



**Policy Advisory Committee**

**15 March 2018**

**CPD Update: CPD evaluation findings and communication implications of the 2017/18 CPD Survey**

<b>Classification</b>	Public
<b>Purpose</b>	For discussion
<b>Issue</b>	The findings of the second CPD evaluation survey and their communication implications.
<b>Recommendation</b>	To consider the CPD evaluation survey findings and the response to assist with effective implementation of the new CPD scheme.
<b>Financial and resourcing implications</b>	None
<b>Equality and diversity implications</b>	The impact of the CPD scheme is being monitored from a variety of perspectives as part of our evaluation equality impact assessment
<b>Communications implications</b>	Communication and engagement on the implementation of the new CPD scheme is ongoing.
<b>Annexes</b>	Annex A: CPD evaluation report 2017/18 Annex B: Communications and engagement strategy (extract from January 2018 Council paper)
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## Background

1. This paper provides an update about the second CPD Evaluation Survey. The purpose of the paper is to provide the Committee with the findings of the second annual CPD survey and our response. We are inviting the Committee to consider this and to provide any additional feedback or insights about the mechanisms we are using to implement the new CPD scheme which comes into effect from 1 October 2018.
2. The CPD Evaluation Survey provides both a baseline to understand how the implementation of the CPD scheme affects patterns of CPD over time as well as providing a tool which enables osteopaths to reflect on their own CPD. Unlike the registration renewal data, completion of the survey is voluntary and therefore, it is not as generalisable as the registration renewal data (which all registered osteopaths are required to complete). But the CPD Evaluation Survey is still a credible data source. It can help us to understand the progress of the implementation of the CPD scheme before registration renewal data is available, and help inform our communications and other strategies to maximise awareness of and ability to participate successfully in the CPD scheme.

### *The first CPD Evaluation Survey – 2016/17*

3. In March 2017, the PAC considered the findings from the first baseline CPD Evaluation survey providing a picture of patterns of CPD prior to the implementation of the CPD scheme which took place between November 2016 and January 2017. This paper is available at:  
<http://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-march-2017-item-3-continuing-professional-development-cpd/?preview=true>.
4. The Committee noted that the aim of the 'State of CPD' evaluation report was to provide a baseline against which the implementation of our CPD scheme can be measured. The Committee also noted key findings from the 2016-17 baseline which included:
  - At present high numbers of osteopaths are not undertaking feedback on their practice from external sources (the objective activity element of the CPD scheme should influence this finding over time).
  - More than half of osteopaths responding to the survey undertook CPD in the area of communication and consent. (The communication and consent element of the CPD scheme should influence this finding over time).
  - In terms of planning CPD and identifying learning needs, the survey identifies 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 (as the scheme rolls out and further templates to support reflection and recording are used, we hope that this finding will be improved over time).
  - A high percentage of osteopaths report having a peer with whom they can discuss a case.

5. In June 2017, the PAC received a presentation about the implementation of the CPD scheme. The Committee noted that the 'evaluation of the scheme would continue throughout its implementation to measure changes against the baseline of osteopaths complying with CPD standards.' A copy of the presentation is available from Fiona Browne at [fbrowne@osteopathy.org.uk](mailto:fbrowne@osteopathy.org.uk).

*The second CPD Evaluation survey 2017/18*

6. A CPD update was presented to Council in November 2017. This paper is available at: <http://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/council-november-2017-item-12-cpd-implementation-scheme-update/?preview=true>. This paper explained some small changes that had been made to the CPD Evaluation Survey by staff with expertise in survey design and members of the CPD Partnership group (comprising osteopaths, patients and research representatives). The draft survey was also tested with staff prior to launch.

## **Discussion**

*Overview and response rate to the 2017/18 CPD Survey*

7. Overall, the survey findings show raised awareness of the CPD scheme and reassuring although varied levels of preparedness.

- Increased response rate to the 2017/18 survey (up from 7% to 10%)
- Increased use of the four themes of the OPS to identify CPD needs or record CPD (up 13%)
- Increased reporting of using feedback from external sources to feed into practice (up 3%)
- Lower levels of feedback collected from patients (down 4%)
- High levels of case based discussion activity (30% of respondents)
- Levels of CPD in communication and consent have remained consistent (58%) and more courses featured in this area (up 6%)
- Barriers to reflective practice reduced (down 2%)
- Increase in numbers of people reporting that they have a colleague who they can discuss their CPD with (up 5%)
- A reduction in people reporting that they have a trusted colleague that they can discuss concerns with (down 2%)
- A greater level of detail about the questions that people have about the CPD scheme compared to the previous survey.

8. The CPD evaluation survey was promoted to all osteopaths who have provided us with an email address. 5,437 osteopaths were sent a dedicated email containing a link to the online survey, which was live from 1 November 2017 to 28 January 2018. Osteopaths received two further direct email prompts to fill out the survey over the evaluation period. The survey was also flagged in the ebulletin. The Osteopath magazine (which is sent to most osteopaths on the

whole Register) published an in-depth article which included two case studies with osteopaths who had taken part in the first survey, describing the benefits of taking part. The survey was promoted via social media routes; and also by the Institute of Osteopathy through its various communication channels. There was additional specific targeting of those working in education and registration assessors who last year were underrepresented in the CPD evaluation. Based on that insight, we tailored messages to let them know they were underrepresented to encourage their participation. The findings from the survey are outlined in the CPD evaluation report 2017/18 attached at Annex A.

9. More osteopaths were engaged with the CPD evaluation survey this year, with a total of 518 osteopaths completing the CPD evaluation during 2017-18. This is 160 more responses than in 2016 -17, and around 10% of the osteopathic population compared to 7% last year. 89% of respondents had not participated in our 'early adopter' programmes where we were taking them through the use of the resources, meaning that although this 89% had no face-to-face engagement with GOsC about the CPD scheme they still reported having taken part in the new elements of the CPD scheme.
10. This high response rate could be a reflection on the intense communications approach we took including:
  - tailoring and reworking messages,
  - the frequency and timing of reminders,
  - the channels utilised,
  - effective use of visuals
  - the consistent and clear use of CPD branding to increase recognition and effectiveness of messages.
  - Focussing all messages on the aspects that would motivate osteopaths to take part: an easy way to get ahead and learn about the new CPD scheme while getting free CPD time. We also explained that it wasn't just a repeat of the first survey and why it was important to respond to this second survey.
11. This higher response rate also reflects positively on our overall communications and engagement approach as set out in our updated strategy (see the Communications and engagement strategy extract attached at Annex B).
12. One of the three strands to this strategy is to be Responsive and Listening: which means we are listening to the concerns and/or information needs of osteopaths and responding by developing messages, advice and resources to meet those needs.
13. There are a number of key findings, which demonstrate we are heading in the right direction, that osteopaths' awareness of the scheme is raised and that we are capturing and responding to key questions and concerns. Further detail is outlined below.

### *About the new CPD scheme*

14. The majority of osteopaths in the sample felt that they adequately understand the new CPD scheme and its four key elements (63%).
15. The early adopter webinar programmes have generally been well received and osteopaths report them being useful and beneficial on a number of levels, including:
  - learning from others and sharing experiences,
  - confidence building and removing fears about the new scheme,
  - being inclusive to all, and
  - providing opportunities for osteopaths to adapt to a more modern practice, in line with other allied healthcare professionals.

### *The four themes of the Osteopathic Practice Standards*

16. We are seeing an increase in familiarity with the *Osteopathic Practice Standards* (OPS) and use of the OPS to identify learning needs and to link CPD to the four themes compared to last year's figures shown as follows:
  - 43% of osteopaths in the sample report they have used the four themes of the *OPS* to identify their learning needs. (This is a 13% increase on 2016-17 figures, suggesting more osteopaths are steadily using the *OPS* when planning and recording their CPD.)
  - 39% of the sample reported already linking their CPD activities during the last CPD year to the four themes of the OPS before this becomes mandatory in the new scheme.

### *Undertaking objective activity*

17. The findings show evidence that more osteopaths are using objective feedback to inform practice over time compared to the previous year. Examples include:
  - Case based discussion now features highly amongst osteopaths as a regular or occasional group activity (72%), only practice meetings and taught courses feature higher in terms of learning with others based activities.
  - 29% of the sample currently collect feedback from external sources, which is a 3% increase on 2016-17 figures.
  - 26% of the sample had undertaken a CPD activity aimed at receiving objective feedback on their practice as part of their CPD.
  - 36% currently collect feedback from their patients and 27% of those then go on to make changes to the way they practice as a direct result of comments made to them by their patients.
  - Patient feedback that has been implemented into practices shows a 'values-based' approach being adopted.

### *CPD in communication and consent*

18. More than half of osteopaths responding to the survey undertook CPD in the area of communication and consent (58%). This shows that this key area is gradually permeating and there is evidence to suggest that CPD providers are

also beginning to meet the requirements for osteopaths to be able to fulfil aspects of the new scheme.

