

Further information about feedback from the critical reader

The purpose of the critical reader

The purpose of the critical reader was to critically review the work of the [Assessment Expert Team](#) to ensure that the revalidation assessment criteria were appropriate and relevant to the broad spectrum of osteopathic practice. This was to ensure that the revalidation assessment criteria did not inadvertently have a musculoskeletal or any other kind of bias.

Concerns outlined in the correspondence from the critical reader

- While the proposed revalidation scheme reflects [feedback from the GOsC's 2009 consultation](#) on revalidation, we consulted on only one model.
- Whether the model to be piloted assesses the right issues or whether it will test ability to complete a form.
- A lack of transparency about Department of Health (DH) views on our revalidation scheme.
- A lack of clarity about the purpose and aims of revalidation.
- The need to publish a report about the risk posed by the profession of osteopathy.
- The distinction between the revalidation models for medicine and osteopathy.
- The anxieties of osteopaths about the process of revalidation.
- The need for an estimate of the true costs of the process to osteopaths.
- The pressures of the commercial environment on osteopathy.
- The feasibility of finding suitable assessors.
- The importance of building on the current CPD scheme.

Points noted by the RSAG at its meeting on 13 January 2011

The [Revalidation Standards and Assessment Group](#) (RSAG) noted the following points from the paper '[Feedback from the Critical Reader about the draft Revalidation Scheme](#)' which was Item 5 on the Agenda of the meeting on 13 January 2011:

- Revalidation for osteopaths is about supporting osteopaths and continual enhancement of practice as well as addressing potential risks to the public.

- Phase 1 of the draft revalidation scheme is to be piloted with an independent evaluation and impact assessment. The evaluation and impact assessment will include consideration of costs (including to those taking part), benefits and risks, proportionality and feasibility of the scheme before decisions are made about next steps. This is to respond to concerns identified in the 2009 consultation about the cost, proportionality and feasibility of the scheme.
- The assessors will be recruited against clear and published competences to address concerns about assessors identified in the consultation.
- The Department of Health (DH) [wrote to the GOsC in November 2010](#) confirming their support for our work around revalidation to date, and that work around evaluating the costs, benefits, feasibility and proportionality of revalidation should continue. The Government has continued to show support for our approach at regular briefing meetings with DH officials. This support was reinforced by the release of funding to help us to deliver the Government's requirements around risk, proportionality and feasibility, as above.

[On 16 February 2011, (after the RSAG meeting of 16 February) the Government published a command paper, [Enabling Excellence: Autonomy and Accountability for Health and Social Care Staff](#) which states that the Government is asking regulators to continue to develop their evidence base, to demonstrate that there is **'significant added value in terms of increased safety or quality of care'**, before the introduction of revalidation.]

- All feedback received about the pilot and the draft revalidation scheme is passed onto [KPMG](#) to take account of the points made as part of their evaluation work. All points are also included on our 'Revalidation Issues log' to ensure that we capture the points as part of the pilot or in our post pilot thinking.
- Our thinking and next steps about the feasibility and proportionality of the revalidation scheme will need to be considered in the context of the current economic climate and the need to avoid an increase in fees.
- The RSAG considered the pilot specification at its meeting on 16 March 2011, and will have the opportunity to ensure that all these points are taken into account.
- To ensure effective development of the revalidation scheme, we should also ensure that the points made in the correspondence are fed into the evaluation and impact assessment appropriately.

Extracts from the minutes of the RSAG meeting of 13 January 2011

These extracts from the minutes outline the RSAG feedback on the points made by the critical reader in her correspondence:

- The RSAG agreed that it was important to obtain different opinions about the revalidation model to be piloted.
- The RSAG confirmed that it was very helpful to see commentary offering an alternative reflection to the previous discussions in the RSAG. One of the letters mentioned research undertaken by Halter et al. The RSAG noted that the recommendations in the report were not simply about education and training, but education and training in the context of other regulatory interventions. The Halter report did not argue that the risks inherent in the

osteopathic environment, such as a lack of clinical governance and team management, could be ameliorated by training.

- The KPMG report, *How Osteopaths Practise*, indicated that transgression of 'boundaries' is an area of low occurrence. However, the risk in itself could still be serious.
- Risk is a complex issue relating to individual, collective, clinical and environmental risk to name a few. The RSAG considered how to inform the profession that risk is not just defined as occurrence in the population, but that the GOsC is also interested in risk to the individual osteopath from their environment – as outlined in the White Paper, [*Trust, Assurance and Safety*](#). It was agreed that the profession will need help to fully understand the concept of risk, as it is a complex area.
- A further risk that remained as yet unexplored in the osteopathic profession was around 'burnout'. This could be measured in other professions, such as midwifery, by examining sickness rates but this was not usually possible in osteopathy.
- The letters illustrated that there was significant communications work to be undertaken with the profession. Further work should be undertaken to explain what we are doing in revalidation.
- The correspondence should be published along with explanation of the purpose of the critical reviewer and this extract of the minutes of this meeting outlining the response of the RSAG.