



**Osteopathic Practice Committee**  
**3 March 2016**  
**CPD Project Governance**

<b>Classification</b>	Public
<b>Purpose</b>	For decision
<b>Issue</b>	The governance structures for the implementation of the CPD Project.
<b>Recommendations</b>	<ol style="list-style-type: none"><li>1. To agree the terms of reference for the Delivery Board.</li><li>2. To agree the terms of reference for the SMT Task Group.</li><li>3. To agree the approach to governance outlined in this paper.</li></ol>
<b>Financial and resourcing implications</b>	Costs associated with the implementation of the new CPD Scheme have been incorporated allocated from reserves by Council.
<b>Equality and diversity implications</b>	None from this paper.
<b>Communications implications</b>	The proposals for the governance of the delivery of the new CPD scheme have been discussed with our key stakeholders and will be published when agreed.
<b>Annexes</b>	<ol style="list-style-type: none"><li>A. Terms of Reference for the SMT Task Group</li><li>B. Terms of Reference for the Delivery Board</li><li>C. Table summarising advice and decision making within Project Work streams for the implementation of the new CPD Scheme</li></ol>
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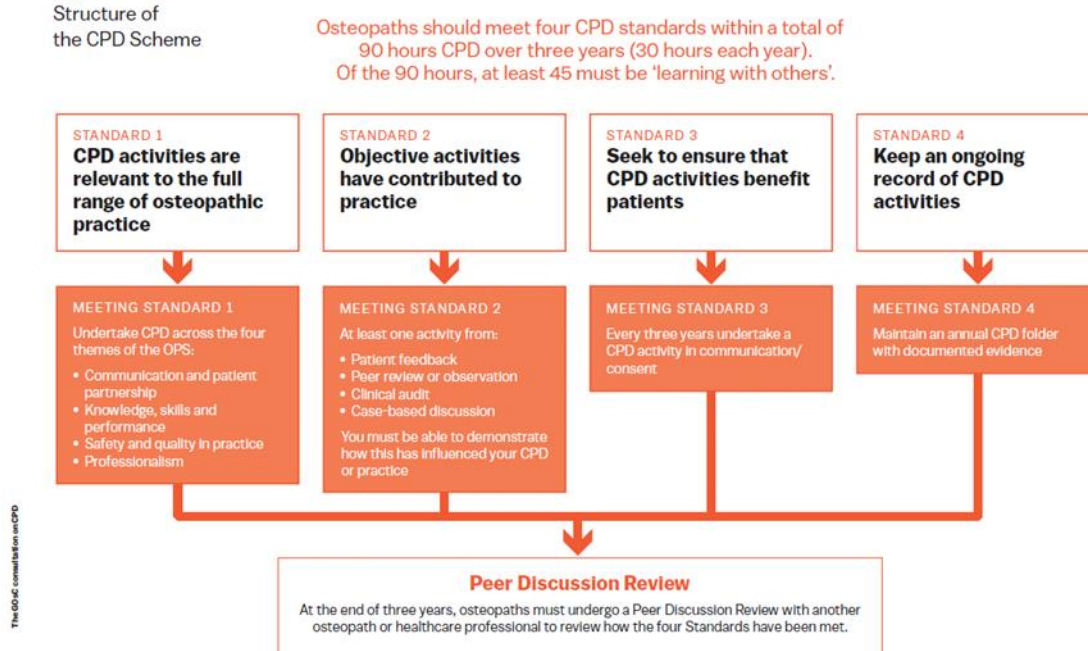
## Background