#### *Planning CPD and accessing resources*

19. Respondents reported their use of GOsC resources to plan their CPD e.g. planning and evaluation templates, ebulletins, the *Osteopathic Practice Standards* or the *osteopath* magazine have all significantly increased this year (by 3-11% on 2016-17 figures). This is most likely to be a direct result of the work undertaken by the communications team to improve access and navigability to resources and increase awareness of these resources. There has also been work going on to improve the tone, content and format of resources as well as great efforts to ensure a consistent CPD 'brand identity' across our channels to increase reach, understanding and effectiveness of the messages and resources.
20. Osteopaths reported more than they did last year that they occasionally plan CPD around their learning needs that they have identified after discussion with a colleague (63%).
21. The pattern has significantly changed regarding whether osteopaths in the sample plan their CPD activities to incorporate all four themes of the *Osteopathic Practice Standards*, with 65% doing this to some extent whether that is *always*, *most of the time* or *occasionally*, which is an impressive 13% increase on the previous year's figures given that this is yet to be mandated or communicated extensively.

#### *Peer discussion review*

22. A high percentage of osteopaths report having a colleague with whom they can discuss a case (77% currently do this and 90% have access to someone they can discuss their CPD activity with). This year a high percentage of osteopaths also report having identified who might be their peer discussion reviewer under the new CPD scheme (65%). This is reassuring given that we know from the CPD consultation analysis (2015) that Peer discussion review was an area that many osteopaths were worried about.

#### *Next steps*

23. While levels of engagement with the CPD evaluation were high and can therefore be generalised to the whole of the Register population, there are always areas we would like to improve further to ensure we are collecting the views of all groups. This includes improvements to our knowledge base in the following key areas:
  - The CPD evaluation survey sample is less representative of those aged 30 or under and 30-41 years of age, those working in an educational setting, sole practitioners (when compared with the 'I'm registered' mark data) and slightly less representative of males.

Based on these demographic findings we plan to conduct some telephone interviews to provide further in-depth understanding on some of the key themes/issues for these demographic groups.

- The CPD evaluation survey has allowed us to identify some of the different ways in which osteopaths may address and prepare or 'react' to the new CPD scheme, for example, of those who feel unprepared for the new scheme, some fears and concerns have been identified such as the need to reread material about the scheme requirements; their lack of clarity about specific details of the scheme or about the evidence required to record CPD; their lack of confidence, etc. (see Annex A, Paragraph 17).

We will continue to provide communications to meet the needs of osteopaths with differing levels of knowledge and preparedness. For example, our first animation focussing on hopes and fears and providing assurance, and our second animation, illustrating the content of the whole CPD scheme in just 2 minutes.

- We are still seeing that most CPD is undertaken in the area of knowledge, skills and performance. Less CPD is undertaken in the areas of communication and patient partnership and professionalism. Although having undertaken 'no' CPD in both these areas has significantly dropped in comparison to last year's data, which shows perhaps a greater awareness of these OPS themes now.

Over time, as the CPD scheme rolls out, we would like to see more CPD in the areas of communication and patient partnership and professionalism and so these areas will be a focus of our communications.

- Many osteopaths reported challenges in complying with the professionalism theme and have questions about how they can undertake CPD in this area.

Consequently, we need to undertake work around CPD examples illustrating the professionalism theme. This is likely to be through developing online CPD resources and materials around this and perhaps also working in conjunction with the accredited osteopathic educational institutions on some qualitative work. Similarly, our work on values and boundaries may prove fruitful here in developing further resources and our work on GDPR could support resources on confidentiality.

- Many osteopaths still report that they do not see the relevance of the *Osteopathic Practice Standards* to their CPD, with one respondent commenting that these are "constructed of [sic] a regulator, not a practising osteopath."

Specific plans are being developed to communicate the rollout of the revised *Osteopathic Practice Standards* to help osteopaths better understand the

'why' of the *Osteopathic Practice Standards*. This is consistent with the findings in the McGivern research (see Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards and practice available at: <http://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/research-to-promote-effective-regulation/>) identifying that osteopaths are more likely to comply with standards when they understand why standards are there.

- Currently osteopaths are still more likely to use research journals to inform CPD than visit the GOsC CPD microsite (39% report having used the GOsC website so far).

All our communications and engagement around CPD consistently drives online traffic towards the GOsC CPD microsite and will continue to do so, therefore we would expect the numbers of visitors to the site to increase as we get nearer to the launch and the start of the new scheme.

- In terms of planning CPD and identifying learning needs, we were reassured to find that the survey identifies a high confidence in the ability to reflect on CPD, although some challenges are identified around being unsure how to reflect or being worried about recording their reflections.

There is a significant proportion of osteopaths who report that their selection of CPD activities is 'unplanned'. Our experience of work with groups of osteopaths is that identifying changes in practice as a result of an objective activity can be difficult to articulate and record. This requires confidence and support. We are developing a workbook on 'planning and recording your CPD' which we will then promote to ease these concerns and fill these gaps in knowledge/skills and perhaps also confidence.

### *Summary table*

24. The findings of the second CPD evaluation survey provide us with some useful insight into future communication and engagement with registrants. The table below sets out the key findings identified by the CPD evaluation survey and what we are doing both now and in the future in terms of communication and engagement with registrants in light of these findings:



Activity	What doing now?	What plan to do in the future
<p>1. To improve understanding of the CPD scheme and its four key elements with hard to reach, professionally isolated osteopaths to help ensure they are also ready to meet the requirements of the new scheme.</p>	<p>There are a number of osteopaths who work largely alone with little access to the support of peers.</p> <p>We have started direct and strategic targeting of sole practitioners in an effort to reach these 'harder to engage/reach' groups.</p> <p>We are analysing the data we have to help us reach them. We have started with the 1,125 osteopaths who are on our system as having the 'I'm registered' status in an effort to identify which of them might need additional support.</p> <p>We have also identified areas around the country with a lack of regional groups.</p> <p>We are encouraging these osteopaths to link up with others through GOsC online training. We also continue to offer to link osteopaths with peers in their area where this is possible.</p> <p>We have provided information and guidance so people could set up a group themselves either online or via</p>	<p>A communication strategy is being developed to meet this challenge.</p> <p>We are aware that there can be isolation even within group practices, so we will approach principal practitioners to ascertain whether isolation is an issue within their practices.</p> <p>We will collect and analyse data, providing information about setting up local/virtual groups.</p> <p>We will carry out research to try to identify if sole practitioners have their own groups and to gain an understanding of how many people are involved/how they connect to each other (whether this is in person, online etc.) If we can gather intelligence on these other groups and their contact details, we will be in a better position to ensure they are receiving our messages and support around the new CPD scheme..</p>

Activity	What doing now?	What plan to do in the future
	<p>Skype and we have described the benefits of doing so.</p>	
<p>2. To meet the various needs of osteopaths who feel unprepared for the new scheme</p>	<p>We are aware that different osteopaths are at different stages of awareness, understanding and preparedness in relation to the scheme and so we have been regularly providing messages that meet all these needs.</p> <p>We have been providing more visual ways of explaining the scheme through our animations. We have produced, and will shortly launch our 2<sup>nd</sup> animation "What's in the new CPD scheme?" which explains in just 2 minutes what is involved in the new GOsC CPD scheme.</p> <p>We have reviewed and updated the current FAQs on the CPD microsite ready to signpost via social media and ebulletins etc.</p> <p>We have a dedicated social media plan, regularly posting to promote useful resources, case studies, key messages and answering the latest</p>	<p>In response to the findings in the CPD Evaluation Survey around whether or not osteopaths feel prepared for the new scheme, we will:</p> <ul style="list-style-type: none"> <li>• set the information requirements out clearly (useful for all and is already underway)</li> <li>• encourage osteopaths (who haven't yet started) to prepare early</li> <li>• provide explanations and justifications for the changes being made</li> <li>• continue to identify and use different formats and channels to meet the needs of the variety of different types of people who make up the population of osteopaths</li> <li>• include less linear, more visual approaches and explanations of the changes through for example mind maps and other visuals (in addition to our existing use of animations) for the more creative/visually inclined. We will also utilise behavioural insight tactics.</li> <li>• We are working on a plan to analyse the types of osteopaths identified under the question around not feeling they were prepared for the new scheme and are considering using this to create a mini campaign of 'what type of osteopath are you?' identifying the resources that would be particularly useful for them – helping to reassure them and provide the answers they need.</li> </ul>

Activity	What doing now?	What plan to do in the future
	<p>concerns based on insight.</p> <p>A key example of a latest concern was when we started to receive numerous queries from individual registrants about when they would be joining the new scheme. We reacted quickly to this and reassured people through an integrated approach as soon as we could i.e. once the CPD rules were approved. This was the action plan:</p> <ul style="list-style-type: none"> <li>• Producing, agreeing and widely promoting a detailed response to this question through the CPD microsite and social media.</li> <li>• Sharing the response throughout the organisation so a consistent message could be given by staff to enquiries.</li> <li>• Adding a note to monthly renewal letters advising registrants when they enter their final year of the current CPD scheme (this began March 2018).</li> <li>• Sending a bulk email to registrants who renew their registration between December 2017 and April 2018 (c 320 osteopaths) i.e. those</li> </ul>	<ul style="list-style-type: none"> <li>• We will continue to share positive quotes about the new CPD scheme from osteopaths to encourage others to engage with the scheme.</li> </ul>

