

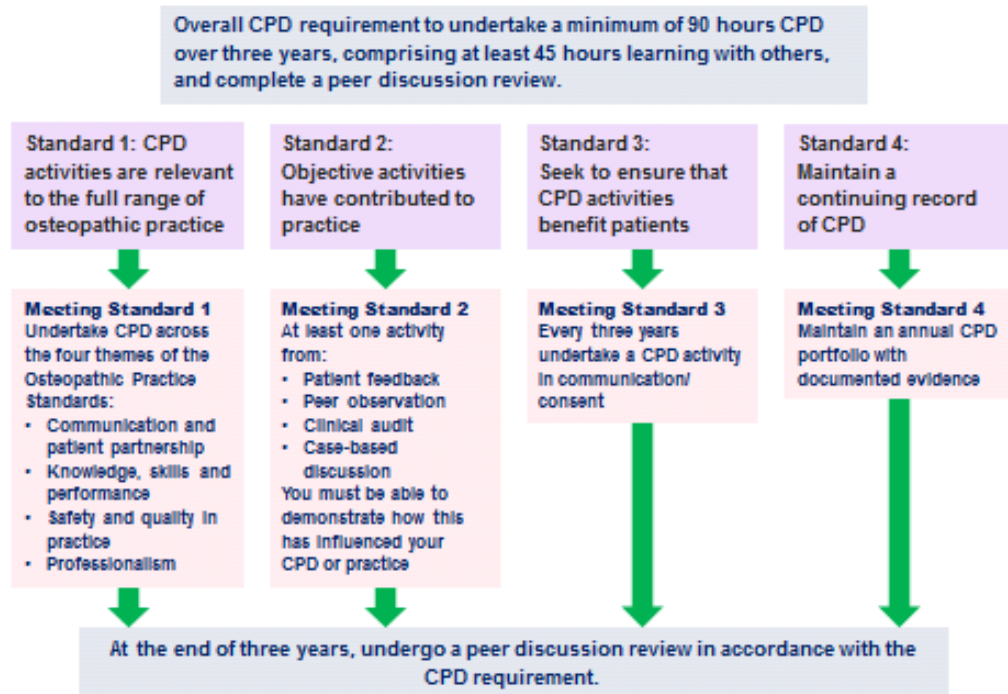


Council
1 November 2017
Continuing Professional Development update

Classification	Public
Purpose	For discussion
Issue	This paper provides an update on the implementation of the CPD scheme.
Recommendation	To consider the progress of the implementation of the CPD scheme.
Financial and resourcing implications	Council has set aside reserves of up to £100,000 for the implementation of the CPD scheme. An indicative budget has been attached to this paper.
Equality and diversity implications	None from this paper. The impact of the scheme is being monitored from a variety of perspectives as part of our evaluation and equality impact assessment.
Communications implications	Communications about the implementation of the new CPD scheme are ongoing.
Annexes	A. CPD Project Risk Log (October 2017) B. Indicative costs for the implementation of the CPD scheme
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Background

1. At its meeting on 4 February 2016, Council agreed the CPD model to be implemented as outlined below.



2. We are taking steps to implement the CPD scheme through a staged approach which will complete with legislative change and mandatory implementation commencing for all osteopaths from autumn 2018.
3. Our 2016 to 2019 Corporate Plan includes a goal to 'ensure that osteopaths keep their knowledge and skills up to date, and continually enhance and improve their practice'. As part of this, it states, we will:
 - implement a new CPD scheme that supports and encourages practitioner reflection, peer learning and peer review
 - provide resources to support learning in key areas such as communication and consent
 - monitor implementation and impact of our new CPD scheme using a proportionate and risk-based approach.
4. The 2017-18 Business Plan states that we will:
 - Implement governance structures to ensure that Council has appropriate oversight and scrutiny mechanisms of implementation of CPD scheme.
 - Support osteopaths to undertake aspects of the new CPD scheme.
 - Establish a strategy for engaging osteopaths who have not yet prepared to explore the new CPD scheme.

- Review, enhance and update, as appropriate, resources for CPD (to include any activity we undertake that supports implementation of standards).
 - Update and publish learning resources for Peer Discussion Review.
 - Consult on amended CPD rules, analyse consultation and agree new CPD Rules.
 - Begin second year evaluation of changes in patterns of CPD (taking into account work of Early Adopters and the profession more broadly), analyse and publish evaluation
 - Conduct a programme of communications and engagement with osteopaths, osteopathic representative organisations, local osteopathic groups, and education providers to support and promote the implementation of a new CPD scheme for osteopaths.
 - Continue evaluation, development and testing of an interactive, web-based infrastructure to support the new CPD scheme.
5. This paper provides an update on the progress of the implementation of the new CPD scheme against each of the project work streams.

Discussion

Guidance and resources

6. Draft [CPD Guidelines](#) and [Peer Discussion Review Guidelines](#) have been published as part of the Amendment to the [CPD rules consultation](#).
7. Council will be asked to approve finalised versions of the CPD Guidance and the Peer Discussion Review Guidance, ahead of the mandatory implementation of the scheme.

Communications and engagement

8. We continue to ensure regular listening to and communication with our stakeholders about the development of the new CPD scheme.
9. Since the Council meeting on 18 July 2017, we have:
- Commissioned, sought feedback and published an animation 'Countdown to CPD' introducing the CPD scheme for osteopaths. Feedback has mostly been very positive about the video. For example '*It is very clear concise and one can see that you have considered all the points and our concerns about why we need to change the current CPD scheme. Very effective indeed!!*' The animation can be accessed at: <http://cpd.osteopathy.org.uk/>
 - Run 11 webinars (including case based discussion, Patient Reported Outcome Measures (PROMs) in partnership with the National Council for Osteopathic Research (NCOR), patient feedback, clinical audit in partnership with NCOR, peer observation and further launch webinars. We have also held 'follow up' webinars for those who have completed programmes with us

which have focussed on supporting groups to continue to meet to facilitate their own sessions to test out the materials we are developing to support osteopaths developing their own communities rather than facilitation by GOsC staff.

