



Council
4 February 2016
Continuing Professional Development: next steps

Classification Public

Purpose For decision

Issue The next steps in the implementation of our new CPD Scheme.

Recommendations

1. To agree the CPD model as outlined in Figure 1.
2. To agree the approach to governance as outlined in paragraphs 14 to 25.
3. To agree a staged approach and the outline timetable for implementation of the CPD scheme, recognising that this will be reviewed at regular stages as part of the project implementation plan.

Financial and resourcing implications Costs for the implementation of the CPD scheme during 2016-17 have been incorporated into the 2016-17 budget. These costs include a range of activities to support those undertaking early adoption of the scheme, repackaging of resources to support the revised CPD scheme, governance and delivery costs and initial evaluation.

Equality and diversity implications The Equality Impact Assessment for the CPD scheme will continue to be updated during development and implementation.

Communications implications A comprehensive communications plan has been developed to support the implementation of the CPD scheme.

Annexes None

Author Fiona Browne

Background

1. Our Corporate Plan 2013 to 2016 stated that we would: 'ensure that through an appropriate process, registrants are able to demonstrate their continuing ability to meet the *Osteopathic Practice Standards*. We also stated that we would: publish proposals for a proportionate framework for continuing fitness to practise taking into account responses to the Continuing Professional Development (CPD) Discussion Document consultation and the Revalidation Pilot' and that we would 'consult on and implement a new approach to continuing fitness to practise, developing and providing resources to support practitioners as appropriate'.
2. Throughout 2013 and 2014, we analysed the extensive evidence base generated by our revalidation pilot and CPD Discussion Document consultation and worked in partnership with osteopaths and others across a range of different locations and sectors to develop our new CPD proposals. These proposals involved both draft CPD guidance, along with case studies and resources to show how it would work in practice for osteopaths. We also developed Peer Discussion Review Guidance, comprising guidance and a walk-through template to support osteopaths undertaking a peer discussion review. It also included an example of how to undertake a group Peer Discussion Review.
3. In November 2014, Council approved new CPD proposals for consultation following extensive work with osteopaths and others across the sector.
4. The Business Plan for 2015-16 states that we would conduct 'consultation and engagement on proposals and analyse consultation responses'. The public consultation took place between 9 February 2015 to 31 May 2015.
5. In July 2015, Council noted an interim report on the consultation which highlighted both the extensive consultation and engagement strategy, along with high level feedback about findings. The paper noted a number of regional, advanced practice and assessor listening events (involving around 500 osteopaths), a webinar (involving around 70 osteopaths), a number of engagements with other regulators and professional bodies, targeted communications sent to our public and patient reference group (to supplement the dedicated focus groups that we undertaken during 2014) and engagement with patient organisations, including Healthwatch England and the Scottish Health Council. A comprehensive media campaign was also undertaken using *the osteopath* magazine, and e-bulletin and social media channels, both our own and those of other osteopathic organisations .
6. In November 2015, Council considered the consultation analysis report. This confirmed that responses were received from osteopaths, patients, professional bodies, osteopathic educational institutions, other regulators and students. In total 192 consultation responses and 252 written responses from the listening events were submitted, with osteopaths, students and osteopathic organisations accounting for 80% of the responses and patients and the public accounting for

5% of responses. In addition to this, the paper noted 4,833 website views, 1,587 document downloads and 788 video downloads.

7. In November 2015, Council considered the full independent report on the consultation findings, produced by Abi Masterson Consulting Ltd. Council agreed that it was important to establish the timetable for implementation of the proposed CPD scheme. It was suggested that rollout could be in stages. Council also agreed that that further clarification was required for discussion at the next Council meeting in February 2016.
8. The Business Plan for 2015-16 also states that we would 'develop an implementation strategy for new CPD scheme (including specification work for new IT system to support)'. The approach to our IT strategy was outlined in the consultation document and the findings considered by Council at its meeting in November 2015. The development of the IT strategy is now an integral part of the implementation plan and this is outlined in the body of this paper.
9. This paper seeks to provide further clarity about the new CPD model and the approach to implementation, along with an indicative timetable. As with all major projects, the timetable will be subject to review points, to take on feedback from our delivery partners and learning as the scheme progresses.

