

# 7

**Resources and case studies** to help osteopaths meet the requirements of the proposed GOSc CPD scheme

# Osteopathic Practice Standards



General  
Osteopathic  
Council

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## Acknowledgements

These resources are published to support the *CPD Guidelines*. They have been developed in partnership with regional groups, osteopathic educational institutions, advanced practice groups, the Osteopathic Alliance and other organisations.

# CPD and the *Osteopathic Practice Standards*

## What is required?

CPD activities should cover each of the four themes of the *Osteopathic Practice Standards* (OPS). These are:

- Communication and patient partnership
- Knowledge, skills and performance
- Safety and quality in practice
- Professionalism

An osteopath must have evidence of CPD activities covering each of the four themes for discussion as part of their Peer Discussion Review.

## How do I record and provide evidence of activities?

An example of a CPD folder, including CPD annual summary forms, is attached here at **Annex B**. On your annual summary form you should indicate which OPS themes a CPD activity relates to. You should also record these themes on your notes of the activity and retain these in your CPD folder.

## Does all my CPD need to be linked to the four areas?

It is not necessary to link all your CPD activities to the *Osteopathic Practice Standards*. However, it is important to be able to demonstrate that in each three-year cycle your CPD covers all four themes.

## How much CPD needs to be undertaken within each theme?

It is up to you to determine how much CPD you need within each theme. However, during your Peer Discussion Review you will want to demonstrate that you have undertaken adequate CPD across all areas of the *Osteopathic Practice Standards*.

## Do I need to cover all of the 37 standards in the *Osteopathic Practice Standards* as part of my CPD?

No, you do not need to link your CPD to every standard of the *Osteopathic Practice Standards*. However, as part of your CPD you should review each of the standards and identify which areas you may need to focus on over the course of the three-year cycle.

## Who can help me?

Many CPD providers are now linking the outcomes of their courses against the four themes of the *Osteopathic Practice Standards* to support osteopaths' CPD requirements. Examples are provided from page 5.

Consider spending 10 minutes at the end of group CPD activities reflecting together on which themes of the *Osteopathic Practice Standards* have been covered and document this. This will also help to consolidate your learning.

## My practise is mostly teaching or research work: how can I demonstrate my CPD meets this requirement?

Teaching and research are important aspects of osteopathic practice. Consider how you might focus on the *Osteopathic Practice Standards* as part of this work. For example, as an educator, you may focus on ensuring that curriculum development and delivery is mapped against and fully integrates with the *Osteopathic Practice Standards*. Or you may facilitate a tutorial with students exploring specific aspects of the *Osteopathic Practice Standards*. As a researcher, Peer Discussion Reviews of your research and/or presentations can also help you to demonstrate the themes of the *Osteopathic Practice Standards* as part of your practice. Examples are provided in the case studies below.

## What resources are available to help?

A list of organisations that can help with CPD is available on the GOsC website. These CPD providers may indicate how a course's intended learning outcomes link to the themes of the *Osteopathic Practice Standards*. There could also be dedicated time at the end of the course to both evaluate the session and your own learning.

# Case studies

## CPD PROVIDERS

CPD providers explain how they are linking their CPD courses to the four themes of the *Osteopathic Practice Standards*:

1. Communication and patient partnership
2. Knowledge, skills and performance
3. Safety and quality in practice
4. Professionalism

## TEACHER AND RESEARCHER'S PERSPECTIVE

One researcher considered how the themes in the *Osteopathic Practice Standards* can be reflected in research work.

# Case studies: CPD Providers



## British School of Osteopathy

The British School of Osteopathy has linked all their courses to the *Osteopathic Practice Standards*, providing a resource for osteopaths looking for courses on particular themes of the standards.

A spokesperson said: 'At the BSO we understand the importance of holding CPD courses which meet the General Osteopathic Council's four main criteria: communication and patient partnership; knowledge, skills and performance; safety and quality in practice; and professionalism. Taking part in CPD courses can help to maintain and develop these standards, as well as being an essential requirement for all registered osteopaths.'



