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Analysis of consultation data on a new scheme of CPD for osteopaths

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Introduction

The General Osteopathic Council (GOsC) undertook a 16-week public consultation on proposals for an enhanced scheme of continuing professional development (CPD) for osteopaths. Using a comprehensive range of processes, the osteopathic profession, the public and other key stakeholders were consulted about the purpose and proposed structure of a new CPD scheme. Osteopaths and others could express their views by means of on-line and hard copy questionnaires, letter and email, and in person at listening events hosted by the regional osteopathic groups and other stakeholders.

Overall there was broad support for the proposals from the profession and other key stakeholders.

This report presents the quantitative data and a thematic analysis of the qualitative feedback received.

It indicates the weight of opinion for or against each proposal, distils the overall views on the key elements of the proposed CPD scheme, and summarises prevalent concerns and recommendations for improvement expressed in the feedback.

Background and context

The new CPD scheme proposals were informed by consultation on the existing CPD process, along with findings of a revalidation scheme piloted in 2011–2012, and research with patients and osteopaths.

From 2009 to 2012 the GOsC worked with osteopaths to develop a revalidation scheme based on assessment against standards. It proposed four stages:

- Stage 1 – self-assessment against standards
- Stage 2 – further evidence of practice
- Stage 3 – a bespoke assessment of practice
- Stage 4 – an assessment of clinical performance

In 2011–2012, Stage 1 of this process was piloted. More than 5.5% of the osteopathic profession participated in the pilot. In the pilot osteopaths undertook four activities such as patient feedback and analysis, case-based discussions, case presentations, clinical audit and significant event analysis to demonstrate that they met the *Osteopathic Practice Standards*. Assessors were appointed to assess and provide feedback on submissions. KPMG was commissioned to independently evaluate the pilot, gathering feedback from the osteopaths who participated about the benefits and costs of undertaking each activity and seeking views from other stakeholders¹.

¹ <http://www.osteopathy.org.uk/practice/Revalidation/Research>

The KPMG evaluation identified many benefits from the pilot. These included participants becoming more familiar with the *Osteopathic Practice Standards* and perceived improvements in patient care. However, the scheme was also judged to be unnecessarily complex and burdensome.

While the revalidation pilot was being undertaken, the GOsC also published a review of the existing CPD scheme and current CPD activity, and invited feedback on this review².

Responses to this indicated:

- Limited support for learning cycles
- Slightly more support for core CPD (with further guidance about what was needed)
- Support for feedback to osteopaths about their CPD
- Considerable support for retaining the current system of CPD.

The responses also highlighted that osteopaths are increasingly using patient feedback and other similar mechanisms to inform themselves about the effectiveness of their practice.

Guiding principles to inform the GOsC work on a revised scheme for CPD were developed from the findings of the revalidation pilot, the CPD review and the wider evidence base.

These included:

- a. Osteopathy is low risk not no risk. The GOsC must be clear in its messaging about how the public is protected.
- b. The GOsC must address how to support reflection and feedback in a profession that primarily practises independently. This presents challenges to adequately demonstrating standards and enhanced quality of care.
- c. Peer review and patient feedback are important.
- d. A single scheme rather than separate CPD and revalidation schemes, could be a proportionate way of ensuring continuing fitness to practise.
- e. The whole breadth and depth of practice should be covered as part of the requirement to demonstrate standards.
- f. The GOsC must understand and demonstrate how it will know when osteopaths are not complying.
- g. Audit must focus on the quality of activities, not just the quantity.
- h. The proposed scheme offers potential for partnership working, but this will require appropriate mechanisms for governance and quality assurance.

It was also recognised that it may not be possible to meet all the scheme's objectives at the outset. The evolution of the scheme will require building capacity and networks within the osteopathic profession – among individuals and professional groups – to support learning, safe practice and continued enhancement of practice.

² <http://www.osteopathy.org.uk/standards/continuing-professional-development/>

Developing new CPD proposals

Proposals for a new CPD scheme were developed during the course of 2013, based on the research cited above and engagement with osteopaths and others through stakeholder events. Since Autumn 2013, to further develop the scheme, the GOsC has been working closely with four regional osteopathic Pathfinder groups in different parts of the UK, and with educational institutions and postgraduate CPD providers and the Institute of Osteopathy (iO). More than 50 osteopaths have been involved in this process, which included focus groups, discussions and the development, testing and writing up of case studies to provide examples of how the scheme might work in different contexts.

The GOsC also undertook a day-long patient focus group to test their emerging thinking with members of the public³. Key findings from the focus group suggested that:

- Initial reactions to the draft scheme were positive, and it was considered to be appropriate to the context of the profession
- Peer Discussion Reviews should be undertaken by someone qualified and independent
- Mandatory requirements for training and development were felt to be positive.

The consultation process

A wide range of materials including online videos, comprehensive consultation documents and guidance, case study examples from the pathfinder groups and others, were produced to inform the consultation and published on a microsite⁴ linked to the GOsC website.

Consultation information

The GOsC provided extensive information on the aims, principles and operation of the proposed CPD scheme. Much attention was given to design of materials and online multi-media presentations were used to make the consultation information clear and accessible. A suite of nine information documents were produced for the consultation. These included:

- *'Introducing our new CPD proposals'*: brief overview of the proposed scheme and its development, with guidance on the consultation process. A hard copy of this document was sent to all GOsC registrants and osteopathic organisations at the launch of the consultation.
- *'Full Consultation document'*: comprehensive presentation of the proposed CPD scheme, including all 48 consultation questions.
- *'Summary consultation document'*: an abbreviated consultation overview focusing on the main elements of the proposed CPD scheme, intended to encourage public and patient views on key aspects of the proposed scheme.

³ http://www.osteopathy.org.uk/uploads/public_and_patient_perceptions_of_osteopaths_and_osteopathy_2014.pdf

⁴ Information presented online was also available to respondents in hard copy on request.

- The '*Draft CPD Guidelines*' intended to underpin the proposed new CPD scheme and support osteopaths in meeting its requirements, with 16 related questions.
- The '*Draft Peer Discussion Review Guidelines*' intended to support osteopaths and reviewers undertaking the proposed peer review process and outline the requirements of this aspect of the CPD scheme. This included 20 related consultation questions.
- '*Other Topics*': document inviting views on a range of topics related to the proposed CPD scheme, including: IT and online submission; Audit; Quality assurance; Charging; Guidance on disagreement about outcomes; Guidance about what to do if concerns about practice are identified, and Equality and Diversity. This section included 12 questions related to these particular issues.
- Consultation documentation also invited feedback on three sets of 'Resources and case studies' intended to assist osteopaths in meeting specific requirements of the proposed new CPD scheme relating to:
 - The Osteopathic Practice Standards
 - Communication and consent
 - Objective activity.

CPD consultation microsite – online activity

To assist access and navigation of the extensive consultation information, a bespoke web microsite (www.cpd.osteopathy.org.uk) was commissioned, and linked to the GOsC public website and o zone (registrant website) home pages. This provided a platform for the nine consultation documents and an online feedback mechanism enabled respondents to submit their views electronically to as many or as few of the consultation questions as they chose.

The website offered four short videos, through which the GOsC Chief Executive and osteopaths active in practice and training outlined the main elements of the proposed CPD scheme and differences between this and the existing CPD requirements for osteopaths.

Embedded Google web analytics enabled the GOsC to monitor online access throughout the life of the consultation, helping to inform their further communications activity around the consultation.

