

**Education Committee
15 June 2010
Public session
Professional Standards Department report**

<u>Classification</u>	Public
<u>Purpose</u>	To note
<u>Issues</u>	<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 18 March 2010.</p> <p>The Committee is asked to note developments.</p>
<u>Financial & Resourcing Implications</u>	None arising directly from this paper.
<u>Equality & Diversity Implications</u>	None arising from this paper.
<u>Communications Implications</u>	None arising from this paper.

Annexes

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17 May 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 18 March 2010.

Report

Revalidation

2. On 13 April 2010, the GOsC held its first meeting with KPMG on the Revalidation Work Programme to discuss the developments of Report A – how osteopaths practise and Report B – understanding the progress of the work with other regulators. Further detail will be provided to the RSAG. Regular project meetings have been held since then. KPMG have also presented to Council and to the Regional Communications Network Meeting on 21 May 2010. Feedback was positive.
3. An initial meeting was held on 21 April 2010 with the core assessment team to discuss the scoping of the assessment work. We introduced the background to the development of the PPP process and the revalidation scheme to date to ensure that an appropriate foundation for the development of assessment criteria was laid.
4. On 27 April 2010 an extraordinary meeting of the Revalidation Standards Assessment Working Group (RSAG) was held. The Assessment Expert Team presented an initial Action Plan setting out how they were approaching the work. One of the outcomes from the meeting was the decision to co-opt a further expertise on to the Revalidation Assessment Expert Team. The osteopathic members of the RSAG were asked to nominate osteopaths they felt would give a perspective in addition to the musculo-skeletal dimension in the team.
5. Nominations were received the following week and the candidates were considered by the Revalidation Assessment Expert Team Leader. Dr John Patterson, an educational expert with osteopathic experience, has agreed to be co-opted onto the Assessment Team. However, most osteopaths nominated have subsequently indicated that they do not have sufficient time to take undertake detailed drafting work. We are currently waiting for confirmation from the last potential nominee about whether they are prepared to be a critical reviewer for the work carried out by the Team. This will be considered further by the RSAG on 15 June 2010.

Regional Communications Network Meeting

6. On 21 May the GOsC arranged a meeting with the Osteopathic Regional Network Groups. Feedback on our revalidation work and our work on merging the Standard and Code was positive.

Education Inter-regulatory Group

7. On 17 May 2010, the Head of Professional Standards attended an inter-regulatory group meeting held at the General Medical Council. All the other education leads in the other health regulators attended and also additional organisations such as the Centre for the Advancement of Inter professional Education (CAIPE). Points of interest included:

- a. HPC update – The HPC has approved a post registration prescribing framework looking at what should be regulated post registration. A tool has been produced to examine the implications across all 15 professions.
 - b. GOC – They are considering independent and therapeutic prescribing and looking at a separate registration process to register qualifications.
 - c. NMC – They have completed a review of the pre-registration nursing curriculum. Outcomes have included – defined progress points in the programme linked to outcome measures to assist the issues with students in difficulty; a mix of community and acute outcomes and agreed definitions of professionals who are able to assess at different points of the programme. The final product will be published in July 2010. All those involved in teaching and assessing nurses are listed on local registers meeting national standards.
 - d. The GCC have also recently completed a review of their pre-registration curriculum. A particular debate included the final decision of the Council to remove the philosophy of chiropractic from the document it was replaced by the history, theory and principles of chiropractic. It was important for Council to be clear about the evidence base. Input measures, for example the number of new patients seen have been replaced with outcomes. Input measures remain as guidance rather than requirements. Training can now take place in external chiropractic clinics as well as dedicated School Clinics. Although only trained assessors can take students.
 - e. Quality Assurance review was a main theme of discussion at the meeting. The GDC talked about their annual reports required as part of their QA process. This started in 2006. It was intended to be an early warning system and also a method of gathering data on particular identified topics to look at progress across the board. However, findings have suggested that the Annual Report is not necessarily useful and analysing the information is a challenge and does not necessarily provide valuable information. They are looking at the basis of the Annual Report – why is it required. How could this purpose be achieved? What are views from stakeholders? The NMC explained that they had a risk based approach whereby less scrutiny was applied to Schools meeting the highest standards. The GMC are focussing QA activities (including student surveys), this year, on the implementation of the recently revised version of Tomorrow's Doctors the outcomes and standards required for the award of a medical degree. They have undertaken implementation workshops across the country. They also reported challenges with the Annual Report process including the difficulty of meaningful analysis, the provision of timely feedback. They are working on an Enhanced Annual Return focussing on the particular areas of concern, for example, prescribing or student fitness to practise and professionalism. It was noted that key challenges included how to incorporate feedback from patients and the public and employers. A portal also needed to be developed to capture the right data. A publication, *the state of basic medical education*, was published in March 2010 to outline the findings of the GMCs Quality Assurance of Basic medical education (QABME) programme since it began in 2003.
8. It was helpful to understand progress and issues identified with the development of educational standards, implementation and quality assurance in other regulators. This will help to inform our own thinking as we move towards the development of a more detailed curriculum content and a refined quality assurance system.

Inter-Professional CPD Forum Meeting

9. The Head of Professional Standards and the Professional Standards Officer attended the CPD Inter-Professional Forum, a sub group of the United Kingdom Inter-Professional Group (UKIPG), on 25 May 2010. The meeting was held at the Science Council and was attended by organisations both within and outside healthcare regulation, and was an opportunity to gain insight into what other organisations were doing on CPD to help to inform the GOsCs CPD Review. The meeting provided a useful background upon which to prepare for the commencement of our review.
10. Areas of interest included:
 - The audit rate for the Science Council's new CPD / Revalidation scheme is 2.5%. They are reporting on the audit, identifying areas of concern and plan to consider these further. We have a much higher audit rate at around 30 to 40%, however we do not analyse the outputs of the audit generally. We will need to do this to clearly identify issues as part of our CPD Review.
 - The media had picked up that Dr Andrew Wakefield (struck off this week by the GMC) was trained as a surgeon and undertook CPD as a surgeon yet he was practicing in a different area. CPD relevant to an individual's practice was an issue. It was also mentioned that the government restructuring of the GSCC had the thread of CPD throughout it.
 - The move away from monitoring CPD and towards supporting learning and CPD. (British Psychological Society and HPC). Is this a distinction between revalidation and CPD?
 - The increase in free online tools for creating online learning. The only cost to members is time. (The Landscape Institute has experience in this).
 - The variety of innovative methods that might help CPD including, for example, speed mentoring.
 - How to (and whether to) incorporate a link to work based learning and performance when addressing CPD.
 - Accreditation of work based learning.

Project updates

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

Recommendation

10. 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.