



General
Osteopathic
Council

Revalidation for Osteopaths



**CONSULTATION DOCUMENT
MARCH 2009**

Revalidation for Osteopaths

CONSULTATION

The Government published its White Paper *Trust, Assurance and Safety* in February 2007. A major feature of this paper was the requirement for regulators to introduce schemes of revalidation for all healthcare professionals by no later than 2012.

The GOsC began early discussion and development of revalidation proposals to allow adequate time for consultation with the profession while still meeting the Government's timetable for introduction.

Our proposals for the revalidation scheme have already been sent to the Department of Health for an initial steer on whether the GOsC is proceeding along the correct lines. We have received the following response:

"The Department of Health has seen the draft proposal and are content that this is consistent with our key principles and look forward to practitioners' views on the proposal."

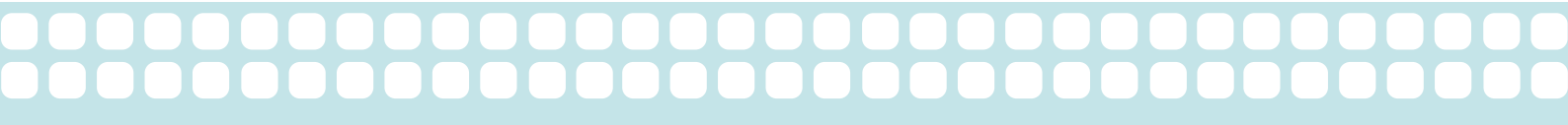
We are now seeking comments from the osteopathic profession on a number of key areas. We ask you to read our proposals for a revalidation scheme in order to provide feedback on the scheme as a whole, and in particular on Stage 1 of the process – the self-assessment form. We would also welcome your views on any equality and diversity implications that revalidation may pose.

In order to provide feedback, a consultation questionnaire is included in this pack for completion and return to our independent consultants, Abi Masterson Consulting Ltd. All submissions will be treated as confidential. Reports published as a result of this analysis will not contain any personal information, nor will this information be provided to a third party, including the GOsC.

The results of the consultation will be used to refine the revalidation scheme in order to pilot in 2010.

Alternatively, you may wish to complete the feedback form online, by accessing the GOsC public and **o** zone websites (www.osteopathy.org.uk).

THIS ROUND OF CONSULTATION CLOSSES ON 30 JUNE 2009.



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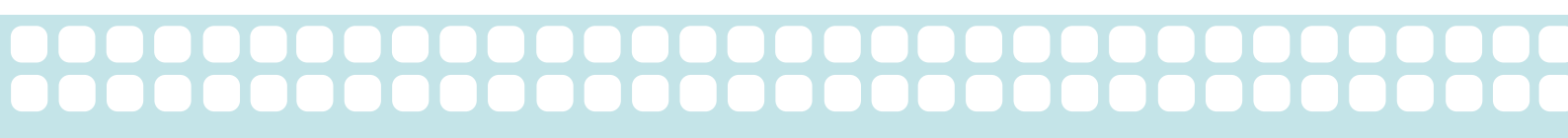
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Proposals for a scheme of revalidation for osteopaths

Introduction

The Government's White Paper *Trust, Assurance and Safety* states that revalidation is necessary for all health professionals, in order to:

- > Demonstrate continuing fitness to practise; and
- > Restore public confidence in healthcare professionals following a number of high-profile cases.

The Foster Review of non-medical healthcare regulation established a number of principles relating to revalidation. It stated that:

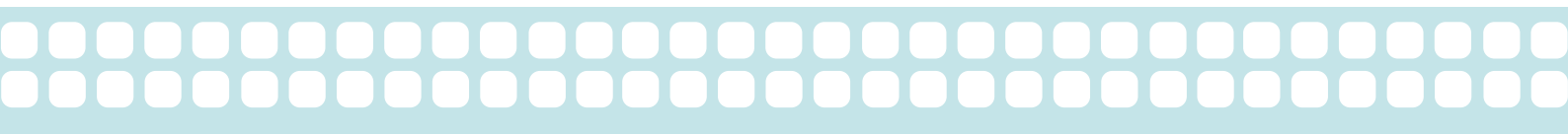
- > Revalidation is necessary for all professionals
- > Regulatory bodies must set the standards required in order to maintain registration
- > The revalidation system should not only check that the standards have been met, but also aid development.

The Government's proposed timetable for introducing revalidation for the non-medical healthcare professions recommends that there should be pilots of proposed revalidation schemes in 2009–10, with implementation of the final schemes in 2010–11.

The GOsC has been developing its proposals for revalidation since January 2008, with input from the osteopathic educational institutions, the British Osteopathic Association and representatives of regional osteopathic societies. These draft proposals were presented to the Department of Health at the end of January 2009.

The revalidation scheme looks to observe the principles of better regulation as set out by the Government's Better Regulation Executive. These provide that regulation should be:

- > Proportionate
- > Accountable
- > Consistent
- > Transparent
- > Targeted.