A corporate email signature used by GOsC staff highlighted the CPD consultation and provided a link to the consultation website.

All information presented online was also available to respondents in hard copy on request.

An interactive consultation

GOsC staff monitored general feedback and responses to the consultation to identify issues for clarification and to inform a regularly-updated online Question and Answer (Q&A) facility on the consultation website. A dedicated email (cpdconsultation@osteopathy.org.uk) was provided to facilitate queries and comments. This was complemented by a consultation Q&A section in *the osteopath* magazine and GOsC monthly e-bulletins.

Stakeholder engagement

Health and social care regulators

(including international competent authorities, government departments, and devolved administrations)

Targeted emails were sent to all relevant bodies in early February 2015, introducing the consultation and CPD website. A further prompt for feedback was sent in May 2015.

An annual meeting of the Scottish Government/Health Regulators' Liaison Group in February 2015, attended by the Scottish Cabinet Secretary for Health, Wellbeing and Sport, Shona Robison MSP, provided an opportunity to raise awareness at a high level of the CPD scheme proposals and the public consultation.

Health regulator engagement events, including meetings of the Inter-regulatory CPD Group (February 2015) and the Joint Regulators' Patient Engagement Group (March 2015), attended also by the Care Quality Commission (CQC), helped to promote the CPD consultation.

Public and patients

Members of the GOsC Patient and Public Partnership Group were sent dedicated communications over the course of the consultation, inviting their views.

Social media, including regular postings on the GOsC Facebook page and Twitter feed, was used to highlight the consultation and encourage discussion on specific issues. This was reinforced by regularly refreshed 'news' items on the GOsC public website Home page.

The Healthwatch England network and the Scottish Health Council posted information concerning the CPD consultation in their member communications.

The osteopathic profession – registrant communications

A letter was sent to all registrants in early February 2015 together with a leaflet providing an overview of the proposed scheme and explaining the consultation process. During the consultation, GOsC communications with registrants were designed to promote a series of key themes/messages:

- February 2015: Promoting awareness of the consultation/understanding the proposals
- March 2015: Promoting peer engagement – 'discuss CPD proposals with your colleagues'
- April 2015: Addressing issues – 'Do you have any questions? /Let's explore concerns'
- May 2015: Encouraging responses – 'Tell us what you think'.

The proposals were discussed in the Dec14/Jan15; Feb/March 2015, April/May 2015 issues of *the osteopath* magazine and there were 'calls to action' in the monthly GOsC news e-bulletins to registrants, January to May 2015. Registrants were mailed a dedicated CPD consultation e-bulletin on 30 March, 24 April, and 21 May. The o zone had a regular news

item exploring various aspects of scheme in line with key messages. A CPD consultation flyer was included in the 'renewal of registration' packs sent to osteopaths during the consultation period (over 2,000 registrants) and osteopathic social media groups were also used to promote the consultation.

Osteopathic students

The GOsC's 2015 programme of presentations to final-year osteopathy students included discussion of the CPD proposals and students were invited to submit views. All osteopathic educational institutions (OEl)s were encouraged to post information regarding the consultation on their intranets, and OEl alumni groups with websites were also approached.

Osteopathic representative organisations

Targeted communications were sent to osteopathic representative organisations (including the Institute of Osteopathy, undergraduate and post-graduate education providers, osteopathic special interest groups, the National Council for Osteopathic Research and the Osteopathic Educational Foundation) to encourage discussion and organisational feedback. The Institute of Osteopathy (iO) promoted the consultation to their membership, through a series of articles in *Osteopathy Today*.

GOsC 'listening events'

The GOsC has aimed to engage face-to-face with as many osteopaths as possible to increase osteopaths' understanding of the aims of the CPD scheme, gain the profession's support and 'buy-in' and understand the profession's views and concerns.

The GOsC worked closely with regional osteopathic groups across the UK and 16 GOsC regional 'listening events' took place over the course of the consultation, involving nearly 500 osteopaths (the full list of places and hosts is included as Appendix 1). Representatives of the GOsC were able to explain and discuss the CPD proposals and participants were invited to complete feedback forms. A further 'listening event' was hosted by the Sutherland Cranial College (February 2015) and the CPD proposals were discussed by the GOsC Registration Assessors at a meeting in April 2015. The GOsC worked with the Institute of Osteopathy (iO) to promote and present an iO-hosted webinar on 6 May, providing an opportunity for UK registrants anywhere to discuss the CPD proposals directly with the GOsC Chief Executive. Over 70 osteopaths participated in this event.

Data collection and analysis

Data collection

Data were collected in a variety of ways using several different formats and approaches and the responses received are listed in the table below.

Table 1 Responses received

Response Type	No. of responses
<u>Questionnaires</u>	
Full questionnaire	117
CPD and online submission	1
Audit	1
Quality Assurance	1
Guidance on Disagreement about outcomes	1
Concerns about practice	1
Charging	3
Any other comments	2
Summary questionnaire	36
<u>Listening event feedback form</u> ⁵	252
<u>Email</u>	9
Total	424

These online questionnaires, feedback from listening events, email responses and so on generated significant amounts of quantitative and qualitative data. The purpose of the analysis reported on here is to inform the further development of the proposed CPD scheme; the development and communication of 'next steps' and inform future consultations. Therefore, the report findings are based on a rigorous process of content analysis to identify the range of views expressed and distil these into key themes.

As noted above, data were collected in a variety of ways using several different formats and approaches; Davies (2009) notes, while in principle having multiple versions of a consultation questionnaire/feedback form and approach is a good idea because it helps maximise contributions from diverse stakeholders and provides some cross-validation and/or complementary understandings, it does however also pose some dilemmas about how best to handle the various different data sets⁶. To ensure we stayed true to the data, we took the decision to analyse each data set individually first and then only to aggregate data when it was appropriate.

Part of the purpose of the consultation was to understand the arguments around the potential different options, as well as how many people were in favour or against each option. Qualitative methods, as adopted in this consultation process, are ideal for this. Simple descriptive statistics have been produced where possible in relation to yes and no responses on particular questions. The frequency of particular responses has also been captured. This indicates where there are strong opinions. As Davies (2009) explains

⁵ Based on early feedback an extra question was added – *“What else would help patients to know what the knowledge and skills of the osteopath looking after them are up to date and s/he is fit to practise?”*

⁶ http://www.gmc-uk.org/Audit_of_GMC_Confidentiality_Guidance_Consultation.pdf_38718427.pdf

consultation responses of this type cannot be weighted. The relative priority given to different views is always a matter of judgement and the aim is to make the sources clear in order to assist with decision-making. It is important to note that not every respondent answered every question.

The consultation process clearly enabled respondents to articulate their concerns and explain their rationale for responding in the way they did.

Data analysis

Representativeness

The majority of responses across all data sources are from osteopaths. The table below gives the breakdown of backgrounds of the questionnaire respondents. Please note, the number of responses to this question is greater than the total number of responses, which indicates some respondents must have ticked more than one category.

Table 2 Background of questionnaire respondents

Who	No. of responses	%
Osteopath	150	91%
Patient	5	3%
Osteopathic Professional Body	2	1%
Pre-registration Osteopathic Education Institution	2	1%
Statutory regulatory body	1	0.6%
Professional Standards Authority	1	0.6%
Dual registered practitioner (Osteopath and GP)	1	0.6%
Student of osteopathy	1	0.6%
Total	163	

Five questionnaire responses were received from osteopathic patients, although, as noted above, a variety of methods were used during the consultation to highlight the consultation and encourage discussion on specific issues.

