



# Consultation on competences and accreditation for osteopaths who work with children and young people

## What we would like your help with

This consultation document seeks your views on our draft competences for osteopaths who work with children and young people and the proposed accreditation model for those seeking recognition of their work in this area. The consultation will run until 20<sup>th</sup> April 2018.

## Competences for osteopaths who work with children and young people

We consider the principle of specific competences for osteopaths who work with children and young people to be an important development. We believe that clearly articulating the knowledge and skills required to provide high quality osteopathic care to children and young people will have a number of benefits. These include:

1. promoting best practice in the care of children and young people.
2. supporting osteopaths who work with children and young people in planning their learning and continuing professional development activities.
3. informing the public and other healthcare professionals about the high standards that osteopaths who work with children and young people uphold.
4. raising awareness of the distinctive contribution that osteopaths make to the care of children and young people.

## Accreditation of osteopaths who work with children and young people

All osteopaths are competent to treat some children and young people in some circumstances and many osteopaths have extensive knowledge, skills and experience in this area. The main purpose of the accreditation scheme is to support children and young people and their parents / guardians in making informed decisions about seeking osteopathic care. However, we believe that recognising osteopaths' expertise through a voluntary accreditation scheme has many potential benefits. These include:

1. providing confidence to children and young people, their parents / guardians and other health professionals that the osteopath has been assessed as having a defined level of knowledge, understanding and skill in this area.
2. helping facilitate appropriate referral from other professionals.
3. providing external feedback to osteopaths on the development of their knowledge, understanding and skill in providing osteopathic care to children and young people.
4. providing osteopaths with formal recognition of their expertise in this area.

We have designed the accreditation scheme to give assurance of best practice. It will be accessible, at least initially, to osteopaths who have experience in working with children but who may not have undertaken formal training in the field. The accreditation system will be voluntary so it is up to every individual osteopath if they wish to participate or not. We hope that many osteopaths will choose to sign up for accreditation.

### Aims of the consultation

This document sets out the thinking underlying the competences and the accreditation model, and asks you to respond to a range of questions. Your responses will help us to develop and implement the competences and accreditation in a way which best reflects the needs of children and young people, parents and carers, health professionals and enhances the good practice already happening in the profession. We are keen to hear what you think about all of the questions but if you prefer to focus on one or two that interest you, that's fine. Whoever you are and whatever your interest we want to hear from you.

We are particularly interested in hearing the views of children and young people, their parents/carers and the wider public, as well as osteopaths and other health professionals on whether anything should be added, what could be taken out and what we should emphasise.

We would also like to hear from practitioners and patients not directly interested in the care of children, given that we are considering developing competences and accreditation for osteopaths who work with other patient groups. We want to know what you think about how we should be going about recognising and accrediting clinical expertise in general, using this

exercise as a case study, and we want to know what other areas of clinical interest you think should be specifically recognised in this way.

Finally, we want to know if the approach to engagement and consultation for this area of practice would work for others and ideas that might improve it.

How to respond to the consultation

To share your views, please [click here](#).

## Background and context

Throughout this document, children and young people are defined as being individuals under the age of 18 consistent with the UN Convention on the Rights of the Child (1989), which has been ratified by the UK Government.

The osteopathic care of children and young people is founded on the same principles and standards of practice as the practice of osteopathy more generally, but children and young people are not just small adults. We recognise that children and young people's care needs can differ widely based on their age and stage of development, the nature of the issue they present with and the role that the practitioner will be taking in their overall treatment and care. Specific knowledge, skills and abilities are required to safely and effectively deliver individually tailored osteopathic care to children and young people. This relates closely to other developments in child-centred healthcare in the wider health context.

All osteopaths will be able to meet the competences outlined in this framework for some children and young people in some contexts. However, as osteopaths take on more clinical responsibility and more complex cases, the level of knowledge, skill and ability required will also increase. These competences are therefore designed to enable individual osteopaths to reflect on whether and in what form they can provide osteopathic care to an individual child/young person given his or her presenting issues and circumstances. The proposed accreditation scheme flows from this approach and is designed to provide an easy means for patients, parents and professionals to identify osteopaths with higher levels of expertise in the osteopathic care of children and consult them with confidence.