Activity	What doing now?	What plan to do in the future
	<p>who would already have received their final renewal reminder on the current scheme, to advise them that they are in their final year of the current annual CPD scheme.</p>	
<p>3. To continue to increase familiarity with the OPS</p>	<p>We have created a timeline indicating the stages involved in production of the updated OPS. This has been published on the OPS microsite and formed the basis of a 'What are the next steps towards updated standards?' piece in The Osteopath magazine. We also produced an infographic indicating the engagement that was carried out to ensure we reached a wide number of stakeholders during the OPS consultation.</p> <p>We are separately developing plans for publishing and promoting the revised OPS which will increase familiarity with it.</p>	<p>Promoting the revised OPS prior to its launch and onwards will provide us with an opportunity to highlight the four themes and how they are linked to the new CPD scheme.</p> <p>Alongside this we will be encouraging CPD providers to map their courses to the four themes of the OPS which will also promote them.</p>
<p>4. To help osteopaths better understand the "why" of the</p>		<p>A surprising but very encouraging 39% of the CPD Evaluation Survey sample reported already linking their CPD activities during</p>

Activity	What doing now?	What plan to do in the future
Osteopathic Practice Standards		<p>the last CPD year to the four themes of the OPS.</p> <p>These figures are very encouraging and come ahead of the work we will do to promote the revised OPS.</p> <p>Promoting the revised OPS will provide us with an opportunity to highlight the four themes and how they are linked to the new scheme. Planning for this work is currently underway.</p>
5. To help osteopaths to identify CPD and undertake CPD in the area of Professionalism	New need identified through CPD Evaluation Survey findings.	Develop and promote online resources on what counts as CPD under professionalism and what an osteopath might do in this area.
6. To continue to ensure that objective feedback is used to inform practice	<p>A key area of our early adopter CPD programmes this year has been on objective feedback and we have seen evidence that more osteopaths are using objective feedback to inform practice over time. The findings here are all moving in the right direction and our communications and engagement will continue to support and encourage this aspect.</p> <p>We have produced a workbook series of resources for osteopaths. So far</p>	<p>We will continue to promote objective feedback regularly through all our channels utilising case studies and any rich findings we identify in the survey results.</p> <p>Further workbooks are being considered.</p>

Activity	What doing now?	What plan to do in the future
	these have included a peer observation workbook which was promoted in Feb/March The Osteopath magazine and a case-based discussion workbook, also promoted in the magazine and via social media.	
7. To continue to ensure that the findings from patient feedback are implemented into practice	We have developed several case studies and 'thought pieces' on patient feedback working with early adopters, promoting these positive stories via the CPD microsite, The Osteopath magazine and social media.	We will make use of the rich information provided in the CPD evaluation survey findings on the changes osteopaths have made to practice as a direct result of patient feedback, as an encouragement and resource for others. These examples reduce the fear of the unknown and help people build on the good work of others.
8. To ensure that use of communication and consent based activities continues to increase within the profession	We are now ensuring that the topic of communication and consent is covered in every issue of The Osteopath magazine and the ebuletin where possible.	This will continue.
9. To promote the use of GOsC resources to help osteopaths plan their CPD (including use of the CPD microsite)	Work has been undertaken to improve the tone, content and format of the new CPD resources as well as to ensure a consistent CPD "brand identity" across channels to increase reach, understanding and effectiveness of the messages and resources.	Work has just started to improve the structure and layout of the CPD site. This will help osteopaths who visit the site to find and make the best use of the resources that are already there, and the new resources that we will be adding. This should also help ensure visitors are likely to return to the site.  We are also looking at strengthening the CPD branding.

Activity	What doing now?	What plan to do in the future
	<p>Communications and engagement around CPD consistently drives online traffic towards the GOsC CPD microsite, utilising our channels and those of our stakeholders.</p> <p>All GOsC staff have been asked to add a CPD signature to their emails, to help drive traffic to the CPD microsite.</p>	
10. To address challenges around reflection, including being unsure how to or worried about recording reflections	A workbook around planning and recording your CPD is currently being developed which will ease these concerns and fill the gaps within knowledge/skills.	This will be promoted with and circulated to regional leads to cascade during meetings, promoted via the CPD microsite and other communications channels.
11. To utilise behavioural insights around Peer discussion review to inform communications to the profession		This year a high percentage of osteopaths reported having access to someone they can discuss their CPD activities (90%) or have begun to think about who might be their peer discussion reviewer (65%). We are currently developing plans to use these high figures to produce some behavioural insights led communications materials to help 'nudge' the remaining osteopaths to think about this e.g. something along the lines of 90% of osteopaths have access to someone they can discuss their CPD activity with: have you? (If not we will provide some practical support.)

Activity	What doing now?	What plan to do in the future
		<p>The 90% figure, which relates to whether osteopaths feel able to discuss concerns arising in practice with a trusted colleague, although very high, was actually a 2% reduction on last year's figures. This could be a reflection of the lower number of early adopters in this survey and so could be a more realistic number. We will encourage and support osteopaths to join up through the isolated practitioner work cited at 1 above. We will also look to identify other opportunities to use these behavioural insight techniques working with the registration team.</p>



*CPD Evaluation Survey 2019*

25. We aim to run the CPD evaluation survey again during April/May 2019. This change in the timing is because more than half of the population on the Register will have started on their three year CPD cycle by then.
26. Before launch we will seek the Policy Advisory Committee's input to the draft content and focus for 2019's survey and this will take place towards the latter half of 2018.

**Recommendation:** to consider the CPD evaluation survey findings and the response to assist with effective implementation of the new CPD scheme.

### State of CPD Evaluation Report – 2017/18 February 2018

#### Background

1. The CPD Evaluation for 2017-2018 comprises of a total of thirty eight questions. Each of these questions relate to specific aspects of the CPD scheme.

#### *Sample Profile*

2. The survey was sent to all osteopaths with an email address on the Register. A total of 518 osteopaths completed the CPD Evaluation (160 more responses than in 2016-17, this is 10% of the osteopathic population (5,308 osteopaths are currently on the Register).
3. The CPD Evaluation sample consists of the following:
  - A total of 518 osteopaths completed the CPD Evaluation, this is 10% of the osteopathic population (5,304 osteopaths are currently on the Register).
  - 11% were CPD Early Adopters (58 osteopaths)
  - 94% currently practising as an osteopath
  - 4% working in education or research setting
  - 11% were currently registered with another health and social care regulator.
  - 42% work in a practice
  - 29% work in more than one practice on a regular basis (either *always/ usually*)
  - 40% work as an osteopath in a practice with other health professionals on a regular basis (either *always/ usually*).
  - 28% *always* work as an osteopath in a practice with other osteopaths
  - 28% *always* work as a principal
  - 25% *always* work alone
  - 64% *never* work in practice as an associate or employee osteopath
  - 85% *never* work as a locum osteopath
4. The geographical location of these osteopaths was primarily concentrated in South East England (30%) and Greater London (21%) regions. The CPD evaluation shows strong correlations with the regional data collected as part of the KPMG (2011) research on "*How do osteopaths practise.*" Both the CPD evaluation samples show slightly higher representation in the South West and Central England and Eastern and Home Counties (see Table 1).

<b><i>Region</i></b>	<b><i>CPD Evaluation 2017-18 Percentage (%)</i></b>	<b><i>CPD Evaluation 2016-17 Percentage (%)</i></b>	<b><i>KPMG Comparative data</i></b>
South East England	30%	24%	25%
Greater London	21%	19%	20%
South West England	13%	13%	9%
Central England	9%	11%	6%
Northern England	9%	10%	10%
Eastern and Home Counties	5%	8%	2%
Europe	4%	6%	6%
Wales	2%	3%	2%
Scotland	4%	3%	3%
Rest of World	3%	2.5%	Not recorded
Northern Ireland	0.2%	0.5%	0.5%

**Table 1: Regional distribution of sample compared against KPMG Research**

5. On a typical week the majority of osteopaths practise between 25-34 hours (26%), with a further 22% working in practice for 35-44 hours and 22% working in practice for 15-24 hours a week. In a typical week the majority of osteopaths see between 21-40 patients (49%). The age range of patients that osteopaths see in a typical week is all encompassing with 59% seeing patients from 0-90 years of age. Although, 41% make the distinction of seeing those aged 18 years of age and above.
6. Osteopaths who completed the CPD evaluation reported hearing about it first via receiving a personal e-mail (41%), followed by the GOsC e-bulletin (33%), the GOsC Osteopath Magazine (10%) and 8% reported an "Other" way of hearing about the evaluation, which was predominately reported as either by **o zone** notification when they went to log their CPD activities online or via the GOsC website.

*Equality Impact Assessment Information:*

7. Comparative analysis with the KPMG Register data reveals that the CPD evaluation sample is largely representative in terms of gender, with slight under representative of males when compared to 2016-17 figures, but over representative of those aged over 50 by approximately 23%.