1. Our Corporate Strategy 2016-19 contains the following strategic objectives:
  - 'To promote public and patient safety through patient-centred, proportionate, targeted and effective regulatory activity
  - To encourage and facilitate continuous improvement in the quality of osteopathic healthcare
  - To use our resources efficiently and effectively, while adapting and responding to change in the external environment.'
2. The Corporate Strategy also provides that 'Partnership is at the heart of delivering our objectives; a regulator is not synonymous with the profession it regulates and we believe strongly that, where appropriate, we should work with others to achieve them.
3. Key goals outlined in the Corporate Strategy include:
  - 'To ensure that osteopaths keep their knowledge and skills up to date, and continually enhance and improve their practice.' We state that we will do this by implementing a new CPD scheme that supports and encourages practitioner reflection, peer learning and peer review and that we will provide resources to support learning in key areas such as communication and consent. We also commit to monitoring implementation and impact of our new CPD scheme using a proportionate and risk-based approach.
  - 'To put patients, patient-centred regulation and patient-centred healthcare at the heart of our work'. We state that we will do this by encouraging the use of patient feedback by osteopaths within our new CPD scheme
  - 'To ensure that the osteopathic profession continues to develop its capacity to improve patient experience and high quality care'. We state that we will do this by working with the Institute of Osteopathy (and others) to support capacity building within local osteopathic groups to contribute to the development of the profession and the new CPD scheme.
4. The Business Plan for 2016-17 has a range of activities outlined in relation to the implementation of the CPD scheme as follows:
  - Establish a strategy for the further development and implementation of a revised CPD scheme for osteopaths, working in partnership with all osteopathic stakeholders while ensuring appropriate governance oversight.
  - Recruit registrants and groups willing to work as 'early adopters' to test and refine the CPD scheme and its resources.
  - Update and publish learning resources that support the new CPD scheme – particularly in relation to communication and consent.
  - Review progress and legislative requirements, and consider timescales for introduction of compulsory elements of the CPD scheme.
  - Publish new CPD Guidance and related resources.

- Scope and undertake osteopathic continuing professional development evaluation to feed into 'State of Osteopathic Continuing Professional Development' report.
  - Conduct communications and engagement activities to support and promote the implementation of a new CPD scheme for osteopaths.
5. At its meeting on 4 February 2016, the Council agreed the CPD model to be implemented as outlined at Figure 1 below.

6 FULL CONSULTATION

**Figure 1**  
Structure of  
the CPD Scheme



6. The Council also agreed an approach to governance which noted:
- That development and delivery of the CPD scheme with the osteopathic profession can only be undertaken successfully across the sector with partners.
  - That further development of a suite of resources developed for the consultation was necessary to support all osteopaths to undertake the mandatory elements of the scheme was necessary.
  - That a Delivery Board involving a range of partners should oversee a programme of implementation of the new CPD scheme.
  - That the Delivery Board should be supported by a Senior Management Team Task Group responsible for the day-to-day oversight of the project, led by the Chief Executive.
  - That Council were keen to ensure that the relationship between the SMT, the Delivery Board, the Osteopathic Practice Committee and Council was clear and that in particular, careful thought was given to the interface between the Osteopathic Practice Committee and the Delivery Board.

Members suggested that a chart showing the structure of governance especially that between the Delivery Board and the Osteopathic Practice Committee would assist.

- That Council was accountable for ensuring that osteopaths practised in accordance with the *Osteopathic Practice Standards* along with patient safety and the enhancement of the quality of care.
  - That Council would wish to regularly review the financial and reputational risks arising from the implementation of the new CPD scheme and will oversee the evaluation of the scheme.
  - That Council would need to make decisions about when elements of the new CPD scheme became mandatory for osteopaths, including any required legislative changes.
  - That Council would need to make decisions about any changes to legislation necessary.
  - That a two wave approach to implementation would be necessary with Wave 1 comprising osteopaths who wish to engage in 'early adoption' – who wanted to begin the new scheme now and Wave 2 – those osteopaths who did not engage with the 'early adoption' – who required mandatory elements of the scheme to be in force before they began to comply.
7. Council also agreed a staged approach to implementation and they agreed an outline timetable recognising that this will be reviewed at regular stages as part of the implementation plan.
8. The outline timetable agreed by Council is set out below:

<b>Activity</b>	<b>Timeline</b>
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
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9. This paper seeks to develop more detail about the governance of the Project and the terms of reference for groups in the governance structure for the delivery of the new CPD Scheme.

## Discussion

### *Purpose of the governance structure*

10. The purpose of the governance structure is to ensure that the CPD scheme agreed by Council is implemented efficiently and effectively to support osteopaths to demonstrate practice in accordance with the *Osteopathic Practice Standards* and to build a community of practice where osteopaths support each other to promote patient safety and enhance the quality of care avoiding unintended consequences.

