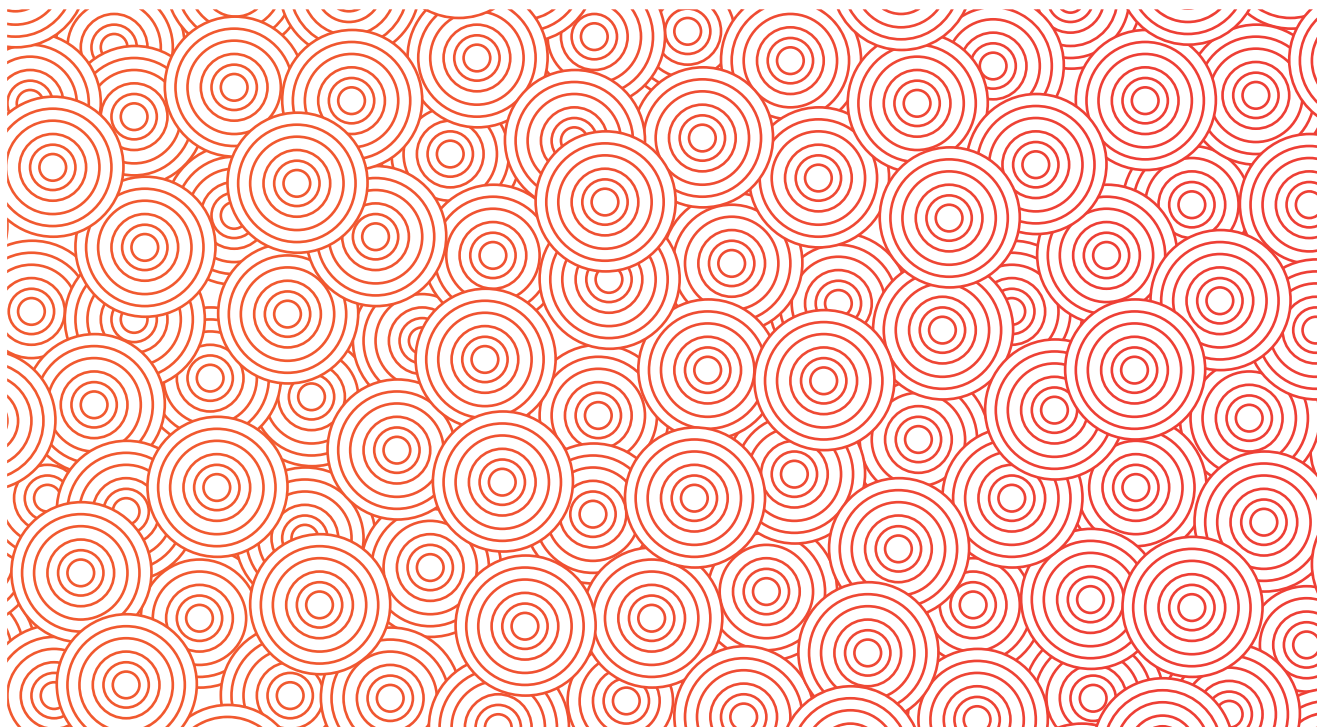


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Continuing Professional Development:

proposals for assuring the continuing fitness
to practise of osteopaths



Introducing our new CPD proposals



General
Osteopathic
Council

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Introduction

This booklet explains why the General Osteopathic Council (GOsC) is publishing proposals for a new Continuing Professional Development (CPD) scheme ('the CPD scheme'). It summarises a comprehensive programme of work with osteopaths to develop the scheme.

You are invited to take part in a consultation on the new CPD scheme from **February to 31 May 2015**. The consultation documents and supplementary information are available on the GOsC website at: <http://cpd.osteopathy.org.uk>

The consultation will be supplemented by small meetings where we want to hear your views. These will take place within regional groups, osteopathic educational institutions, CPD providers and others. Please keep an eye on the osteopathic press or get in touch with your local regional group to find out how you can get involved.

The proposed CPD scheme replaces what we were calling 'revalidation'. We do not now use the term 'revalidation'. A single scheme, rather than separate CPD and revalidation schemes, is proposed.

The CPD scheme is designed to provide the public with assurance that osteopaths practise in accordance with the *Osteopathic Practice Standards*.