- Met with the iO to discuss options for progressing the e-portfolio as one mechanism to support recording and reflecting on CPD.
- Held two meetings of the SMT Task Group to oversee the implementation of project work streams along with supporting meetings about the development of particular workstreams including process, audit and IT.
- Held discussions with the Department of Health lawyers and policy colleagues to agree a final version of the Amendment to the CPD Rules consultation which is now out for consultation until 16 November 2017.
- Planned one CPD Partnership Board (which will take place on 7 November 2017) comprising stakeholders from across the osteopathic sector and patients to seek feedback on our Amendment to the CPD rules consultation, explore our communication messages, draft work book resources and other plans for development of peer discussion review.
- Attended the inter-regulatory continuing fitness to practise working group to share our experiences about the implementation and evaluation of the CPD scheme and to learn from others.
- Disseminated the June, July, August and September e-bulletins – which promoted aspects of the CPD scheme including:
 - Case based discussion, reflecting and recording on CPD,
 - Calling for questions about the CPD scheme and highlighting our FAQ section of the website,
 - Highlighting experience of patient feedback
 - Promoting the website
 - Advertising objective activity webinars for osteopaths to try out now.
- Published the August/September and October/November editions of *the Osteopath* magazine (sent to all osteopaths, a number of students and a range of our stakeholders), including:
 - Promoting the *Osteopathic Practice Standards* consultation – reading and reflecting on the draft standards can contribute to CPD requirements.

- Promoting patient feedback – a detailed case study of patient feedback by osteopath, Maria Hayes.
- Undertaken a webinar on behalf of the Academy of Physical Medicine to up to 200 osteopaths offering an opportunity for questions and answers about the new CPD scheme.
- Met with CPD providers including CPD Gateway and BodyFanatix to discuss the CPD scheme and how CPD providers might contribute to it. The frequently asked questions from CPD providers will be translated into CPD Guidance for providers which we plan to share in draft form in early 2018.

The CPD Microsite

10. The CPD Microsite is an important part of our communications and engagement strategy and continues to be updated with new case examples and videos about the scheme. Since July 2017, we've had around 6,500 page views from around 1,526 users. The bounce rate is 49.94% (this is the percentage of visitors to a website who navigate away from the site after viewing only one page). The average bounce rate for websites generally is 41 to 55%, with 40% being excellent (the GOsC public website is 45.67%). The average time on the website is 3 minutes 33 seconds. There is also a marked spike in website use around the publication of the monthly news e-bulletins which has been leading on the new CPD scheme.
11. The CPD in action section continues to be the most popular section which explains the different elements of the new scheme, with supporting resources, during this period since July 2017, there have been 625 unique page views.
12. Drilling down the different sections within CPD in action, objective activity is proving the most popular, followed by FAQ's, then resources. The top 10 downloaded documents are:
 - Draft CPD Guidelines (33 downloads)
 - CPD Reflection form (25 downloads)
 - Draft Peer Discussion Review guidelines (25 downloads)
 - Development plan template (22 downloads)
 - Case based discussion template (18 downloads)
 - Case based discussion worked up example (18 downloads)
 - Peer Discussion Review template (18 downloads)
 - Significant Event Analysis template (18 downloads)
 - Action Plan template (17 downloads)
 - Osteopathic Practice Standards (16 downloads)
13. Osteopaths have told us that they have found the site clear, accessible and importantly reassuring. They also like the fact the free resources are provided in

the different sections, and the fact osteopaths are sharing case studies and thought pieces on their experiences.

14. In our communications we are promoting the fact osteopaths can use the site not only to help them become familiar with the new CPD scheme, but they can also use the free resources for their current CPD. We are conscious however that we need to continue to build the content, including case studies and promote awareness of the site more widely across the profession. This is something which is included in our evolving 'Countdown to new CPD' campaign.
15. Our communications team are revising and updating our communications strategy under the auspices of the SMT CPD Task group for our one year countdown for osteopaths whose new three year CPD cycle will start in October 2018. The draft strategy is available on request from Stacey Towle at stowle@osteopathy.org.uk.
16. The strategy aims are:
 - To support and prepare osteopaths to undertake aspects of the new CPD scheme and conduct a programme of communications and engagement with stakeholders to help us promote the implementation of a new CPD scheme for osteopaths. We want to ensure full engagement across the sector to promote, involve and embody the CPD scheme.
 - This campaign will:
 - Drive stakeholders and osteopaths to the new CPD website via monthly promotion of new and current resources
 - Encourage osteopaths who have not yet prepared to explore the new CPD scheme.
 - Encourage osteopaths who have prepared to explore the new CPD scheme to share their experiences
 - Review, enhance and update, as appropriate, resources for CPD
 - Target isolated osteopaths
 - Update and publish learning resources for Peer Discussion Review.
17. The strategy aims to enhance awareness of different aspects of the CPD scheme as follows:
 - September to December 2017 – Objective activity
 - January to March 2018 – Objective activity/OPS Standards/Keeping a record
 - April to June 2018 – Communication and consent
 - July to September 2018 – Peer discussion review
 - Segmented communications to osteopaths as they begin their three year cycle to understand the requirements of the scheme and identify their peer.
18. Key messages for each month have been identified as follows:

- September 2017 – ‘One year to go, how to make a start’.
 - October 2017 – ‘Don’t be alone and unprepared. Buddy up with a colleague to try out the new CPD scheme together’.
 - November 2017 – ‘Share your experiences with others’.
 - December 2017 – ‘We are here to support you. Contact us with any questions or concerns you may have’.
 - January 2018 – New Year message and get a head start career focused spin.
19. There are a variety of communication mechanisms targeted to different groups within the profession. For example, practice principals will be targeted with particular messages in particular ways, those practising without colleagues identified via Integra and via the ‘I’m registered’ registration marks will be targeted in particular ways with particular messages. We will also use existing contact points, for example registration renewals between now and the scheme being fully implemented from October 2019 to support osteopaths to be aware of the scheme and to be able to access resources. We also have a range of different mechanisms to promote with osteopaths including animations, work books, videos, and online presentations.

Process, audit and IT

20. The aim of the process work stream is to oversee the development of internal and external processes to support implementation of the scheme including the audit strategy and process, staggered implementation, phasing and flexible deadlines.
21. At the last Council meeting, we reported that a cross-departmental workshop took place on 23 June 2017 to test the scope of the project work streams delivering the external and internal requirements of the audit strategy, internal processing requirements and IT ensuring that osteopaths demonstrate compliance with the new CPD requirements.
22. This project work stream aims to:
- a. Deliver a new annual re-registration form by October 2018 (that is the date of the first annual registration renewals for those in their three year CPD period) which will include registration renewal requirements and a new slimmed down self-declaration on CPD (hours and new features of the CPD scheme) undertaken that is auditable (with implications for the technical design of the form).
 - b. Deliver guidance for osteopaths about maintaining a record of CPD, a CPD audit policy and guidance, and a process which ensures that osteopaths are complying with the CPD scheme and providing verifiable self-declarations (both annually and at the end of the three year process) and which ensures that osteopaths are supported to comply with the policy objectives of the scheme in place by October 2018.