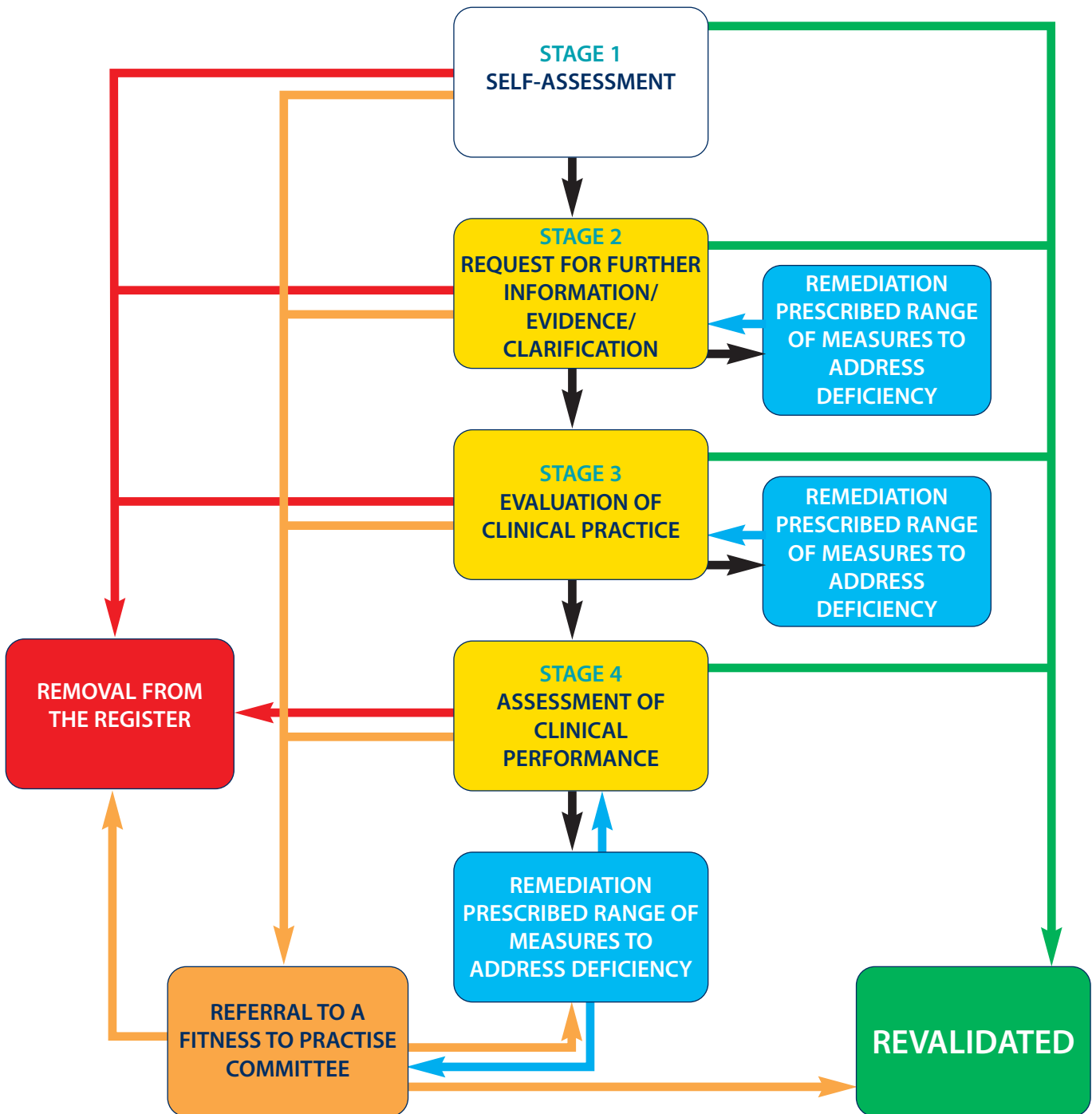


Proposed revalidation scheme

The GOsC believes that the most pragmatic revalidation scheme would be one that is staged, with an initial self-assessment form at Stage 1, which every osteopath would complete and submit to the GOsC once every five years. The self-assessment form would help to identify whether individual osteopaths are meeting the key performance indicators of good osteopathic practice. Additional stages would only apply where Stage 1 had highlighted a concern.

The proposed scheme of revalidation is outlined in the following diagram.

GOSC PROPOSED REVALIDATION SCHEME



The scheme would consist of four main stages as outlined below.

STAGE 1 – A self-assessment form is completed by all osteopaths, which tests the key performance indicators of safe osteopathic practice with reference to the GOsC's *Code of Practice* and *Osteopathic Practice Standards*.

The key areas of the self-assessment form are based mainly on an osteopath's clinical interaction with patients, but also relate to important wider considerations of high-quality osteopathic care. These are:

Section One – How you practise osteopathy

Section Two – Patient partnership

Section Three – Clinical practice

Section Four – Professionalism

Section Five – Continuing professional development (CPD)

Osteopaths will be required to list a range of supporting evidence, which they may be asked to produce at a later date.

The self-assessment form is a major component of the proposed scheme and a copy of the current draft can be found at Annex A on page 8. (Please note that the self-assessment form is a draft form for consultation purposes only and does not include space for you to submit answers. Please comment on the questions and guidelines only.)

An unsatisfactory submission at Stage 1 would lead to Stage 2.

STAGE 2 – This stage is a simple request for further information to clarify the response made at Stage 1 if the information provided is deemed ambiguous or gives rise to a concern. The osteopath may be asked to provide further evidence of the examples cited in the self-assessment form.

In addition, as a quality assurance measure, some random sampling of the Stage 1 submissions will take place to ensure the evidence cited exists, similar to that employed in the CPD process.