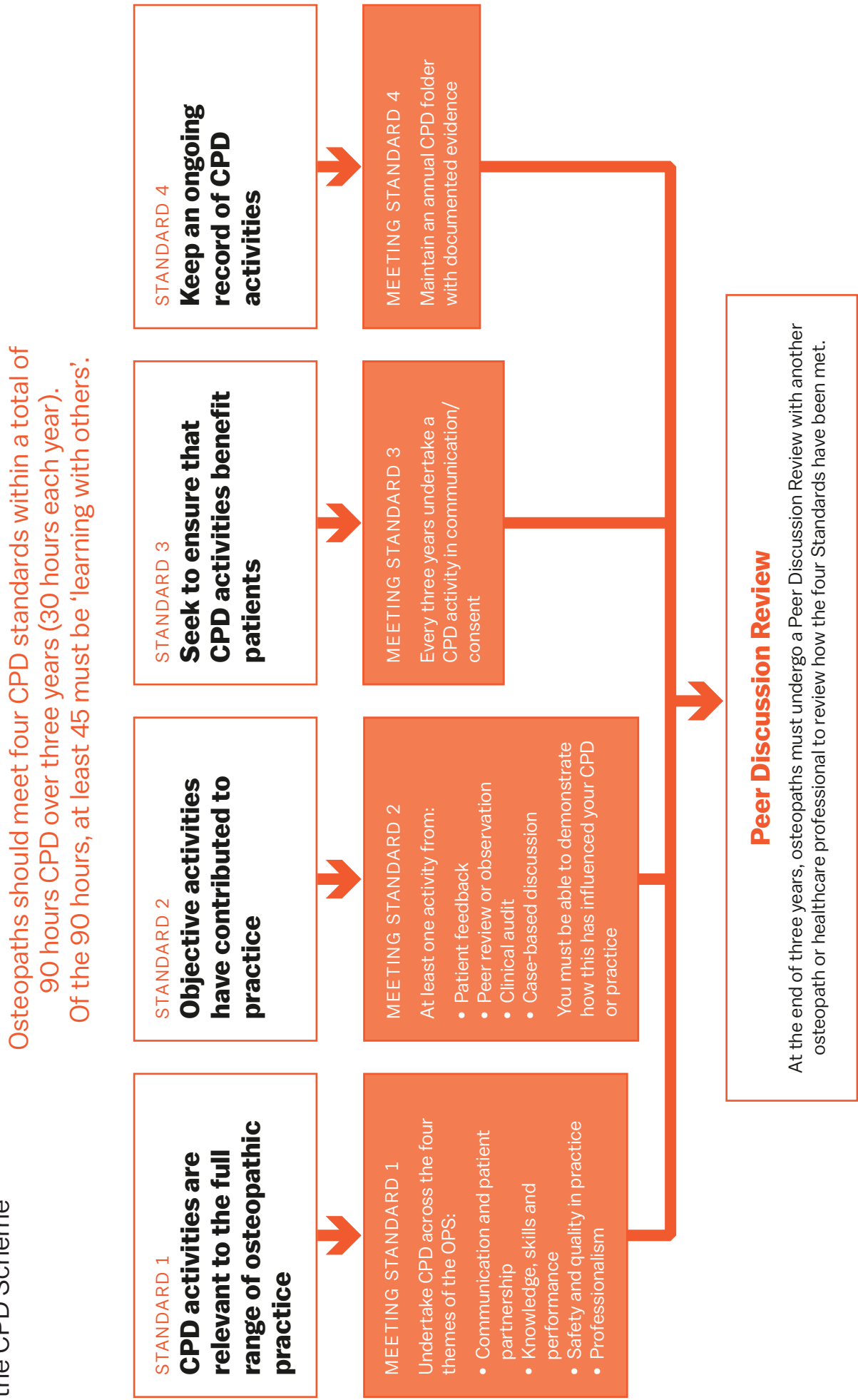
Initially, this work programme was driven by Government expectations¹ and a report from the Professional Standards Authority, the body overseeing all health professional regulators in the UK². However, by working closely with osteopaths, we have developed proposals for a CPD scheme that is better for osteopaths and patients.

Our proposals build on what most osteopaths are already doing: the scheme aims to enhance the role of colleagues within the learning process and focuses on the development of a respectful learning community. It is this type of environment that supports continual enhancement of practice and patient safety.

1 *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*. Department of Health, 2007 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228847/7013.pdf) – accessed on 11 December 2014.

2 *An approach to assuring continuing fitness to practise based on right-touch regulation principles*. Council for Healthcare Regulatory Excellence (now the Professional Standards Authority), November 2012 (<http://www.professionalstandards.org.uk/docs/psa-library/november-2012---right-touch-continuing-fitness-to-practise.pdf>) – accessed on 11 December 2014.

Figure 1
Structure of
the CPD Scheme



What is the new CPD scheme we are consulting on?

The draft CPD scheme is illustrated in **Figure 1**.