The draft competences and proposed accreditation model have been developed in partnership with the four UK colleges that offer formal post-registration training in the osteopathic care of children: the British College of Osteopathic Medicine, the Foundation for Paediatric Osteopathy, Sutherland Cranial College of Osteopathy and the University College of Osteopathy (formerly BSO).

## Competences

This section proposes draft competences for osteopaths who work with children and young people, with three areas of focus:

- Identifying those aspects of practice where specific knowledge, understanding and skill is required to provide osteopathic care to children and young people.
- Helping practitioners assess what is required to meet the Osteopathic Practice Standards in this area and identify where they may need to focus their professional development activities.
- Providing a draft voluntary scheme of accreditation for osteopaths. Those applying for such accreditation will already be registered with the General Osteopathic Council (GOsC) in the UK and working as registered osteopaths.

The draft competences have been developed from previous work undertaken by the Osteopathic Development Group (ODG) and mapping this against the Osteopathic Practice Standards, competence frameworks of other professions and for osteopaths working in other countries.

The draft competences define the knowledge, skills and abilities required to provide osteopathic care to children and young people. These are structured under the following headings:

- A. Working within the limits of your own competence
- B. Maintaining an ethical and professional approach
- C. Safeguarding the well-being of children and young people
- D. Developing and maintaining effective communication and relationships
- E. Obtaining information and using it to make decisions about osteopathic management and care
- F. Providing osteopathic care and treatment to children and young people and monitoring its effectiveness
- G. Working with colleagues and other professionals in the interests of children and young people
- H. Practising holistically and promoting health

## **A. WORKING WITHIN THE LIMITS OF YOUR OWN COMPETENCE**

This core competence is about being able to evaluate to what extent and in what capacity it would be appropriate for you to offer osteopathic care to a particular child/young person.

This is important as your competence to provide osteopathic care for a particular child/young person will depend on a range of factors, including the age of the child, the complexity of their presentation, the circumstances in which they have presented and the role you wish to take in their care.

This means that as an osteopath working with children and young people you should:

- 1 actively consider your competence to take on the care of a particular child/young person before you agree to do so, taking into account your current level of knowledge, skills and abilities in relation to each of the following factors:
  - a. the child/young person's age and developmental stage
  - b. their presenting complaint and any other issues relating to their health
  - c. any relevant developmental anatomy, physiology, pathophysiology or pathology in relation to the above
  - d. their family context
  - e. the child/young person's and their parents' expectations, preferences and needs
  - f. the role of the wider healthcare team contributing to their care
  - g. the nature of the role you wish to take in their care
  - h. the clinical approaches and techniques you might use
- 2 refer the child/young person to a more suitably qualified osteopath or healthcare professional if the child/young person would benefit and appropriate consent has been given

## **B. MAINTAINING AN ETHICAL AND PROFESSIONAL APPROACH**

This core competence addresses the importance of acting ethically and with integrity, and respecting the diversity of children and young people and their families.

Children and young people are not able to stand up for their rights and beliefs in the same way that adults are. When working with children and young people it is of the utmost importance to maintain the highest possible ethical and professional standards in order to protect their rights and ensure that they have the fullest possible opportunity to thrive and live meaningful lives.

This means that as an osteopath working with children and young people you should:

- 1 ensure that you are able to meet the requirements set out in the Osteopathic Practice Standards and any other ethical or legal requirements that relate to children and young people and their assessment and care in the practice environment. This includes an appreciation of any relevant considerations in relation to areas such as capacity and consent, record keeping, data protection, handling complaints and the duty of candour.<sup>1 2</sup>
- 2 demonstrate an awareness of how your own values, beliefs and attitudes might affect the child/young person and provide treatment and care in a way which is non-judgmental and respects the child/young person's and their family's rights, beliefs, dignity and preferences.
- 3 maintain and develop your professional knowledge and skills in relation to your work with children and young people. This might include:
  - a. ensuring that a portion of your annual CPD is focused on children and young people
  - b. regularly updating your training in safeguarding and paediatric first aid
  - c. keeping up to date with current evidence and guidance relating to the osteopathic care of children and young people
  - d. seeking independent sources of feedback from parents/carers, children and young people on your care and its outcomes.

### **C. SAFEGUARDING THE WELL-BEING OF CHILDREN AND YOUNG PEOPLE**

This core competence is about understanding your responsibility for safeguarding children and young people and taking action where necessary to keep them from harm, including the situations when it might be necessary to act without consent.

