

Final self-assessment checklist

The following is a final checklist to ensure you have met the Revalidation self-assessment requirements before you submit your portfolio.

Please tick the types of evidence you have used to support your submission and confirm yes to all questions. You have then successfully completed the Revalidation Pilot. Thank you.

Giving information and recording/discussing practice

- | | |
|---|---|
| <input type="checkbox"/> 1. Patient documentation | <input type="checkbox"/> 2. Patient records |
| <input type="checkbox"/> 3. Case presentation | <input type="checkbox"/> 4. Case-based discussion |
| <input type="checkbox"/> 5. Management plans | |

Other – please describe:

Developing practice

- | | |
|---|--|
| <input type="checkbox"/> 1. Significant event analyses | <input type="checkbox"/> 2. Clinical reflections |
| <input type="checkbox"/> 3. Personal development needs analysis | <input type="checkbox"/> 4. Action plans |

Other – please describe:

Feedback on practice

- | | |
|--|---|
| <input type="checkbox"/> 1. Peer review | <input type="checkbox"/> 2. Multi-source feedback |
| <input type="checkbox"/> 3. Patient satisfaction/experience questionnaires | <input type="checkbox"/> 4. Clinical audit |

Other – please describe:

Have you submitted evidence for each of the following Themes, showing that you meet the Revalidation Criteria?

(Please tick all Themes to confirm that you have submitted evidence for each)

- | | |
|---|---|
| <input type="checkbox"/> A. Communication and patient partnership | <input type="checkbox"/> B. Knowledge, skills and performance |
| <input type="checkbox"/> C. Safety and quality in practice | <input type="checkbox"/> D. Professionalism |

Have you submitted a piece of **subjective** evidence?

- | | |
|--|---|
| <input type="checkbox"/> 1. Case presentation | <input type="checkbox"/> 2. Case-based discussion (if completed by Pilot Participant) |
| <input type="checkbox"/> 3. Management plan | <input type="checkbox"/> 4. Significant event analysis |
| <input type="checkbox"/> 5. Clinical reflections | <input type="checkbox"/> 6. Personal development needs analysis |
| <input type="checkbox"/> 7. Action plans | |

Other – please describe:

Have you submitted a piece of **objective** evidence?

- | | |
|--|--|
| <input type="checkbox"/> 1. Case-based discussion (if completed by someone other than the osteopath) | |
| <input type="checkbox"/> 2. Practice documentation | <input type="checkbox"/> 3. Patient's records |
| <input type="checkbox"/> 4. Peer review | <input type="checkbox"/> 5. Multisource feedback |
| <input type="checkbox"/> 6. Patient satisfaction/experience, questionnaires | <input type="checkbox"/> 7. Clinical audit |

Other – please describe:

Have you completed and enclosed the evidence mapping grid explaining how you have met each of the Revalidation Criteria?

- Yes No

Have you completed and enclosed your supporting evidence for the Revalidation Pilot?

- Yes No

Have you identified any learning needs from completing this exercise that may help to inform your CPD next year?

- Yes No