As now, the scheme requires osteopaths to undertake 30 hours of CPD per year, including 15 hours of learning with others³. A complete scheme cycle will take three years, making a total of 90 hours of CPD which must include a minimum of 45 hours learning with others. CPD will remain primarily self-directed, but must include the following:

- a. CPD in each of the themes of the *Osteopathic Practice Standards*
- b. A CPD activity in communication and consent
- c. An objective activity, for example case-based discussion, peer observation and feedback, patient feedback or clinical audit
- d. At the end of the three-year CPD cycle, a Peer Discussion Review with a colleague to discuss CPD and practice, demonstrating engagement with the CPD scheme.

The consultation documents

The GOsC has now published a package of supporting documents:

- A background document – *Introducing our new CPD proposals*
- A full consultation document
- A summary consultation document for patients and the public
- New *Continuing Professional Development (CPD) Guidelines*, setting out the mandatory requirements
- Proposed *Peer Discussion Review Guidelines*, including a discussion guide (template) and frequently asked questions
- A companion pack of supporting material, including case studies and resources to help osteopaths fulfil the CPD requirements and ensure the scheme works for all
- A supporting website with a range of resources to help you understand the proposed scheme, explore the consultation, and submit your views.

3 Learning with others: any relevant activity that involves interaction with osteopaths, healthcare practitioners or other professionals.

Purpose of the proposed new CPD scheme

Public protection must be the overarching outcome of any scheme that aims to provide assurance of the continuing fitness to practise of regulated health professionals. The CPD scheme should lead to safer and more effective osteopathic practice.

The scheme should enable us to respond to the patient's question, 'how can I know that the professional looking after me is up to date and fit to practise?' It should support a culture of continuous learning and improvement.⁴

The scheme should not encourage behaviour that could put public protection at risk. For example, requirements must not unintentionally create barriers that discourage colleagues from discussing issues or taking action to improve practice.

The foundations of our scheme are the requirements for professional practice laid out by the *Osteopathic Practice Standards*, the ongoing enhancement of practice, and the ability to demonstrate these elements in a way that supports genuine improvement of practice and engagement.⁵

Why does the existing CPD scheme have to change?

The current CPD scheme does not adequately show the public and patients how osteopaths keep their skills and knowledge up to date in line with our professional standards and the public's expectations. So it is time to create a better scheme. We have worked closely with osteopaths across the UK to build on what the profession is already doing and to make the scheme more effective.

How the proposed new CPD scheme was developed

The proposals for our new CPD scheme have been developed following a comprehensive programme that looked at CPD and revalidation in the context of how the osteopathic profession works. The new scheme has been informed by consultation on our existing CPD process, along with findings of a revalidation scheme piloted in 2011–2012, and research with patients and osteopaths.

⁴ *An approach to assuring continuing fitness to practise based on right-touch regulation principles*. Council for Healthcare Regulatory Excellence (now the Professional Standards Authority), November 2012, p3 (<http://www.professionalstandards.org.uk/docs/psa-library/november-2012---right-touch-continuing-fitness-to-practise.pdf>) – accessed on 11 December 2014.

⁵ Ibid, pp 6–7.

The revalidation scheme 2009 to 2012

The GOsC worked with osteopaths to develop a revalidation scheme based on assessment against standards.

This revalidation scheme 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, we undertook a year-long pilot of Stage 1 of this process. This was completed by more than 5.5% of the osteopathic profession.

The pilot involved osteopaths undertaking four activities over one year (choosing from activities such as patient feedback and analysis, case-based discussions, case presentations, clinical audit and significant event analysis) to demonstrate that they met each of the *Osteopathic Practice Standards*. Pilot Assessors were appointed to assess and provide feedback on each completed submission.

Osteopaths taking part in the pilot provided feedback at three-monthly intervals about the benefits and costs of undertaking each activity. Other stakeholders were also asked for their views. The information was collated as part of an independent expert evaluation of the pilot by KPMG. Full reports are available at: <http://www.osteopathy.org.uk/practice/Revalidation/Research>.

The evaluation found many benefits from the pilot, including participants becoming more familiar with the *Osteopathic Practice Standards* and perceived improvements in patient care.

However, the pilot found this scheme to be more complex and costly than the scheme of revalidation put in place for doctors by the General Medical Council. These original proposals were therefore considered disproportionate.

Review of CPD scheme 2011 to 2012

While the pilot was being undertaken, the GOSc also published a review of current CPD activity (*CPD Discussion Document*) and invited feedback. Responses to this document included:

- 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; although also of note is that more osteopaths now use patient feedback and other similar mechanisms to inform themselves about the effectiveness of their practice.