## College of Osteopaths

The College of Osteopaths has developed a range of case studies designed to promote discussion in each of the four themes of the *Osteopathic Practice Standards*. The case studies have been used by staff and have been found to be helpful in terms of developing and discussing practice as well as exploring key themes of the *Osteopathic Practice Standards*.



## The Foundation for Paediatric Osteopathy

The Diploma in Paediatric Osteopathy (DPO) has always ensured that the GOsC's four main themes of the *Osteopathic Practice Standards* are both mentored and monitored. Participants in the DPO have termly assessments taking into account these criteria as well as their paediatric knowledge and practice, with regular tutorials and seminars covering aspects that relate to paediatric osteopathic practice. The osteopaths undertake self-reflective exercises, and have opportunities for peer review and discussion of difficult cases, issues regarding consent for minors and aspects of child welfare and safeguarding. This helps the DPO graduates maintain and develop these standards. Alumni courses continue to support practitioners in these key areas.



THE INSTITUTE OF CLASSICAL OSTEOPATHY

## Institute of Classical Osteopathy

How can the Institute of Classical Osteopathy help osteopaths to undertake CPD in the themes of the *Osteopathic Practice Standards*?

A spokesperson comments: 'The Institute of Classical Osteopathy (ICO) and its associated teaching clinic, the London Clinic of Classical Osteopathy (LCCO), continue to develop their postgraduate teaching and mentoring programmes to reflect the four *Osteopathic Practice Standards* (OPS) themes, supporting osteopaths to undertake CPD in each of these four areas.'

Our courses, conferences and clinic are designed to not only develop osteopaths' skills, knowledge and understanding, through classical osteopathic models, but to raise standards of practice through safe and effective clinical care of patients in accordance with the OPS.

Apart from lectures, practicals and tutorials, our academic courses also include carefully selected, real case histories to integrate osteopathic concepts and promote familiarity of the OPS. Our course structure allows for student feedback and access to post-lecture academic support, to ensure that we are supporting students and regularly reassessing the ICO's contribution in raising osteopathic practice standards through education.

Similarly, our year-long mentoring programme at LCCO provides an opportunity for osteopaths to further develop breadth and depth to their osteopathic understanding and practice. The clinic serves a diverse patient population of all ages and backgrounds. Osteopaths are guided through each stage of patient diagnosis, management and treatment, with ample discussion time centred on enhancing quality of patient care. In this way, our osteopaths can review, reflect upon and apply the OPS themes on a regular basis.'



## London School of Osteopathy

The London School of Osteopathy links all its courses to the *Osteopathic Practice Standards* (OPS). According to Fiona Hamilton, the Principal: 'Our courses are aligned to the OPS and we make this explicit at the beginning of the course, and in the guidance at the end, in order for participants to reflect further on the standards for their CPD and to support their continuing reflection.'



## Sutherland Cranial College of Osteopathy

Sutherland Cranial College of Osteopathy (SCCO) courses take care to include the GOSc's four main themes of the *Osteopathic Practice Standards*.

SCCO courses have a generous provision for close supervision of students (one tutor to four students) by faculty members who are also practising osteopaths. Faculty members are able to apply the *Osteopathic Practice Standards* in both lectures and practical sessions. Students are both mentored and monitored. Progress is reviewed at the end of each day and at the conclusion of the course itself.

The nine SCCO modules have been (and are continuing to be) reviewed to ensure a well-rounded and complete alignment with GOSc requirements.

The osteopathic faculty participates in an annual Faculty Development Weekend where members can undertake self-reflective exercises, have opportunities for peer review and can discuss difficult cases. The College's mentoring system extends this opportunity for personal review and supervision to Pathway students. This helps the SCCO Pathway completers to maintain and develop good standards. The College also opens some 'general interest' courses to any registered osteopath and ensures that the GOSc's standards are included throughout our course provision.