<b><i>Equality Impact Assessment Information</i></b>	<b><i>Register Data (from KPMG)</i></b>	<b><i>2016-17 Sample</i></b>	<b><i>2017-18 Sample</i></b>
Gender			
Male	49%	42%	38%
Female	51%	51%	56%
Prefer not to answer	N/A	7%	6%
Age			
30 or under	12%	11%	7%
31-40	27%	14%	17%
41- 50	37%	25%	23%
51-60	17%	32%	33%
61+	6%	11%	13%
Prefer not to say	Not recorded	4%	6%

**Table 2: Equality and Diversity Data Part 1**

8. Equality and diversity information is not a requirement of registration with the GOsC, therefore it is less clear as to whether the profile of the osteopathic profession reflects the diversity within society in terms of ethnicity, sexuality, religion, marital status and disability. The most reliable data the GOsC holds in these areas is still the KPMG (2011) research. The equality and diversity information for both CPD evaluation samples appears to be broadly representative of the KPMG data. However, in each of these protected characteristics the CPD evaluation samples during both 2016-17 and 2017-18 were more likely to prefer not to say than the KPMG research findings.
9. A recommendation of the KPMG research included that the GOsC should expand the basic demographic information collected to ensure that it collects sufficient data in future to allow it to monitor diversity issues more effectively through its initial registration and annual update processes. This is something that is still problematic using the GOsC database to query for such information demonstrates that what could be pulled from the database would not accurately reflect the registrant population due to the fact that osteopaths are not required to provide this information.
10. In terms of ensuring that the new CPD scheme does not inadvertently discriminate against any group, launch and webinar events have been held on a variety of weekdays Monday- Thursday both lunch and evening sessions (excluding Friday to Sunday for religious purposes). Reasonable adjustments have also been supported for osteopaths with disabilities engaged in the new scheme as early adopters. This has involved dedicated 1:1 support to take osteopaths through the resources available.

## Annex A to 3

<b><i>Equality Impact Assessment Information</i></b>	<b><i>KPMG</i></b>	<b><i>2016- 17 Sample</i></b>	<b><i>2017-18 Sample</i></b>
<b>Ethnicity</b>			
White	82%	81%	78%
Mixed	1%	3%	2%
Asian or Asian British	5%	3%	4%
Black or Black British	1%	1%	0.8%
Chinese	-	-	0.2%
Other	1%	2%	1%
Prefer not to say	8%	11%	13%
<b>Sexuality</b>			
Heterosexual	86%	73%	77%
Homosexual	3%	3%	3%
Bisexual	0.5%	2%	1%
Transsexual	-	-	-
Other	0.5%	1%	1%
Prefer not to say	10%	20%	18%
<b>Religion</b>			
Christian	51%	35%	32%
Muslim	2%	1%	0.8%
Hindu	2%	0.7%	1%
Buddhist	1%	2.5%	3%
Sikh	-	0.4%	2%
Jewish	1%	2.5%	3%
None	41%	31%	31%
Other	3%	7%	6%
Prefer not to say	10%	20%	20%
<b>Marital Status</b>			
Married	57%	49%	52%
Civil Partnership	6%	4%	2%
Single, never married	17%	16%	15%
Separated/divorced	4%	6%	6%
Widowed	1%	2%	1%
Other	6%	7%	5%
Prefer not to say	8%	17%	19%

Disability	3%	3%	2%
Prefer not to say	-	9%	7%

**Table 3: Equality and Diversity data Part 2**

## **Discussion**

### ***Recording CPD hours and activities that involve learning with others***

11. 70% of the osteopaths in the sample had undertaken a greater amount of CPD hours than the amount they recorded on their last CPD Annual Summary Form (as previously demonstrated in 2016-17 figures). In terms of how many hours osteopaths recorded on their CPD Annual Summary Form, just 19% recorded only the minimum 30 hour requirement; this was 7% less than in 2016-17, with the majority recording 30+ hours. Most osteopaths reported recording between 31-40 hours of CPD on their CPD Annual Summary Form (52% - an 11% increase on 2016-17 figures), with a further 13% recording between 41-50 hours completed on their CPD form. 2% recorded in excess of 121 hours of CPD.
12. 41% estimated that they had undertaken an additional 1-10 hours of CPD that was not recorded on their CPD Annual Summary Form. A further 25% estimated that they had undertaken 11-20 additional CPD hours and 12% estimated they had undertaken 21-30 additional CPD hours that they had not captured on their CPD Annual Summary Form. 3% even estimated undertaking additional CPD hours in excess of 121+ hours that they had chosen not to record. All these estimations were almost identical to 2016-17 figures.
13. In terms of hours declared on CPD Annual Summary Forms that were undertaken with others, only 13% recorded the minimum requirement of 15 hours learning with others (a 4% increase on 2016-17). 64% reported recording 16-30 hours learning with others (a 3% increase on 2016-17 figures), whilst 24% reported recording 30+ CPD hours that involved learning with others (a 6% decrease on 2016-17 figures).
14. In terms of CPD activities, which involved learning with others the osteopathic sample were more likely to undertake group practice meetings (78%) and taught courses (78%) on a regular or occasional basis. Case based discussion now features highly amongst osteopaths as a regular or occasional group activity (72%), followed by interactive e-learning-based activities (56%) on a regular or occasional basis. Osteopaths have shown a decrease in last year's figures in terms of whether they undertake shadowing or observation as a CPD learning with others based activity, with 63% never or rarely observing or shadowing colleagues, while 37% did this regularly or occasionally. Teaching, mentoring or tutorials were regularly or occasionally undertaken by 40% of the sample, although there was a substantial proportion of osteopaths (60%) that reported never or rarely undertaking teaching or educator based CPD activities. 75% had also never undertaken a higher education qualification as part of their CPD.

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Working with others on research and publication activities was also a rare CPD activity with 73% never having done this as CPD.

15. In terms of reporting how many CPD hours were undertaken in association with key osteopathic organisations (e.g. regional group, UK osteopathic educational institutions, shared interest groups or other healthcare professionals), the sample reported recording, the majority of their CPD hours in association with other professionals outside of osteopathy e.g. NHS, surgeons, physiotherapists, orthotists, acupuncturists, nutritionists, homeopaths etc., as they did in 2016-17. 62% reported recording 1-15 hours with other professionals, with a further 24% recording 16+ hours with other such professionals. 43% reported recording 1-10 CPD hours that were carried out with one of the regional society CPD groups, local practices or linking with colleagues in their own practice. 31% reported recording 1-10 hours CPD in association with one of the UK accredited osteopathic educational institutions (4% increase on 2016-17 figures) and just 24% reported recording 1-10 hours CPD with a shared interest group e.g. Osteopathic Alliance, Osteopathic Sports Care Association, as they did during 2016-17. In fact, it was more likely for the osteopathic sample to report recording no CPD activities in association with shared interest groups (65%), and UK accredited osteopathic educational institutions (44%), supporting the previous data collection findings in 2016-17.

<i>When thinking about your CPD activities which involve learning with others, which of the following types of CPD activities did you do in your last CPD year?</i>	<i>Regularly</i>		<i>Sometimes</i>		<i>Rarely</i>		<i>Never</i>	
	<i>2018</i>	<i>2017</i>	<i>2018</i>	<i>2017</i>	<i>2018</i>	<i>2017</i>	<i>2018</i>	<i>2017</i>
Group or practice meeting	43%	39%	35%	41%	15%	11%	8%	9%
Taught courses or sessions	51%	-	28%	-	6%	-	13%	-
Case Based Discussion	24%	-	48%	-	16%	-	11%	-
Interactive e-learning based activities (i.e. distance learning or webinars)	23%	17%	41%	33%	22%	22%	21%	22%
Shadowing or observation	9%	12%	28%	35%	25%	32%	38%	22%
Teaching, mentoring or tutorials	16%	22%	24%	25%	20%	19%	41%	34%
HE qualification	6%	18%	6%	18%	13%	18%	75%	61%
Working with others on research and publication activities	4%	7%	9%	11%	15%	19%	73%	62%

**Table 4: Learning with others based CPD activities**

## The New CPD Scheme

16. Reassuringly, 63% of osteopaths in the sample felt that they adequately understand the new CPD scheme and its four key elements.
17. Feedback from those osteopaths that felt unprepared for the new CPD scheme can be categorised into 11 key themes (see Table 5), with the main concerns being reported as needing to take the time to study it in more detail, being unclear about specific details of the scheme, and having questions about how to evidence and record their CPD. Table 5 demonstrates that the specific details of the scheme that these osteopaths have questions about are broadly around how to separate CPD into the four key areas, how many hours is required and where to find CPD content on communication and consent, what they might do CPD on under Professionalism and how the Peer Discussion Review will work in practice.