Responses were received from one health professional regulatory body and the Professional Standards Authority.

64% of questionnaire respondents were aged between 40 and 60. The full age breakdown is given in the table below.

Table 3 Age of questionnaire respondents

Age	No. of responses	%
<30	6	4%
31-40	22	14%
40-50	47	31%
51-60	51	33%
61-70	16	10%
71-80	1	0.7%
Do not wish to state	9	6%
Total	152	

5% of questionnaire respondents considered themselves to be disabled.

Those who attended the various GOsC listening events also had an opportunity to contribute to the online consultation and so it is important to note that individuals may be represented in more than one data source e.g. online and regional meeting, member of a society or special interest association and so on. Consequently where appropriate, the respective proportions of responses have been identified to indicate the strength of feeling around particular issues.

Rigour and robustness

The analysis process has been robust and rigorous with the intention of producing a fair and balanced interpretation of the consultation data to assist the GOsC in its decision-making. The 2012 Cabinet Office 'Consultation principles' informed our analytical approach outlined below⁷.

Where respondents used the online process, this automatically generated its own database. Responses from the meetings were entered into separate databases. For each data source, the analysis of the qualitative data involved identifying themes in the data, devising a coding framework and then coding the data according to those themes to identify patterns. The themes from the different sources were then compared in order to identify similarities and differences. The listening event data included 16 events held in different parts of the country.

This report presents the overall results and a supporting narrative illustrating the kinds of comments and strength of feeling expressed on each of the issues. For the yes/no online questionnaire responses, percentages are presented and where possible and appropriate,

⁷ <http://www.cabinetoffice.gov.uk/sites/default/files/resources/Consultation-Principles.pdf>

frequency counts and proportions have been generated from the qualitative data. Competing perspectives and opposing views have been clearly identified along with the sources of these views.

Findings

The consultation process

- The tone of the consultation and the style of the consultation process were appreciated.
- The videos, Q&As and listening events were particularly highly valued by respondents.
- The volume of consultation material was perceived by some to be overwhelming.

99% of those attending a listening event who submitted a feedback form scored the event as having been useful or very useful (see table in Appendix 1). 43 of those who submitted a feedback form used this to report that attending the event reduced their anxiety and increased their understanding of the proposals. 15 commented that the listening events signified an increasingly positive relationship between the GOsC and the profession and 16 emphasised the positive approach of the presenters and the quality of the materials in their feedback.

The majority view across all the listening events was very positive, as encapsulated in these responses on the listening event feedback form:

“CPD is not difficult for the practitioner who seeks improvement. CPD is essential for the safe growth of the profession. CPD is not punitive but is tuned for the benefit of patients and practitioners”. (Cheshire)

“It’s not that bad. You’re on our side, it’s not that different” (Oxford)

“Very glad process is going this way as most osteopaths want to be the best practitioners they can be, safe, consciously competent etc and a positive trusting outlook is refreshing as previously GOsC under confident about the profession it regulates!” (Central Sussex)

Many were concerned however about the volume of consultation materials produced. Several respondents said it had taken them over 3 hours to complete the full consultation questionnaire and some chose to submit some overarching comments instead because they found the online process too much:

“I have attempted several times to engage with this consultation, but have been defeated by the depth and repetitious quality of these overlapping questionnaires.... I totally buy into the idea of combining revalidation with continuous development; I don’t see that as a culture requires trumpeting; I am not comfortable that peer reviews will ever be successful but I am prepared to try them. I don’t care that you will tell me what percentage of osteopaths have completed portions of CPD ; that will hold no interest for me. These are the only reactions I have; I do not need 18 pages of questionnaires to make them.”

Who responded

The CPD consultation closed on 31 May 2015. Responses were received from a wide range of stakeholders, including osteopaths, patients and the public, health regulators, osteopathic education providers and osteopathic professional bodies. The levels of engagement and feedback are as follows:

- the CPD consultation website had **4,833** visits, **1,587** document downloads and **788** video downloads
- **163** questionnaire responses were received but not all respondents answered all questions
- Osteopaths, students and osteopathic organisations accounted for approximately **96%** of responses and patients **3%**
- **252** feedback forms were received from osteopaths attending the GOsC 'listening events' hosted over the course of the consultation.

Overall the CPD scheme proposed was popular with respondents.

The sections in the consultation document are now used to structure the detailed findings.

Section 1: Questions about the draft *CPD Guidelines*

The shaded rows indicate the questions where fewer than 70% of the respondents agreed with the proposal.

Table 4 Survey responses Section 1

Question	No of responses	% Agree /Strongly Agree
1. A section about culture is important in the CPD guidelines	117	72%
2. The section on culture describes the culture I would like to see in osteopathy	103	67%
3. The section describing the CPD scheme is clear	107	75%
4. The definition of CPD is clear	105	91%
5. The definition of CPD is appropriate	105	78%
6. The definition of professional practice is clear	103	84%
7. The definition of professional practice is appropriate	115	74%
8. The description of the CPD process is clear	105	74%
9. Information about the Peer Discussion Review is clear	103	70%
10. The draft <i>CPD Guidelines</i> are clear	101	70%
11. The draft <i>CPD Guidelines</i> are accessible	99	77%
12. This is a scheme that osteopaths can comply with	102	63%
13. This is a scheme that is likely to help osteopaths to enhance patient care	105	53%
14. This scheme will encourage osteopaths to discuss their practice with others	103	68%
15. The draft <i>CPD Guidelines</i> overall are clear	103	62% ⁸

Culture

Although **72%** of those who responded agreed that “A section about culture is important in the CPD guidelines” and **67%** agreed that “The section on culture describes the culture I would like to see in osteopathy” the qualitative data revealed a complex picture. Many were enthusiastic but some had concerns about the term culture.

It is important for registrants to understand the expectations of what it means to be a health or social care professional and the type of professional culture and framework within which to undertake their CPD. The culture described is what we would expect to see with all health and social care professionals.

⁸ No ‘strongly agree’ responses were submitted.

Culture needs to be linked more explicitly to behaviours; equally [the definition of] culture needs to emphasise much more in the way of collaborative working with other osteopaths/ healthcare practitioners.

I think setting this aspirational standard will help ensure realistic expectations of both parties involved in the peer review.

Others were suspicious or critical of, as they saw it, the GOsC attempting to impose a culture.

Broadly, this is the culture I already have myself, but I am mildly repelled by having someone tell me what I ought to be doing. We have always been a profession of 'difficult bastards', and we should be careful about attempting to sanitise the profession by requiring too much of an obvious imposed 'team spirit'. "Putting patients at the heart of care" is just a stupid, politico-speak phrase, mildly offensive to any working practitioner.

Still others suggested that it would be an impossible task given the differences of opinion amongst osteopaths.

Because in my 25yrs experience such a culture has not existed locally due to strong differences of opinion, along with many practitioners personal insecurities. So although theoretically it reads well in expecting such a culture to develop I sadly don't see that it is easily or practically possible here due to the great and differing diversity of opinions. The last area meeting we had was dominated by strong personalities and the consensus was that unfortunately it had a negative rather than positive effect. Perhaps this is due to being in a rural area with a relatively low number of practitioners. On courses I go to such a culture does exist and it is what I like to see and do feel I flourish within. So in that case I would agree, but don't see it happening locally at the present time.

In an era of increasing multi-disciplinary approaches in healthcare, doubt was also expressed as to whether it was desirable to promote a specific osteopathic culture and indeed several respondents felt that the one proposed in the consultation document described the culture of all health professionals not just osteopaths.