# Case study: Teacher and researcher's perspective

One researcher considered how the themes in the *Osteopathic Practice Standards* can be reflected in research work:

- Communication and patient partnership could take the form of student-centred learning in a small tutorial, rather than the transfer of knowledge by a senior and authoritative lecturer (i.e. this would be an equal partnership). Student-centred learning may involve sharing knowledge and ideas around areas of clinical practice and research so that knowledge is mutually constructed.
- Another example may be the partnership which takes place during supervision of student research projects. Here, the student embarks on their own learning journey guided by the supervisor. The student takes ultimate ownership of the project but, through an active partnership, problems are solved and ideas are shared.
- Knowledge and skills may be easily exemplified by the more explicit aspects of a lecture where the lecturer needs to communicate knowledge or skills (e.g. research methods, clinical examination, manual therapy skills etc.).
- Safety and quality in practice could be explored via a reflective diary, or more formally assessed via student feedback or course/unit evaluations.
- Professionalism may be shown through the management and negotiation of complaints, or student appeals.
- Examples of all themes may also be found when conducting research projects. Communication may be in the form of a clear outline of the purpose of a research study to participants and the establishment of a trustful and respectful participant-research relationship, thereby managing power imbalances. Knowledge and skills may be demonstrated by the application of research methods (surveys, focus groups, interviews, experimental studies). The researcher would be bound by the ethical code of informed consent, anonymity/confidentiality, minimising psychological/emotional/physical distress, and avoidance of coercion.
- Within an institution, journal clubs, lunchtime research tutorials which cover current research and workshops in research methodologies, and staff conferences all provide opportunities to develop some of these skills.

# Annex A

## Dummy CPD Form

### Angela Noreen: Osteopath

Patient feedback analysis	page 18
CPD Action Plan	page 20
Reflection statement about consent	page 22
Diploma in Statistics	page 23

## Name: Angela Noreen Osteopath

Sheet 1 of 6

**Registration Number:** 9992

**CPD Years:** May 2013 to April 2016

**Description of practice:** I am an osteopath in sole practice working in a rural area with patients of different ages, presenting with a range of problems. Occasionally I provide a session as a clinical tutor at Oldtown School of Osteopathy, where I am responsible for teaching students in clinic.

Date	Name of Activity and short description	Osteopathic Practice Standards themes covered	Reflection statement	Number of hours learning with others	Number of hours learning by oneself
<b>CPD Year 1: May 2013 to April 2014</b>					
1 May 2013	Patient feedback and analysis – Designing form, designing electronic survey, publicising link to patients, collecting results, analysing results and preparing action plan.	Communication and patient partnership	This activity has helped me to reflect on how my patients feel about treatment. All my ratings were very positive, however, some patients did not feel as engaged as I might like them to be. I have adapted my appointments to ensure that I am not distracted and will repeat the survey next year.		8
23 June 2013	Review material on consent.	Communication and patient partnership	I reviewed a number of resources in relation to consent including presentations from Vogel and Bark, a summary fact sheet by Leach and GOsC Consent Guidance. I was able to learn about different ways of communicating with patients about capacity and consent and I hope to discuss this further at the consent workshop at the Dingwall Osteopathic Society next week.	8	

**Name: Angela Noreen Osteopath**

Sheet 2 of 6

<b>Date</b>	<b>Name of Activity and short description</b>	<b>Osteopathic Practice Standards themes covered</b>	<b>Reflection statement</b>	<b>Number of hours learning with others</b>	<b>Number of hours learning by oneself</b>
30 June 2013	Day long workshop at the Dingwall Osteopathic Society to discuss consent.	Communication and patient partnership	I reviewed my understanding of consent and talked through how I would approach the issue of consent with colleagues in a range of different scenarios. I found this helpful and was able to put into practice some of the suggestions from the presentations that I reviewed last week.	8	
20 January 2014	Significant event analysis and case-based discussion	Communication and patient partnership; knowledge, skills and performance; safety and quality in practice; professionalism	Patient with significant dysfunction in cervical spine in relation to postural control of head and neck. Significant anxiety and I struggled to manage this. I undertook a significant event analysis and discussed it with my colleague at my local group who had experience of managing chronic pain to discuss options and whether I should refer. We spent some time considering the patient's expectations and goals. We also spent time exploring my scope of practice and identified research in relation to migraines that I could read. We discussed psycho social aspects of care in great detail and explored the idea of setting social goals to support the patient. I saw the patient again and planned a staged introduction of treatment with clear instructions to the patient about pain. We also agreed how we would monitor progress throughout treatment.	3	8
<b>Total Hours 2013/2014</b>				<b>18</b>	<b>16</b>