An unsatisfactory outcome to Stage 2 would most likely lead to Stage 3.

STAGE 3 – A peer review of practice is required as a result of concerns raised at Stage 2. This could take the form of any of the following:

- > A review of written evidence cited
- > A review in practice by a trained GOsC assessor – on a general level or focused on a specific area
- > An interview with the osteopath by a trained GOsC assessor.

An unsatisfactory outcome to Stage 3 could lead to Stage 4.

STAGE 4 – A formal assessment of clinical performance – using a procedure similar to the current assessment for final-year students at osteopathic educational institutions.

Remediation

At any stage of the revalidation process an osteopath may be directed to undertake remediation measures in order to be revalidated and re-admitted to the Register. The GOsC will not provide remediation but will aim to 'signpost' the osteopath to sources of training or other measures aimed at addressing the identified deficiency.

Fitness to practise

A referral to the GOsC's fitness to practise procedures could occur at any stage of the revalidation process, in circumstances where a significant level of concern has been identified in relation to the conduct, ethics or performance of an osteopath.

Removal from the Register

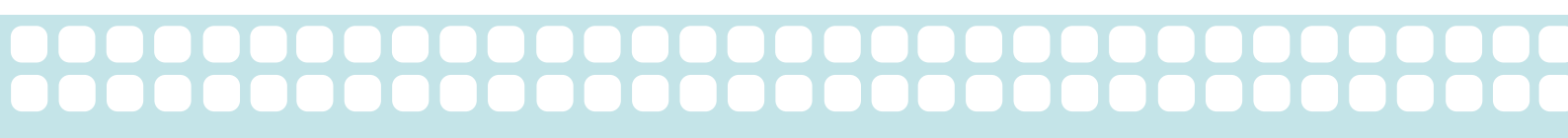
If an osteopath fails to submit requested information or to take the required action at Stages 1–4, then he/she will automatically be removed from the Register (subject to the same rights of appeal as other administrative removals). In addition, the osteopath could be removed as a result of a finding by a GOsC fitness to practise panel.

Continuing professional development

The GOsC has considered broadly how its current continuing professional development (CPD) scheme could complement the proposed revalidation scheme. As a result, a section of the self-assessment form has been dedicated to CPD, and osteopaths may use CPD activities as evidence in a number of questions.

Further development

The elements above are to be developed further during the consultation period. The GOsC believes that these proposals meet the principles outlined by the Non-medical Revalidation Working Group, which are provided at Annex B on pages 22 and 23.



ANNEX A

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Revalidation Self-Assessment Form for Osteopaths

WITH GUIDANCE NOTES

PLEASE NOTE THAT THIS IS A DRAFT FORM FOR CONSULTATION PURPOSES ONLY AND DOES NOT INCLUDE SPACE FOR YOU TO SUBMIT ANSWERS. PLEASE COMMENT ON THE QUESTIONS AND GUIDELINES ONLY.

Introduction

This self-assessment form is at the core of the revalidation scheme for osteopaths. The overall aim of revalidation is to ensure the promotion of patient safety through the delivery of high-quality care. With this in mind, the self-assessment form is designed to evaluate whether an osteopath continues to be fit to practise, judged against current healthcare requirements. The questions in the self-assessment form are structured around the interaction with the patient and are based on the likely expectations of a patient when seeing an osteopath.

A guide to the standards expected in each of the evaluation sections may be found in the General Osteopathic Council's (GOsC) current *Osteopathic Practice Standards* and *Code of Practice* documents, which can be accessed via the GOsC public and **o** zone websites (www.osteopathy.org.uk). These documents are also available in the GOsC Development and Fitness to Practise folders issued to all osteopaths.

Guidelines for completion of the self-assessment form

The self-assessment form includes the following main sections, covering subjects that are integral to the provision of high-quality, safe care for patients:

- > How you practise osteopathy
- > Patient partnership
- > Clinical practice
- > Professionalism
- > Continuing professional development (CPD).

There are a number of questions to be found under each section heading, which explore the subject in greater depth. You will find that some of the questions asked could fall in to more than one section, but where possible we have tried to avoid duplication. When answering the questions, please give a brief statement of the approach you take in your osteopathic practice. At the end of each section you are asked to provide a list of specific evidence in support of your statements.

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Evidence might include:

- > References to clinical practice documentation, including anonymised patient records
- > Clinical audit outcomes
- > Policy and information documents relating to your osteopathic practice, such as patient information leaflets and written practice procedures
- > External feedback – from patients and colleagues, assessments, mentorship, supervision, employer appraisal, colleague / peer corroboration, and external practice audits
- > CPD activity record or other record of training, including documents showing structured self-reflection on own practice of osteopathy.

PLEASE NOTE:

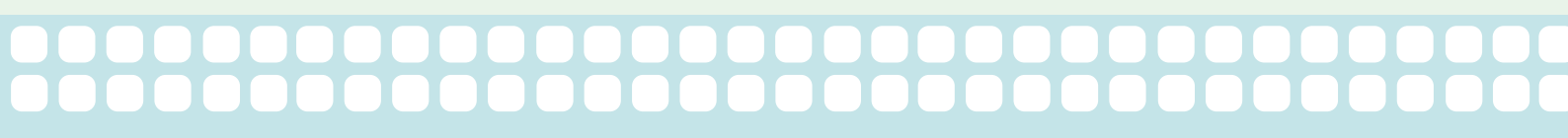
Some questions specifically request you to provide evidence in the form of examples from your practice of osteopathy. Do not attach the evidence at this stage, unless expressly instructed to do so. Simply provide a list of the evidence you would present if called upon to verify your statements. Please reference clearly the question(s) to which a particular piece of evidence refers.