- c. Develop and implement audit strategy for staff and osteopaths.
23. Key milestones for these inter-dependant work streams have been developed and include:
- September 2017 – Agreement of initial specification for technical requirements and discussion with Net Xtra to agree process development
 - October and November 2017 – Agree updated overview specification for changes to the website and interface
 - December 2017 – Agree technical scoping document and project document
 - January 2018 – Audit policy and example folders finalised
 - January 2018 – Building of new forms commences
 - February 2018 – Finalise audit strategy (support, compliance and verification)
 - February 2018 – Publication of CPD Provider guidance
 - February/March 2018 – Prototype forms completed
 - March/April 2018 to June/July 2018 – Staff and user testing and feedback on annual registration renewal form and three year PDR forms
 - July/August 2018 – Registration renewal and three year PDR forms finalised
 - August 2018 – Switch on protocol finalised
 - September 2018 – Staff training
 - October 2018 – implementation.
24. Council will recall that an important component of this workstream is to both reduce the burden of compliance on osteopaths whilst simultaneously ensuring that osteopaths continue to keep up to date in accordance with their professional obligation outlined in the *Osteopathic Practice Standards*. We want to encourage and support osteopaths to not leave their CPD completion to the end of year 3 along with the ensuing risks of being unable to demonstrate compliance with the CPD scheme and therefore potential removal from the Register. Hence the audit strategy is focussed on elements of support as well as compliance and verification.

Early Adopters

25. Since early 2017, we have been running online webinar sessions for groups of up to 10 osteopaths to support them through the new features of the scheme in case based discussion, clinical audit (in partnership with the National Council of Osteopathic Research (NCOR), communication and consent, patient feedback, peer observation and Patient Reported Outcome Measures (PROMs) (in partnership with NCOR. Around 116 osteopaths have participated in these programmes.
26. The purpose of these programmes was to:

- a. To try out [the particular new feature of the CPD scheme] and support professional development (engagement)
 - b. To learn with other osteopaths in a supportive environment (support)
 - c. To help osteopaths to develop the skills to undertake aspects of the scheme and to share their stories with others in a learning community.
27. Feedback from participants has been very positive. However, our challenge now is to encourage participants to share their experiences with others and to record these so that they can be shared on our website and in our magazine. This is about encouraging osteopaths to try out the scheme because those that have tried it have identified genuine benefits to their practice.
28. We are running a smaller programme of webinars throughout 2017 and 2018, not for early adopters – but for any osteopath – with a view to encouraging others in the sector to think about ways that they can continue to facilitate those networks, through, for example Skype and Google hangouts and perhaps Facebook live and other mechanisms.

Legislation

29. At its meeting on 2 May 2017, Council agreed the consultation on changes to the CPD Rules 2006. Following a change to legal personnel, the final draft of the rules was agreed with DH in September 2017.
30. The consultation document and draft amended rules (along with the final drafts of the CPD Guidelines and the Peer Discussion Review Guidelines) were published for consultation on 14 September 2017 and the consultation will close on 16 November 2017. The consultation is available at: <http://www.osteopathy.org.uk/about-us/our-work/consultations-and-events/cpd-rules-consultation/>.
31. The CPD consultation is quite technical and is about the translation of our agreed policy into rules. The consultation has been publicised to all our stakeholders (including our patient and public reference group) with two dedicated emails and has also been publicised in the September and October e-bulletins and forms a leading article in the October / November edition of *the osteopath* magazine which is emailed out to all osteopaths.
32. The consultation has also been publicised on social media and reach has been identified.
33. The timetable for legislative change originally agreed with the DH remains on track, slightly updated, as follows:

Process/Step	Dates	Notes
Agree draft rules and consultation document with GOsC. GOsC Council	May 2017	

Process/Step	Dates	Notes
agree to publish consultation.		
GOSc Consultation	Summer 2017	
GOSc undertake consultation analysis	Autumn 2017	
Final rules presented to DH	Autumn 2017	
Rules finalised and agreed and Ministerial submission prepared	Early 2018	
GOSc Council meeting – final rules are sealed	31 January 2018	
Ministerial approval sought	February 2018	
Privy Council approval sought	February 2018	Rules to come into effect from October 2018
Rules laid in Parliament	After Privy Council approval received	
Coming into force date	By October 2018	

34. Our plan remains to bring the consultation analysis and final rules back to the Council at its meeting on 31 January 2018 to enable the first osteopaths to enter their three year cycle from October 2018 onwards. Osteopaths on the register will begin their first three year cycle when their last annual cycle completes after 1 October 2018.

Equality and diversity

35. The equality impact assessment is in place and will continue to be updated during the Early Adopter phase, once the evaluation survey has been fully analysed. All osteopaths who are Early Adopters have been asked to provide information about themselves and their practice to help us to make sure that the scheme can be implemented fairly for all osteopaths.
36. We are providing dedicated support to osteopaths who find it more difficult to access our resources to ensure that everyone has a fair opportunity to participate as an Early Adopter. For example, we have undertaken 1:1 support webinars with osteopaths to support them to participate in the main programmes. Findings from this work will be used to support implementation of scheme once it becomes mandatory.
37. In discussion with our CPD Partnership Group it became clear that the osteopaths who need particular support and the nature of that support needs to be identified must feature more explicitly in our communications and engagement strategy. This work is ongoing.

Evaluation and impact assessment, finance and risk

Finance

38. The overall estimated budget outlined to Council continues to be closely monitored by the SMT Task Group. Costs for the 2016-17 business year were absorbed into operational costs which meant that as at 1 April 2017, the full £100,000, designated from reserves remained. As requested by Council, the spend from designated reserves this year has been separately identified in the accounts. Annex B to this paper provides the indicative budget allocated from reserves from April 2017 to March 2020. Costs of c. £6,000 have been identified from April 2017 to date which relate primarily to the cost of the extension to the e-portfolio trial, costs of webinar hosting, and engagement with osteopaths.

Risk

39. The risk log was last considered by Council in February 2017. The SMT Task Group and staff across the organisation held a workshop meeting on 21 September 2017 to review the risk log now that the early adopter phase is underway and we are a year from implementation. The updated risk log is attached at Annex A for consideration by Council.