Theme	Total	Examples of qualitative comments
Need to Re-read it	48	<p>"I just need to read it through again."</p> <p>"I need to spend time thoroughly familiarising myself with it."</p>
Unclear about specific details of the scheme	44	<p><u>Separating the Four Key areas:-</u></p> <p>"What's the number of hours allocated to the new sub sections of CPD we need to complete? – How many hours do we need in each section to demonstrate compliance?"</p> <p>"How easy is it to delineate various CPD activities into the four key elements?"</p> <p>"I am unsure how to separate what I have been learning on courses, reading and in practice into the four key areas."</p> <p><u>Communication and Consent:-</u></p> <p>"How many hours do I need to undertake regarding communication and consent?"</p> <p>"I don't understand how much engaging content can be created around consent."</p> <p><u>Professionalism:-</u></p> <p>"How do you do CPD on professionalism?"</p> <p>"I think it is hard to demonstrate specific CPD</p>



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		<p>showing how you develop professionalism.”</p> <p><u>Peer Discussion Review:-</u></p> <p>“How does the Peer discussion review work?”</p> <p>“I feel unskilled to take on proper peer reviews.”</p>
Unclear about evidence required and how to record CPD	18	<p>“Do we still have to submit an annual report?”</p> <p>“How to record? How often to submit? How to evidence peer review?”</p> <p>“I do not know how it should be recorded, and if every single part is required in the 3 years.”</p> <p>“What’s the evidence gathering required for each of the 4 areas of satisfaction.”</p> <p>“What exactly will be different in terms of completing the form and the evidence folder?”</p> <p>“Do we need to upload our notes?”</p> <p>“Is the GOsC going to provide an accredited list of CPD that covers the new scheme?”</p>
Keep It Simple	16	<p>“I need a table detailing exactly what is required not loads of articles which confuse the whole issue of CPD.”</p> <p>“I don’t understand the language and wording you use. Lots of management speak and buzzwords.”</p> <p>“I would like a simplistic breakdown of the scheme.”</p>
Worry About it Later	14	<p>“I plan to learn how the process works when it is implemented in 2018.”</p> <p>“Haven’t looked, as don’t have to for 12 months and quite frankly have more pressing things to attend to at the moment.”</p>
Bureaucracy or Tick Box activity	12	<p>“Have you considered how it will create an enormous increase in tedious bureaucracy for all concerned?”</p> <p>“It’s bureaucratic nonsense.”</p>

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		<p>"It feels like I'm back at university and having to choose not doing something that I find useful to jump through hoops and tick boxes."</p> <p>"It seems like just another piece of bureaucratic red tape which requires us jumping through whichever hoops are the popular buzz words of the day. What happened to doing CPD to become more effective Osteopaths with better clinical results - this is what most patients want? You seem to pander to the needs of the patients who complain - which is a tiny minority."</p>
Why?	10	<p>"Why is it necessary? What was wrong with the old scheme?"</p> <p>"Why change from annual review and registration to 3 years?"</p> <p>"Why is it being implemented?"</p> <p>"What is this for?"</p>
Lacking Confidence	7	<p>"How will I be able to manage to satisfy the criteria over a three year cycle?"</p> <p>"I am worried about general lack of experience (understandably) in completing my CPD over 3 years instead of one."</p> <p>"It will take me some time with the new scheme to feel confident I am fulfilling the requirements to a high enough standard for my own satisfaction. My lack of confidence means I am seeking accredited course in discussions with other colleagues to enhance my understanding and reassure myself I am covering all areas well."</p>
Isolated	4	<p>"I will struggle to accurately reflect with another colleague as I am isolated."</p> <p>"Do I need to be part of a group to do the new CPD activities?"</p> <p>"Unsure where/how to start especially as I am a sole practitioner with no colleagues."</p>

		"It is not easy when there are no other registered osteopaths in my country"
New scheme will stifle creativity	4	<p>"Have you considered the enormous harm which this new scheme may do to creative osteopathic practice?"</p> <p>"Have you considered that it won't actually improve relations, communication or standards because its effect will be to stifle honest and open discussion?"</p>
Other	15	<p>"None"</p> <p>"I am between yes and no"</p> <p>"Not really any questions"</p> <p>"I don't know yet"</p> <p>"I think it will become clearer as it comes into use"</p>

**Table 5: Feedback from osteopaths that felt unprepared for the new CPD scheme**

### *Early Adopters*

18. The most popular webinar series amongst the early adopters has been case based discussion (30%), followed by PROMs (17%), communication and consent (16%), clinical audit (9%), peer observation (7%) and lastly patient feedback (6%). The webinar series' have been generally well received (see Box 1) and osteopaths report the following in relation to their usefulness concerning individual programmes (see Box 2).

"Fine easy to use, open and inclusive"

"The webinars are essential as this is how one communicates with other healthcare professionals. If osteopaths are to maintain professional status among allied healthcare professionals, it is essential that we adapt and use the webinars and most likely due to the modern rules and regulations in data protection, communication and consent, education and measurement tool collection that we as osteopath adapt a more modern practice."

"Extremely beneficial to share thoughts and processes via webinars."

"Informative and supportive"

"Was good, something new."

"Fantastic!"

"Very useful"

"Very useful and hoping to do more."

"Extremely helpful and confidence building -. Very glad I stuck my neck out and volunteered."

"Very useful and it calmed a few uncertainties about how to go about the new scheme."

"Webinars were an excellent learning experience, hearing how other osteopaths had to deal with difficult situations in practice."

"Very helpful in removing some of the fear from embarking on the new scheme."

"Very useful - it enhanced my knowledge and raised areas for further study."

"The use of webinar to disseminate information and hear others comments and questions was useful."

"Really useful in the area - but actually would have liked a more general one for how the whole scheme would work as well."

"Useful test to discuss cases and learn from others"

### **Box 1: Overall Usefulness of webinars**

#### ***Peer Observation webinars:***

"Helpful in that it gave templates on what the observer could give you feedback on. It was also interesting to hear how other practitioners went about their peer observation process and their experience/opinions of it. "

#### ***Communication and consent webinars:***

"Communication and consent webinar was helpful."

#### ***Case based discussion webinars:***

"I found the webinars really helpful and felt they took away the apprehension I had about case based discussion. I think it is sometimes easier to discuss cases with peers who you do not usually work with, as they may have different approaches and are not involved directly in your practice."

"Very helpful in understanding how case based discussion works. I now can appreciate the value of case based discussion."

"Very useful, have enabled me to implement case based discussion in my practice."

"Very useful - However we underestimated the time required for in-depth understanding, reading and immersion in the task, a reviewer who has never given a formal appraisal would need"

### ***Clinical audit webinars:***

"The clinical audit webinar was great, enabled me to easily communicate with peers and I learnt new skills in a positive environment."

### **Box 2: Usefulness of individual CPD programmes**

19. However, there were some criticisms concerning the webinars largely in relation to communication and consent, PROMs and the e-portfolio and some IT difficulties experienced amongst participants (see Box 3).

### ***PROMs webinars:***

"The first two webinars were helpful. After that it was a moaning session for people who weren't applying themselves to the task."

"Initially very helpful then webinars became repetitive and tedious as the same issues were aired over and over again."

"It had the potential of being helpful, but was disappointing as there were multiple problems with access to the IT system. The webinar system did not allow everyone's video link that enabled communication. There were several difficulties with connection, which wasted time."

### ***Communication and Consent webinars:***

"Some use, but unfortunately given the nature of consent, especially around HVLA there is still no clear agreed method of registering consent"

"Interesting views, but few hard facts. It all still felt very "in" development"

"Using webinars for any deeper discussion I did not find useful and would not participate again."

"Not at all... Same old themes kept coming up and still no answers given. We are told we have to do XYZ with patients, but none of the bodies enforcing it are providing adequate information to do this backed up with actual data, rather than hearsay. It doesn't make any sense and I don't believe we are moving forward."

***e-portfolio pilot:***

"e-portfolio was overcomplicated."

"My experience of participating in the e-portfolio pilot was most frustrating! I felt more isolated. I encountered issues with interpreting the language and what was required to put in the different sections. I failed to navigate my way around. In the end I stopped trying to use it."

**Box 3: Negative feedback received regarding webinar CPD programmes**

***Standard 1: CPD activities are relevant to the full range of osteopathic practice***

20. 57% of osteopaths report they have not used the four themes of the *Osteopathic Practice Standards* (OPS) to identify their learning needs, whilst 43% already are; despite not currently being required to do so. This is a 13% increase on 2016-17 figures, suggesting more osteopaths are steadily using the OPS when planning and recording their CPD (see Table 6). In the 2017-18 evaluation we investigated a little further to identify whether linking or mapping of CPD activities to the OPS was currently being undertaken by osteopaths, 39% of the sample reported linking their CPD activities during their last CPD year to the four themes of the OPS (see Table 6). Most commonly osteopaths went about linking or mapping their CPD to the four themes of the OPS by (1) identifying specific content that relates to specific areas of the OPS (32%), (2) identifying overarching OPS themes (30%), (3) estimating the number of hours spent on each of the four OPS themes (18%) and (4) looking at CPD providers to identify which OPS themes would be covered for them (14%).

	2017-18		2016-17	
<i>Have you used the four themes of the OPS to identify your learning needs during your last CPD year?</i>	Yes	No	Yes	No
	43%	57%	30%	70%
Have you linked your CPD activities during your last CPD year to the four themes of the OPS?	39%	61%	-	-

**Table 6: Using the OPS to identify learning needs or link CPD activities**

21. Reasons given for using the four themes of the OPS to identify learning needs broadly consisted of: it makes sense to practice using the standards before they come in to force, so as to understand it better, to start getting the balance right,

and make sure that they comply with the new CPD guidelines. It is broadly thought amongst those osteopaths that have used the OPS themes that they provide a good guideline to explore all areas of practice. However, a number of these osteopaths do report challenges in complying with all parts of Section D (Professionalism).

Some respondents also highlighted that they make sure that all four themes are represented in their CPD choices, but do not necessarily use them to identify their learning "needs." Others reported that the four areas of the OPS naturally form what is required of an osteopath, so there is no need to identify learning needs to the OPS necessarily.