You should also maintain a record of all the evidence relating to this revalidation self-assessment form. This should be held so as to make it easily accessible by someone wishing to verify your evaluation responses and cross-reference your stated evidence.

Guidance notes are provided in blue text to assist with the completion of this form.

Examples of evidence that might be used are provided in green text.

Although every attempt has been made to ensure this self-assessment form is comprehensive, reflecting the broadest range of osteopathic practice, it is appreciated that the questions asked and the guidance given may not account entirely for all potential osteopathic practice situations. Where a question does not relate to your situation, please answer as fully as you can and provide an explanation of how your situation differs or why something is not relevant to your circumstances.



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Personal Details

Name: _____

Osteopath Registration Number: _____

Revalidation period: _____

Section One – How you practise osteopathy

ABOUT YOUR PRACTICE OF OSTEOPATHY

This section is intended to give you the opportunity to describe the profile of your osteopathic practice and your association with other healthcare and regulatory bodies.

Type of employment

Please indicate the type of employment for your work as an osteopath by giving the approximate percentage figure for the proportion of your osteopathy practice time.

Practising self-employed	_____ %
Practising employed	_____ %
Practising contract worker	
> NHS contract	_____ %
> Other contract	_____ %
Education – clinical tuition	_____ %
Education – non-clinical	_____ %
Practise osteopathy under other professional title, e.g. doctor	_____ %
Non-practising	_____ %

If practising, please indicate the type of practice in which you work and give the approximate percentage figure for the proportion of your time spent.

Sole practice	_____ %
As part of a group osteopathic practice	_____ %
As part of a multidisciplinary practice (including osteopaths)	_____ %
As part of a multidisciplinary practice (excluding osteopaths)	_____ %

If you work in education, please confirm what proportion of your time is dedicated to the following (in addition to any practice listed above).

Pre-registration osteopathic education	_____ %
Post-registration osteopathic education	_____ %

Location

Please indicate the location of your practice / educational institution.

> A city / large town	_____ %
> Small town / village	_____ %
> Remote rural location	_____ %

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How many hours per week on average do you practise osteopathy? _____

Health and character

Checks on both health and character form part of the annual renewal of registration but as both are critical in the process of revalidation, we ask you to confirm that the statements below are correct.

Please sign to confirm that the following declarations are true in your case.

a) I know of no factors at this time relating to my health, both physical and mental, that may affect my ability to practise osteopathy without impairing the quality of patient care.

Signature: _____

b) I am of good character and have been over the period of this revalidation. I know of no factors at this time, such as criminal or civil proceedings, that may affect my ability to practise osteopathy without impairing the quality of patient care.

Signature: _____

c) I do not currently have any patient complaints or reports of adverse incidents regarding my practice of osteopathy and I know of none impending.

Signature: _____

If you are unable to make any of these declarations, then please provide details / reasons below.

Other healthcare practice

Do you practise as any other type of professional (healthcare or otherwise)? Please give brief details below.

Are you registered with any other regulatory body? Please give details below.

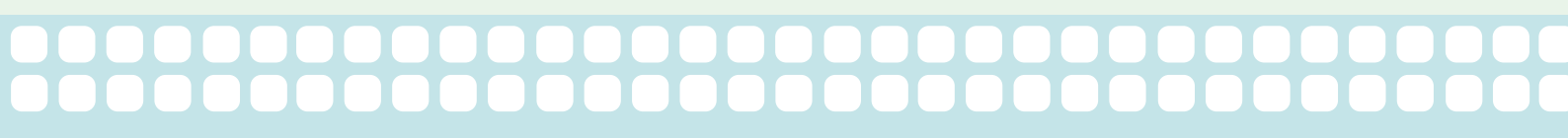
The GOsC has a duty to take into account any complaints made against you to other regulatory bodies. Please provide details below of any such complaints which have occurred during the period of this revalidation or which are currently pending, including the nature of the complaint(s) and the decision of the regulatory body.

Professional indemnity insurance

The GOsC requires all osteopaths to be adequately insured, as outlined in its Professional Indemnity Insurance Rules 1998 (available via the [o zone website, www.osteopathy.org.uk](http://www.osteopathy.org.uk)). This includes maintaining adequate run-off cover should you cease to practise and having sufficient cover for educational activities. Insurance details are submitted each year as part of the renewal of registration process. Please sign below to confirm that you have met these requirements during the period of this revalidation.

Signature: _____

If you are unable to sign above, then please provide details / reasons below.



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YOUR CLINICAL PRACTICE OF OSTEOPATHY

1. Osteopaths practise in different ways, using a variety of techniques and approaches. Inevitably there will be varying degrees of potential risk relating to osteopathic practice, depending on the techniques used, the way they are applied and the types of patients treated.

In all types of treatment, the GOsC expects an osteopath to take the necessary steps in order to minimise risk to the patient.

- a) What steps have you taken to determine any potential risks to your patients associated with the particular way in which you practise osteopathy (for example, the use of invasive techniques)?

