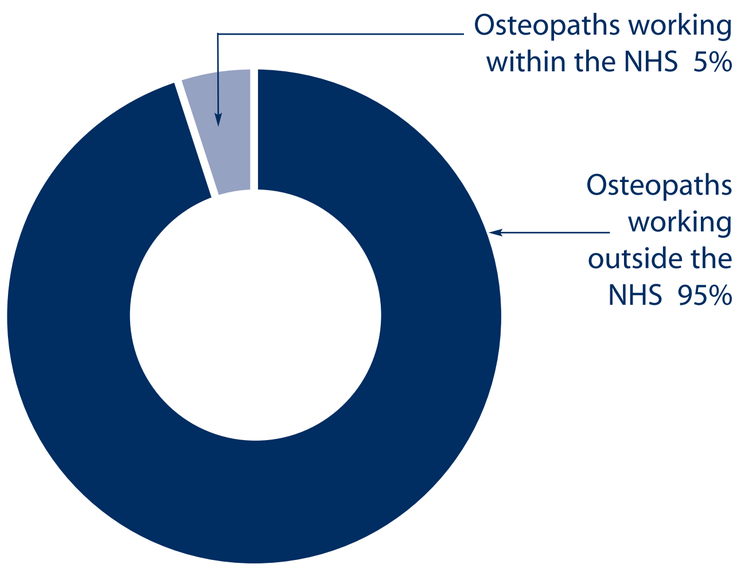
Context

The majority of osteopaths work in sole practice: without employers and health care teams [1]



[2]

Most osteopaths work in private practice without the clinical governance structures in place in the NHS [1]



Risk: what we know now

> The risks of osteopathic techniques and treatments are 'extremely low'. [3]

> Complaints to the regulator and to the insurers are on a 'wide variety of issues' including clinical, communication and conduct issues. [3]

> Unmet patient expectations forming the potential for complaints include not realising undressing would be required, insufficient preparation for the forceful nature of the intervention and the possible side effects after treatment. [4]

> Some osteopaths undertake techniques which are 'adjunct' to osteopathy, for example, acupuncture, homeopathy, nutrition therapy. [1]

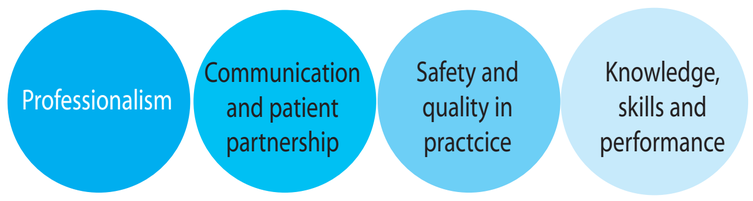
> Explicit standards and quality assured education in place since Osteopaths Act 1993 came into force in 1998. [5]

> 'Practitioner-directed' mandatory CPD scheme linked to annual re-registration. [6]

Enhanced regulatory role

Revalidation domains are currently directed to all aspects of practice but may be refined as further research is undertaken and evidence gathered.

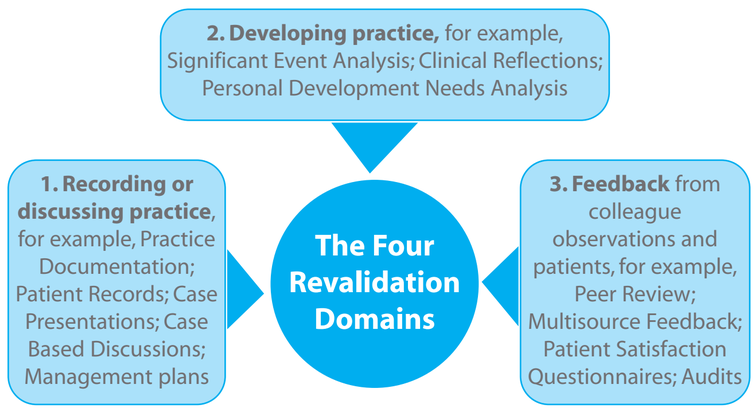
The Four Revalidation Domains



Enhanced personal role

Templates for a variety of forms of feedback and quality improvement have been produced to develop ways in which the individual's role in regulation can be enhanced.

Diverse forms of quality evidence should be submitted to provide a rounded view of practice based on the four revalidation domains. Flexibility is important to account for diverse practice.