The CPD scheme, core concepts and guidelines

Questions 3–11 and 15 in the full consultation dealt with the CPD scheme how it was described, the clarity and appropriateness of the key terms used such as CPD and professional practice; and the clarity and accessibility of the CPD *Guidelines*. Overall there was broad support for the CPD scheme, the core concepts it is founded on and the quality and comprehensiveness of the guidance supplied.

Happy with the CPD - completed Revalidation Pilot consents audits feedback tools all makes a good Osteopath provided our General Population would comply and look after themselves better!

These activities have the potential to be very exciting, stimulating and progressive. For example, I welcome that proposal that discussion can involve osteopaths as well as other health care professionals. I discuss with at least four osteopaths, one has 34 years more experience than I do, three surgeons, a podiatrist and nutritionist/MD, Anaesthetist. All aspects proposed are essential to the profession and are in the minds of good osteopaths constantly, ranging from concern to paranoia. So, again, please support the process for hard workers and as part of this, allow osteopaths to choose practitioners they respect and wish to learn from, rather than imposing assessment upon them. The amount of CPD done by me and colleagues (even before we are required to) could never be documented and thus

appreciated by these guidelines. However, I would wish to embrace them whole heartedly. One always benefits from diligent learning and reflection. Structure is great for learning and deadlines are productive, as long as balance is maintained.

Yes it was clear once I had read the Peer Discussion Review Guideline document, which was comprehensive and answered all my questions.

Nevertheless there were some concerns which featured in many of the responses. These were:

- The scheme is too complex
- There is too much to read and the language is hard to understand and feels 'jargony'
- Fear about how long it will take osteopaths to collect the required evidence
- A request for further guidance on the standards expected, Peer Discussion Review, Quality Assurance and training to support implementation

Clear what is required, but I believe the process is unnecessarily complex ...

Terminology - really need more of a sense check - very much written in education speak. At a recent event colleagues were very vocal in the big turn off to responding was the jargon and tone.

There are a lot of words but I can't see what it means in practice ...

As most practitioners only undertake clinical work the definition of what is expected from clinical work needs to be expanded and made clearer.

I am very concerned that no training is required, the difficulty of this process I think has been underestimated.

While there was general support for the elements of the proposed CPD scheme, some respondents expressed doubts as to the value and appropriateness of patient feedback, Peer Discussion Review and having compulsory elements of CPD.

Patients return to a practice because they are happy (usually), customer satisfaction surveys are of very limited relevance especially with sole practices which are very sensitive to patients liking / disliking the way they are treated. Personality of the osteopath is a much stronger factor.

Peer review as a principle is good, but will only truly be effective in a more informal and voluntary environment. The way forward should be for osteopaths to be provided with opportunities and support to engage in inter-professional discussion on an informal and voluntary basis. I fear that this approach suggested here will essentially be full of inconsistencies, endless disputes and will be resented generally.

I feel that just because some osteopaths are weaker in communication and consent not all are. I feel that having compulsory training every year in this is a bit much; especially for recent graduates who have just been told for the last 4 years how important consent is.

Osteopaths can comply

63% of respondents agreed that *“This is a scheme that osteopaths can comply with”*. The most commonly raised concerns were:

- Cost
- Too complicated and time-consuming
- Access to training in communication and consent.

This is going to spiral out of control on costs.

Whole scheme seems like it's a waste of time and resources for all parties involved.

An osteopath has already told me that they would like to retire early because this new process seems so complicated. A lot of good practitioners could be lost this way.

As long as the GOSC provides enough support i.e. courses on communication and consent, safety & quality and professionalism.

Some respondents self-identified or identified others as part of subgroups of the profession for whom there were likely to be particular issues and implications e.g. for those who are part-time and/or have significant caring responsibilities, those in education/non-practising, and those who are not very IT skilled.

A bit tough on older osteopaths who may not be so computer literate, and on those in remote areas with restricted internet access.

Indirectly impacts on osteopaths who are working part-time because they have children - majority of which are female. Same CPD requirements expected as for a full time osteopath.

What about osteopaths who work solely in education or research/registered as non-practising etc.? You are discriminating against them and they risk losing their livelihood.

Respondents were also worried, particularly those from small towns and rural areas as to whether when osteopaths are competing for business it is possible to set up trusting relationships to support the Peer Discussion Review process etc.

This will help osteopaths to enhance patient care

Just over half (53%) of all respondents across all data sources⁹ agreed with the statement that *“This is a scheme that is likely to help osteopaths to enhance patient care.”*

Supportive comments emphasised the importance of osteopaths continuing to learn and develop in order to continue to develop their practice and improve patient care.

The ability for health and social care professionals to reflect on their own practice and undertake CPD that is targeted at needs of individual as well as the profession as a whole can only be beneficial to patient care.

⁹ Following the first few events an additional question was added *“What else would help patients to know what the knowledge and skills of the osteopath looking after them are up to date and s/he is fit to practise?”*

Gives some direction to an osteopathic practice (forces an osteopath to think more long term about their practice and the profession).

Those who disagreed pointed to a lack of evidence base that this was the case and/or doubted that the new CPD scheme would weed out those osteopaths who were 'gaming' the system.

It really depends if the osteopath remains on the course where they are doing the CPD. I observed an osteopath recently who left once the certificate had been handed out which was 2 hours into a 14 hour course. I think this is outrageous.

I think unlikely to change learning and development behaviour of osteopaths in patient care. Those who are open to learning anyway will learn even without this and those who less open are unlikely to develop with this scheme, will find ways of fulfilling criteria but not changing. Fortunately the latter will be the minority. If there is a change in learning it will be very small, evidence from other health care professionals shows this.

There is no evidence that peer review will help improve practice standards.

Osteopaths discussing their practice with others

68% agreed that "This scheme will encourage osteopaths to discuss their practice with others". Some respondents emphasised that lots of osteopaths are already discussing their practice with others. Others expressed concern about forcing rather than encouraging this. A significant minority of respondents expressed concern that the discussion would not be constructive and suggested that there was likely to be resistance to Peer Discussion Review.

In our local osteopathy study group (regularly attended by c. 10 osteopaths with a range of experience and years in practice), we discussed these guidelines and agreed that we could incorporate elements of the requirements into our regular sessions, e.g. "peer discussion reviews" could be scheduled in when required. We agreed that we would have sessions on communication and consent, e.g. next month we are going to analyse and give feedback on each other's note-taking style by looking at sections of anonymised case history forms. The Draft CPD Guidelines can be implemented well within small, regional study groups - and this idea should probably be encouraged and rolled out.

These activities have the potential to be very exciting, stimulating and progressive. For example, I welcome that proposal that discussion can involve osteopaths as well as other health care professionals. I discuss with at least four osteopaths, one has 34 years more experience than I do, three surgeons, a podiatrist and nutritionist/MD, Anaesthetist.

It won't 'encourage' it will 'force' osteopaths to discuss their practice with others due to the compulsory peer review.

There is potential for osteopaths to feel they are being 'judged' by peers. Does not feel like it would be constructive.

Section 2 Questions about the draft *Peer Discussion Review Guidelines*

The shaded rows indicate where fewer than 70% of the respondents agreed with the proposal.