Evaluation

40. The purpose of the CPD evaluation is to provide a picture of the existing patterns of CPD, so that we could see how they change as our new CPD scheme (i.e. to establish a baseline)
41. Given that the new CPD scheme is centred on 'reflective learning,' the initial base line survey last year, was promoted as a reflective tool. As we move closer to the introduction of the new CPD scheme we thought it would be helpful to introduce osteopaths to a 'reflective learning activity' which they could use towards their annual CPD hours. We anticipate that reflecting on their learning in this way will enable osteopaths to link their professional development to practical outcomes and widen the definition of what counts as useful activity to them. We want osteopaths, to keep asking themselves 'what did I get out of this?'
42. The aim of the CPD evaluation questionnaire during 2016-17 was to get osteopaths to reflect on their current experiences of undertaking osteopathic CPD under the existing scheme, so as to help them to think about how the new continuing professional development scheme could alter their patterns of CPD over time and how they can make it work for them. It was also thought that it may also get osteopaths to think about how CPD contributes to safe practice in continuing enhancement of quality of care.
43. The 2016-17 CPD evaluation showed that 358 osteopaths completed the CPD evaluation (7% of Registrant population).
44. Some emerging key messages from the CPD evaluation questionnaire included:
 - Most CPD is currently undertaken in the area of Knowledge, skills and performance. Less CPD is currently undertaken in the areas of Communication and patient partnership and professionalism.
 - High numbers of osteopaths are not undertaking feedback on their practice from external sources at present.
 - More than half of osteopaths responding to the survey undertook CPD in the area of communication and consent.
 - In terms of planning CPD and identifying learning needs, the survey identified that there is high confidence in the ability to reflect on CPD, although some challenges are identified and particularly, recording CPD was reported as a challenge.
 - A high percentage of osteopaths report having a peer with whom they can discuss a case.
45. The 2017-18 Evaluation is ready for publication on 1 November 2017 and will build in the baseline survey that we undertook in 2016.

46. In its second year the focus is on osteopath's current CPD activities and their 'preparedness' for the new CPD scheme.
47. The aim of the CPD evaluation questionnaire 2017-18 is to get osteopaths to reflect on their current experiences of undertaking osteopathic CPD under the existing scheme. This will help them to think about how prepared they are for the new CPD scheme and how they can make it work for them and build on the baseline data obtained last year. It may also allow osteopaths to think about how CPD contributes to safe practice.
48. With this in mind a few questions that appeared in the first version of the survey have now been removed and some new questions have been added:
49. Survey Questions that have been removed are as follows:
- In your opinion, does learning with others mean CPD activities have to take the form of taught courses?
 - How easy would it be for you to group your CPD according to the four themes of the OPS?
 - What do you feel is the biggest obstacle that you face in selecting CPD activities?
 - To what extent do you feel that completing CPD enhances your practice as an osteopath?
50. Survey Questions that have been introduced include the following:
- Have you undertaken CPD in the area of objective activity?
 - Thinking about capabilities and opportunities to reflect on practice has been reorganised around the early adopter engagement, support, community model
 - Have you visited the new CPD website (including website content)
 - Do you refer to articles in the osteopath magazine when completing your CPD? (including CPD related articles)
 - Do you feel that you adequately understand the new CPD scheme? (including which areas need further explanation/clarity)
 - Have you begun to identify your Peer Discussion Reviewer?
 - A section on Early Adopters "Readiness" for the new scheme and activities undertaken
 - Where did you hear about completing the survey?
51. Osteopaths will therefore have an opportunity in the 2017-18 CPD evaluation questionnaire to reflect on the following:
- The CPD hours they completed last year
 - How they interpret or think about activities based on learning with others

- CPD activities they have undertaken with osteopathic educational institutions, local, regional or shared interest groups
- Undertaking CPD in the areas of communication and consent and objective activities
- Thinking about your CPD in relation to the four themes of the *Osteopathic Practice Standards*
- How they go about selecting, recording and reflecting on CPD activities
- Collecting feedback from patients and colleagues, or other professionals
- Discussing their CPD and concerns with others
- Use of GOsC CPD resources and preferred methods of communication.

52. We have the following communication messages planned/ scheduled to advertise the launch of the CPD Evaluation 2017-18:

- Dedicated individual e-mail to be sent out to all osteopaths on the Register
- E-bulletin: November 2017, December 2017, and January 2018
- Osteopath Magazine or E-bulletin: October (small advert promoting that its coming)
- Osteopath Magazine: November- January (its live and why osteopaths should do it)
- Osteopath Magazine: April (Reporting on findings Part 1)
- Osteopath Magazine: May (Reporting on findings Part 2)
- Osteopathy Today: November 2017 (small Q&A advert promoting that its coming and how to complete)
- Facebook posts
- Twitter posts (both general and some targeted posts to encourage completion e.g. educationalists and young osteopaths were low to respond last year)
- LinkedIn posts
- We also intend to approach a random sample of osteopaths from the Register to undertake telephone interviews to support a wider analysis of themes arising from the general population.

Recommendation: to consider the progress of the implementation of the CPD scheme.

The CPD Project Risk Log

Introduction

1. The purpose of the implementation of the CPD scheme is to:
 - Support safe and effective patient care and practice in accordance with the *Osteopathic Practice Standards* (through regular reflection, recording and discussion) and
 - Support osteopaths to engage with the scheme and participate in the development of learning communities that enable osteopaths to share and develop their practice safely and effectively gaining support from colleagues.

Anything which could impede these aims is potentially a problem. Analysing each problem will help us to understand in a more granular way risks and how we might mitigate them.

2. The current risk log for the implementation of the CPD scheme is attached at Appendix 1 to this paper.
3. The Risk Log is presented for regular consideration by all parts of the governance structure. This is because implementation of the CPD scheme is a major project not just for the GOsC – but also for our stakeholder partners. The goals that the scheme seeks to achieve go to the very heart of the purpose of regulation for all stakeholders.

Risk ratings

4. Impact is scored 1-3 and likelihood is scored 1-3 and with the two scores multiplied together to give an overall risk rating.
5. Risk ratings from 1-2 are considered to be 'low', risk ratings from 3-4 are considered to be 'medium' and risk ratings from 6-9 are rated 'high'.

Risk Log for CPD Scheme: Risks to the project

Risks in project delivery means internal project risks and internal GOsC capability for delivering the project: primarily people, budget, resources, internal governance, systems, equipment and processes. These are mechanisms that the GOsC, primarily, can control.

