General Chiropractic Council

The External Examiner's report on the Test of Competence, year ending January 2016.

Background

This is the first year of operation for the new ToC assessment for candidates wishing to register with the GCC having qualified overseas. The new style ToC is the result of a major review of the process, comparison with how other regulators carry out the same function, and careful discussion with the Education Committee to determine the appropriate style for the future ToC assessments. To ensure adequate quality assurance an external examiner was appointed whose responsibility included overseeing all aspects of the QA of the new assessment, as well as appraising the assessors, and monitoring the assessment process.

Introduction

Between January 2015 and January 2016, 5 Tests of Competence were convened with 9 panels, in which 32 individuals sat the assessment. This represents an increase from previous ToC assessments, though this may reflect a backlog, with applicants waiting for the new test to become available. Nonetheless, there still appears to have been a healthy number of applicants in process, and indicated the need for further assessor recruitment in late 2015 if the numbers of panels are to cope with this level of demand.

Overall in 2015 there were 24 candidates and 26 attempts. 18 passed, 4 failed and 2 still have insufficient evidence. This is consistent with results from USW when the ToC was operated externally.

As External Examiner, I observed the review meeting, the training day, and sampled the pre-ToC meetings and the subsequent panels. I also undertook appraisals of assessors, and viewed relevant documentation associated with the ToC organisation and outcome.

In my view a high standard was expected to obtain a pass, consistent with maintaining the high quality of chiropractic care delivered in the UK.

Confidence was provided by the assessment that patient safety was paramount in decisions made, and successful applicants had provided sufficient evidence that they could practice safely, competently and in accordance with the COP and SOP in the UK.

Results

The table below shows the initial results of each Test of Competence from January 2015 until January 2016. In 2015, all but 2 of the candidates who

were asked to submit further evidence have submitted this evidence and gone on to pass. 2 of the 6 candidates who failed re -sat the ToC and passed.

Date of TOC	Initial Results
January 2015	4 candidates
	1 Pass
	1 Further Evidence
	2 Fail
March 2015	7 candidates
	3 Pass
	3 Further Evidence
	1 Fail
June 2015	8 candidates
	2 Pass
	5 Further Evidence
	1 Fail
September 2015	7 candidates
	4 Pass
	1 Further Evidence
	2 Fail

January 2016	8 Candidates
	3 Pass
	3 Further Evidence
	2 Fail

Assessment Panel Operation

The pre-meetings were conducted with professionalism and in both panels I observed benefitted from strong and appropriate chairing. This preparation demonstrated that all documentation had been read by the panel members prior to the pre meeting, and this assisted the efficiency of the day itself.

It was noteworthy that decisions were unanimous in all the panels I observed, with discussion to exemplify the rational for the decisions, as well as to identify additional work required for resubmission if required.

Assessment Panel Feedback

All panel assessors submitted feedback forms and virtually all the responses fell into one of the two categories below:

How you found the TOC Assessment day as a whole

The day went extremely well - everything ran really well

The day went pretty well – nearly everything worked well and there were no major issues

How the TOC Assessment Panel worked together as a whole

The TOC assessment panel worked extremely well together and formed a coherent team

There were a very small number of forms indicating that there were issues with organisation but this related to the first panels operated, and was not the case for subsequent panels. This is a pleasing result given the newness of the panels, the newness of the ToC process, the different chairs, and the introduction of new assessors. It indicates that the process appears to be working well from the assessors' perspective.

Review of the free comments on the forms reveals no major issues, with the majority being evidence of a highly professional approach to the process, drawing on experienced chiropractors who applied their background to assessing the candidates.

Panels in the first operation of the process drew attention to a number of administrative issues, but these have been resolved in subsequent ToC sittings.

Questions on the EPQ and those from the question bank were relevant to the candidate's application.

Training of Assessors

A training day was run for new Assessors following a recruitment drive due to increased demand for spaces on the TOC for applicants. Training activities such as role plays were carried out for new Assessors. This was a useful day, well run, and I felt new Assessors benefitted from this in preparation for their first panels.