Table 5 Survey responses Section 2

2 PDR Guidelines	No of responses	% Agree /Strongly Agree
17. A section about culture is important in the <i>Peer Discussion Review</i>	104	64%
18. The section on culture describes the culture I would like to see in osteopathy	101	70%
19. The frequently asked questions are appropriate	103	65%
20. The instructions for completing the Peer Discussion Review template are clear	104	76%
21. The instructions for completing the Peer Discussion Review template are appropriate	99	67%
22. The Peer Discussion Review template is easy to follow	102	70%
23. The guidance about when a standard is met is clear	99	61%
24. The guidance about when a standard is met is appropriate	99	57%
25. The guidance about when a standard is not met is clear	105	60%
26. The guidance about when a standard is not met is appropriate	100	54%
27. The guidance about when a standard may be met is clear	96	54%
28. The guidance about when a standard may be met is appropriate	99	50%
29. The information provided helps osteopaths to understand how to prepare for their own Peer Discussion Review	100	66%
30. The information provided helps osteopaths to understand how they might undertake their own Peer Discussion Review	99	72%
31. The information provided helps osteopaths to understand how they might conduct a Peer Discussion Review for someone else	100	64%
32. The Peer Discussion Review could contribute to safer and more effective practice	103	51%
33. The Peer Discussion Review will not contribute to safer and more effective practice	100	28%
34. The Peer Discussion Review is a hierarchical process	95	37%
35. The Peer Discussion Review process encourages discussion about areas of development in a supportive environment	102	58%

Culture

Only 64% of those who responded agreed that “A section about culture is important in the Peer Discussion Review guidelines” in contrast with the 72% who, as reported above, responded that a section about culture is important in the CPD guidelines. More, 70%, agreed that “The section on culture describes the culture I would like to see in osteopathy”. Many respondents thought the idea was good but a significant minority suggested that it was patronising to include a section on culture and osteopaths were doing and being all of these things already.

Probably more irritating than useful. I empathise with the intention to be aspirational, but it may come across as a bit 'preachy' and 'cosy' in a document introducing a fairly major reform to what osteopaths are used to.

The frequently asked questions are appropriate

65% responded that the *Questions and Answers* were appropriate. Additions suggested included saying something about the digital storage of CPD information and an explanation of why disclosure is necessary and what it will be used for.

The Peer Discussion Review template

More than 70% of respondents agreed that the Peer Discussion Review template was easy to follow and the instructions for completing it clear. A lower score (67%) related to the appropriateness of the instructions for completing it. The most frequent concerns expressed were that it seemed overly complex and confusing and the language was ‘Education speak’. Further clarity was sought as to what constituted a pass and a fail. Concerns were also expressed about how to ensure consistency. A few respondents feared that it might lead to over-standardisation of practice. It was suggested that setting up forms in a simple black and white format would reduce printing costs and providing an App so that it could be completed electronically was also suggested.

You have no idea what is a pass or a fail ... in fact I have no idea what is enough to satisfy the assessor, and I have no idea of how the assessor will be supported, "Free" I doubt it, what will it cost and how do we stop the cost from spiralling? You have no idea of those questions before we start. Don't you think we should have some idea of the costs and the level of knowledge required for a pass?

Standard met/not met

Questions 23–28 received the lowest scores. Analysis of the qualitative comments indicated a high level of anxiety about assessment “being open to interpretation”, disputes, peer pressure, and fears about the impact of a formalised peer review process on competition between practitioners for clients.

No! This is far too formal and structured ...and ultimately will breed endless resentment for GOsC and many disputes will arise about what is, and what is not an acceptable standard!

Uncertain about sharing details of my osteopathic practice with other local osteopaths who, whilst may be regarded as colleagues, must also be considered business competition rivals.

I think peers observing you treat could be problematic. Depending on your treatment approach, I think it could compromise trust and treatment results. It's ok when you are a student but not ok I think in professional life.

Although the consultation was clear that this was not a pass/fail process there was still a significant minority of respondents (15 free text responses related to this) who raised concerns about what would be deemed to be a pass or a fail. The level of anxiety this was provoking for some respondents is clear in the quote below:

"We will be so terrified about what is a pass and fail we will have to talk. There is no clear idea of pass or fail here it is terrifying to see us sleep walking into a crisis because we have not been told the standards needed."

The Professional Standards Authority recommended that the guidance about when a standard is not met should be strengthened:

"3.6 We are concerned that part of the guidance on 'What to do if during a review I become concerned about an osteopath's practice?' (FAQ no. 17) is not strong enough – in particular the section on how to deal with 'concerns that may cause harm to patients'. It is our view that any concerns suggesting that harm may come to patients through an osteopath's poor practice or conduct should be reported to the regulator. This should be explained in the guidance and the criteria for reporting a concern should be made clearer. We would also expect to see something in the Osteopathic Practice Standards highlighting a registrant's duty to report concerns to the GOsC where there is a risk to patients.

3.7 We found the wording 'concerns that may cause harm to patients' unhelpful: it is not the concerns in themselves that cause harm to patients, rather it is the practice or conduct of a registrant."

Preparing, undertaking and conducting Peer Discussion Reviews

66% agreed that the information provided helps osteopaths to understand how to prepare for their own Peer Discussion Review and **72%** agreed it would help them undertake their own Peer Discussion Review and **64%** to conduct a Peer Discussion Review for someone else.

However, almost all the free text responses to Questions 29–31, 34 and 35 revealed widespread concerns about preparing, undertaking and conducting Peer Discussion Reviews. Fears were expressed about Peer Discussion Reviews breeding resentment, and the dangers of cronyism and gaming. Some saw contradictions between the need to provide a safe space and have a conversation and assessment. Several respondents thought that it would be helpful if GOsC could provide an example of a completed form. Some indicated that it was difficult to know how useful the information provided was without trying it out for real. Many suggested that the GOsC should provide training.

Clear but would be concerned if the osteopath or health care professional receives no training in such professional discussions. As GP as well as osteopath and GP tutor and GP appraiser for 4 years, training is required to be able to pick up and HELP with problems. If no training is required then various possible outcomes are possible, the discussion is ineffective, negative affect e.g. demoralises or loss of confidence or over confidence and colludes with poor practice. It is difficult and skilled to be able identify a colleague who is struggling, and also to offer constructive help. If GOSC want osteopaths to do this then needs also to provide the training to do such professional discussions.

The contribution of the Peer Discussion Review to safer and more effective practice

49% of respondents were not convinced that the Peer Discussion Review will contribute to safer and more effective practice (although only 28% were prepared to agree with the statement, “*The Peer Discussion Review will not contribute to safer and more effective practice*”). Many wanted to see some evidence that it would improve practice and lead to safer and more effective patient care.

As always the diligent osteopaths don't need a scheme like this to make them good practitioners and give good patient care - I would like to see evidence from the GOsC how this new process is going to highlight those osteopaths who are not complying or practising effectively (but seem to be as they are clever and abuse/beat the system).

Any other comments about Peer Discussion Review

In question 36, respondents were invited to provide any other comments or feedback about the draft *Peer Discussion Review Guidelines*. A couple of respondents emphasised their support for the Peer Discussion Review:

I think Peer Review Discussion is an excellent way of assessing people and should ensure a high level of compliance.

I think this [Peer Review Discussion] is a good addition to the CPD process.

However, the majority of those who took up the invitation to comment further tended to use it as an opportunity to restate comments they had already made about particular elements of the scheme such as the Peer Discussion Review, judging pass/fail appropriately, and their fears of the process being open to abuse and their request for GOsC to provide training. Concerns were also expressed about involving non-osteopaths in the process, whether practitioners should know their reviewer or not, that too much emphasis is given to regional societies and that it may prevent innovative practice development because practitioners will stick with what they know rather than experiment and try new things.