Issue	Risk rating I x L = R	Mitigating Actions	Residual Risk	Are we content with residual risk level?
<p>Problem: Project plan not implemented.</p> <p>Risk: Project scope or clarity is lost</p> <p>Good project management is essential to ensure that the scheme is rolled out effectively.</p>	<p>2x2=4 Medium</p>	<p>Governance structure has been agreed to ensure oversight.</p> <p>Detailed project implementation document and project plans are in place with arrangements for regular monitoring at SMT Task Group including key staff from across the organisation.</p> <p>More detailed work streams for communications, audit, process and IT and peer discussion review have been developed and are being overseen by the SMT Task Group.</p> <p>SMT Task Group responsible for reviewing that the right people are leading the right project streams at the right time.</p> <p>Diversification of project stream responsibility and oversight.</p>	<p>Medium</p>	<p>Yes</p>
<p>Problem: Governance structures not implemented effectively.</p> <p>Risk: Insufficient scrutiny from Council resulting in risk</p>	<p>2x2=4 Medium</p>	<p>Documented project governance and scrutiny at all levels.</p> <p>Induction has taken place for all new (and existing)</p>	<p>Low</p>	<p>Yes</p>

Issue	Risk rating I x L = R	Mitigating Actions	Residual Risk	Are we content with residual risk level?
<p>management being challenged.</p> <p>Council and Policy Advisory Committee membership changed with effect from April 2017 meaning that there will be a period of time to ensure that members have sufficient knowledge about the implementation project and context to support sufficient scrutiny.</p>		<p>Council and Committee members.</p> <p>Council seminar will take place to allow for detailed Council discussion and scrutiny on the update paper and the risk log involving newer members and also members with experience of the development of the scheme. This will provide feedback to staff and will aim to target more precisely the information that Council needs for January 2018.</p> <p>SMT Task Group involving CE, SMT and also key members from across the organisation are involved in oversight of project plans, meeting regularly as the SMT Task Group, as well as delivery. All meetings are documented and action points followed up and reported on.</p>		
<p>Problem: IT not ready when needed. (Specifically, this is about the change of the current registration renewal form and CPD Annual Summary Form to a year 1 and 2 registration renewal form and also a year 3 PDR form.)</p> <p>Risk: IT difficulties because of time, knowledge or capacity of staff.</p> <p>Lack of knowledge to scope out changes necessary to CPD module to give effect to the CPD scheme.</p> <p>Lack of clarity re audit policy and IT requirements and</p>	<p>3x3=9 High</p>	<p>Specific IT expertise has been brought in-house to support the development of the changes to the registration renewal forms and the information that is provided to Integra to support automated compliance with the scheme.</p> <p>A cross-departmental project plan (involving policy and operations) has been developed, with a timeline agreed with our IT providers. The project plan is scrutinised and reported on to the SMT Task Group. There are inter-dependencies with the audit strategy, guidance for CPD Providers and guidance</p>	<p>Medium</p>	<p>Yes – but this risk needs to be continually monitored</p>

Issue	Risk rating IxL=R	Mitigating Actions	Residual Risk	Are we content with residual risk level?
Guidelines about folders and Guidelines for CPD providers		about folders streams which are set out in the project plan.		
<p>Problem: Staff resources not available.</p> <p>Risk: Reliance on key members of staff including educational expertise, project expertise, research and evaluation and engagement expertise is necessary to delivery the project. Reliance on key members of staff involved in development of audit and process and IT.</p> <p>If key members of staff leave, in areas of education (e.g. development and delivery of resources for the new features), project, research and evaluation or engagement expertise there could be delays to the project (and consequent impact on momentum and effectiveness).</p> <p>Lack of knowledge about developing effective e-learning resources to support key aspects of the CPD scheme, for example consent and communication potentially threatens implementation of the scheme.</p>	3x2=6 High	<p>Project plans in place and monitored by SMT Task Group.</p> <p>Contingency for external expertise if necessary is accessible as part of the budget.</p> <p>Internal expertise recruited to support each of these key features.</p> <p>Staff have built a number of learning resources which have received successful feedback from staff including animations and work books. These are currently being tested with osteopaths.</p> <p>Plans are in place to translate learning to more accessible formats e.g. apps.</p>	Medium	Yes – but this risk needs to be continually monitored
<p>Problem: Staff resources are not available</p> <p>Risk: Other competing GOsC issues take priority.</p>	2x2=4 Medium	Priorities and the Business Plan are monitored by the Chief Executive supported by the Senior Management Team and Council.	Low	Yes
Problem: Organisation needs different knowledge and skills to support osteopaths as the scheme develops.	2x2=4 Medium	Governance structure has been agreed. Detailed project implementation document and	Medium	Yes – but this risk

Issue	Risk rating I x L = R	Mitigating Actions	Residual Risk	Are we content with residual risk level?
<p>Risk: Inadequate preparation of the organisation to deliver a different type of scheme in terms of: knowledge and skills and capacity to provide the right support and advice to osteopaths and operational expertise to get the right systems in place for audit.</p> <p>We are moving from an annual self directed scheme to a three year scheme requiring particular new features. Therefore osteopaths will need continual support and resources to help them comply with the new scheme (in terms of how to do the CPD scheme and how to keep a record and reflect on the CPD scheme) through the first three year period.</p> <p>Registration processing and CPD auditing resource timetabling will change.</p> <p>Impact is if these skills are not planned for and implemented effectively.</p>		<p>project plans in place with arrangements for regular monitoring at SMT.</p> <p>Ensuring that the right people are leading the right project streams at the right time.</p> <p>Plans are in place to involve all relevant staff in the development of the audit, process and IT stream so that as additional or different knowledge is required that training is provided as part of the project plan.</p>		<p>needs to be continually monitored</p>

Risk Log for the CPD Scheme: Risks with the introduction of the scheme

Risks in the implementation of the CPD scheme at different stages (2018 to 2021)– External project risks – recognising that implementation is reliant on all aspects of project delivery – but particular those of our partners. Examples of potential problems leading to risks include: relationships with other stakeholders and providers, delivery of the project through others, early adopters do not have a positive experience and a mismatch between capacity and expectations.