**Name: Angela Noreen Osteopath**

Sheet 3 of 6

Date	Name of Activity and short description	Osteopathic Practice Standards themes covered	Reflection statement	Number of hours learning with others	Number of hours learning by oneself
<b>CPD Year 2: May 2014 to April 2015</b>					
20 May 2014	Review of Int J of Ost Med article: Which is the better method to improve 'perceived hamstrings tightness' – Exercises targeting neural tissue mobility or exercises targeting hamstrings muscle extensibility?' Mhatre B et al, 2013	Knowledge, skill and performance and professionalism	This article suggested that 'exercises which target neural tissue mobility are more effective than exercises targeting hamstrings muscle extensibility in treating "perceived hamstrings tightness". This will help to inform my own practice and advice to patients.	0	2
20 October 2014	Attend course about Chronic Hidden Hyperventilation at the ABC CPD provider	Knowledge, skill and performance	This course helped me to refresh my knowledge of breathing disorders and learn new techniques to support patients.	7	2
31 October 2014	Managing patient complaints	Safety and quality in practice	Discussion with colleague about a patient complaint and how she managed it herself. We discussed and reflected on the circumstances leading to the complaint: a number of different things had happened all of which seemed to contribute. These included the osteopath being late for the appointment, distracted, not talking during the treatment while the patient was talkative and wanted a running commentary, and the patient suffering increased levels of pain in the two days after treatment.	7	2

**Name: Angela Noreen Osteopath**

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<b>Date</b>	<b>Name of Activity and short description</b>	<b>Osteopathic Practice Standards themes covered</b>	<b>Reflection statement</b>	<b>Number of hours learning with others</b>	<b>Number of hours learning by oneself</b>
31 January 2015	Treating sports injuries course – CDE CPD Provider	Knowledge, skills and performance	This course helped my understanding through examination of cases involving Meniscal tears and ligamentous injuries. It also alerted me to less common but serious pathologies. My range of patients involving sports injuries is increasing and so this course helped me to begin to explore in more detail these types of presentations to support a consolidation of my knowledge.		
<b>Total Hours 2014/2015</b>				<b>19</b>	<b>11</b>
<b>CPD Year 3: May 2015 to April 2016</b>					
5 June 2015	Undertake GOsC e-learning on professionalism and review the Osteopathic Practice Standards		The e-learning was really useful as it helped me to consider the relationship between the <i>Osteopathic Practice Standards</i> and a range of scenarios that could be encountered in practice. This provided a useful refresher about my own practice and the requirements of the Osteopathic Practice Standards.	3	2
22 and 23 July 2015	Emergency First Aid at work Course	Safety and quality in practice	As part of my duty as a business owner, it is part of my own health and safety assessment that I need a qualified first aider on site. I therefore undertook this course as a refresher.	6	

**Name: Angela Noreen Osteopath**

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<b>Date</b>	<b>Name of Activity and short description</b>	<b><i>Osteopathic Practice Standards</i> themes covered</b>	<b>Reflection statement</b>	<b>Number of hours learning with others</b>	<b>Number of hours learning by oneself</b>
24 October 2015	Attendance at Dingwall Osteopathic Society session on clinical audit of notes.	Safety and quality in practice and professionalism	Learning about how to undertake a clinical audit and discussing forms of collection of data and standards in place.	3	
15 February 2016	Analysis of data of notes and write up	Safety and quality in practice and professionalism	Analysis of the data and writing up the data ahead of presentation to the Dingwall Osteopathic Society helped me to identify that more recently I was not recording the information that I needed in relation to consent, although there were some very good examples in notes from 2014.	7	
18 February 2016	Presentation of data to Dingwall Regional Society Group and discussion about standards. Could we as a group agree to raise the relevant standards regarding recording of data?		The discussion about the relationship of audit and enhanced standards was helpful. I have noted that my practice in recording consent properly has slipped in terms of the detail I should be recording. I have now designed a new template to use.	3	4

