

Education Committee
14 December 2010
Public session
Professional Standards Department report

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| Classification | Public |
| Purpose | To note |
| Issues | <p>This paper reports on the work undertaken by the Professional Standards department and any matters arising since the last report to the Education Committee dated 16 September 2010.</p> <p>The Committee is asked to note developments.</p> |
| Financial & Resourcing Implications | None arising directly from this paper. |
| Equality & Diversity Implications | None arising from this paper. |
| Communications Implications | None arising from this paper. |
| Annexes | Annex A – Revalidation poster |

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November 2010

Summary

1. This paper reports on the work undertaken by the Professional Standards Department and any matters arising since the last report to the Education Committee dated 16 September 2010.

Report

Australia / New Zealand Mutual Recognition

2. On 23 September 2010, the Chief Executive, Communications Manager, Head of Professional Standards and the Professional Standards Manager attended a meeting (by teleconference) with Robert Fendall and Helen Townley from the Osteopathy Board of Australia to undertake further work on a mutual Memorandum of Understanding between the Councils.
3. The discussion focussed on proposed changes to the New Zealand Registration system and assessment of internationally qualified graduates. Phase one consisted of a desk top eligibility review, offshore written component, extended matching and modified essay papers. Phase two consisted of a clinical assessment, case based discussion and records review and Phase three consisted of a year of provisional registration along with work place assessment, mentoring and online modules.
4. We will continue to share our thinking as we develop our own policies around the transition into UK practice with the goal of contributing towards a more efficient registration process for osteopaths moving between Australia, New Zealand and the UK as part of the development of the profession.

UKIPG CPD Forum

5. The Professional Standards Officer attended a meeting of the Inter Professional CPD Forum on 28 September 2010, which included presentations from the ACCA, the British Psychological Society (BPS) and from CEPLIS, a Europe wide organisation of the representative bodies for the professions. Presentations and discussion focussed on relevance to practice, types of supporting evidence to demonstrate CPD has taken place, QA of CPD courses by regulators and professional associations. The thinking of other bodies, particularly those outside health is very helpful as we develop of our CPD Review.

Revalidation

6. On 11 October 2010, the Chair of the Education Committee, the Assessment Expert Team Leader, Caitrian Guthrie and the Head of Professional Standards

attended a meeting with Caroline Penn, a co-optee on the Assessment Expert Team to discuss concerns around the development of the revalidation assessment criteria and timing. We were able to provide more detailed information about our full programme of work with stakeholders including the Department of Health, osteopaths and patients to put the work of the Assessment Expert Team in context.

7. On 1 November 2010 the Head of Professional Standards and the Professional Standards Manager hosted a small Revalidation Inter-Regulatory meeting. Attendees included representatives from the General Optical Council, General Pharmaceutical Council and the Nursing and Midwifery Council (which registers 300 000 nurses or midwives who do not work within the NHS). The meeting focussed on issues around demonstrating proportionality and risk, patient and colleague feedback for private practitioners and improving standards. It was agreed that it would be helpful to reconvene the full Inter-regulatory meeting with all the regulators to discuss particular issues around revalidation. This meeting will now take place at the General Pharmaceutical Council in January 2011.
8. On 25 November 2010 the Chief Executive and the Head of Professional Standards met with François Josserand from the Nursing and Midwifery Council to take discuss a structured questionnaire about different approaches to revalidation. One of the points for discussion included public and patient involvement in the development of revalidation policy, feedback and the message when revalidation is introduced. It is hoped that this will be explored further at the next inter-regulatory meeting on revalidation.

Scottish Government Third Annual Regulatory Conference

9. On 26 to 27 October 2010, the Head of Professional Standards attended a conference on regulation. As part of this Conference, we were invited to present a poster about the development of our revalidation model. This poster is attached at Annex A. The Conference provided a good opportunity to link with other regulators in Scotland on revalidation and other issues.

Educational Inter-regulatory Group Meeting

10. On 28 October 2010, the Professional Standards Manager attended a meeting of the Educational inter-regulatory Group. Other attendees included GCC, GDC, GMC, GOC, GOsC, GPhC, HPC and the NMC. Representatives from Skills for Health, the Centre for the Advancement of Interprofessional Education and the Higher Education Academy (HEA) also attended along with the Care Quality Commission. Matters for discussion included the GMC Review of CPD, discussion

around SIFT funding (relevant to NHS clinical placements), interprofessional education – a proposal from the HEA and presentation of PPI involvement in QA for all the regulators.