In general I am not against most of the changes apart from one main point which I completely disagree with ... the peer review.

There is no clear guidance of how to fail or how to pass, the standards are not transparent at all.

Fraud is still entirely possible.

Questions on specific topics

IT and online submission

The majority of respondents seemed supportive of an IT-based system and online submission as long as there was access to good technical support from the GOsC. However, some concern was expressed about those who are not IT literate and the lack of fast broadband in some areas. Some enthusiasts were very keen that the whole CPD file should be kept on-line so that the peer reviewer and GOsC could access it thus avoiding expensive postal charges. One individual volunteered to help the GOsC develop a new IT enabled system. Some respondents requested more guidance on how to provide evidence of discussions, meetings, calls and so on in portfolios.

There was little support for comparative feedback on CPD.

Would be supremely irritated to receive stupid feedback that has NO relevance to me e.g. the per cent of people doing this ...

Automated feedback is a double edged sword and the tone of any communication would need to be really well thought through.

Audit

In the consultation document the following targeted audit strategy was proposed:

"...put[ting] more emphasis on auditing Peer Discussion Reviews undertaken outside the auspices of the regional groups, educational institutions or other CPD providers. This will help mitigate any risk of collusive activity and will also help us to provide feedback to support those osteopaths undertaking Peer Discussion Reviews more locally. Such feedback will allow them to compare their approach to Peer Discussion Reviews with what others are doing".

Respondents were invited to indicate whether the audit strategy proposed was appropriate. Responses were almost equally split, with **51%** saying yes and **48% no**. Those who objected said all forms should be audited equally.

...the lack of audit of organisations may create major difficulties. Often it is organisations and not individuals who are a major cause of systems and processes malfunctioning. Targeted audit is more likely to encourage defensive behaviour, which would apparently seem to contradict the stated aims of the new CPD scheme.

It should make no difference whether a colleague in your own practice or someone from an institution assesses you. All should be equally trusted.

Those who agreed with a targeted approach to audit, said they agreed because osteopathic education institutions are already audited as part of the Recognised Qualification requirements. Concerns were also expressed about cost.

... Also consider that the auditor will have to be audited, which in itself runs the risk of 'jobs for the boys' and so the fairness and professionalism must be maintained throughout; auditors and osteopaths alike. Auditing is important, yet many layers of this runs the risk of expense, time and unnecessary dogma.

Question 39 asked "If such a targeted audit strategy were in place, would you be more or less likely to choose an organisation or regional group to undertake your Peer Discussion Review? Please tick the statement that best describes your view." The results are presented in the table below (Please note more statements were ticked than numbers of people responding).

Table 6 Responses to Question 39¹⁰

Question	No. of responses	%
The audit strategy would not affect my choice of Peer Discussion reviewer	57	43%
The audit strategy would encourage me to seek out a local colleague to conduct my Peer Discussion Review	26	20%
The audit strategy would encourage me to seek out an organisation or regional group to conduct my Peer Discussion Review	16	12%
Other	33	25%
Total	132	100%

Comments indicated that trust, cost and time are likely to be the key factors that would drive choice.

If I had to have a Peer Review, which I strongly object to, I would want to be with someone I know and trust.

The whole process is very time-demanding so I would seek what was most convenient which I suspect would be local.

Time factors and Financial and other work and family constraints would determine how and where I would do peer discussion review.

Quality Assurance

An extensive quality assurance process is proposed, including feedback to osteopaths and reviewers, online training videos, specific guidance, frequently asked questions and completed examples to illustrate. It is also suggested that the GOsC may 'pump prime' organisations undertaking Peer Discussion Reviews by providing 'train the trainer' type courses. **75%** of respondents agreed that these are sufficient mechanisms to provide assurance to external observers about the quality of the scheme. Additional comments emphasised the importance of reviewers being trained and the value of including completed examples in the guidance.

¹⁰ Includes responses in separate Audit questionnaire

Again no real example of fail or pass standards is clear, all this is to have flesh on at a later date. I feel a bit in the dark as to the standards as no examples are given of failure.

In discussion with colleagues, some expressed concerns about how they would manage this and how they would skill up for this.

I think a populated document [Peer Discussion Review Template] with brief examples of what counts as content is required.

Charging

Question 41 asked, "In what circumstances will it be reasonable to charge for a Peer Discussion Review?". 88 free text responses were received (84 full consultation and 4 on 'Charging' questionnaire). These were coded and the results are presented in the table below.

Table 7 Responses regarding charging

Question 41	No. of responses	%
No	45	51%
Yes	16	18%
Perhaps	23	26%
Other	4	5%

The majority of respondents were against charging.

I don't consider any circumstances to be reasonable to charge for a Peer Discussion Review.

If you charge, then it ceases to be a Peer Review, doesn't it?

None. All of us have to be reviewed and all of us have the potential to be reviewed - it should be a genuine peer process, not an opportunity for some providers to create an 'industry' out of it the way an 'industry' has been created out of CPD.

If any payment was to be made to the reviewer for their time and travel then 6 respondents argued that the GOSC should pay.

It is not appropriate at all and would appear to be serious conflict of interest for reviewer to be paid by the osteopath being reviewed. It is important however that a review is paid for their time and skill (if they were trained). the reviewer should be paid by the GOSC a standard fee that is included in all osteopaths subs. this should be the same whether a educational institution performs the review as well, should be paid by the GOSC once the review has been submitted

Many of those who were prepared to consider charging felt that either everyone should charge or no-one.

It needs to be consistent. Either everyone pays or no-one does. If I were required to pay, it would raise my expectation of the quality of the reviewer. I would want to see evidence of their training and would expect a high level of professionalism and expertise. It would not engender a supportive environment to discuss my failings as I would be aware that these reviews were an income stream rather than a collaborative peer-to-peer discussion

Guidance on disagreement about outcomes

68% of respondents agreed that *“the guidance was sufficient on disagreement about outcomes of the Peer Discussion Review?”*. The free text comments indicated concerns about differences of opinion regarding techniques, whether if a practitioner is not signed off by one reviewer they can keep being reviewed by other reviewers until they are successfully signed off and the implications of failing to be signed off at the end of a three year CPD period in terms of opportunities to retrieve this. Many respondents continued to emphasise the need for reviewers to be trained and that the standard expected for a pass needed to be more clearly defined.

Can you get an osteopath who does cranial be assessed by a mechanical osteopath?? Think not so get the technique issue sorted, which techniques are better than other techniques, which are the most effective ...

If one reviewer "fails" me will I be able to keep going to others until I find one who passes me. Will there only be one form, or will we be able to download new forms if one is spoilt or lost. If so how do you police the above?

There is no clear guidance of how to fail or how to pass, the standards are not transparent at all.

Raising concerns

Question 43 asked, *“What further guidance about raising concerns is required?”*. As mentioned earlier, the Professional Standards Authority recommended the guidance be strengthened and the wording changed. Respondents suggested that the GOsC should provide a confidential helpline to report concerns.

Confidential help-line: I would need an unbiased opinion that put my concerns into perspective. I would not feel confident to condemn nor stand in judgement of a colleagues practice unless it was obviously illegal.

Support and protection from the GOsC for the person raising concerns was also requested. Advice available to both the practitioner whose practice was causing concern and the person reporting it about how to obtain a second opinion was also mentioned. Questions were also asked about how this would work if the reviewer was not an osteopath.