This is important as children and young people are by their nature vulnerable. The UN Convention on the Rights of the Child includes the requirement that children live in a safe environment and be protected from harm. In August 2005, statutory guidance on making arrangements to safeguard and promote the welfare of children under Section 11 of the Children Act 2004 was published. It highlights health organisations' duty to cooperate with social services under section 27 of the Children Act 1989. To protect children and young people from harm, all healthcare staff must have the competences to recognise child/young person maltreatment and to take effective action as appropriate to their role.<sup>3</sup>

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<sup>1</sup> The law relating to capacity and consent is different in the four UK countries. Further guidance is available from the General Osteopathic Council <http://www.osteopathy.org.uk/news-and-resources/publications/standards-of-practice>

<sup>2</sup> For example, even if a child is too young to understand the implications of subject access rights, data about them is still their personal data and does not belong, for example, to a parent or guardian; NHS records management states that If the patient is a child then the records should be retained until the patient's 25th birthday, or 26th birthday if the patient was 17 years old at the conclusion of treatment – see <https://digital.nhs.uk/codes-of-practice-handling-information> ).

<sup>3</sup> Further information can be found in: Safeguarding Children and Young people: roles and competences for health care staff Intercollegiate document, March 2014. Published by the Royal College of Paediatrics and Child Health 2014 on behalf of the contributing organisations.

This means that as an osteopath working with children and young people you should:

- 1 place the welfare of the child/ young person at the centre of your clinical decision making
- 2 make the child/young person's health and wellbeing your first priority in spite of their family or social circumstances or your relationship with their parents
- 3 recognise children and young people who are at risk in some way, whether physically, mentally or emotionally or where the presentation may be due to a parent's own health condition (eg postnatal depression) and its impact on the child/young person
- 4 recognise potential indicators of child/young person maltreatment are: physical abuse including fabricated and induced illness, emotional abuse, sexual abuse, and neglect including trafficking and Female Genital Mutilation (FGM).
- 5 understand the potential impact of a parent/carer's physical and mental health on the wellbeing and development of a child/ young person, including the impact of domestic violence and the risks associated with the internet and online social networking
- 6 understand the importance of children's and young people's rights in the safeguarding/child protection context, and appropriate knowledge of relevant legislation (Children Acts 1989, 2004 and of Sexual Offences Act 2003)
- 7 recognise that children and young people's health and wellbeing and their issues can be obscured by those of their wider family
- 8 know about local arrangements for child protection and how to refer effectively
- 9 take the appropriate action if you have concerns, including appropriately reporting concerns safely and seeking advice.
- 10 ensure you and your staff have met relevant legal requirements eg Disclosure and Barring Service checks.

#### **D. DEVELOPING AND MAINTAINING EFFECTIVE COMMUNICATION AND RELATIONSHIPS**

This core competence is about being able to communicate effectively with children and young people and their families, obtaining consent and building strong therapeutic relationships.

In the care of children and young people, communication usually involves three or more people. Practitioners must manage the dynamics of interacting with a family and ensure that each child/young person is able to express their own views, interests and concerns as well as their parents being able to do so. Communication will need to be adapted for children and young people of different ages and developmental stages, taking into account any sensory or cognitive impairment, and practitioners will need to make use of appropriate play, distraction and communication tools to engage them.

This means that as an osteopath working with children and young people you should:

- 1 actively listen to children and young people and their families, respecting their individuality, and taking account of what they say in the context of: their age and stage of development; their ability to understand; their family dynamics; their culture; any learning or communication difficulties; their health status; and any other relevant factors.
- 2 offer and provide the information the child/young person and their parents want or need in formats and terms they can understand. This might include information about the child/young person's health and wellbeing, any health issues, findings, diagnostic considerations, treatment options and proposed treatment/management, including risks and benefits.
- 3 recognise the concerns that particular groups of children and young people and parents may have and ensure they have the opportunity to raise them with you.
- 4 take account of vulnerability of the child/young person and their parents, being mindful of your responsibility to place the best interests of the child/young person as your highest priority.
- 5 examine and care for the child/young person in a way which gives them and their parents confidence that their health, safety and wellbeing is being protected. This may include:
  - a. recognising and effectively managing situations in which a chaperone may be appropriate
  - b. allowing time to speak with parents without the child/young person present where information you require from their parents or explanations you may need to give them may cause distress to the child/young person.
- 6 enable the child/young person to participate actively in decisions about their care taking into account their age, stage of development and capacity to give consent.
- 7 balance children and young people's increasing autonomy and desire for confidentiality with their parents'/carers' needs for information and involvement.
- 8 be aware of current guidance around obtaining consent for the examination and treatment of children and obtain valid consent from the child/young person or the person who is legally able to provide it<sup>4</sup>.