- b) What steps have you taken to reduce any potential risks to your patients?

This section aims to assess how you reflect on potential risks to your patients. The risks may be negligible or minimal; however, you are asked to demonstrate your commitment to your patients' safety by explaining how you ensure they are not exposed to any unnecessary or unjustified risks. It is appreciated that there will be a need to consider risk in terms of its proportionality to the likely benefit of the treatment and so you are asked to consider this as part of your reflection. Minimising risk would include the following activities:

- > Taking a thorough case history at the initial consultation and ensuring this is updated and re-evaluated at subsequent treatment sessions
- > Identifying red flags / contraindications
- > Keeping up to date with your existing knowledge and skills through CPD
- > Ensuring you are fully trained and aware of the risks / implications of any new examination / treatment method you introduce to your practice
- > Adjusting examination / treatment to suit individual patients.

2. Whilst the GOsC does not currently recognise any specialist or advanced practice in osteopathy, it acknowledges that osteopaths have special interests which may be the focal point of their practice. Therefore the GOsC wishes to take account of special interests when it revalidates an osteopath, to ensure fairness of approach (please move to question 3 if this does not apply to you).

- a) Do you promote yourself as having a special interest in a particular area(s) of osteopathic practice, e.g. treatment of infants and the elderly, sports injuries or cranial techniques? Describe the area(s) briefly and give the training undertaken and relevant qualifications you hold.

- b) Are there any potential risks to your practice of osteopathy arising from your special interest(s), either as a result of the techniques used or the specific types of patient treated?

- c) What steps do you take to reduce any additional risks associated with the special interest(s)?

- d) Please estimate the percentage of your practice time devoted to this special interest(s).

Please consider each area of special interest separately if you have identified more than one.

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3. During the period of this revalidation:

- a) Please indicate if you have not practised osteopathy for any significant length of time (six months or more) and give reasons for this below.
- b) Have there been any significant changes to the way you practise osteopathy? (For example, the type of osteopathic techniques, the use of new treatment modalities, the type and range of patient problems seen.)

This question is seeking information on changes in your practice that may have a bearing on patient care. Examples of this might be if you have not practised for a long period of time; you have changed practice type or location and have a significantly different range of patient presentations; or you have decided to introduce a different approach to treatment.

Evidence for Section One

Please state sources of evidence to support the statements you have made in this section. This might take the form of:

- > Any formal postgraduate qualification(s) or training
- > CPD activity record or other record of training, including documents showing structured self-reflection on own practice of osteopathy
- > Patient information describing the special interest(s) and its implications
- > Documentary evidence showing your assessment of the risks involved and steps taken to mitigate those risks.

Section Two – Patient partnership

COMMUNICATION

4. The GOsC requires all osteopaths to provide information to the patient prior to an initial osteopathic consultation. This includes what to expect during consultation / treatment, details of fees, and arrangements in place for protecting patients' modesty, including the option of a chaperone.

Please outline the information provided at your practice(s) and the form this takes. If you do not provide such information, please outline the steps you are taking to address this deficiency.

Information may take the form of website content, practice leaflets or verbal communications you have had over the phone. It is important to include information that is most relevant to your particular practice.

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5. The GOsC requires all osteopaths to take a comprehensive case history tailored to the particular patient at the initial consultation. This would be followed up by a review of the information and a re-evaluation of the treatment approach at subsequent treatment sessions.

a) Please outline how you ensure that a comprehensive case history is taken.

The details should cover the time allowed for case history taking, the type of questions you ask, the amount of detail you seek about the presenting problem / past health history, consideration of the details that patients may have forgotten on initial consultation, and how you ensure your questions are understood by the patient.

b) The GOsC expects osteopaths to ensure that the patient fully understands the necessity for any particular examination and treatment and what may be involved, e.g. removal of clothing, various tests, treatment techniques. Please outline how you meet this expectation.

Describe your general approach in explaining situations to the patient where there may be a possibility for misunderstanding and how you ensure you are correctly understood. You may choose to provide a specific example to illustrate your approach.

c) The patient should be fully involved in the decisions made about his/her osteopathic care, including the consideration of any inherent risks involved in treatment(s) and obtaining informed consent. Please describe how you ensure this in practice.

The details would cover how you provide explanations to patients about their problem in a way that involves them in decisions. This might include your working diagnosis, treatment options, potential side-effects or contraindications, and potential risks. The information provided to patients should be sufficient to facilitate their active decision-making related to treatment and the management of their problem.

d) Osteopathic treatment alone will not necessarily alleviate a patient's problem and it will be important to support the patient in efforts to care for themselves, e.g. through diet, exercise, coping strategies, etc. Please outline how you support patients in this way.

Describe the range of self-help measures on which you advise patients to alleviate their problem outside of the treatment room. You may wish to cite examples of relevant patient advice literature if this is available in your list of supporting evidence.

e) It is important for patients to be able to contact an osteopath following any consultation / treatment in case there are questions or concerns they wish to raise. How do you ensure effective methods of communication between you and your patients for such follow-up queries?

f) Osteopaths must have the ability to deal professionally with difficult situations, including disagreements with patients. Please provide an example of a situation where you have had difficulty in communicating with a patient and how you resolved this.

Describe briefly the main points of the difficulty, the reasons why you think it arose, your action to resolve it and the outcome.