Equality and Diversity

77% of respondents did not consider that any aspect of the proposed CPD scheme may adversely impact on anyone because of their gender, race, disability, age, religion or belief, sexual orientation, or any other aspect of equality. Those that were concerned about adverse impact suggested the following groups might be adversely affected: overseas registrants; those who are not IT literate (this was seen as being more likely in those who are older); those with dyslexia, learning disabilities and/or visual difficulties; practitioners who only work part-time; practitioners who have had extended periods of ill health. As the following quotes illustrate:

“In regards to the new CPD proposals my opinion is that this new procedure/scheme may be operational for the UK practicing osteopaths but I strongly feel that it may be very difficult if not impossible to apply for the osteopaths practising outside the UK”. (Overseas registrant)

Comments were also made about unequal access to CPD opportunities and that those who had qualified more recently might find it easier because they would be more familiar with the language and concepts such as reflection etc.

Suggestions for mitigating these adverse impacts were: developing a less complicated CPD scheme; following dyslexia guidelines; retaining the ability for people to submit in hard copy by post; reducing the CPD pro-rata to part-time hours; the GOsC providing better guidance, free courses and setting up buddy schemes.

Up to date and fit to practise?

All of the questionnaires asked *“Do you consider that our approach enables patients to know that the knowledge and skills of the osteopath looking after them are up to date and s/he is fit to practise?”* generating 141 responses in total, of which **60% said yes** and **40% said no**. Many of those responding ‘no’, disagreed with the underpinning premise arguing that patients assume all osteopaths are up to date and fit to practise.

I do not believe there is a clear link between CPD and patients' believing their clinician is up to date and fit to practise. Most patients probably make an assumption that clinical practice can be complicated and practitioners would simply need to keep up with things. I do not believe that patients have a detailed understanding of what healthcare regulation is all about, beyond knowing that a practitioner is properly qualified and registered. Therefore, gaining patients' understanding of regulation is a much broader issue of public relations from healthcare regulators.

In 30 years of practice I cannot recall one occasion where a patient has asked me anything about my qualification let alone cpd. When I ask their opinion, the usual answer is an assumption that I am fully qualified, fully insured and competent. They arrive at the practice because they're in pain and usually through personal recommendation.

The listening event feedback form for most of the events asked the same question and the results are presented in the table below. **Please note the shaded entries are those events where this question was not asked.**

Table 8 Listening Event Data re up to date and fit to practise?

Venue	No of responses	Q.3 <i>Do you consider that our approach enables patients to know that the knowledge and skills of the osteopath looking after them are up to date and s/he is fit to practise?"</i>				
		Total number of responses to this question	Yes	No	Don't Know	No Response
BBENSCH	18	18	14	3	1	0
Bristol	16	15	11	4	0	1
Cambridge	8	8	6	2	0	0
Central Sussex	27	27	24	1	1	1
Cheshire	19	19	19	0	0	0
Derby	12	12	7	4	1	0
Kent & Sussex	12	-	-	-	-	-
London	6	6	6	0	0	0
N Counties	10	-	-	-	-	-
Cumbria etc	7	7	1	5	1	0
Oxford	19	19	16	0	0	3
Registration Assessors	12	12	11	1	0	0
Reigate & Redhill	11	-	-	-	-	-
Sutherland	27	-	-	-	-	-
Wales	12	-	-	-	-	-
WFOG	5	5	4	1	0	0
Wessex	11	10	7	1	2	0
Worcester	20	20	13	1	6	0
Total	252	178	139 (78%)	22 (12%)	12	5

This seems to suggest that osteopaths who attended a listening event were more likely to agree that the proposed CPD approach would enable patients to know that the knowledge and skills of the osteopath looking after them are up to date and s/he is fit to practise.

Things that were consistently suggested as assisting in this assurance were: osteopaths involving patients in the CPD process; GOsC providing osteopaths who are CPD-compliant

with a certificate for display in the clinic and an electronic kitemark that practitioners could use on their websites, and the GOsC investing resources in communicating this assurance to the public and other professions on behalf of the osteopathic profession.

Some sort of certification that could be displayed in the practice of the osteopath or quality kite mark for their website.

I do not believe that patients have a detailed understanding of what healthcare regulation is all about, beyond knowing that a practitioner is properly qualified and registered. Therefore, gaining patients' understanding of regulation is a much broader issue of public relations from healthcare regulators.

Before even thinking of what else is required, it is necessary to raise the whole profile of the profession being regulated and what that means.

Overall support for the scheme

Overall the proposed scheme was popular with respondents and there was more than two thirds agreement for everything proposed.

"I have read the new CPD proposals and I am in full agreement in all aspects we must move onwards and upwards in this way" (Osteopath).

"Overall, we find that the GOsC's approach fits with the core principles set out in our continuing fitness to practise report." (Professional Standards Authority)

A big improvement on the previous scheme as it gives structure and focus to the important core principles. A well balanced approach.

The GOsC have taken on board the feedback from revalidation and learnt from the exercise. As a result, the new proposed system is a much better fit for osteopathy, and one that has real potential to benefit the profession. It brings us in line with other healthcare professions and may provide a supportive framework that will encourage a culture of lifelong learning

However there remains doubt within the profession that the system will enhance patient care/reassure patients/increase public protection. The profession also seems divided in their support or not for the Peer Discussion Review aspect of the process i.e. its utility and feasibility and who can/should do it, training, the role of the regional groups, appeals/complaints, the audit process and charging for it.

Things that should work well

Across all data sources, regardless of the explicit question being posed, there were elements of the CPD proposals that received significant amounts of praise and were thought likely to work well and be beneficial to patients and the profession more broadly. These are:

- More flexibility re hours and the 3-year cycle
- Structured approach
- Compulsory components of CPD
- Focus on reflective practice
- Encouragement to seek patient feedback
- Use of videos and online learning materials

Recurring concerns

There were recurring concerns across all data sources regardless of the explicit question being posed. These are:

- How time-consuming the CPD process will be
- The costs involved
- Why particular clinical techniques are not included in the compulsory element.
- Geography and its impact on availability of CPD, high-speed broadband etc.
- Impact on osteopaths practising in non-UK countries.
- How to engage isolated practitioners.
- The role and expectations of regional groups.
- Content of patient feedback questionnaires and how to use them
- The GOsC website eg being 'timed-out' whilst completing the questionnaire
- IT - small number of profession still do not use IT
- Why part-timers have to do the same amount of CPD as full time practitioners
- Impact on people with dyslexia
- How often the compulsory elements will be reviewed
- Whether first aid and business skills should also be a compulsory element of CPD
- What about the 'non-practising' and educationalists and researchers.
- Support for new graduates.
- The CPD approach does not relate to specialisms/animal practice.

Suggestions for improvement

The detailed suggestions for improvement to the CPD scheme and consultation processes more generally which have been gleaned from the data are presented as Appendix 2. Broadly, with regard to the proposed CPD scheme, these related to requests for further clarity about particular elements and more guidance on the Peer Discussion Review process.

Issues to support implementation

Useful insights for implementation were distilled from the responses received. These are that the GOsC should consider:

- Investment in communicating how the CPD scheme links to public protection for osteopaths, patients and other health professionals
- Developing learning materials for the profession that demonstrate clearly the value of the Peer Discussion Review and how to conduct effective Peer Discussion Reviews
- Explaining why the CPD requirement is the same for osteopaths in full-time and part-time practice
- Using videos and Q&A as key communication and education methods
- Simplifying written documentation, content, style and language
- A staged roll-out with robust evaluation and regular communication with the profession and other stakeholders

- A strategy to avoid peaks and troughs of activity for the GOsC, educational institutions and osteopaths themselves e.g. particularly in relation to the Peer Review process
- Monitoring the impact on the profession of the scheme overall and monitoring, specifically, the impact on CPD provision generally of having mandatory CPD requirements (e.g. does this reduce the amount of available CPD relating to clinical skills and practical techniques etc.).