Regional Communications Network Meeting

11. On 19 November 2010 the GOsC hosted a meeting of the osteopathic Regional Communication Network representatives. Around 30 representatives from across the four countries attended. The Professional Standards Manager and the Regulation Manager presented and answered questions about the Osteopathic Practice Standards consultation. The Head of Professional Standards presented on the development of our revalidation scheme alongside the Caitrian Guthrie, the Assessment Expert Team Leader, and Katherine Beadle and Alex Kirkpatrick from KPMG.
12. The feedback about the event was positive. In particular, the presentation from the Head of Policy and Communication about the Patient Expectations Research received excellent feedback and appeared to be very much appreciated by the attendees.

European Scope of Practice

13. The Professional Standards Manager attended a European Scope of Practice meeting in Amsterdam on 22 and 23 November 2010. The purpose of the meeting was to consider the feedback on the draft document received and to consider how best to incorporate the feedback and edit the final draft document. The document will be presented to the EFO Meeting in February 2011 ahead of a planned consultation. The Group agreed that it would be helpful if the GOsC could be involved in the editing of the document to ensure consistency in tone and language across the document.

Project updates

14. All other project updates are provided elsewhere on this agenda.

Recommendation

15. The Education Committee is asked to note the report and raise any questions by email with the Head of Professional Standards: fbrowne@osteopathy.org.uk.

Developing a revalidation model for osteopaths



General Osteopathic Council

Fiona Browne

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26 October 2010
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Aims

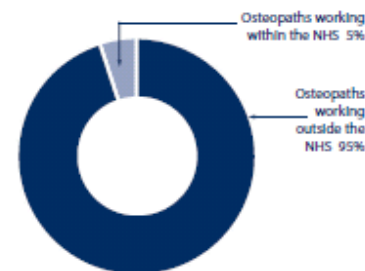
- > To help osteopaths to demonstrate that they are up to date and can meet our requirements.
- > To develop a scheme that is sufficiently flexible to enable all osteopaths to demonstrate the requirements.
- > To help the General Osteopathic Council to understand whether the proposed revalidation scheme is proportionate and addresses any risks inherent in practice.

Context

The majority of osteopaths work in sole practice without employers and health care teams¹¹



Most osteopaths work in private practice without the clinical governance structures in place in the NHS¹²



Risk: what we know now

- > The risks of osteopathic techniques and treatments are 'extremely low'.¹³
- > Complaints to the regulator and to the Insurers are on a 'wide variety of issues' including clinical, communication and conduct issues.¹⁴
- > Unmet patient expectations forming the potential for complaints include not realising redressing would be required, insufficient preparation for the forceful nature of the intervention and the possible side effects after treatment.¹⁵
- > Some osteopaths undertake techniques which are 'adjunct' to osteopathy, for example, acupuncture, homeopathy, nutrition therapy.¹⁶
- > Explicit standards and quality assured education in place since Osteopaths Act 1993 came into force in 1998.¹⁷
- > 'Practitioner-directed' mandatory CPD scheme linked to annual re-registration.¹⁸

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.

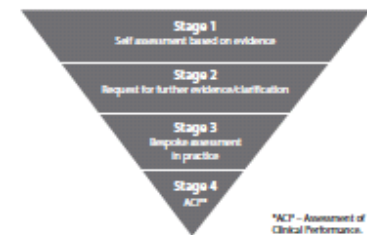


Revalidation Standards and Assessment Framework

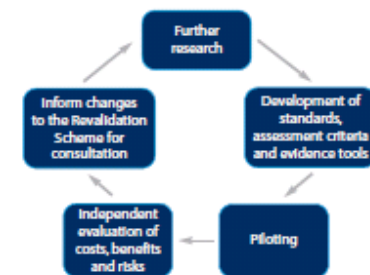
| Domains | GOsC ¹⁹ Standards | Assessment Criteria extracts | Examples of evidence |
|--|------------------------------|---|---|
| 1. Communication and Patient partnership | A1 to A6 | Creates a relationship with patients that acknowledges the patient's strengths and knowledge. | > Patient questionnaires > Case presentation > Case based discussion etc. > Action Plans > Multi source feedback etc... |
| 2. Knowledge, skills and performance | B1 to B3 | Liaises with other practising healthcare professionals as appropriate. | Significant events analysis etc... |
| 3. Safety and quality in practice | C1 to C10 | Applies appropriate solutions in practice to issues surrounding patient morbidity within current norms for assessment and effective osteopathic care. | Clinical audit, peer review, 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. | |

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.



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 Calitrian 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

11. http://www.the-osteop.com
12. Case reports in osteopathy, 2008, p. 100
13. http://www.the-osteop.com
14. http://www.the-osteop.com
15. http://www.the-osteop.com
16. http://www.the-osteop.com
17. http://www.the-osteop.com
18. http://www.the-osteop.com