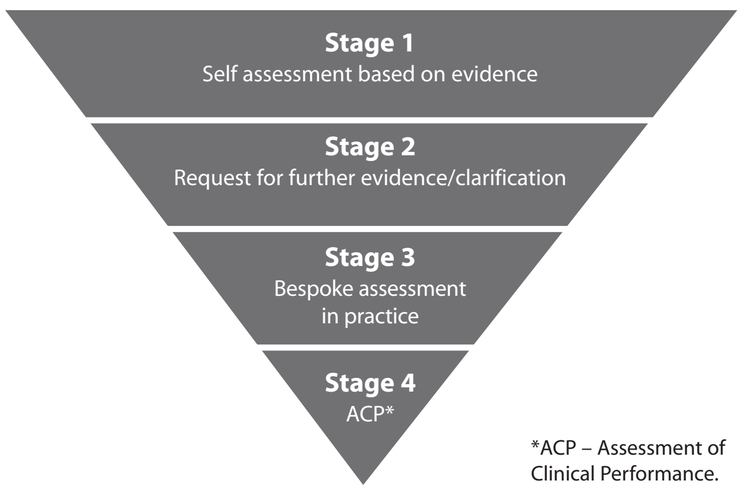


Revalidation Standards and Assessment Framework

Domains	GOsC[7] Standards	Assessment Criteria extracts	Examples of evidence
1. Communication and Patient partnership	A1 to A6	Creates a relationship with patients that acknowledges the patient's strengths and knowledge.	> Patient questionnaires > Case presentation > Case based discussion etc..
2. Knowledge, skills and performance	B1 to B3	Liaises with other practising healthcare professionals as appropriate.	> Action Plans > Multi source feedback etc...
3. Safety and quality in practice	C1 to C10	Applies appropriate solutions in practice to issues surrounding patient modesty within current norms for assessment and effec– tive osteopathic care.	Significant events analysis etc...
4. Professionalism	D1 to D14	Works within the parameters of their Code of Practice, acknowledges their limitations and recognises when to seek advice or to refer.	Clinical audit, peer review, etc....

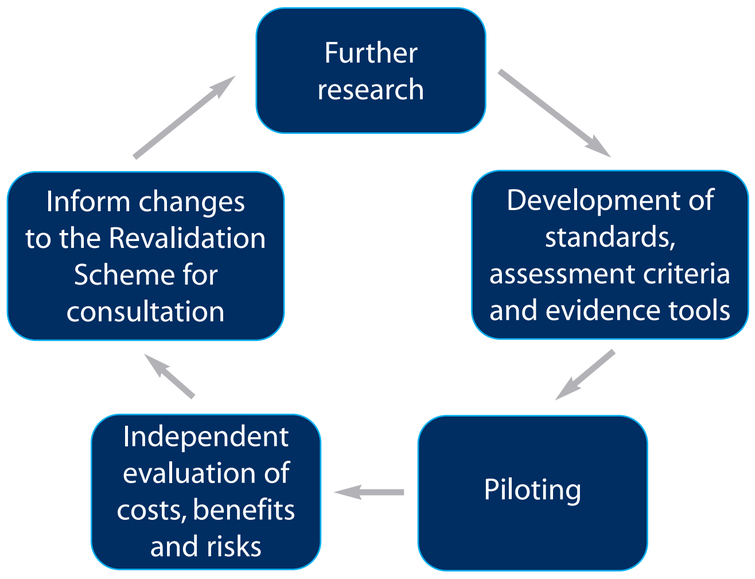
The four stage revalidation model

If the evidence does not enable the osteopath to meet the standards then referral through different assessment methods is required. If the evidence cannot be produced, the osteopath cannot be revalidated.



*ACP – Assessment of Clinical Performance.

The revalidation scheme development cycle



> Ongoing research into patient expectations and adverse events in osteopathy, how osteopaths practise, and methods in use by other regulators to look at costs and benefits.

> Multi-disciplinary team of experts developing assessment criteria and examples of evidence. Led by Caitrian Guthrie, who has a background in work place assessment in Scotland.

> Pilot preparations – the right assessors and range of participants.

> Independent evaluation and impact assessment including costs, benefits, risks and proportionality to outline the case for revalidation.

> Consultation

Next steps

DATE	ACTION
2010	Finalise assessment criteria, evidence and guidance. Complete specifications for pilots and method for evaluation
2011	Prepare and commence pilots.
2012	Complete pilots and evaluate (including costs, benefits and risks) to establish proportionality of scheme.
2013	Further consultation where necessary.

References

[1] Vogel S., GOsC Pilot Study 2006/07, GOsC
[2] GMC, Response to Good doctors, safer patients, GMC, 2006
[3] Leach J. et al, Complaints and claims against osteopaths: a baseline study of the frequency of complaints 2004 – 2008 and a qualitative exploration of patients' complaints, June 2010, GOsC
[4] Leach J. et al, Investigating Osteopathic Patients' Expectations of care: the OPEn project, July 2010, GOsC
[5] The National Archives / HMSO, The Osteopaths Act 1993, and The Osteopaths Act 1993 (Commencement No. 3) Order 1998
[6] GOsC, Continuing Professional Development: guidelines for osteopaths, 2007, GOsC
[7] Osteopathic Practice Standards – consultation document, 2010, GOsC