22. Reasons given for not using the four themes of the OPS to identify learning needs broadly consisted of:

- that it currently isn't a formal or mandatory requirement to do so.
- Too complicated and difficult to do.
- The OPS themes are seen as a "construct of a regulator," not a practising osteopath - "manufactured bureaucracy," "tick box activity" or form of "policing"
- CPD is based on things that primarily either are of great interest to the osteopath, or areas they consider they need to improve upon or answer, questions that they are unable to answer regarding existing patients rather than OPS themes.
- CPD is based on what courses are available rather than the four themes of the OPS.
- Osteopaths reported not feeling that they know the four OPS areas well enough yet
- Osteopaths reported that the OPS does not give adequate examples of how CPD activities can fulfil the requirements of the standards
- Perception that the OPS themes more often than not are covered by "default" anyway (i.e. it happens organically)
- Perception that the four themes of the OPS all overlap

23. Respondents were asked to estimate again this year how many hours of CPD on average they spent on each of the four themes of the OPS during their last CPD year. The pattern here remains largely unchanged, *knowledge skills and performance* ranked highest amongst the sample group with 15% undertaking 30+ hours of CPD in this area, followed by a further 30% undertaking 11-20 hours. CPD hours undertaken in the remaining three standards – *communication and patient partnership*, *safety and quality in practice* and *professionalism* each followed a similar pattern with between 44-48% of the sample spending just 1-5 CPD hours on each of these themes of the *Osteopathic Practice Standards*. This is then followed by a smaller proportion recording 6-10 CPD hours in both *safety and quality in practice* (21%) and *communication and patient partnership* (18%). Under both the areas of *professionalism* and *communication and patient partnership* there was still a greater prevalence for osteopaths to estimate that they had undertaken no CPD hours on these standards at all (9%), but this has halved in comparison to 2016-17 figures, which shows perhaps a greater awareness of these OPS themes. With professionalism there is also a greater

prevalence for osteopaths to be unsure if they have spent CPD hours on this area. (19%). Consequently, some work clearly needs to be done around professionalism and how this standard might be addressed in terms of undertaking CPD activities, if we are to see further improvements in this area going forward.

### ***Standard 2: Objective activities have contributed to practice***

24. Quite encouragingly 29% of the osteopathic sample currently collects feedback from external sources, which is a 3% increase on 2016-17 figures. This includes collecting feedback via:

- patient feedback questionnaire; satisfaction surveys, end of treatment questionnaires, or use of the CARE measure
- clinical audit;
- Patient Reported Outcome Measures (PROMs)
- feedback from another osteopath on their practice either through observed consultations; or
- regularly discussing practice issues with another osteopath or other healthcare professional in a neighbouring practice.

26% of the sample had undertaken a CPD activity aimed at receiving objective feedback on their practice as part of their CPD. The most popular objective activities that have been undertaken are detailed in Table 7.

Objective Activity Type	Percentage (%)
Case based discussion	30%
Patient feedback	23%
Peer observation	20%
Patient Reported Outcome Measures (PROMS)	12%
Clinical audit	11%
Other	3%

**Table 7: Types of objective activity**

25. When we examine patient feedback specifically; 36% currently collect feedback from their patients (a 4% decrease on 2016-17 figures) and 27% of that then go on to make changes to the way they practise as a direct result of comments made to them by a patient. Interestingly, 12% did not wish to answer this question this year (see Table 8). These changes in practice primarily focus on communication and dealing with patient's expectations, being more careful with their choice of words, deconstructing misconceptions and patient anxieties, clarity of fee structure and cancellation requirements and a greater provision of written information via website and e-mail were frequently cited (see Box 4).



	2017-18		2016-17	
	Yes	No	Yes	No
Do you currently collecting feedback from external sources?	29%	71%	26%	74%
Do you currently collect feedback from your patients?	36%	64%	40%	60%
During your last CPD year have you made any changes to the way in which you practise as a direct result of comment(s) made to you by a patient?	27%	73%	36%	64%

**Table 8 Collecting feedback from external sources**

- **About the Practice and Appointments**
- Patient booking requirements (inclusion of online booking, SMS reminder messages and card payment options)
- Providing information on waiting times and cancellation list and how these work.
- Marketing ideas – use of biomechanical terminology
- Providing more practice information in the reception area
- Providing information on parking (including times in the day when this can be difficult)
- Adding extended appointment slots as an option to give patients more time when they need it
- Timekeeping - inserting regular breaks into diary to ensure running to time and/or change the length of appointments
- Informing patients to bring suitable clothing as a priority.
- **During Consultation**
- Use of diagrams to explain things
- Language and terminology used to explain things to patients
- Communication – explaining things more and being more clear about treatment plan and desired outcomes
- Treatment suggestions concerning techniques that can be painful and the need to continually check pressure of treatment with patients.
- Management of patient expectations
- Asking patients more explicitly for their ideas, concerns, fears and preferred types of treatment
- Informing patients about consent and risk more explicitly
- Making it more explicit that a patient has a choice, particularly in relation to HVTs
- Allowing more privacy via use of towel during treatment and dressing after session
- Increased the comfort of the plinth with a foam topper
- **Aftercare**
- Providing details of prescribed exercises
- Following up with patients after treatment via phone or e-mail

**Box 4: Changes made to practice as a direct result of patient feedback**

**Standard 3: Seek to ensure that CPD activities benefit patients**

26. 58% undertook an activity in the area of communication and consent during their last CPD year (this remains exactly the same as in 2016-17). Interestingly, courses where communication and consent were featured as part of the activity have increased on last years figures (26%), which perhaps demonstrates that

CPD providers are beginning to meet the requirements for osteopaths to be able to fulfil aspect of the new scheme.

<i>Have you undertaken CPD in the area of communication and consent during your last year?</i>	<i>2018</i>	<i>2017</i>
Yes – Not a course	18%	23%
Yes- A course which featured	26%	19.5%
Yes – A course solely focussed	14%	15.5%
No	42%	42%

**Table 9: CPD in the area of communication and consent**

27. Frequently cited communication and consent based activities included case based group discussions using case studies and reviewing treatment notes, Internet research using IO or GOsC resources or reading journal articles, and online webinars. Frequently cited webinars were those facilitated by the Royal College of Surgeons, the GOsC, Academy of Physical Medicine, and Pippa Bark's you-tube video (on communicating benefits and risks of osteopathic treatment). UCU related courses were also frequently cited such as cervical spine risk, consent and communication course, communication and reassurance with patients' course by Steve Vogel and communication and consent in patients with dementia course. The regional group South Bucks osteopathic group was also cited on numerous occasions for its work on communication and consent this year.

### ***Standard 4: Maintaining a continual Record of CPD***

28. Although, osteopaths report that they are well aware and familiar with the current CPD Guidelines (84% - a 3% decrease on 2016-17 figures). There has been a change amongst osteopaths in the sample, with 55% now reporting they refer to these guidelines for osteopaths when completing their CPD Annual Summary Form (a 6% increase on 2016-17 figures).

29. We find from the sample that when it comes to a range of GOsC based resources which are made available to osteopaths to help them plan, select or organise their CPD for the year ahead that osteopaths are steadily beginning to use them with 23% now using the planning and evaluation form templates in the current continuing professional development guidelines for osteopaths (an 8% increase on 2016-17 figures), 38% now refer to the GOsC e-bulletin (a 9% increase on 2016-17 figures), 47% refer to the *Osteopathic Practice Standards* when completing their CPD Annual Summary Form (an 11% increase on 2016-17) and 51% refer to articles in *the osteopath* magazine when completing their CPD (a 3% increase on 2016-17 figures). The most popular articles being cited amongst the sample included the "New CPD scheme prepares for launch" (11%), "What you need to know about the new CPD scheme" (11%), "Improving communication and handling complaints" (10%) and "New CPD

scheme: what is it all about" (10%) (see Table 10). 39% of the sample report having visited the new CPD website to inform their CPD activities, indicating there is still some work to be done here to increase online traffic towards the CPD website (see Table 11 for most popular areas looked at on the new CPD website). Osteopaths are still more likely to refer to non-GOsC based research articles for example from the International Journal of Osteopathic Medicine or other research journals available to all osteopaths through the **o** zone to inform their CPD (63%), but this has decreased by 8% when compared with 2016-17 figures.