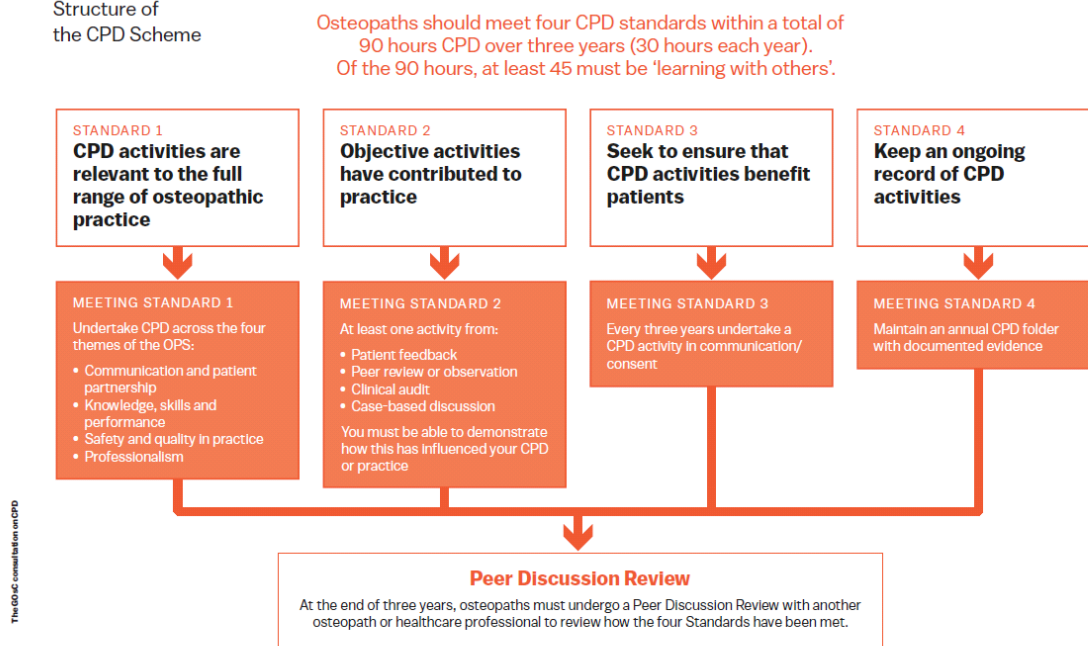
Discussion

The CPD model

10. The CPD model that we consulted on is reproduced at Figure 1 below:

6 FULL CONSULTATION

Figure 1
Structure of the CPD Scheme



11. We have already noted that the CPD consultation analysis report, available at: <http://www.osteopathy.org.uk/news-and-resources/document-library/consultations/cpd-consultation-analysis-report/>, shows broad support for the proposed CPD scheme. As outlined in the paper to Council in November 2015, whilst there are particular areas for further consideration (for example, more detailed guidance about when a CPD standard is met or not met, clearer examples of when a standard was not met, and further guidance and support for osteopaths undertaking the Peer Discussion Review), the broad structure of the scheme was well supported.
12. It is necessary therefore for Council to make a decision about the CPD model to be implemented, ahead of the implementation programme. At this early stage, it is important to recognise that as with any major project, adaptations may need to be made as the scheme rolls out. However, these will be incorporated through regular review points and any such changes will be brought back to Council for approval before mandatory introduction of the scheme.
13. Council is asked, therefore, to agree the model – as outlined in Figure 1 – for implementation.