### *Function of the governance structure*

11. The governance structure should ensure the following:
- Strategic leadership and strategic decision making – delivering the CPD scheme agreed by Council. Ensuring that all involved understand their roles, ensuring that the right decisions involve the right people, are made at the right time and at the right level.
  - Accountability – holding the bodies in the delivery structure to account ensuring that the project delivery is successful being accountable to patients and the public and to registrants for doing so.
  - Participation, inclusion and external relations – recognising that the success of delivery of the scheme will be based on people and relationships working effectively individually and as teams not simply structures.
  - Simple and supportive – Governance structures should allow a focus on outcomes not simply process and should allow flexibility for reflection, learning and doing things better.<sup>1</sup>

### *Form of the governance structure*

12. As indicated above, the governance structure will comprise our own Council – as the key decision making body in relation to strategic decisions over introducing mandatory elements of the scheme, legislation and oversight of risk and evaluation but will also include partners to deliver the scheme (including the provision of advice, doing activities and making decisions) recognising that the inclusion of our stakeholders into the scheme is important.

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<sup>1</sup> Note – these themes have been distilled from a variety of documents about Governance including the ACEVO website on Governance for Charity Leaders, the PSA Report on Board Size and Effectiveness and the Governance Principles for Agile Service Delivery from the [www.gov.uk](http://www.gov.uk) website.

13. Proposed terms of reference for the SMT task group, the Delivery Board and the relationship with the Osteopathic Practice Committee are outlined at Annexes A, B and C for comment.

*Next steps*

14. The detail of the governance structure will be agreed at its meeting in May 2016. The first meeting of the Delivery Board will take place following that meeting. The first meeting of the Project Board will take place shortly after the Osteopathic Practice Committee meeting and we will take steps to arrange the first meeting of the Delivery Board to follow the Council meeting in May.

**Recommendations:**

1. To agree the terms of reference for the Delivery Board.
2. To agree the terms of reference for the SMT Task Group.
3. To agree the approach to governance outlined in this paper.

### Terms of Reference Senior Management Team Task Group

#### *Purpose and role*

The purpose of Senior Management Team Task Group is to ensure the delivery of the CPD implementation scheme by acting as a Project Board to oversee the day to day management of the project ensuring that the right engagement takes place with the right bodies at the right time – preparing regular updates for the Delivery Board, the Osteopathic Practice Committee and Council and undertaking project stream work with partners.

#### *Terms of Reference*

1. *Guidance and Resources:* to oversee and deliver the development of Guidance and Resources project work streams to deliver:
  - the *CPD Guidelines* post consultation
  - the *Peer Discussion Review Guidelines* post consultation (including examples of completed peer discussion reviews)
  - more detailed and diverse templates, user guides and worked examples to support the
    - *Resources and Case Studies (Osteopathic Practice Standards)*
    - *Resources and Case Studies (Consent and Communication)*
    - *Resources and Case Studies (Objective activity)* – to include further work particularly around patient feedback using different platforms and forms to meet the needs of all osteopaths (this will include the piloting of an online resource portfolio to support learning and inform the roles of others).
2. *Communications and engagement* – to oversee and deliver the communications and engagement project including the agreement of the communications and engagement strategy for presentation to the Osteopathic Delivery Board, regular 1:1 and group engagement with people in all stakeholder organisations (including the Institute of Osteopathy, Regional Groups, the Osteopathic Educational Institutions, the Osteopathic Alliance and others), regular communications via the GOSc osteopathic media and stakeholder organisations media.
3. *Process* – to oversee and deliver the development of internal and external processes to support Wave 1 early adopters and Wave 2 – mandatory osteopaths including the audit strategy and process, staggering implementation, phasing and flexible deadlines.
4. *Early adopters* – to recruit and support early adopters representing osteopaths across the different organisations, regional groups and societies to help us to ensure that the Guidelines, Resources and Case Studies developed work across all aspects of osteopathy in practice.
5. *Legislation* – to explore the need for legislative change through learning with the early adopters.

6. *Equality and diversity* – to monitor and update the equality impact assessment as we progress implementation with the Wave 1 early adopters and as implementation rolls out for the Wave 2 osteopaths.
7. *Evaluation and impact assessment* – to oversee the State of CPD Evaluation Report and the evaluation framework for Wave 1 osteopaths and early adopters. To oversee and manage the financial and risk matrix and to report regularly on this to Council.

### *Method of delivery*

We anticipate that the Senior Management Team Task Group will meet at least monthly and more frequently as needed.