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<sup>4</sup> Guidance related to when a child/young person is able to give their own consent – see for example <http://www.nhs.uk/Conditions/Consent-to-treatment/Pages/Introduction.aspx>, and <https://www.nhs.uk/conditions/consent-to-treatment/children/> and [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/138296/dh\\_103653\\_1.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/138296/dh_103653_1.pdf)

## **E. OBTAINING INFORMATION AND USING IT TO MAKE DECISIONS ABOUT OSTEOPATHIC MANAGEMENT AND CARE**

This core competence is about gathering information about the child/young person's health and presenting complaint(s), and using this within a conscious, structured approach to decision-making that is informed by relevant clinical knowledge and takes account of the child/young person and their family's needs and preferences.

This is important as osteopaths work in a first contact, primary healthcare context where health issues may present early and in an undifferentiated way. Osteopaths who work with children and young people need to provide safe, effective assessment that is sufficient to inform clinical decisions, based on a detailed understanding of how normal form and function changes throughout childhood. They should tailor their care plan to the unique needs of each individual child/young person and take appropriate steps with the right degree of urgency when a child/young person may be seriously ill. Wherever possible, they should involve children/young people and their parents in decisions about their care, bearing in mind their needs/preferences and any other care that they may or may not be receiving.

This means that as an osteopath working with children and young people you should:

- 1 take an effective case history by adapting your style of communication to the child/young person's ability to understand, gathering and interpreting information from the parent/child/young person and triangulating this information with clinical findings
- 2 recognise situations requiring urgent onward referral for other investigation or treatment, bearing in mind the rapidity with which children's clinical condition can deteriorate
- 3 provide safe and effective osteopathic assessment for individual children and young people through:
  - a. applying knowledge of how children's anatomy and physiology changes as they grow and develop and the clinical significance of these changes
  - b. understanding the normal process of child development and recognising signs of delayed development through childhood and adolescence
  - c. understanding and taking into account the biological, psychological, social and environmental influences that impact on children and young people's health, including relevant co-morbidities or circumstances
  - d. applying knowledge of the problems that children and young people are subject to at different stages of their development (including pre-natal), the complaints they commonly present with and the signs and symptoms of these complaints, and the pathologies that may affect them at different ages, including their long-term impact on the child/young person's health and wellbeing

- e. using and adapting screening and examination techniques relevant to the age of the child/young person and their clinical presentation
  - f. identifying significant findings that may be influenced by osteopathic treatment
  - g. Identifying significant factors in the past history that may have contributed to the presenting complaint or otherwise have compromised the child/young person's health and any current issues that may be impacting on them
  - h. identifying significant findings which may require further investigation or referral (including psychosocial factors relevant to the child/young person's health and possible signs that they may be at risk)
- 4 formulate and communicate an appropriate working diagnosis or rationale for care relevant to:
- a. the child/young person's age
  - b. the child/young person's presenting complaint and broader health status
  - c. pertinent osteopathic and clinical examination findings
  - d. any predisposing or maintaining factors
  - e. osteopathic philosophy and principles
- 5 Develop a plan of treatment and care appropriate to the child/young person based on:
- a. the working diagnosis or rationale for care
  - b. the best available evidence
  - c. the child/young person's and their parent's values, preferences and needs
  - d. any other forms of treatment and care which the child/young person is receiving
  - e. an understanding of the risks and benefits of different osteopathic techniques and approaches in relation to children and young people
  - f. your own experience and competence.
- 6 work with children and young people and their parents using a child/young person-centred, shared decision making approach to discuss and agree what will be the best management / treatment for the child/young person at each stage of caring for them.

#### **F. PROVIDING OSTEOPATHIC CARE AND TREATMENT TO CHILDREN AND YOUNG PEOPLE AND MONITORING ITS EFFECTIVENESS**

This core competence is about providing appropriate osteopathic care for children and young people of different ages, monitoring the effectiveness of that care and making the necessary adjustments.