A full report on the responses to the *CPD Discussion Document* and the document itself can be found at: <http://www.osteopathy.org.uk/practice/Continuing-professional-development>

The osteopathic context

The proposed mechanisms for protecting the public must be assessed in the context of how osteopaths practise. This is important both in terms of what osteopaths do and the environment in which they work.

A scheme that is built into the context and community within which osteopathy is practised is more likely to be implemented successfully and hence ensure safer and more effective practice. This was clear from osteopaths' feedback arising from the revalidation pilot and in response to the *CPD Discussion Document* consultation. These views have been reinforced by other commissioned research, including:

- The Clinical Risk Osteopathy and Management research study (2012) suggested that osteopathy can be described as a 'low risk intervention', although 'major events are rare, but do occur'.⁶
- The number of fitness to practise cases per registrant appears to be consistently lower for osteopaths than for registrants of the General Chiropractic Council, General Medical Council and General Optical Council, but higher than for General Pharmaceutical Council and Health and Care Professions Council registrants.⁷
- The Osteopathic Patient Expectations research study (2011) showed a high rate of satisfaction from osteopathic patients with more than 96% of respondents reporting being satisfied or very satisfied with their osteopathic care, with expectations largely met.⁸

6 Vogel S. et al, *Clinical Risk Osteopathy and Management Summary Report*, (the CROaM study) 2012, p25, available at: http://www.osteopathy.org.uk/uploads/croam_summary_report_final.pdf (accessed 11 December 2014)

7 Council for Healthcare Regulatory Excellence (now the Professional Standards Authority) Performance Review Reports for 2011/2012 and 2012/2013 available at: <http://www.professionalstandards.org.uk/docs/scrutiny-quality/chre-performance-review-report-2011-12.pdf> and <http://www.professionalstandards.org.uk/docs/scrutiny-quality/performance-review-report-2012-13.pdf> (accessed 11 December 2014).

8 Leach J. et al, 2011. *The OPEn project, investigating patients' expectations of osteopathic care Summary Report*, (the Patient Expectations Study), available at: http://www.osteopathy.org.uk/uploads/open_summary_report%20_public.pdf (accessed 11 December 2014).

- Complaints to the regulator and to insurers are on a 'wide variety of issues', including both clinical as well as communication and conduct issues.⁹
- Issues surrounding consent and communication form the basis of a number of concerns highlighted by patients, insurers, osteopaths and assessors involved in the revalidation pilot.¹⁰ Similarly, our recent patient focus groups indicated that clear communication is an important factor, along with explicit consent to treatment.¹¹
- In their 2011 report, *How do Osteopaths Practise*, KPMG noted that 'Formal performance appraisal is rare, and . . . very little documented reflection on performance or feedback from patients exists'.¹² However, in their final (2013) report on the revalidation pilot, KPMG noted that 'engagement in the pilot and using pilot tools had enabled participants to document their practice'. And that 'in discussions with registrants many indicated that they would continue to use the tools to develop their practice in the future'.¹³
- While use of the pilot tools has supported osteopaths to document practice, evidence of reflection on performance has been variable. It has been suggested by commentators that individuals are less likely to share with the statutory regulator their own analysis and reflections on areas for development, and are perhaps more likely to share these reflections in a 'safer space'.¹⁴ KPMG also suggested 'there was often no evidence within the portfolio to demonstrate that [osteopaths] had actively considered what the feedback meant and how they had reconsidered their practice. In these instances, it is difficult to see the impact that revalidation would have on registrant practice without further feedback and support to these osteopaths'.
- The approach used within the revalidation pilot was too complex and burdensome and would need to be simplified.

The Professional Standards Authority report, *An Approach to Continuing Fitness to Practise* (2012), discussed environmental risk factors. These included lack of clinical governance, levels of autonomy and isolation, levels of support provided (or not), and emotional and psychological engagement. The context of osteopathic professional practice demonstrated the following features:

- The unsupervised nature of osteopathy also means that responsibility for patient safety rests firmly with individual osteopaths. Even in group practices, osteopaths consult with patients on their own.
- More than half of osteopaths normally practise alone and circa 20% of practising osteopaths spend more than 50% of their time practising in their own home.
- No more than 15% of osteopaths regularly practise in managed environments such as hospitals or clinics that are likely to be subject to NHS standards of clinical governance.