Risks 2016 to 2018 – Prior to mandatory implementation

Issue	Risk rating IxL=R	Mitigating Actions	Residual Risk	Are we content with residual risk level?
<p>Problem: Osteopaths are unaware of the CPD scheme, how to do the CPD scheme or how to record and reflect their CPD as part of the requirements of the new CPD scheme.</p> <p>Risk: Communication mechanisms are not sufficiently segmented or diversified to target osteopaths with the awareness and information that they need in a way that they need it.</p>	<p>2x2 = 4 Medium</p>	<p>Updated communications strategy, overseen by SMT Task Group and regularly shared with stakeholders including the CPD Partnership Group, involving different types of communication, for example, animations, articles, twitter polls, face book discussions, linked in. Segmented communications using register information to target separately people working in a group practice and also those working on their own with specific mechanisms. (In addition to the usual communication mechanisms through the osteopath magazine and the e-bulletin).</p>	<p>Low</p>	<p>Yes – but this will need to be continually monitored.</p>
<p>Problem: Incorrect messages about the CPD scheme derail implementation.</p> <p>Risk: Implementation is derailed because early adopters do not share benefits with others or because early adopters not engaging with the scheme.</p>	<p>3x2=6 High</p>	<p>Working with osteopathic partners. 167 early adopters have participated in launch programmes and 115 have signed up for dedicated webinar support across the 6 CPD programmes that GOsC are running across the scheme. This represents direct contact with around 3.3% of the population of</p>	<p>Low</p>	<p>Yes – but this will need to be continually monitored.</p>

Issue	Risk rating I x L = R	Mitigating Actions	Residual Risk	Are we content with residual risk level?
<p>Early adopters are important because having a core of people, who are comfortable with the scheme, understand how it works and gain real benefits from it will help us to more successfully roll out the scheme to others.</p> <p>It is important to have the diversity of osteopathic practice represented in order that any unintended consequences arising from implementation can be identified and managed.</p> <p>Other stakeholders in the osteopathic sector not sufficiently involved in the development and roll out of the CPD scheme.</p>		<p>osteopaths plus engagement with osteopathic organisations. Reach from social media is also now being recorded and monitored to identify trends and impact.</p> <p>Feedback has been sought with early adopters about benefits and information disseminated through our CPD website and the osteopath magazine. A key component of the CPD programmes is to realise benefits of recording, reflecting and sharing with others. (Engagement, support and community). Further webinars open to all osteopaths are taking place throughout 2017/18 to enhance reach. Also, groups that have completed webinars are being given materials to continue to meet to discuss without GOsC input.</p> <p>Early adopters have been recruited from across the spectrum. Data analysis is being undertaken to ensure that the characteristics of the early adopters reflect those across the profession.</p> <p>Regular group meetings and ongoing meetings with osteopathic stakeholder groups through the CPD Partnership Group and other mechanisms continue to raise awareness of the CPD scheme.</p>		

Issue	Risk rating I x L = R	Mitigating Actions	Residual Risk	Are we content with residual risk level?
		Specific CPD provider guidance is also being developed to put the key elements of the scheme in a useful format for CPD providers.		
<p>Problem: Implementation is derailed by perception of lack of resources.</p> <p>Risk: Underestimating resources required of GOsC and other stakeholders in order to support early adopters and wide scale implementation of the CPD Scheme.</p> <p>If the scheme costs too much – and is therefore not implemented in practice, the intended benefits of the scheme won't be realised.</p> <p>If the budget for GOsC is not sufficient, this could put damage the financial health of GOsC as provision for the implementation of the scheme is identified from reserves.</p>	<p>3x1= 3 Medium</p>	<p>The idea is that the breadth of CPD has been widened to incorporate not simply clinical CPD, but CPD across the range of practice – including education, research, leadership and management. This means that osteopaths should be able to claim CPD for all aspects of the implementation of the scheme – including being a mentor to another. Free resources to undertake the core elements of the CPD scheme will be available. It is therefore intended that across the CPD cycle of three years that there should be no additional costs for osteopaths. Indeed as the whole scheme should be able to be undertaken for free, it is intended that the scheme could even be cheaper for some osteopaths who pay for all their CPD courses.</p> <p>The dedicated website at http://cpd.osteopathy.org.uk contains free resources, templates and examples to enable osteopaths to undertake all the key aspects of the scheme without an outlay cost. Again, reach is being monitored to identify trends.</p> <p>Feedback from osteopaths who have taken part in</p>	<p>Low</p>	<p>Yes – but needs to be monitored.</p>

Issue	Risk rating I x L = R	Mitigating Actions	Residual Risk	Are we content with residual risk level?
		<p>the early adopter programmes has been positive</p> <p>Further resources are being developed.</p> <p>This risk log will be a standing item for all groups within the governance structure to ensure appropriate monitoring of costs.</p> <p>The budget for the implementation of the scheme will continue to be reviewed and monitored by Council.</p>		
<p>Problem: Implementation of the scheme is derailed by lack of buy in to the scheme from the osteopathic stakeholders</p> <p>Risk: Mismatch between GOSc aspirations and capacity of organisations. For example, Insufficient capacity to grasp key messages from the CPD scheme and benefits for all parties. (For example, if 10% of the osteopathic population want support and advice on clinical audit, will NCOR have the capacity to deliver this?)</p> <p>We can only deliver the scheme in partnership with our osteopathic stakeholders.</p>	<p>3x2=6 High</p>	<p>Governance structure focussing on partnership.</p> <p>Regular and ongoing communications with all osteopathic stakeholder partners to understand capacity (including CPD providers).</p> <p>Working together on action plans for the sector through the CPD Partnership Group.</p> <p>Harnessing energy and enthusiasm of new graduates through CPD Partnership Board representative and social media and removal of CPD exemption for osteopaths.</p>	<p>Medium</p>	<p>Yes – but this risk needs to be continually monitored.</p>
<p>Problem: Implementation of the scheme is derailed due to available resources not being cascaded.</p> <p>Risk: GOSc does too much and cannot hand over to</p>	<p>2x3=6 High</p>	<p>CPD Partnership Board to provide feedback about the scheme and the resources.</p> <p>Working in partnership with NCOR to deliver</p>	<p>High</p>	<p>Yes</p>