Specific knowledge and skills are required to select safe, effective, appropriate interventions and adapt these to the unique needs of an individual child or young person. This is especially important as their anatomy and physiology are changing continually with growth and development and the nature of their problems (diagnosis) tends to evolve more over time. As a result, the kind of interventions and the level of force that may be safely applied varies, depending on the age and stage of development of the child or young person and their overall health status. Monitoring the effectiveness of treatment and care through clinical examination is especially important with children, as they cannot always communicate any effects they may feel from the treatment.

This means that as an osteopath working with children and young people you should:

- 1 provide safe and effective osteopathic treatment by:
  - a. understanding osteopathic concepts and principles and applying these critically to the treatment and care of children and young people
  - b. understanding the risks, benefits and contraindications of different osteopathic techniques and approaches in relation to age and health status
  - c. selecting and adapting techniques and approaches to ensure that your treatment is appropriate to the age and health status of the child/young person
- 2 take the appropriate action, including providing first aid appropriate to the age of the child/young person, when there are any adverse reactions to treatment and care or when an issue arises
- 3 monitor the effects of the care you provide and continually review the diagnosis, treatment and management plan based on feedback from the child/young person and their carers and your clinical findings. This will include the child/young person's response to treatment, any changes in their presentation over time and their evolving needs as they grow and develop, ceasing care if the child/young person or their parent requests it or it is not in their best interests.

#### **G. WORKING WITH COLLEAGUES AND OTHER PROFESSIONALS IN THE INTERESTS OF CHILDREN AND YOUNG PEOPLE**

This core competence is about maintaining a child/young person-centred approach. This means working effectively with colleagues and other professionals so that children and young people's rights and needs are promoted and their interests are protected.

This is important as to ensure good patient care it is necessary to share information with colleagues, navigating healthcare, educational and social services effectively for the benefit of children and young people, and work effectively in teams.

This means that as an osteopath working with children and young people you should:

- 1 recognise your own strengths and limitations in meeting a child/young person's health needs, including the distinctive contribution that osteopathic care may have to offer
- 2 develop and maintain effective relationships with other professionals by:
  - a. understanding their roles and responsibilities in working with children and young people
  - b. acknowledging other approaches to healthcare and the contribution they make to the health and wellbeing of children and young people
  - c. cooperating with other professionals
  - d. acting knowledgeably in relation to medical care and other referral pathways for children and young people with a range of different needs, including health, education, social and developmental aspects.
- 3 recognise the need to refer the child/young person to another healthcare professional<sup>5</sup> who may be better able to meet their needs using appropriate referral procedures where this is in the interests of the child/young person's health and wellbeing and appropriate consent has been given, for example, if the child/young person is not responding as expected to treatment or outcomes may be improved with additional input.

## **H. PRACTISING HOLISTICALLY AND PROMOTING HEALTH**

This core competence is about taking a rounded view of health and wellbeing and promoting all aspects of health in your work with children and young people and their families.

This is important as healthcare practitioners have an important role in promoting health and wellbeing in children and young people and is affected by factors such as lifestyle, social, family and other environmental factors.

This means that as an osteopath working with children and young people you should:

- 1 have an understanding of osteopathic concepts and principles of health and be able to critically apply these in the care of children and young people
- 2 promote and support the rights of children and young people to develop into individuals who are able to have their own views and opinions, express themselves, make their own decisions and lead full and independent lives even if this means appropriately challenging parents.
- 3 maintain a safe, clean and hygienic practice environment including:

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<sup>5</sup> Another healthcare professional who may be better able to meet a child's needs may be: a more experienced osteopath, a doctor or other registered healthcare professional.

- a. creating a child/young person–friendly environment
  - b. complying with health and safety legislation
  - c. taking due consideration of the particular health and safety issues that arise with children of different ages (eg toys, use of floor areas for crawling and play, items put in mouth etc).
- 4 be aware of public health issues and concerns that are relevant to children and young people, and either discuss these impartially with children/young people and their parents, or guide them to resources or other healthcare professionals to help them make their own decisions about these issues and concerns.