9 Leach J et al, 2011. *Complaints and claims against osteopaths: a baseline study of the frequency of complaints 2004–2008 and a qualitative exploration of patients' complaints*, 2011, p54, available at:

http://www.osteopathy.org.uk/uploads/complaints_and_claims_against_osteopaths_2004-2008_public.pdf

(accessed 11 December 2014). The GOsC and providers of professional indemnity insurance to osteopaths continue to collect data relating to complaints, using a common classification system. It is expected these data will provide a more accurate picture of the nature, range and prevalence of concerns relating to osteopathic care. It is also worth noting findings from the GOsC Patient Expectations (OPEN) Study, which show a link between unmet patient expectations and failures in communication.

10 KPMG, 2013. Final Report of the Evaluation of the General Osteopathic Council's Revalidation Pilot, pp5, 23, 29. available at:

http://www.osteopathy.org.uk/uploads/kpmg_revalidation_pilot_evaluation_report.pdf (accessed 11 December 2014); Vogel et al,

2012. The CROaM study (Ibid, p6); Leach et al, 2011. The Patient Expectations Study (Ibid, p10); Freeth et al, 2012. Preparedness to Practise Report, p20 available at: http://www.osteopathy.org.uk/uploads/new_graduates_preparedness_to_practise_report_2012.pdf (accessed 11 December 2014).

11 Community Research, 2014. Public and patient perceptions of osteopaths and osteopathy, p22, 28 and 29, available at:

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

(accessed 11 December 2014).

12 KPMG, 2011. *How do Osteopaths Practise?*, p3 available at:

http://www.osteopathy.org.uk/uploads/how_do_osteopaths_practise_kpmg_report_03.pdf (accessed 11 December 2014).

13 KPMG, 2013. Final Report (Ibid, p4).

14 The GOsC has recently commissioned some research by Professor Gerry McGivern et al to explore this theory in relation to the osteopathic profession.

- The nature of osteopathic practice is such that boundaries may be readily misunderstood or miscommunicated.

These points illustrate that the layers of employer regulation and team-based regulation that might be present in other healthcare contexts – supporting public protection, continued enhancement of quality of care, and supporting practitioners – are not usually present in osteopathy. It is also of note that patient focus groups closely link the levels of supervision found in the NHS to levels of trust.

By exploring the context of osteopathy through wide-ranging research, evidence and analysis, we gained an evidence-based understanding of the level of risk that we are seeking to mitigate through the draft CPD scheme, and also how we can support safer and more effective practice.

How these findings informed our new proposals

The key findings from the revalidation pilot, the *CPD Discussion Document* and the other research all fed into discussions on our revised proposals for continuing professional development within the osteopathic context. Guiding principles included:

- a. Osteopathy is low risk not no risk. We must focus on ensuring that our message is clear about how the public is protected.
- b. We must address the issue of how we can support genuine reflection and feedback in a profession that primarily practises independently. We think the involvement of the regulator alone will not necessarily achieve these aims. This presents challenges to adequately demonstrating standards and enhanced quality of care.
- c. Peer review and patient feedback are important.
- d. A single scheme, as described in this document, rather than separate CPD and revalidation schemes, could be a proportionate way of ensuring continuing fitness to practise.
- e. We must ensure that the whole breadth and depth of practice is covered as part of the requirement to demonstrate standards.
- f. We must understand and demonstrate how we 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.

Given the context of the development of the osteopathic profession and its infrastructure, 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.

As these networks are strengthened and professional isolation is reduced, we will be in a position to build on the scheme, ensuring always that it achieves our desired outcome of patient safety and enhanced quality of care.

Who has helped the development of the proposed new CPD scheme?

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, we have 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. 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.

We also undertook a day-long patient focus group to test our emerging thinking with members of the public. A full report of this event is available at: http://www.osteopathy.org.uk/uploads/public_and_patient_perceptions_of_osteopaths_and_osteopathy_2014.pdf. 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.

Timeframe

Date	Activity
February – May 2015	Consultation on new CPD scheme
2015	Further development and infrastructure design
2016	Early adopters
About 2017	Staged implementation

Responding to the consultation

Consultation on the draft CPD scheme will take place from February to 31 May 2015. Full information about proposals for a new CPD scheme is available at: <http://cpd.osteopathy.org.uk>. We welcome your views by 31 May 2015.

How can I find out more?

Contact your local regional group, osteopathic educational institution, advanced practice group or member of the Osteopathic Alliance, or the Institute of Osteopathy to be involved in any events taking place throughout the consultation period.

Alternatively, discuss with a colleague how you can make the scheme work best for you. Resources to support your discussion are available on the GOsC website at:

<http://cpd.osteopathy.org.uk>

If you have any questions about our proposals you can email us at:

cpdconsultation@osteopathy.org.uk and we will post the answers on our website.

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