<b>Articles in the osteopath magazine which have been referred to for CPD purposes</b>	<b>2017 – 18</b>
New CPD scheme prepares for launch (October/November 2016)	11%
What you need to know about the new CPD scheme (June/July 2017)	11%
Improving communication and handling complaints (August/September 2017)	10%
New CPD scheme: what is it all about? (February/March 2017)	10%
How do you do your CPD? (October/November 2016)	7%
CPD: reflecting, recording and reviewing (June/July 2017)	7%
What do you patients really think? (August/September 2017)	7%
Case based discussion: learning and engaging with peers (June/July 2017)	6%
Make the most of CPD opportunities (December/January 2017)	6%
CPD evaluation (February/March 2017)	5%
Go to the PROMS for your CPD (June/July 2017)	5%
CPD: be disconcerting about your learning (April/May 2017)	4%
Osteopaths share hopes and fears for new CPD scheme (December/January 2017)	4%
Evaluate your CPD: deadline extension (December/January 2017)	4%
Annual report: how in NCOR can help you (August/September 2017)	4%

**Table 10: Articles in the osteopath magazine relating to CPD**

CPD Website Content	2017-18
About the CPD Scheme (content includes Early Adopters and the Team)	33%
CPD in Action content includes planning, getting started and the four CPD standards)	29%
FAQs	18%
CPD Connect (content includes thought pieces, resources, case studies and events)	17%
Contact	4%

**Table 11: CPD Website popular content viewed**

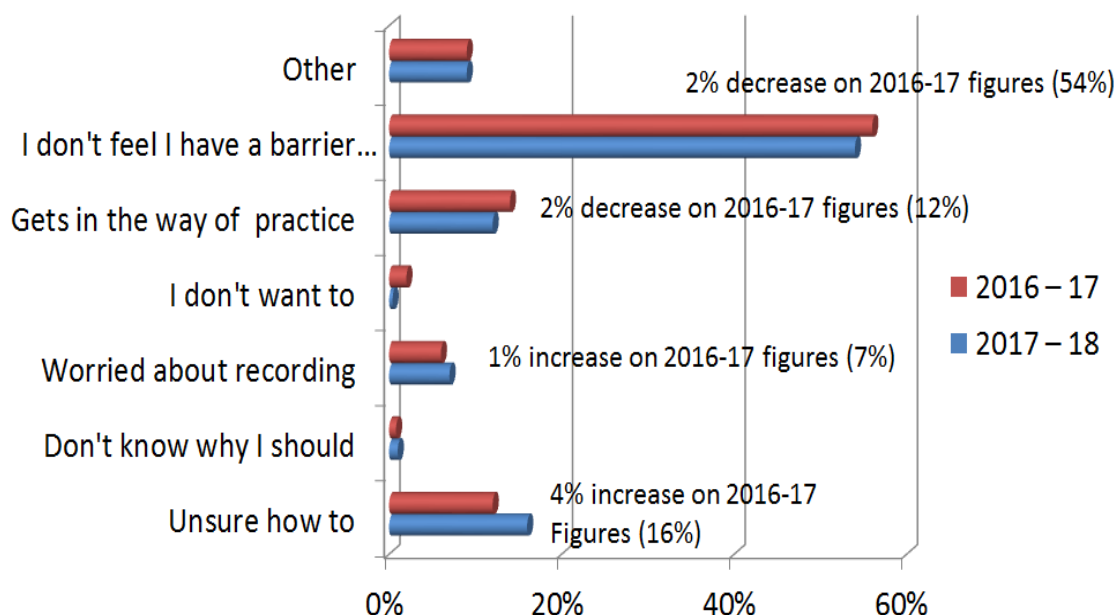
30. When selecting CPD activities osteopaths tend to plan their CPD most of the time according to their learning needs that they have identified by themselves (50%) and around courses that are available (45%) (1% difference in each case compared to 2016-17 figures). Osteopaths reported more than they did last year that they occasionally plan CPD around their learning needs that they have identified after discussion with a colleague (63% - a 5% increase on 2016-17 figures). Osteopaths report planning activities provided by either other professionals (52% - a 7% decrease on 2016-17 figures), shared interest groups (47% - a 2% decrease on 2016-17 figures), accredited osteopathic educational institutions (46% - 1% increase on 2016-17 figures), or local or regional group (39% - a 5% decrease on 2016-17 figures). Some 54% plan CPD around activities which are run by their colleagues/acquaintances (a 3% decrease on 2016-17 figures).
31. In line with 2016-17 figures, 49% report that their selection of CPD activities is occasionally unplanned, to take advantage of good learning opportunities as they arise, with a further 24% doing this most of the time (a 3% decrease on 2016-17 figures) and a further 8% always selecting CPD activities in an unplanned and ad hoc manner.
32. Rather positively the pattern has significantly changed during 2017-18 compared to 2016-17 figures regarding whether osteopaths in the sample plan their CPD activities to incorporate all four themes of the *Osteopathic Practice Standards*, with 65% doing this to some extent whether that is always, most of the time or occasionally, which is a 13% increase on the previous year's figures. Interestingly, some 58% of the sample, plan their CPD to varying degrees (occasionally, most of the time, or always), because of the evidence that is provided by the activity organisers e.g. certificates and proof of attendance (a 4% increase on 2016-17 figures). With comments such as "getting a certificate makes proof of CPD easy."

33. Identical to 2016-17 figures, difficulty in undertaking reflective practice does not appear to be a concern, with 54% of the sample stating that they did not have a barrier to reflective practice (see Table 12). Those that did concede to facing difficulties in reflecting on their practice cite the main barriers as: 'not sure how to' (16%), 'it gets in the way of actual practice' (12%) and 'worried about recording things like this' (7%). Those that reported "Other" barriers faced in reflecting on their practice predominately featured time restraints/ pressures to do so.

<i>What are the barriers that you face in reflecting on your practice?</i>		
	<i>2017-18</i>	<i>2016-17</i>
I don't have a barrier to reflective practice	54%	56%
I am not sure how to	16%	12%
Gets in the way of practice	12%	14%
Worried about recording such things	7%	6%
Other	9%	9%
I don't want to	0.4%	2%
I don't know why I should	1%	1%

**Table 12: Barriers to reflective practice**

34. It may be possible to attribute the slight decrease (2%) in osteopaths reporting that reflecting gets in the way of their actual practice as a direct result of the increased numbers of osteopaths undertaking key aspects of the new CPD scheme as Early Adopters, as they realise that undertaking CPD activities do not have to get in the way of their practice. Similarly, the Early Adopter scheme may also be the reason that there has been a slight decline (2%) in those feeling that they don't feel they have a barrier to reflective practice, given that those that do take part in Early Adopter activities, often realise they could do this more effectively, particularly when it comes to recording their reflections. There is still a significant number of osteopaths in the sample that report being either unsure how to reflect on their practice or are worried about recording things like that (see Figure 1).



**Figure 1: Perceptions concerning Reflective Practice using comparative data**

35. In terms of recording and reflecting on CPD activities osteopaths report their top three as (1) using GOsC CPD summary form (41%), (2) hard copy folder containing CPD evidence (34%) and (3) electronic folder containing CPD evidence (17%). Only 7% report using a reflective diary. These findings support the e-portfolio pilot questionnaire analysis undertaken in June 2017, with a much smaller registrant sample. Other recording mechanisms cited included use of the e-portfolio (piloted by a proportion of Early Adopters) and mental reflections.
36. When asked to think about their capabilities and opportunities to reflect on their practice in line with the new CPD schemes aims and objectives as an osteopath they agree/strongly agree that they have reflected on their practice with others (77%) and have reached out to build broader networks with osteopaths and other professionals to continually enhance patient care and patient safety (68%) Slightly, less agree/ strongly agree that they have undertaken the new features of the CPD scheme to support the continual enhancement of patient care and patient safety (64%).

### ***Beginning to think about the Peer Discussion Review (PDR)***

37. Rather positively, when beginning to think about whether osteopaths will be ready for the Peer Discussion Review (PDR) when it comes into force, 77% currently discuss their CPD and the value of it to them with a colleague (1% increase on 2016-17 figures) and 90% have access to someone they can discuss their CPD activity with, including areas of skills and development, which is a 5% increase on 2016-17 figures. 90% also feel that they would be able to discuss concerns that may arise in practice with a trusted colleague (just a 2% decrease in 2016-17 figures). Respondents were also asked this year as part of the evaluation, whether they had identified or begun to think about who might be

their Peer Discussion Reviewer under the new CPD scheme, 65% have begun to identify or think about who their peer might be.

	2017-18		2016-17	
	Yes	No	Yes	No
<i>Do you currently discuss your CPD and the value of it to you with a colleague?</i>	77%	23%	76%	24%
<i>Have you identified or begun to think about who might be your Peer Discussion Reviewer under the new CPD scheme?</i>	65%	35%	-	-
<i>Do you have access to someone you can discuss your CPD activity with?</i>	90%	10%	85%	15%
<i>Are you able to discuss concerns arising in practice with a trusted colleague?</i>	90%	10%	92%	8%

**Table 13: Beginning to think about the Peer Discussion Review**

### Conclusions

38. A number of key messages have emerged from the CPD evaluation survey 2017-18 which will inform our approach to implementation, but also crucially our communication messages at different stages. Some initial thinking is outlined below for consideration by the Policy Advisory Committee.
39. The CPD Evaluation survey sample is less representative of those aged 30 or under and 30-41 years of age, those working in an educational setting and lone practitioners (when compared with the "I'm Registered" data) and slightly less representative of males (see Paragraph 7). Based on these demographic findings we plan to conduct some telephone interviews to provide further in-depth understanding on some of the key themes/issues for these demographic groups.
40. We have identified the different ways in which osteopaths may address or react to the new CPD scheme, which will assist us in tailoring communication messages to these groups (see Paragraph 17).

#### *The four themes of the Osteopathic Practice Standards*

41. We are still seeing that most CPD is undertaken in the area of Knowledge, skills and performance. Less CPD is undertaken in the areas of Communication and patient partnership and professionalism, although "having undertaken no CPD" in both these areas has significantly dropped in comparison to last years data, which shows perhaps a greater awareness of these OPS themes now (see paragraph 21). Over time, as the CPD scheme rolls out, we would like to see more CPD in the areas of communication and patient partnership and professionalism. Many osteopaths do report challenges in complying with all parts of Section D Professionalism (See Paragraph 19) and many have questions

about how they can undertake CPD in the area of professionalism (see Paragraph 17). Consequently, we need undertake some work around professionalism and how this standard might be addressed in terms of undertaking CPD activities, primarily by developing some online resources and materials around this and also working in conjunction with the accredited osteopathic educational institutions via some qualitative work.