### *Membership*

- The group will be chaired by the Chief Executive, Tim Walker.
- Members will comprise:
  - Fiona Browne – Head of Professional Standards
  - Matthew Redford – Head of Registration and Resources
  - Brigid Tucker – Head of Communications
- Other staff members will also attend as required.

### *Co-option*

The group will be able to co-opt expertise as it sees fit.

### *Quorum*

Three members.

### *Reporting and accountability*

The Senior Management Team Task Group is accountable to the Council via the Chief Executive.



### Terms of Reference: Delivery Board

#### *Purpose and role*

The purpose of Delivery Board is to provide advice to Council, the Osteopathic Practice Committee, the SMT Task Group about delivery of the new CPD scheme. The Delivery Board is also responsible for delivering the CPD scheme and undertaking the roles necessary within constituent organisations to ensure the successful delivery of the CPD Scheme.

#### *Terms of Reference*

1. *Guidance and Resources* – to provide advice on and develop within their organisations the Guidance and Resources project work streams including:
  - the *CPD Guidelines* post consultation,
  - the *Peer Discussion Review Guidelines* post consultation (including examples of completed peer discussion reviews),
  - more detailed and diverse templates, user guides and worked examples to support the
    - *Resources and Case Studies (Osteopathic Practice Standards)*
    - *Resources and Case Studies (Consent and Communication)*
    - *Resources and Case Studies (Objective activity)* – to include further work particularly around patient feedback using different platforms and forms to meet the needs of all osteopaths (this will include the piloting of an online resource portfolio to support learning and inform the roles of others).
2. *Communications and engagement* – to provide advice on and develop within their organisations (and among their members) communications and engagement.
3. *Process* – to provide advice on the development of internal and external processes to support Wave 1 early adopters and Wave 2 – mandatory osteopaths including the audit strategy and process, staggering implementation, phasing and flexible deadlines.
4. *Early adopters* – to provide advice on and support recruitment of early adopters representing osteopaths across the different organisations, regional groups and societies to help to ensure that the Guidelines, Resources and Case Studies developed work across all aspects of osteopathy in practice.
5. *Legislation* – to provide advice on the need for legislative change through learning with the early adopters.
6. *Equality and diversity* – to provide advice on the equality impact assessment as we progress implementation with the Wave 1 early adopters and as implementation rolls out for the Wave 2 osteopaths.

7. *Evaluation and impact assessment* – to provide advice on the State of CPD Evaluation Report and the evaluation framework for Wave 1 osteopaths and early adopters. To oversee and manage the financial and risk matrix and to report regularly on this to Council.

### *Method of delivery*

We anticipate that the Delivery Board will meet at quarterly and more frequently as needed.

### *Membership*

- The group will nominate its chair from its membership.
- Members should include representatives of:
  - The Institute of Osteopathy
  - The Council of Osteopathic Educational Institutions (including members from at least two osteopathic educational institutions)
  - Teaching faculty in undergraduate osteopathic education (including members from at least two osteopathic educational institutions)
  - Representatives of regional groups (including those working in sole practice and in group practice and from different regions in the UK)
  - The Osteopathic Alliance (including members from at least two different societies or organisations)
  - The National Council of Osteopathic Research
  - Two representatives from the GOsC Public and Patient Reference Group
  - Two newly qualified osteopaths graduating after 2015.
  - The GOsC Osteopathic Practice Committee
- GOsC staff members will also attend.

### *Co-option*

The group will be able to co-opt expertise as it sees fit.

### *Quorum*

Seven members.

### *Reporting and accountability*

The Delivery Board will report to the Osteopathic Practice Committee and Council.

### **Table summarising advice and decision making within Project Work streams for the implementation of the new CPD Scheme**

#### *Introduction*

The table below sets out the primary links between the work streams, the members of the governance structure including the Senior Management Team (SMT) Task Group, the Osteopathic Practice Committee (OPC) and the Council.

It is important to note the principle at the outset, that the governance arrangements rely on recognising that the success of delivery of the scheme will be based on people and relationships working effectively individually and as teams not simply structures. In this respect, the terms of reference and governance structure are not designed to restrict flexibility or innovation to deliver our desired outcomes.

#### *Reporting to Council*

Council retains decision making in relation to important and strategic issues including:

- Decisions about the implementation of mandatory elements of the scheme
- Decisions about legislation
- Decisions about evaluation
- Regular monitoring of risk and financial impact.