Issue	Risk rating I x L = R	Mitigating Actions	Residual Risk	Are we content with residual risk level?
<p>providers or providers do not buy in to the GOsC developed resources.</p> <p>As part of our implementation strategy we are running a series of CPD programmes to support osteopaths through the new features of the scheme. However, it will be important that this is a temporary measure and that the resources are taken on and promulgated by others in the sector –either osteopaths or organisations themselves.</p>		<p>particular new features of the scheme.</p> <p>Work to collate benefits of the scheme for providers.</p> <p>Ongoing engagement of the osteopathic stakeholders and providers.</p> <p>Early adopter programmes are being translated into self-sustaining resources that groups are trying out by themselves using workbooks and other resources.</p> <p>GOsC CPD Microsite will ensure that resources are available to everybody.</p>		
<p>Problem: Implementation is derailed with non-engagement by 'hard to reach' osteopaths.</p> <p>Risk: Non-early adopters do not engage with scheme or become aware of it until it becomes mandatory.</p> <p>Osteopaths who refuse to engage with the scheme may find it more difficult to engage when it becomes mandatory.</p>	<p>3x3=9 High</p>	<p>Interactive website developed in order to ensure that all information is easily accessible for all osteopaths. Regular features in osteopathic media.</p> <p>Work undertaken to diversify and segment communication mechanisms to raise chances of getting in touch with hard to reach osteopaths. This includes using registration renewal documentation which osteopaths must look at in order to continue to be registered with us. Also campaigns to identify peer early are planned.</p> <p>Work to realise and communicate the benefits from those who are trying out the new features of the scheme and are still doing it.</p> <p>Engagement with osteopathic organisations across</p>	<p>Medium</p>	<p>Yes – but keep under review.</p>

Issue	Risk rating I x L = R	Mitigating Actions	Residual Risk	Are we content with residual risk level?
		the piece including CPD providers to get messages out to the harder to reach osteopaths.		
<p>Problem: Legislative change to fully implement scheme not forthcoming from DH.</p> <p>Risk: DH has other legislative priorities, for example, BREXIT.</p> <p>Significant parts of the scheme can be implemented under our current legislation.</p>	<p>1x3=3 Medium</p>	<p>Regular discussion with DH and DH Lawyers throughout 2017 has enabled us to agree changes and get to point of consultation. A clear timetable has been agreed to enable legislation to be put in place by early 2018 for implementation in October 2018 as planned.</p> <p>However, our plan B remains. Analysis has shown that most of the new features of the scheme can be implemented without new legislation.</p> <p>A plan B has been developed to implement stepped new features of the scheme from 2018 if the three year cycle cannot be implemented.</p>	Medium	Yes

Risks post mandatory implementation 2018 to 2021

Issue	Risk rating I x L = R	Mitigating Actions	Residual Risk (Low, Medium or High)	Are we prepared to tolerate risk
<p>Problem: A high proportion of osteopaths leaving continuing professional development and peer discussion review to the last minute.</p> <p>Risk: Insufficient mechanisms to ensure that osteopaths keep on track without CPD throughout the 3 year period meaning that high numbers of osteopaths seek to apply for exceptional circumstances or high numbers of osteopaths are removed from the register for non-compliance.</p> <p>The impact on osteopaths will potentially affect their livelihood if they are unable to practise until they have complied with the CPD scheme.</p> <p>The impact on GOsC in April 2021 could be large unless resources to deal with this spike are planned.</p>	<p>3x2=6 High</p>	<p>All osteopaths will be asked to declare how many hours of CPD and how many new features of the CPD scheme they have undertaken as part of their CPD scheme each year and will be given feedback about what they have to do to complete the CPD cycle at the end of the three year period. Our audit strategy comprising elements of support, compliance and verification combine to reduce this risk.</p> <p>Clear guidance is being developed about what osteopaths have to do and when and how to record and reflect on their CPD throughout the CPD cycle. (Example folders and reflections)</p> <p>Clear guidance is being developed for CPD Providers to support osteopaths to comply with the scheme and to record and reflect on their CPD.</p> <p>The IT process work stream will ensure that relevant self-declarations annually are made and the audit strategy and Folder guidance will help osteopaths to know what they have to do and when..</p> <p>Communication strategy will continue to inform target areas of concern. (For example, the pattern of early adopters has shown that most osteopaths are</p>	<p>Medium</p>	<p>Yes – but this needs to be continually monitored.</p>

Issue	Risk rating I x L = R	Mitigating Actions	Residual Risk (Low, Medium or High)	Are we prepared to tolerate risk
		<p>interested in undertaking the consent and communication aspects of the CPD scheme but fewer are interested in learning about the objective activities).</p> <p>Suggestion from CPD Partnership Group that as well as declaring hours and the new features of the scheme that have been completed, that osteopaths should be asked, at their annual renewal, to respond to the following questions:</p> <ul style="list-style-type: none"> • Have you got a plan to complete the remaining parts of your CPD in this cycle? • Have you selected your peer? • Do you need help to find one? <p>Consideration of these mitigating actions is informing the self-declaration in years 1 and 2 and 3.</p> <p>This risk will continue to be monitored as we collect data about progress during years 1 and 2 of the cycle.</p>		
<p>Problem: Audit feedback takes too long to provide.</p> <p>Risk: Resources required to undertake audit are underestimated.</p> <p>Revalidation pilot feedback and audit took much longer than expected due to the need to ensure that feedback</p>	<p>2x3=6 High</p>	<p>The developing audit strategy will support this. It is envisaged that year 1 and 2 self-declarations will be straightforward simply providing feedback about what the osteopath has declared with a small proportion of invitations to see folders at this stage to provide advice and guidance ahead of the</p>	<p>High</p>	<p>Yes – but keep under review.</p>

Issue	Risk rating I x L = R	Mitigating Actions	Residual Risk (Low, Medium or High)	Are we prepared to tolerate risk
<p>was given and received constructively. Peer Discussion Review feedback is an 'unknown' at this stage.</p>		<p>completion of the peer discussion review. There are less detailed criteria than exist currently and so it is expected that audits will take less time than they do currently.</p> <p>Plans will need to be put in place to ensure that audit is planned and piloted effectively ahead of the 'bulge' expected in April 2021.</p>		
<p>Problem: Proportion of the Register leave because they do not want to comply with the CPD scheme. Unknown impact on registration numbers</p>	<p>2x1=2 Low</p>	<p>Communications and engagement</p>	<p>Low</p>	<p>Yes</p>

Risk Log for the CPD scheme: Risks with the scheme itself

Risks in the CPD scheme itself – The scheme does not deliver its intended outcomes, for example, it does not:

- Support all osteopaths to undertake the new features of the CPD scheme to support the continual enhancement of patient care and patient safety (including practice in accordance with the OPS) (Engagement)
- Encourage osteopaths to reflect on their practice with others to get professional and personal support to continually enhance patient care and patient safety (Support)
- Stimulate osteopaths and osteopathic organisations to reach out to build broader networks with osteopaths and others to continually enhance patient care and patient safety (Community).