42. We are seeing an increased familiarity with the Osteopathic Practice Standards, compared to last year's figures, with more osteopaths using the OPS to identify their learning needs and linking or mapping their CPD content to the OPS via a variety of methods (see paragraph 18). Many osteopaths still report that they do not see their relevance to their CPD, and that these are a "construct of a regulator, not a practising osteopath." Further work may need to be undertaken as part of the Osteopathic Practice Standards review roll out to help osteopaths better understand the 'why' of the Osteopathic Practice Standards which is consistent with the finding in the McGivern research about osteopaths being more likely to comply with standards when they understand why standards are there.

### *Undertaking an objective activity*

43. A key area of our early adopter CPD programmes this year has been on objective feedback and we have seen evidence that more osteopaths are using objective feedback to inform practice over time (see Paragraph 22). Case based discussion is also showing more prominently as a "learning with others" based activity and patient feedback that has been implemented into practices, show a "values based approach" being adopted to practice (See Paragraph 23).

### *CPD in communication and consent*

44. More than half of osteopaths responding to the survey undertook CPD in the area of communication and consent (see paragraph 24). This shows that this key area is gradually permeating and there is evidence to suggest that CPD providers are beginning to meet the requirements for osteopaths to be able to fulfil aspect of the new scheme.

### *Planning CPD and accessing resources*

45. The use of the GOsC resources to plan their CPD e.g. planning and evaluation templates, e-bulletin, Osteopathic Practice Standards or the osteopath have all significantly improved this year. This is most likely to be a direct result of the work undertaken by the Communications team to improve access and navigability to resources and increase awareness of these resources. There is still room for improvement in terms of driving online traffic towards the CPD website, given that osteopaths are still more likely to use research journals to inform CPD than have visited the CPD website (see paragraph 27).
46. In terms of planning CPD and identifying learning needs, the survey identifies that there is high confidence in the ability to reflect on CPD (see paragraph 33)



although some challenges are identified around being unsure how to and worried about recording things like that (see paragraphs 32 and 33). Interestingly, we see higher proportions reflecting with others and developing broader networks than them undertaking new features of the CPD scheme. Our experience of work with groups of osteopaths is that identifying changes in practice as a result of an objective activity can be difficult. It requires confidence and support. It may be that there is not a common understanding of 'reflect'.

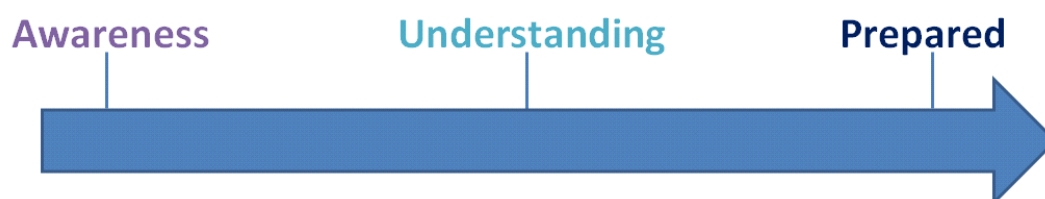
### *Peer discussion review*

47. A high percentage of osteopaths report having a peer with whom they can discuss a case (see paragraph 34). This year a high percentage of osteopaths also report having identified or begun to think about who might be their Peer Discussion Reviewer under the new CPD scheme. This is reassuring given that we know from the CPD consultation analysis (2015) that peer discussion review was an area that many osteopaths were worried about. Work has begun on facilitating PDR workshops with osteopathic educational institution representatives to assist with the roll out of this work stream, as part of the new CPD scheme.

### Communications and Engagement Strategy

#### Extract from January 2018 Council Paper

1. Our updated communications and engagement strategy for the new CPD scheme aims to inform osteopaths about the requirements of the scheme and to give them the confidence and resources they need to meet its requirements. It builds on the communications work that has already been done, including creating a network of Early Adopters, awareness raising across GOsC channels, creation of a dedicated CPD microsite and the production of multiple resources.
2. The strategy has three strands:
  - **Reassurance:** about the scale of the changes and the size of the task in hand.
  - **Support:** we are providing guidance and resources to help osteopaths and they will be giving and getting support from each other.
  - **Responsive and Listening:** we are engaging and listening to the concerns and/or information needs of osteopaths and we will respond by developing messages, advice and resources to meet those needs.
3. The strategy has three main aims. Firstly: To raise awareness among osteopaths about the new requirements. We will continue to do this via regular promotion and content through all our social media, print and digital channels; Face2Face events; utilising influential/highly engaged osteopaths: leaders, regional groups, early adopters; utilising stakeholder channels; direct and strategic targeting of isolated single practitioners to reach the 'harder to engage/reach' groups.
4. Secondly: To increase understanding of the requirements. To achieve this we will continue to produce guidance and advice in a variety of formats including in-depth features in The Osteopath magazine; running online workshops; identifying needs and producing resources to meet those needs and monitoring levels of understanding and adjusting accordingly.
5. Thirdly: To help prepare osteopaths. We will do this specifically by engaging to discover where there is uncertainty or unpreparedness, and providing resources to ameliorate. We will examine feedback from events, surveys, plus anecdotal concerns to continually identify and respond to information and communication needs.
6. We are aware that registrants are at different stages in relation to the scheme:



Therefore we will continue to raise awareness and explain the requirements of the new scheme as well as producing in depth information for those further along the line.

7. Our strategic approach makes significant use of insight. To be responsive to needs we need to continually seek and analyse feedback and learn more about our target audience through regular surveys and questionnaires, feedback from events, visits by the comms team and other staff out to regional groups, analysis of requests made to GOsC directly by osteopaths plus anecdotal concerns so that we can continually identify and respond to information and communication needs.
8. The tactics we will utilise include:
  - Regularly driving stakeholders and osteopaths to <http://cpd.osteopathy.org.uk>
  - Producing and promoting relevant new and existing resources
  - Encouraging engaged osteopaths to share their experiences through blogs, quotes, videos
  - Reviewing, enhancing and updating, as appropriate, existing resources, for example, through using content from Early Adopters
  - Targeting isolated osteopaths
  - Updating and publishing learning resources for final Peer Discussion
  - Utilising influential/highly engaged osteopaths: leaders, regional groups, early adopters to become our 'CPD scheme champions'
9. Since the last Council meeting on 2 November 2017, we have:
  - Commissioned our second animation 'Introducing the CPD scheme' explaining in under 2 minutes how to undertake the new GOsC CPD scheme. The animation will be available, in due course, at: <http://cpd.osteopathy.org.uk/>
  - Run 12 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) supporting osteopaths to undertake the objective activity aspects of the new CPD scheme to increase confidence and to generate and publish examples of how to complete objective activities for others.
  - We have also held 'follow up' webinars for those who have completed programmes with us. These have focussed on establishing groups to continue to meet to facilitate their own sessions rather than being facilitated by GOsC staff. When osteopaths run their own sessions they can utilise and test out the materials we designed to support osteopaths who are developing their own communities.
  - 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 work streams including process, audit (now verification and assurance) and IT.

- Presented our approach to process, verification and assurance and IT to the continuing fitness to practise inter-regulatory group meeting, in November 2017, to seek feedback on our approach to mitigation of risk.
- Held one CPD Partnership Board (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.
- Concluded the consultation on the amendments to the CPD Rules and liaised with policy colleagues at DH to agree a final version of the Amendment to the CPD Rules consultation.
- Disseminated the October, November and December GOsC news ebulletins – which promoted aspects of the CPD scheme including:
  - Awareness of the CPD scheme including a one page flyer available on the CPD microsite summarising the requirements
  - Promotion of free online training for osteopaths to become familiar with the requirements of the new CPD scheme and particularly to gain confidence in the objective activities, recording and reflecting on these and building networks and communities.
  - Promoting completion of our CPD evaluation supporting osteopaths to prepare for the new CPD scheme.
- Published the December/January edition of *the Osteopath* magazine, which focused on getting ready for the new scheme (sent to all osteopaths, a number of students and a range of our stakeholders), including:
  - Focus on peer observation, one of the objective activities options in the new scheme – including promotion of the new peer observation workbook and other resources. Plus osteopath, Maria Bridger (an Early Adopter) and the Carlisle Osteopath Group shared experiences and tips about carrying out peer observation.
  - Promoting online workshops, including quotes from participants about the benefits they found.
  - A longer article about the CPD evaluation survey to encourage readers to fill it in, including contributions from Liz Elander and Lucy Mackay Tumber about the potential benefits of using the survey to review and plan CPD for the year ahead.
  - Up to date information on CPD courses available in 2018.
- Disseminated some single topic communications emails to promote the CPD evaluation survey plus initiated email targeting of osteopaths working alone to inform them about the ways they can connect with other osteopaths.
- Ongoing social media campaign continued promoting the CPD microsite and resources, encouraging registrants to complete the CPD evaluation survey (plus promotion on the GOsC website home page). CPD content in 'The Osteopath' is also being promoted via these methods: social media, home page and website news stories.

## **Annex B to 3**

- Undertaken a webinar on behalf of the CPD provider, osteoowl to up to 20 osteopaths offering an opportunity for questions and answers about the new CPD scheme, focussing on the communication and consent element.