Council will receive strategic updates at its meetings about the implementation of the CPD scheme.

#### *The role of the Osteopathic Practice Committee*

The Osteopathic Practice Committee has an important oversight role on behalf of Council and will advise, in accordance with its current terms of reference about Advise Council on all matters relating to standards of osteopathic practice including, where appropriate, post-registration education and training, and the requirements for continuing professional development under Section 17 of the Act and any other matters relating to the continuing fitness to practise of registrants (including revalidation). To do this, the Osteopathic Practice Committee will receive reports at each meeting about the progress of the work of the SMT Task Group and Delivery Board and will be able to flag up any issues that it wishes to bring to the attention of Council.

## Annex C to 4

<b>Workstream</b>	<b>Function</b>	<b>SMT Task Group</b>	<b>DB</b>	<b>OPC</b>	<b>Council</b>
<i>1. Guidance and Resources</i> – updating the CPD Guidelines, Peer Discussion Review Guidelines and the more detailed and diverse Resources and Case Studies	Providing advice	✓	✓	✓	
<i>1. Guidance and Resources</i> – updating the CPD Guidelines, Peer Discussion Review Guidelines and the more detailed and diverse Resources and Case Studies	Developing resources	✓	✓		
<i>1. Guidance and Resources</i> – updating the CPD Guidelines, Peer Discussion Review Guidelines and the more detailed and diverse Resources and Case Studies	Making decisions about agreeing documentation for Wave 1 early adopters			✓	
<i>1. Guidance and Resources</i> – updating the CPD Guidelines, Peer Discussion Review Guidelines and the more detailed and diverse Resources and Case Studies	Making decisions about agreeing documentation for Wave 2 osteopaths.				✓
<i>2. Communications and engagement:</i> development and oversight of the communications and engagement project ensuring regular 1:1 and group engagement	Providing advice	✓	✓	✓	

## Annex C to 4

<b>Workstream</b>	<b>Function</b>	<b>SMT Task Group</b>	<b>DB</b>	<b>OPC</b>	<b>Council</b>
with people in all stakeholder organisations regular communications via the GOsC osteopathic media and stakeholder organisations media					
<i>2. Communications and engagement:</i> development and oversight of the communications and engagement project ensuring regular 1:1 and group engagement with people in all stakeholder organisations regular communications via the GOsC osteopathic media and stakeholder organisations media	Developing resources	✓	✓		
<i>2. Communications and engagement:</i> development and oversight of the communications and engagement project ensuring regular 1:1 and group engagement with people in all stakeholder organisations regular communications via the GOsC osteopathic media and stakeholder organisations media	Making decisions about agreeing documentation for Wave 1 early adopters	✓	✓		
<i>2. Communications and engagement:</i> development and oversight of the	Making decisions about agreeing documentation for Wave 2			✓	✓

## Annex C to 4

Workstream	Function	SMT Task Group	DB	OPC	Council
communications and engagement project ensuring regular 1:1 and group engagement with people in all stakeholder organisations regular communications via the GOsC osteopathic media and stakeholder organisations media	osteopaths.				
<i>3. Process:</i> to oversee the development of internal and external processes to support Wave 1 early adopters and Wave 2 – mandatory osteopaths including the audit strategy and process, staggering implementation, phasing and flexible deadlines.	Providing advice	✓	✓		
<i>3. Process:</i> to oversee the development of internal and external processes to support Wave 1 early adopters and Wave 2 – mandatory osteopaths including the audit strategy and process, staggering implementation, phasing and flexible deadlines.	Developing resources	✓			
<i>3. Process:</i> to oversee the development of internal and external processes to support Wave 1 early adopters and Wave 2 –	Making decisions about agreeing documentation for Wave 1 early adopters	✓		✓	

## Annex C to 4

Workstream	Function	SMT Task Group	DB	OPC	Council
mandatory osteopaths including the audit strategy and process, staggering implementation, phasing and flexible deadlines.					
<i>3. Process:</i> to oversee the development of internal and external processes to support Wave 1 early adopters and Wave 2 – mandatory osteopaths including the audit strategy and process, staggering implementation, phasing and flexible deadlines.	Making decisions about agreeing documentation for Wave 2 osteopaths.				✓
<i>4. Early adopters:</i> to recruit and support early adopters representing osteopaths across the different organisations, regional groups and societies to help us to ensure that the Guidelines, Resources and Case Studies developed work across all aspects of osteopathy in practice.	Providing advice	✓	✓		
<i>4. Early adopters:</i> to recruit and support early adopters representing osteopaths across the different organisations, regional groups and societies to help us to ensure that the Guidelines, Resources and Case	Developing resources	✓	✓		