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PATIENT TRUST

6. Patient trust should be a paramount concern of the osteopath.

a) What steps do you take to promote trust in your relationship with your patients?

You may wish to consider aspects such as: the type and clarity of patient information you provide; your complaints procedures; transparency relating to fees; explanations to patients on all aspects of their treatment; and steps to encourage the patient to ask questions. It is important that you relate your answer to what you do in your practice.

b) Challenging situations involving patients are commonplace in healthcare delivery. Please provide an example of a challenging situation you have encountered in your osteopathic practice which involved patient trust. Outline the approach you took in dealing with this.

Describe briefly the main features of the challenging situation, the reasons why you think it arose, your action to resolve it and the outcome.

c) Under the Data Protection Act 1998, osteopaths are required to keep patient data secure and confidential. In addition, cases should not be discussed with third parties without the express permission of the patient. How do you ensure patient confidentiality is maintained in your osteopathic practice?

You may wish to consider, for example, aspects such as the security of records, privacy of consultation, staff training and practice policy guidelines.

d) The GOsC requires osteopaths to have a procedure for handling patient complaints of which all staff in the practice should be aware. Please describe the procedures used in your practice.

Briefly outline your way of dealing with complaints made by patients. You may wish to make reference, for example, to written procedures, practice policy information, staff instructions, and timescales. You may also wish to describe briefly an actual example of how you dealt with a complaint, giving the main points of the complaint, the reasons why you think it arose, your action to resolve it and the outcome.

Evidence for Section Two

Please state sources of evidence to support the statements you have made in this section. This might take the form of:

- > Policy and information documents relating to your osteopathic practice, such as patient information leaflets and written practice procedures
- > External feedback – from patients and colleagues, assessments, mentorship, supervision, employer appraisal, colleague/peer corroboration, and external practice audits
- > Copies of key communications relating to complaints
- > Copies of key communications relating to your health
- > Copies of key communications relating to fitness to practise or legal proceedings
- > Copies of annual health, character and complaint declarations made when renewing registration
- > References to clinical practice documentation, including anonymised patient records
- > CPD activity record or other record of training, including documents showing structured self-reflection on own practice of osteopathy.

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Section Three – Clinical practice

PATIENT RECORDS

7. Please explain briefly how you ensure your patient records are clear and accurate.

You may wish to consider aspects such as the format of the records, your particular approach to recording details, the timing of when notes are written, the amount of detail included, the recording of events outside the consultation including telephone calls, letters and emails, and the checking of details.

CLINICAL KNOWLEDGE AND SKILLS

8. It is important that osteopaths evaluate how effective their decisions are with regard to diagnosis and management of patients' problems on an ongoing basis. Please say how you undertake such evaluation.

You may wish to describe your approach to reviewing your decisions and the information or mechanisms you use, e.g. clinical audit measures, case history review, comparison with colleagues' outcomes, or a follow-up study of patients to assess effectiveness.

9. A clinical situation could arise where you are unsure of how to proceed in diagnosing and managing a patient's problem.

a) What action do you take to protect the patient? Please provide an actual example of such a situation from your practice if possible.

You may wish to consider aspects such as seeking advice from other professionals or doing further research into the presenting problem. It will be important to say how you would communicate with the patient while attempting to resolve the situation.

b) It is vital that osteopaths keep up to date with current evidence in relation to osteopathic treatment to maintain competence and ensure patient safety. Please outline how you ensure you remain up to date in this area.

You may wish to consider how you identify research relevant to your practice of osteopathy and incorporate it into your approach. You may also wish to comment on the range of research areas you consider relevant to your practice.

c) Osteopaths must maintain their physical health and the ability to deliver the osteopathic treatments that they select. How do you monitor the quality of your delivery of treatment and what steps do you take to ensure that you continue to maintain your skills as an osteopath?

d) Please describe any adaptations you have made to your practice of osteopathy as a result of reflecting on evidence.

This might involve aspects such as modifying treatment techniques, performing a different physical examination, asking different case history questions, or even discontinuing a particular approach.

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10. An important part of modern healthcare is monitoring the quality of care you provide for patients. Please outline the steps you take currently in relation to quality control and also any measures you intend to introduce in the future.

You may wish to consider, for example, aspects such as patient feedback, clinical audit, feedback from colleagues and case review.

Evidence for Section Three

Please state sources of evidence to support the statements you have made in this section. This might take the form of:

- > References to clinical practice documentation, including anonymised patient records
- > Clinical audit outcomes
- > External feedback – from patients and colleagues, assessments, mentorship, supervision, employer appraisal, colleague/peer corroboration, and external practice audits
- > CPD activity record or other record of training, including documents showing structured self-reflection on own practice of osteopathy
- > Policy and information documents relating to your osteopathic practice, such as patient information leaflets and written practice procedures.

Section Four – Professionalism

MANAGING YOUR PRACTICE

The GOsC expects all osteopaths to be familiar with the legal requirements affecting their practice. These include (but are not limited to) health and safety regulations; fire evacuation procedures; the requirements of the Freedom of Information Act 2000, Data Protection Act 1998 and anti-discrimination legislation; and professional and public liability insurance. Even if you are not directly responsible for the practice, it is still your duty to be aware of the legal requirements and to ensure that the correct procedures are followed in your place of work.