Issue	Risk rating IxL=R	Mitigating Actions	Residual Risk	Are we content with residual risk level?
<p>Problem: Giving and receiving poor feedback can influence how effective (or ineffective) feedback is to changing practice. Peer Discussion Reviews are undertaken badly (thus osteopaths do not share areas of development and consequent impact on patient safety)</p> <p>Risk: Insufficient support and materials to support the giving and receiving of constructive feedback.</p> <p>Peer Discussion Reviews are important because they should create a 'safe space' within which practice can be discussed. Development areas can be identified and supported thus enhancing patient care and practice – supporting both professional and personal development.</p> <p>However, feedback given in a way that is not constructive</p>	<p>3x3=9 High</p>	<p>Resources to support osteopaths to undertake the role of peer and participant have been developed as part of our webinar series and include specific aspects of giving and receiving constructive feedback. These will include setting ground rules and expectations, encouraging osteopaths to identify a peer at the earliest opportunity to encourage ongoing discussion (all of which counts towards CPD).</p> <p>The communications strategy includes a section on identify your peer early both before the scheme comes in and segmented to each group as they enter their three year cycle.</p>	<p>Medium</p>	<p>Yes – but the impact needs to be closely monitored</p>

Issue	Risk rating I x L = R	Mitigating Actions	Residual Risk	Are we content with residual risk level?
<p>has been shown to damage confidence and may lead to osteopaths becoming uncomfortable discussing areas of development thus impacting on the purpose of the scheme.</p>		<p>Guidance about how to manage disagreements and concerns has been enhanced in the peer discussion review guidelines following feedback from consultation and specific work with osteopathic groups.</p> <p>Plans to work with osteopathic partners to support the development of a core of trained peer discussion reviewers.</p> <p>Plans to work with registration assessors to support the development of a core of peer discussion reviewers. Training was undertaken in March 2017 and will continue to be developed.</p> <p>A help line to discuss with trained staff Peer Discussion Reviews that have 'gone wrong' should be developed to mitigate any unintended consequences to keep osteopaths on track with the development of the scheme. Work is ongoing on this.</p>		
<p>Problem: Implementation of scheme does not achieve intended benefits of development of learning community and practice in accordance with Osteopathic Practice Standards</p> <p>Risk: The benefits of the scheme are difficult to measure.</p>	<p>3x2=6 High</p>	<p>The evaluation and impact assessment will explore the benefits of the scheme activities to the early adopters as far as is possible and the population as a whole.</p> <p>Follow ups to the evaluation are planned annually to</p>	<p>Medium</p>	<p>Yes – but this needs to be closely monitored</p>

Issue	Risk rating I x L = R	Mitigating Actions	Residual Risk	Are we content with residual risk level?
If the benefits of the scheme are not identified and recorded, the intended benefits may not be realised.		<p>continue to gauge impact. The Early adopter webinars have been quite positive in terms of the osteopaths wanting to keep the communities they have developed going.</p> <p>All the Resources and Case Studies developed explore the benefits and costs of undertaking the relevant activities from the point of view of those undertaking them thus focussing not on compliance – but upon how the scheme can deliver its purpose and the ‘what’s in it for me’ for the participant.</p> <p>Further work may be needed to define success of the scheme in context.</p>		
<p>Problem: Scheme does not achieve engagement, support and community.</p> <p>Risk: Components of recording and reflection are not facilitated. Loss of the annual summary form.</p> <p>The benefits of the scheme are difficult to realise.</p> <p>Recording and reflection are important necessary components for the scheme to be effectively delivered.</p>	<p>2x3=6 High</p>	<p>Guidance is being developed on different ways to record and reflect.</p> <p>The annual summary form will be turned into a CPD diary to support those c80% of osteopaths who use it currently to continue to record and reflect on their CPD.</p> <p>Guidance for CPD providers will also include important components about recording and reflection.</p> <p>Simple templates to support recording and reflecting</p>	High	Yes – this needs to be monitored.

Issue	Risk rating I x L = R	Mitigating Actions	Residual Risk	Are we content with residual risk level?
		<p>are available for osteopaths to use on the website.</p> <p>Discussions with CPD providers and partners about the importance of the recording and reflection to realise benefits of the CPD scheme.</p>		

**Indicative costs for the implementation of the CPD scheme
(as at 20 October 2017. Implementation costs calculated to March 2020)**

Item	Budget (over a three year implementation period drawn from £100 000 reserves)	Expenditure as at October 2017	Notes
<p>Engagement – budget provision for:</p> <ul style="list-style-type: none"> • CPD Partnership Group meetings including provision for stakeholders to attend, travel and accommodation, venue costs x 6 meetings to October 2019 (£3,000) • Stakeholder meetings – includes provision for meeting with lots of small groups including regional groups, specialist groups and CPD providers, provision for travel, accommodation and venue costs and launch events (£12,000) 	£15,000		Engagement to March 2017 has been incorporated into existing budgetary spend
<p>Development of resources</p> <ul style="list-style-type: none"> • Print costs for CPD Guidelines¹ • Animations and presentations to bring learning resources to life (£20,000) • Expert input to update resources (£7,500) – 15 to 20 days of expert input • Workbook development and testing, design and potential website and or app development to support objective activities and OPS (£25,000 to £40,000)² 	c£70,000	c£6,000 including e-portfolio costs, animation, webinar costs and also presentations	

¹ Allocations of costs of printing and designing CPD Guidelines and ongoing website to be considered as part of start-up or ongoing budgets.

² Allocations of costs for website/apps development to be considered further either as part of start-up or ongoing budgets.

Annex B to 12

Item	Budget (over a three year implementation period drawn from £100 000 reserves)	Expenditure as at October 2017	Notes
<ul style="list-style-type: none"> • Online webinar engagement to March 2020 (£3,600) • Website maintenance and development³ 			
Process development	£15,000	Costs of adapting the in house web based forms have been discussed with web developers currently. Scoping will be completed by November. However, the nature of the work required is not complex and costs are not expected to exceed £15,000 ⁴	
Evaluation and impact assessment	£0	Currently, evaluation expenditure has been contained through the use of in-house expertise. ⁵	

³ Allocations of costs of printing and designing CPD Guidelines and ongoing website to be considered further as part of start-up or ongoing budgets.

⁴ Costs of process development will fall towards the end of year 3 and currently the figure of £15,000 makes appropriate provision for the specification.

⁵ Costs for evaluation are currently being contained in-house which is a cost saving for our original estimated budget.