## Annex C to 4

<b>Workstream</b>	<b>Function</b>	<b>SMT Task Group</b>	<b>DB</b>	<b>OPC</b>	<b>Council</b>
Studies developed work across all aspects of osteopathy in practice.					
<i>4. Early adopters:</i> to recruit and support early adopters representing osteopaths across the different organisations, regional groups and societies to help us to ensure that the Guidelines, Resources and Case Studies developed work across all aspects of osteopathy in practice.	Making decisions about agreeing documentation for Wave 1 early adopters		✓	✓	
<i>4. Early adopters:</i> to recruit and support early adopters representing osteopaths across the different organisations, regional groups and societies to help us to ensure that the Guidelines, Resources and Case Studies developed work across all aspects of osteopathy in practice.	Making decisions about agreeing documentation for Wave 2 osteopaths.				✓
<i>5. Legislation:</i> to explore the need for legislative change through learning with the early adopters.	Providing advice	✓	✓	✓	
<i>5. Legislation:</i> to explore the need for legislative change through learning with the early adopters.	Developing resources	✓			



## Annex C to 4

<b>Workstream</b>	<b>Function</b>	<b>SMT Task Group</b>	<b>DB</b>	<b>OPC</b>	<b>Council</b>
<i>5. Legislation:</i> to explore the need for legislative change through learning with the early adopters.	Making decisions about agreeing documentation for Wave 1 early adopters	NA	NA	NA	NA
<i>5. Legislation:</i> to explore the need for legislative change through learning with the early adopters.	Making decisions about agreeing documentation for Wave 2 osteopaths.				✓
<i>6. Equality and diversity:</i> to update the equality impact assessment as we progress implementation with the wave 1 early adopters and as implementation rolls out for the wave 2 osteopaths.	Providing advice	✓	✓	✓	
<i>6. Equality and diversity:</i> to update the equality impact assessment as we progress implementation with the wave 1 early adopters and as implementation rolls out for the wave 2 osteopaths.	Developing resources	✓	✓		
<i>6. Equality and diversity:</i> to update the equality impact assessment as we progress implementation with the wave 1 early adopters and as implementation rolls out for the wave 2	Making decisions about agreeing documentation for Wave 1 early adopters	✓	✓	✓	

## Annex C to 4

Workstream	Function	SMT Task Group	DB	OPC	Council
osteopaths.					
<i>6. Equality and diversity:</i> to update the equality impact assessment as we progress implementation with the wave 1 early adopters and as implementation rolls out for the wave 2 osteopaths.	Making decisions about agreeing documentation for Wave 2 osteopaths.				✓
<i>7. Evaluation and impact assessment:</i> to oversee the State of CPD Evaluation Report and the evaluation framework for Wave 1 osteopaths and early adopters. To oversee and manage the financial and risk matrix and to report regularly on this to Council.	Providing advice	✓	✓	✓	
<i>7. Evaluation and impact assessment:</i> to oversee the State of CPD Evaluation Report and the evaluation framework for Wave 1 osteopaths and early adopters. To oversee and manage the financial and risk matrix and to report regularly on this to Council.	Developing resources	✓			
<i>7. Evaluation and impact assessment:</i> to oversee the State of CPD Evaluation Report and the evaluation	Making decisions about agreeing documentation for Wave 1 early	✓	✓	✓	✓

## Annex C to 4

Workstream	Function	SMT Task Group	DB	OPC	Council
framework for Wave 1 osteopaths and early adopters. To oversee and manage the financial and risk matrix and to report regularly on this to Council.	adopters				
<i>7. Evaluation and impact assessment:</i> to oversee the State of CPD Evaluation Report and the evaluation framework for Wave 1 osteopaths and early adopters. To oversee and manage the financial and risk matrix and to report regularly on this to Council.	Making decisions about agreeing documentation for Wave 2 osteopaths.				✓