“We would be interested to know how the GOsC plans to monitor the impact of the scheme and measure its success. As it is tailored to address specific risks, it will be important for the organisation to ensure that it can identify and adapt to any new risks that emerge over time.” (Professional Standards Authority)

Caveats and limitations

The questions asked varied across the data collection processes which made robust comparison between data sources difficult.

Even though the headline response rate to the questionnaire survey is 163, many respondents did not answer all questions so the response rates vary question by question. 252 completed feedback forms were collected from the listening events, which were attended by nearly 500 osteopaths.

Nevertheless the consultation process clearly enabled those engaging with it whether by using the online questionnaire, attending a listening event, or sending an email to the GOsC, to articulate their concerns and explain their rationale for responding in the way they did.

Although all osteopaths were able to participate in the consultation and by a variety of different means, including hard copies of the questionnaires if requested, there is no way of gauging whether those who, did not participate hold different views from those that did.

Conclusions

Overall the scheme proposed was popular with the majority of respondents.

Nevertheless there was doubt expressed – even amongst those who emphasised their support for the scheme – that the system will enhance patient care, reassure patients and increase public protection. The Peer Discussion Review element divides the profession with regard to its desirability and feasibility and who can/should be a reviewer, training, role of the regional groups, appeals/complaints, the audit process and charging.

There are subgroups within the profession that are likely to require particular attention and support with implementation: those who do not use IT, those who work part-time, those who are on more than one professional register and those with dyslexia.

The GOsC should consider making a significant investment in communicating how the CPD scheme links to public protection for osteopaths, patients and other health professionals especially GPs.

Appendix 1: Listening Events

Regional Osteopathic Groups that hosted listening events:

- Northern Counties; Reigate and Redhill; South Wales; Kent and Sussex; Waltham Forest; Cambridgeshire; Oxford network; Hertfordshire (BBENSCH); East Midlands; Carlisle/Northumberland; Bristol; Central Sussex; London; Wessex; Worcester; Cheshire.

Discussions were also held with:

- Sutherland Cranial College
- GOsC Registration Assessors
- Institute of Osteopathy Webinar

Venue	No of forms returned	Q.1 How useful did you find today's session? Numbers who responded <i>Useful</i> or <i>Very Useful</i>
BBENSCH	18	18
Bristol	16	15 (1 Non Response)
Cambridge	8	8
Central Sussex	27	26 (1 Non Response)
Cheshire	19	19
Derby	12	12
Kent & Sussex	12	12
London	6	6
N Counties	10	10
N Cumbria etc.	7	7
Oxford	19	19
Registration Assessors	12	12
Reigate & Redhill	11	11
Sutherland	27	27
Wales	12	12
WFOG	5	5
Wessex	11	10 (1 Non Response)
Worcester	20	20
Total	252	249

Appendix 2: Detailed suggestions for improvement

Regarding the CPD scheme itself

- Changing the wording “concerns that may cause harm to patients” because it is not the concerns in themselves that cause harm to patients, rather it is the practice or conduct of a registrant.
- Being clearer about whether or not the requirement is 90 hours over 3 years or 30 hours a year.
- Develop patient feedback form templates.
- Being clearer about how much CPD is required in each of the 4 categories.
- How to document CPD on professionalism, safety and quality.
- More guidance on what a case-based discussion should involve.
- Spell out what happens at the end of 3 years if an osteopath hasn’t met the standards.
- Highlight the responsibility of the osteopath to plan their CPD.
- More guidance regarding the Peer Discussion Review process for reviewers and reviewees, e.g. can an osteopath use the same peer reviewer more than once?
- Training on peer review to be included in undergraduate programmes and clearer guidance on CPD requirements for new graduates.
- Rephrasing the ‘Concerns about osteopathic practice’ guidance (with reference to the PSA response).
- Clarity about how to comply with the mandatory CPD requirements other than going on a course.
- Ensuring there are enough learning materials and opportunities available on communication and consent.
- Clarity as to whether participating in a webinar qualifies as ‘learning with others’.
- Frequently asked *Questions and Answers* are helpful. Consider expanding to include guidance on the digital storage of CPD information and an explanation of why osteopaths need to disclose whether fees have been paid/received for Peer Discussion Reviews and what this information will be used for.
- Providing forms in simple black and white format will minimise printing costs.
- Providing a CPD App so that everything can be completed electronically.
- Providing an example of a completed Peer Discussion Review template.
- Providing more guidance on how osteopaths can claim discussions, meetings, phone calls with peers etc. as evidence of CPD.
- The standard expected for a successful Peer Discussion Review needs to be more clearly defined.
- The GOsC should provide a confidential helpline for osteopaths/others to report concerns about colleagues and should provide support and protection to the person raising concerns.
- More clarity about how a non-osteopath peer reviewer could judge whether an osteopath’s practice raised concerns.
- What is the appeals process?

Perceived areas of contradiction/ambiguity

Suggestions submitted in individual responses:

"... ambiguities, and slight differences of emphasis in the different versions of the CPD documents you've supplied. For instance, page 8 of the full consultation document (2-full-consultation.pdf) contains the text: - 'Activity 3: Communication and consent • CPD must be undertaken in communication and consent. A range of resources exist that enable the osteopath to undertake this CPD either through self-study (including e-learning), a course, or group discussion. We suggest this aspect of CPD should take around three hours.' But this 3-hour suggestion does not appear, that I can see, in the Draft CPD Guidelines."

Table 2 on p8 'Annual feedback from GOsC' seems to imply that chosen activities must be completed in year timeframe. If they run into following year should they be listed only in that following year when they are completed?

There seem to be elements of Standard 3 in Standard 1. And what is defined as quality in practice?

... making reference to the old CPD scheme could confuse the issue. It might be better to simply state the expectations going forward so that they apply to existing registrants and new registrants alike (the latter not having had experience of the old scheme). Explaining how the new scheme relates to the old scheme could be covered in accompanying letters or presentations on implementation.

Similarly, the use of the term 'CPD standards' may cause confusion with the 'Osteopathic Practice Standards'. You may wish to consider a different reference for the 'requirements' of the CPD scheme. The diagram representing the scheme does not adequately represent the time period or cycle in a visual way; you may wish to have a scale at the side of the diagram. It is also not clear whether the peer discussion review should be completed within the three year cycle or whether there is a separate period of time to complete this after the cycle has ended.

'Any activity' is too vague - perhaps some examples reflecting the full range of professional activities would be helpful.

The first line may need revision from "CPD is any activity that maintains, enhances and develops osteopathic professional practice" to "... AN osteopath's professional practice", as taking part in an ODG consultation might be argued to CPD is an activity that enhances and develops osteopathic professional practice, but is not CPD.

Regarding consultation processes in general

- Continuing to use videos and on-line resources
- Having a constantly updating bank of Frequently Asked Questions is very helpful
- Keeping questionnaires short and focused
- Integrating the feedback form in the text
- Have large print versions available and use colours with care
- Don't use lots of different questions and consultation documents – it feels repetitive and becomes confusing.