Continuing fitness to practise in UK osteopathy

Tim Walker
Chief Executive and Registrar, GOsC

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The UK osteopathic context

• c.4,500 practising osteopaths
• Largely independent rather than NHS (c.90%)
• Low risk and high patient satisfaction
• Little clinical governance/documentated practice
• High levels of autonomy/professional isolation
• Few teams/employers and related support structures
Current situation

• Annual re-registration process
• Declaration of good health and good character
• Continuing professional development requirement – 30 hours of which 15 must be ‘learning with others’
• Proof of indemnity insurance
• Payment of GOsC fee
What others say

• ‘The current standard for re-registration – completing 450 hours of practice and 35 hours of professional development – is wholly inadequate, as this tells patients and the public nothing about the quality of [nursing and midwifery] practice undertaken by the registrant’

• ‘Compliance with continuing professional development requirements is not in itself a demonstration of continuing fitness to practise’
Where have we got to?

• Developed and consulted on a draft revalidation scheme
• Conducted a year-long revalidation pilot
• Developed and consulted on a CPD Discussion Document analysing our current scheme and looking at options for change
• October 2013 – adopted a draft framework for continuing fitness to practise and commenced initial engagement
Revalidation pilot outcomes

+ High awareness of the Standards
+ 74% of participants reflected more on areas of clinical practice
+ 37% to 44% of practitioners changed the way that they practised as a result of using a pilot tool

- Complexity
- Time requirements
- Communication with osteopaths
- Challenge for osteopaths in adequately demonstrating analysis and reflection
A new single CfP framework

• A three year 90 hour CPD cycle:
  – 30 hours of CPD and 15 hours learning with others declared annually
  – Within the three years CPD activities must have been completed in each of the four domains of the Osteopathic Practice Standards
  – All osteopaths will need to undertake at least one defined activity that focuses on consent and communication

• An objective feedback and analysis activity at the start of the cycle:
  – Patient feedback
  – Clinical audit
  – Peer discussion (including patient notes)
  – Case based discussion (including patient notes)
Peer discussion review

At the end of each three year cycle, a peer discussion review, undertaken:

• By a professional colleague (either an osteopath or other healthcare professional)

• Within arrangements put in place by:
  – An employer
  – An osteopathic educational institution
  – A regional society or group
  – A postgraduate CPD provider

• By the GOsC
Principle of engagement

• Expectation that osteopaths will engage with the process
  – Undertaking the required elements
  – Interacting with others
  – Demonstrating positive response to feedback

• Not a pass/fail for those who engage – removal possible for non-compliance (as with current CPD)

• Assumption that a formative approach is more likely to improve quality and safety than a pass/fail test
Challenges

• Meeting political/government expectations
• Meeting patient expectations
• ‘Change management’ – including institutional and individual capacity building and training
• Developing appropriate QA mechanisms
• ...But an ultimate prize of a more engaged, reflective and effective profession