Candidate feedback on panel operation

It was noted that there has been a significant increase in January in submission of candidate feedback forms. This is likely to be accounted for by the change in procedure for 2016 as candidates are now asked to complete the form before they leave the venue after their interview.

Of those submitted the majority of the feedback fell into the following two categories:

The TOC assessment panel worked extremely well together and formed a coherent team

The TOC assessment panel worked quite well together and formed a pretty good team

Candidates felt that the panel members put them at their ease, were polite, firm but fair. There still seemed to have been some uncertainty about the administration, timing, clarity of documentation and delay in result publication, but from my perspective I think the majority of these points have been addressed by the GCC admin team. It appears that some candidates are uncertain with regard to process, despite clear guidance given on the website.

Communication with candidates

Dissemination of results

Valuable and meaningful feedback was provided for candidates, and clear instructions given to those for whom requests had been made to provide further evidence. All result letters were clearly written, and those for whom some referral was indicated set out clearly what was required in resubmission of patient records for example, or in acquiring additional information in, for example, IRMER regulations.

Complaints or appeals

In the feedback a very small number of candidates who failed or who were asked for further evidence made comments about procedural matters in the administration of the test, and these were dealt with clearly and promptly. In all cases the comments related to misunderstanding of the process, which was clarified for the candidate.

TOC Assessor Appraisals

All TOC Assessors were appraised by December 2015 (but not including the new Assessors who served at the January 2016 ToC). All were judged to be fully satisfactory in performing their roles.

All Assessors felt the panels were operated fairly, efficiently and had no major criticisms.

All Assessors understood the rationale for the ToC and were highly professional in the execution of their roles.

It was also pleasing to note that all Assessors aspired to improve their knowledge, skills and expertise on the role should opportunity arise, and some expressed aspiration to become chairs should that be possible in the future. Indeed, one Assessor has been interviewed and has been appointed as a Chair.

Some Assessors were keen to examine assessment of clinical competency as a topic in a wider context than the ToC, in other areas of healthcare for example.

Reviewing the TOC

A review day with the GCC Executive and ToC Assessors was held in October 2015, to discuss and reflect on the process following the first year of running the TOC in-house.

Some existing panel members have said they felt some kind of benchmarking would be helpful wherein chairs for example could ensure they all applied similar standards. This might still be possible, though with each additional run of the panels, and the mixing of panel membership standards are clearly being consistently applied, and in the 3 panels I observed demonstrable consistency was evident.

Conclusions

1. I am satisfied that the ToC has been operated effectively against the criteria by which it was devised and established.

2. The panels maintained a clear focus on the COP and SOP as well as on the DRC as the benchmarks against which to evaluate and assess applicants.

3. The panels I observed were highly professional in their operation, well chaired and well prepared.

4. Appropriate training of assessors has taken place.

5. A review of operation has taken place, with improvements suggested.

6. There is a very large burden of administration to support the process which so far as I could see has been undertaken with diligence. Candidates who have pointed out inadequacies in delivery of information, ability to navigate website material, lack of information, or indeed opportunities for ToC dates have usually been victim to unfamiliarity with the available information, and have been well served by the GCC staff who have carried out their role with the expected professionalism and dedication. Should the numbers of ToC applicants increase the administration capacity would be stretched, and attempting to absorb the increased volume might be difficult to maintain the high standard delivered to date. Early indications are that the March TOC has

not attracted many applications and this has been of surprise given it has consistently been the most popular of the year over many years.

7. There does seem to be interest in the TOC in tests arranged up to June 2016 for which the GCC has been receiving many enquiries.

8. Finally, my thanks to the GCC office staff who ensured that all my travel arrangements for appraisals and panel observation were flawless, and that I received all necessary documentation well ahead of time.

Professor Barry Mitchell ToC External Examiner 12th February 2016