Delivery mechanisms and governance

14. The development of the new CPD scheme through our osteopathic pathfinder groups and in partnership with other key stakeholders has demonstrated that development and delivery in the osteopathic profession can only be done successfully across the sector with partners. It is not something that should be seen to be imposed by the regulator. We suggest that the same approach is required for delivery.
15. In our CPD consultation, we indicated explicitly that some of the partnership working had taken place with some regional groups, educational institutions and CPD providers, as well as other osteopathic groups, through the joint development of case studies and resources to illustrate how our new CPD scheme could work. However, to deliver successfully on a UK wide basis, much more of this type of engagement and working together will be necessary to ensure the coverage necessary for all osteopaths. For example:
 - *Resources and Case Studies: Osteopathic Practice Standards* (available at: <http://cpd.osteopathy.org.uk/documents/osteopathic-practice-standards>) demonstrated how some of the CPD providers and educational institutions were already linking their courses to the *Osteopathic Practice Standards* to help osteopaths to link their own learning outcomes to the *Osteopathic Practice Standards*. This resource guide also contains a partly completed example CPD folder. However, prior to 'go-live' we would want to work in partnership with more regional groups, educational institutions and CPD providers to provide the greatest possible support to osteopaths.
 - *Resources and Case Studies: Consent and Communication* showed how some course providers and regional groups were already offering sessions

on communication and consent, providing osteopaths with structured learning in this area. The consultation information also provided suggestions and reflections on how to meet the communication and consent requirement as a researcher. Resources were also provided for osteopaths to undertake this learning by themselves. As part of a roll out, we would want to work with many more regional groups, CPD providers, educational institutions and others to provide a more extensive menu of choice for osteopaths, as well as to enhance the resources to support osteopaths to undertake communication and consent activities on their own. It is of note that the Montgomery case (see https://www.supremecourt.uk/decided-cases/docs/UKSC_2013_0136_Judgment.pdf) provides us with an opportunity to explore aspects of consent and communication from a patient perspective, that have previously been found to be challenging. Again, the development of these resources would be of interest to CPD providers, educational institutions and regional groups and would benefit from a partnership working approach.

- *Resources and Case Studies: Objective Activity* currently provides some information about how regional groups and other CPD providers can support peer observation, role play, group case-based discussion. However, again, as part of roll-out, we would want to be working with many more regional groups, educational institutions and CPD providers to generate more examples of this objective activity. We also need to focus more on patient feedback templates in this resource guide and empower regional groups, CPD providers and educational institutions to assist osteopaths to gather patient feedback and support the analysis of it.
16. We propose that as part of the delivery mechanism, we should constitute a Delivery Board (involving a range of osteopathic partners) to oversee a programme of implementation of the new CPD scheme. If Council is content with this approach, we will bring detailed terms of reference to the next Council meeting for agreement in May 2015.
 17. The Delivery Board would be supported by a Senior Management Team Task Group which would be responsible for the day-to-day oversight of the project, led by the Chief Executive. This Group would oversee the project streams as outlined in the November 2015 Council paper, the phases and stages outlined in the Project Implementation Document, the work of the Delivery Board, and would also monitor the risk log and mitigating actions on a regular basis.
 18. While the GOsC has taken steps to work closely with partners in the development and the delivery of the new CPD scheme, Council itself remains accountable for ensuring that osteopaths demonstrate that they practise in accordance with the *Osteopathic Practice Standards*, along with patient safety and the enhancement of the quality of care. Therefore, Council will have an interest in the work of the Delivery Board, which will be reflected in the terms of reference of that Board to be agreed by Council.

19. Council will wish to regularly review the financial and reputational risks arising from the implementation of the new CPD scheme, and it will be important for Council to oversee an evaluation of the effectiveness of the scheme. It is suggested that oversight should also be provided by the Osteopathic Practice Committee as well as Council.

Mandatory requirements of the scheme and legislation

20. It will be necessary for Council to make decisions about when elements of the new CPD scheme become mandatory for osteopaths, including any required legislative changes.
21. Section 17 of the Osteopaths Act 1993 provides that the Council may make rules requiring osteopaths to undertake continuing professional development. The Council has made such rules and the current rules – the General Osteopathic Council (Continuing Professional Development) Rules Order of Council (2006) (CPD Rules) – are available at:
http://www.legislation.gov.uk/ukxi/2006/3511/pdfs/ukxi_20063511_en.pdf.
22. The current rules require osteopaths to submit a CPD Annual Summary Form (See Rule 9 of the CPD Rules), which must:
- State the total amount of CPD completed by him / her during the CPD period.
 - List each item of CPD and state the date that it was completed
 - Indicate the relevance of each item of CPD completed to his / her professional development as an osteopath
 - Provide such other details as the Registrar may require – This information is set out in our current CPD Guidelines available at:
<http://www.osteopathy.org.uk/news-and-resources/document-library/continuing-professional-development/cpd-guidelines-for-osteopaths/>
23. Osteopaths are also required to retain a CPD record (See Rule 8 of the CPD Rules), which must comprise:
- A description of each item of CPD completed by him/her.
 - The learning need identified by the osteopath for each item of CPD completed by him/her.
 - Documentary evidence in respect of each item of CPD completed by him.
24. Within this framework, it is for the Registrar to make clear the detailed requirements.
25. In summary, we expect the Council review and decision points to be:
- Regular reports to Council that provide an update on the implementation plan and information about risks.