### Consultation questions on the draft competences

We have deliberately tailored the questions in the survey to reflect different stakeholders' perspectives. The broad areas we are interested in are:

1. Do you think the draft competences adequately set out the knowledge, skills, values and behaviour that you would expect of osteopaths working with children?
2. Do you think the competences will help osteopaths who work with children to identify where they should focus their learning and professional development activities?
3. Do you think there is anything missing from the draft competences?
4. Do you think there is anything in the draft competences that should not be there?
5. We are considering developing further specific competences for osteopaths who work with other patient groups. How important do you think it is to develop specific competences for osteopaths who work with the following groups:
  - a. Sportsmen and women
  - b. Performing artists
  - c. Older adults
  - d. Women (including during pregnancy and after giving birth)
  - e. Animals
6. Do you think there are other patient groups or areas of clinical interest that should be considered?

## Proposed accreditation model

We propose a voluntary scheme of accreditation based on the competences for osteopaths who work with children and young people (once agreed). The main purpose of the scheme is to support children and young people and their parents / guardians in making informed decisions about seeking osteopathic care. However, we believe that recognising osteopaths' expertise through a voluntary accreditation scheme has many potential benefits. These include:

1. promoting best practice in the care of children and young people.
2. providing confidence to children and young people, their parents / guardians and other health professionals that the osteopath has been assessed as having a defined level of knowledge, understanding and skill in this area.
3. informing the public and other healthcare professionals about the high standards that osteopaths who work with children and young people uphold.
4. raising awareness of the distinctive contribution that osteopaths make to the care of children and young people.
5. helping facilitate appropriate referral from other professionals.
6. providing external feedback to osteopaths on the development of their knowledge, understanding and skill in providing osteopathic care to children and young people.
7. providing osteopaths with formal recognition of their expertise in this area.

We have designed the accreditation scheme to give assurance of best practice. The accreditation system will be voluntary so it is up to every individual osteopath if they wish to participate or not, although of course we hope that most choose to do so. No osteopath would be prevented from working with children in general, however all osteopaths would be expected to have due regard to the competences and use them as guidance when considering whether and in what form they should provide osteopathic care to a particular child. Where an osteopath considers that a child or young person would benefit from osteopathic care that is outside their personal limits of competence, it is expected that they would refer them to an accredited or other suitably qualified osteopath, who would also consider the competences in their own case.

### Eligibility

Those applying for accreditation will already be registered with the General Osteopathic Council (GOsC) in the UK and working as registered osteopaths.

The assessment process has been designed to be accessible to osteopaths who have experience working with children and young people but who may not have undertaken formal training in

the field. Any osteopath who is able to provide evidence against the competences will be able to apply for accreditation using the agreed process. Our current thinking is that this route to assessment would be open for a limited initial period, such as five years, after which applications will be restricted to those individuals who have completed a formal training programme. It is too early to make decisions on this yet so we intend to learn from the early years of implementation and from how the system evolves.

## Operation of the scheme

The accreditation scheme will be administered by the Institute of Osteopathy (iO) working in collaboration with education providers who offer training in this area.

There will be a number of steps in the process. The exact steps which will be used will be informed by:

- the outcome of consulting with key stakeholders in 2018
- an evaluation of feasibility in terms of the costs and time involved for applicants
- learning from similar systems in other countries and professions.

Our current plans are that there will be four broad steps in the process:

1. **an assessment of eligibility to apply** based on the osteopath having been in practice for a minimum number of years (probably 3 years). It is likely to involve self-assessment against questions relating to the number of patients who are children/young people, evidence of safeguarding and paediatric first aid training, etc.
2. **a portfolio of evidence** compiled by the candidates and assessed by two assessors to identify if broader clinical competences are met
3. **a structured interview** conducted online via video conference for any individuals whose portfolio is assessed as borderline and a small random sample of other applicants
4. **recognition of the individual on a register of accredited osteopaths** held by the iO and granting the use of post-nominals. Further consideration will be given as to exactly how this will work.

Steps 2 and 3 are described in more detail below.

### *Step 2 – assessment of a portfolio of evidence*

Applicants will then compile and submit a portfolio of evidence to show that the clinical competences have been met.