11. Please outline how you ensure your osteopathic practice complies with the law and other regulations.

This question is aimed at assessing how you go about finding out about the legislation / regulations relevant to your particular practice and how you ensure you remain up to date with current requirements. Where it is relevant to the particular way in which you practise, you may wish to list the specific legislation or regulations that apply.

You may wish to consider relevant legislation / regulations in the following broad areas relating to:

- > Your practice of osteopathy – such as *Standard of Proficiency, Code of Practice*, professional indemnity insurance, and relevant healthcare legislation / regulations
- > Administrative aspects of practice – such as data protection, employment, Freedom of Information
- > Environmental aspects – such as health and safety, fire regulations and building regulations

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> **Equality and diversity / human rights – such as responsibilities under anti-discrimination legislation.**

12. It is important that an osteopath's practice maintains high standards of respect and care in relation to staff, patients and others. What measures do you take to ensure this?

You may wish to cite relevant practice protocols, appropriate training of practice staff, guidelines for staff conduct and practice information literature.

13. The management of data within a practice is governed by the Data Protection Act 1998 and the Freedom of Information Act 2000. In relation to this legislation, please confirm:

a) How data is stored within your practice (paper and/or electronic files).

Points to consider, where relevant, may include a description of the use of a paper case history template / pro forma, or computer software.

b) How data is kept secure and confidential.

Aspects to consider might be the physical storage of paper records and ensuring only authorised access, control of access to computer records, avoidance of losing computer records, and a protocol for access to patient records.

c) How you deal with requests from patients and external parties who wish to access patient records.

Please outline briefly your procedure for dealing with requests from patients and others, such as lawyers and health professionals, to gain access to patient records under the Freedom of Information Act 2000.

PRACTICE ENVIRONMENT

The GOsC expects all osteopaths to follow health and safety regulations to ensure that a practice is safe for the patient to attend. The GOsC also expects an osteopath's practice to maintain high standards of hygiene so as to reduce the potential risk of infection to patients, including cross-infection from other patients. Even if you are not directly responsible for the practice, it is still your duty to be aware of the regulations and the need for clinical hygiene, and to ensure that there is strict compliance in your place of work.

14. Describe how you ensure that the physical environment of your practice is safe and conducive to effective treatment. What steps are you taking to address any deficiencies in this area?

15. How do you ensure your practice environment maintains high standards of hygiene? What steps are you taking to address any deficiencies in this area?

You may wish to consider aspects such as hand-washing protocol, treatment-bench protection, and cleaning of the environment. You may also wish to include special measures you take in circumstances where there is an increased risk of cross-infection.



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16. How do you evaluate the suitability of your practice environment to ensure a high-quality patient experience on an ongoing basis? Outline any changes you plan to make.

You may wish to refer to patient feedback, staff feedback and practice audits as examples, as in this area an external view of suitability is likely to be more reliable. Do you currently seek patient feedback on the suitability of your practice environment? If not, do you have plans to do so?

INTERACTION WITH OTHERS

The GOsC requires all osteopaths to interact with other healthcare professionals (including other osteopaths) where this is in the best interests of the patient, e.g. the sharing of information with medical doctors. Any interaction should be undertaken in a professional and respectful manner.

17. Describe briefly the main types of professional communication and/or interaction you have with other healthcare professionals, including other osteopaths. This could be in your osteopathic practice or in an educational setting.

The interaction might, for example, take the form of active referral arrangements with other healthcare professionals, arrangements for clinical tests and medical imaging, attending CPD events, and practice meetings.

18. Although not counted for revalidation purposes, you are invited to provide details of any further activities in which you are engaged that contribute to the osteopathic profession other than through your practice with patients (e.g. teaching, research, lobbying government / NHS).

Please include activities you feel enhance your professional practice and contribute to the good standing and development of the osteopathic profession. These might include professional committee involvement, and talks for the public and other health professionals.

Evidence for Section Four

Please state sources of evidence to support the statements you have made in this section. This might take the form of:

- > References to clinical practice documentation, including anonymised patient records
- > Examples of written communication or notes of telephone calls
- > External feedback – from patients and colleagues, assessments, mentorship, supervision, employer appraisal, colleague/peer corroboration, and external practice audits
- > Policy and information documents relating to your osteopathic practice, such as patient information leaflets and written practice procedures
- > CPD activity record or other record of training, including documents showing structured self-reflection on own practice of osteopathy.

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Section Five – Continuing professional development

Continuing professional development (CPD) is an important process. It will form a major part of your revalidation and provide a lot of the necessary evidence of how you continue to be safe to practise. Whilst we do not ask you to duplicate the information already submitted annually to the GOsC, we ask a number of general questions in this section in relation to how you undertake your CPD.

Declaration

I confirm that I have met the requirements for the continuing professional development scheme over the period this revalidation evaluation relates to.

Signature: _____

If you are unable to sign above, please provide your reasons why.