- Decisions to 'switch on' elements of the scheme (even if these are part of the Registrar requirement under the legislative framework), for example, at the point that we are ready for CPD to be mapped to the *Osteopathic Practice Standards*.
- Decisions requiring agreement to changes in rules.

Approach to implementation

26. It is important to recognise at the outset that the CPD scheme is not simply a compliance activity. We have emphasised that we genuinely wish to support osteopaths to build a community of practice, supporting each other to promote patient safety and enhance the quality of care. The safe space of the peer discussion review is an essential part of this as illustrated in the research commissioned from Gerry McGivern on *Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice* (available at <http://www.osteopathy.org.uk/news-and-resources/document-library/research-and-surveys/dynamics-of-effective-regulation-final-report/>). Our commitment is evident in the consultation draft of the new *CPD Guidelines* (available at <http://cpd.osteopathy.org.uk/documents/draft-cpd-guidelines>) and the *Peer Discussion Review Guidelines* (available at <http://cpd.osteopathy.org.uk/documents/draft-peer-discussion-review-guidelines>) – see Culture sections.
27. We are proposing a two wave approach to implementation.
- Wave 1 comprises those osteopaths who wish to engage in 'early adoption'. There is nothing in the current scheme that precludes osteopaths from starting the scheme today, using the guidance and resources provided in the consultation documentation. These osteopaths would be well supported by the GOsC, would have the benefit of dedicated support to discuss the CPD scheme – both from the GOsC and our delivery partners, and would have the opportunity to feed back to us about their experience. However, before commencing a recruitment campaign for the early adopters, we envisage first revising the draft Guidance and resources, to take account of the consultation feedback. It is anticipated that we will build up a groundswell of early adopters who will ideally represent all the regional groups, CPD providers and educational institutions who will also be able to support us in delivery of the scheme to the second wave of osteopaths.
 - Wave 2 will comprise those osteopaths who do not engage as early adopters and require mandatory elements of the scheme to be in force before they begin to comply. In some ways, because the early adopters will have already undertaken aspects of the scheme and will have experienced Peer Discussion Review, Wave 2 osteopaths will be able to access even more peer support than would be in place if we simply made the scheme mandatory at the outset.

28. A detailed project implementation document and planning timetable is available on request from the Head of Professional Standards, Fiona Browne (fbrowne@osteopathy.org.uk).

Timetable

29. The indicative timetable for the introduction of the new CPD scheme is outlined below (although this is likely to be subject to change as work develops):

Activity	Timeline
Agree CPD model for introduction .	February 2016
Establish governance structure, including Delivery Board, to oversee the further development and implementation of the CPD scheme.	April 2016
Update and publish resources to support learning – particularly in the area of communication and consent.	September 2016
Introduce scheme for those interested in early adoption.	November 2016
Review scheme and decide on introduction of mandatory elements for all.	March 2017
Publish updated CPD Guidance and resources.	March 2017
Communications and engagement activities to support and promote the implementation of a new CPD scheme for osteopaths.	All year 2016-2017
Ensure a robust, web-based infrastructure that can support the CPD scheme.	All year 2017

Recommendations:

1. To agree the CPD model as outlined in Figure 1.
2. To agree the approach to governance as outlined in paragraphs 14 to 25.
3. To agree a staged approach and the outline timetable for implementation of the CPD scheme, recognising that this will be reviewed at regular stages as part of the project implementation plan.