The portfolio will include:

1. information on the osteopath's learning, experience and practise, giving examples demonstrating relevant experience of working with children and young people including:
  - a. a CV showing:
    - i. number of years registered with GOsC
    - ii. a description of the osteopath's practice, including the balance of various areas of work, usual client base etc
    - iii. any supervised paediatric clinical experience (including mentoring) if undertaken
    - iv. independent paediatric clinical experience
    - v. the learning they have undertaken in the last three years in relation to working with children and young people
    - vi. other aspects of their experience such as: teaching, working with other healthcare professionals, research.
    - vii. evidence of up to date safeguarding and paediatric first aid training
  - b. the number of unique patient cases who were children/young people they have seen over the last three years structured by:
    - i. age group – neonate, < 1 year, 1–5 years, 5 years – puberty, adolescents
    - ii. clinical presentation<sup>6</sup>
  - c. a profile of their overall caseload over the last three years, showing the number of child and adult cases by month to indicate throughput and balance of case load,
  - d. a current personal development plan where available. If not available the applicant will be encouraged to start one as part of this process.
2. four case reports of real but anonymised children/young people the osteopath has treated, showing their management, treatment, decision making, diagnosis and collaboration with others. These case reports will focus on clinical reasoning and capabilities and should cover different age groups and a range of clinical presentations.

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<sup>6</sup> A survey of osteopaths working with children and young people will be conducted to find out what is a reasonable number to use and how this might affect age group structure.

The structure of the portfolio, for both the CV and case report sections will be provided. In addition, there will be guidance to enable applicants to understand what is required and examples of what might be offered. The guidance will be developed over time as more practitioners go through the process and learning on the system is developed.

The portfolio will be evaluated by two assessors who will both be osteopaths experienced in the treatment of children. These individuals will be selected as suitable for the role and will be paid for their time. The first assessor will be responsible for undertaking a full assessment of the portfolio against agreed criteria; the second assessor will act in the role of a moderator, with the two assessors discussing any differences of interpretation that may arise and then providing their recommendation to the review panel. The review panel will be empowered to make final decisions in any cases where they did not agree or were uncertain.

### *Step 3 – structured interviews for some applicants*

A structured interview will be used for a small number of applicants as a means of quality assuring across all of the assessments and also to answer any specific questions that emerge in the portfolios (such as where there is a lack of clarity as to some of the information provided in the case studies). Where possible clarification to any straightforward questions will be sought via email through questions being raised with the applicants. The interview will be conducted online by video conference.

## Quality assurance and re-accreditation

The moderator will sample all of the assessments to identify and address any inconsistencies.

It is not proposed that osteopaths should be fully re-accredited every few years. However, we consider that there should be some form of renewal. Our proposal is that about every 5 years those who have achieved recognition of their work as an osteopath working with children and young people should:

- a. pay a modest fee
- b. provide evidence of the following:
  - i. up to date safeguarding training
  - ii. up to date training in first aid for children and young people
  - iii. relevant CPD
  - iv. confirmation of continued practice in the field.

This will be done in such a way that it does not disadvantage practitioners who are taking a break from practice (such as new parents or those with other caring responsibilities).

The award will lapse for those who are not able to demonstrate this or who have left the GOsC register.

### Further work

Further work is needed on the proposed accreditation system can go live, including:

1. the development of assessment criteria for the different parts of the assessment process
2. the development of guidance on how the assessment will take place
3. assessors and moderators– criteria for selection, training and appraisal
4. discussing with the education providers who offer training in this area how we might work with them to develop the assessments and how this might be used more generally in the future
5. exploring whether there are opportunities to collaborate with other professions who are already running similar assessment models and who share interests
6. policies related to the application and assessment (eg reasonable adjustments, exceptional circumstances, appeals)
7. the process when an individual does not provide sufficient evidence at the first attempt
8. costings.

### Consultation questions on the accreditation model

We have deliberately tailored the questions in the survey to reflect different stakeholders' perspectives. The broad areas we are interested in are:

1. Is the accreditation model a suitable way to test the competences required for the osteopathic care of children and young people?
2. Does the accreditation process strike the right balance between the robustness of the assessment and the workability of the scheme in practice?
3. Do you agree with the statement that “accreditation as proposed would provide me with extra assurance about an osteopath’s competence in working with children”?
4. If you are an Osteopath, would you apply for accreditation?
5. Do you think there is anything missing from the draft accreditation model?
6. Do you think there is anything in the draft accreditation model that shouldn’t be there?
7. Do you have any further comments/suggestions on the accreditation model?

## How to respond to the consultation

To share your views, please [click here](#).

The consultation will close on 20<sup>th</sup> April 2018.

## Thank you

Thank you for taking the time to contribute. Your help is much appreciated.