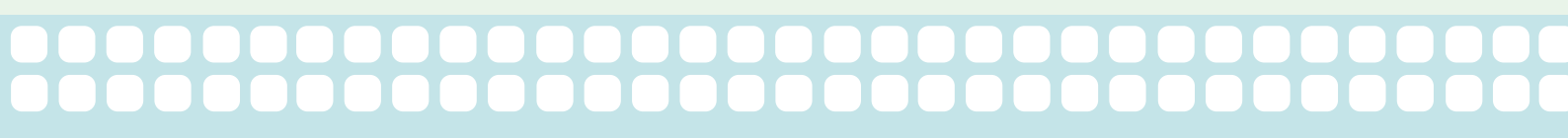
19. The following questions relate to the approach you take in reflecting upon any potential learning needs and addressing these through continuing professional development.
- Please summarise the methods you have used to reflect upon and appraise how effectively you practise osteopathy.
Give a brief summary of the methods used over the period this revalidation form relates to, which might include, for example: analysing the results of feedback from patients and colleagues or a clinical audit; reflecting on the areas of your practice you consider as being weaker than others; analysing 'critical events' where something particularly good or challenging occurred; the use of a development diary; and completing CPD.
 - Please outline the major areas in your practice of osteopathy you have identified as requiring further development.
Note: part (d) below asks for the action(s) you have taken to address these areas.
 - Please outline any learning needs arising from changes you have made to your practice of osteopathy.
Describe the changes to your practice and the corresponding development needs.
Note: part (d) below asks for the action(s) you have taken to address these development needs.
 - Please outline the action(s) you have taken to address learning needs in (b) and (c).
Action(s) could include CPD activities but may involve other measures, depending on the practice changes.
 - Please describe how this development has changed your practice of osteopathy.

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Evidence for Section Five

Please state sources of evidence to support the statements you have made in this section. This might take the form of:

- > CPD reflection, planning and evaluation forms
- > External feedback – from patients and colleagues, assessments, mentorship, supervision, employer appraisal, colleague/peer corroboration, and external practice audits
- > Clinical audit outcomes
- > References to clinical practice documentation, including anonymised patient records
- > Policy and information documents relating to your osteopathic practice, such as patient information leaflets and written practice procedures.



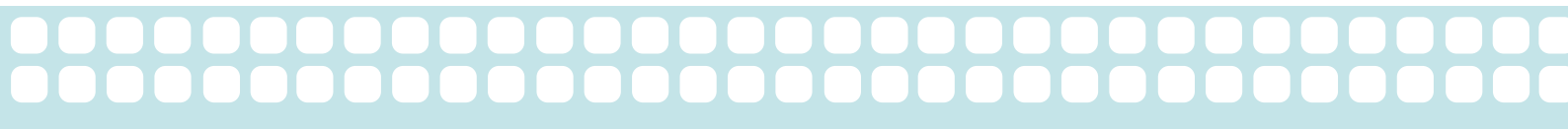
ANNEX B

How does the scheme meet the principles of revalidation?

The report of the Government's Non-medical Revalidation Working Group outlined a number of principles that revalidation schemes should meet. These are listed below, with an explanation of how the GOsC proposals will meet the principles.

PRINCIPLE	THEME	GOsC PROPOSALS
Principle 1	Consistency	From the very beginning, the GOsC has based its proposals on the Better Regulation Executive's five principles of good regulation.
Principle 2	Professional standards	The GOsC outlines the competence and conduct standards required of osteopaths in its documents <i>Standard of Proficiency</i> and <i>Code of Practice</i> .
Principle 3	Remediation	Where the GOsC revalidation process highlights concerns about an osteopath's performance, it is proposed that the GOsC will 'signpost' the osteopath to appropriate remediation measures. However, where there is sufficient concern for public safety, the osteopath could be referred to a fitness to practise panel.
Principle 4	Patient and public involvement	Both patients and the general public will be involved in the consultation processes on revalidation. This will take place as part of a national consultation on the scheme, beginning in March 2009.
Principle 5	Continuing professional development (CPD)	The GOsC proposes to incorporate its CPD processes within the scheme for revalidation at the initial self-assessment stage. This will be further developed throughout the consultation process and during the pilot, which is scheduled to take place in 2010.
Principle 6	Quality	The GOsC proposes to review a random sample of the evidence submitted to support the osteopaths' completed self-assessment forms, as a quality assurance mechanism.
Principle 7	Equality	The GOsC is committed to fulfilling its obligations under equality and diversity (E & D) legislation and has published an Equality Scheme and Action Plan covering the full range of its activities as a regulator and employer. The consultation on revalidation will include an E & D impact assessment.

Principle 8	Integration	Clinical governance frameworks yield information on a professional's performance and practice. Where appropriate, effective connections need to be made between them and the system of revalidation.
Principle 9	UK-wide	As the GOsC regulates osteopathy nationwide, the revalidation scheme will be applied consistently across the United Kingdom.
Principle 10	Demonstrating benefits	The self-assessment form is intended to focus on the main areas of osteopathic practice to highlight any concerns. This will then be explored further through practice visits and performance assessments. At all stages, there is a route to refer an osteopath to a fitness to practise panel. The GOsC is committed to conducting an evaluation of its revalidation scheme to assess the benefits derived.
Principle 11	Information	There is a generic risk profile for all osteopaths and revalidation will be applied consistently as a result. However, the initial section of the self-assessment form asks osteopaths to identify any specialist practice they may undertake and the additional risks associated with this. The osteopath is then asked to provide an explanation of how he/she mitigates this additional risk.
Principle 12	Incremental introduction	The GOsC intends to introduce revalidation on an incremental basis, beginning with a pilot in 2010 and then revalidating one-fifth of the profession in each year. The initial batch of osteopaths to undergo revalidation will potentially be given a full year to complete the necessary documentation and to gather supporting evidence, before any assessment is made.





General Osteopathic Council

If you have any difficulty accessing or reading this document,
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