**Name: Angela Noreen Osteopath**

Sheet 6 of 6

<b>Date</b>	<b>Name of Activity and short description</b>	<b><i>Osteopathic Practice Standards</i> themes covered</b>	<b>Reflection statement</b>	<b>Number of hours learning with others</b>	<b>Number of hours learning by oneself</b>
20 April 2016	Dingwall Regional Society Group – patient lecture about living with multiple sclerosis and methods of managing the condition at home. Research about implications of multiple sclerosis	Communication and patient partnership; knowledge, skills and performance; professionalism	The patient perspective on this condition was very helpful and helped me to realise that my understanding of neurological conditions needed to be put into the context of my communication with the patient. I also reviewed anatomy of joints.	3	6
<b>Total Hours 2015/2016</b>				<b>25</b>	<b>12</b>

# Annex B

## Dummy CPD Folder

### Angela Noreen: Osteopath

CPD year 1 – May 2013 to April 2014	pages 11 to 12
CPD year 2 – May 2014 to April 2015	pages 13 to 14
CPD year 3 – May 2015 to April 2016	pages 14 to 16

## Patient Feedback Analysis Template: completed example

### Method

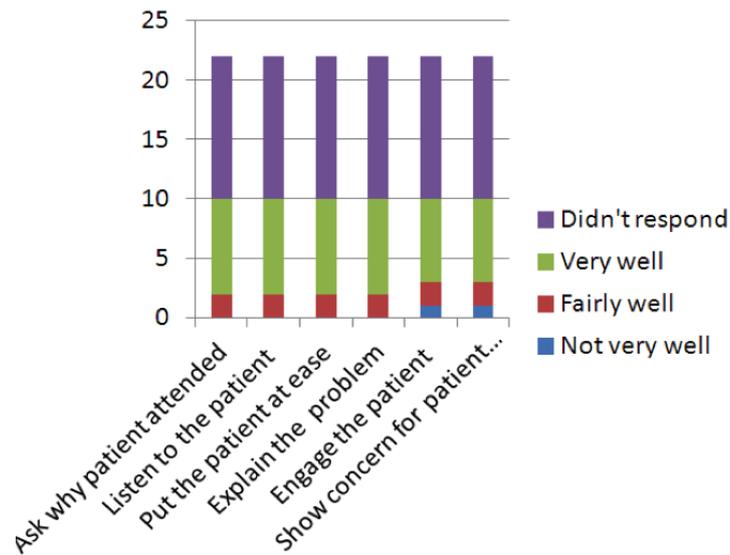
I gave a questionnaire to every patient seen from 7 to 21 November 2011 and asked them to complete it and put it in the box by reception. I also emailed the questionnaire to patients and asked them to email it back to me or to post in the stamped addressed envelope enclosed.

I decided to include all patients so that I had a good balance of new and ongoing patients.

All 22 patients who attended during this time received questionnaires. Three of the patients were children. I gave the questionnaire for the children to the parents.

I received 10 responses.

### Results



### Strengths

Areas of strength included:

- How thoroughly I asked about why the patient had attended
- Listening to what the patient had to say.
- Putting the patient at ease during their physical assessment and examination.
- Explaining the patient's problem.

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## Areas for Development

Areas for development included:

- In two of the questionnaires for patients coming in on a Tuesday I noticed that scores were slightly lower for 'engaging the patient in consultation' and 'demonstrating concern for your welfare'.

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## Action Plan and next steps

### Action Plan

- I realised that I am always keen to finish on time on Tuesday as I have to pick up my daughter from after school club. I have now ensured that I schedule the last appointment on Tuesday at an earlier time.
- I recognise that my responses are not yet statistically significant for the population of patients I see. However, I am interested to explore further patients to see if I can gather any other information about my practice that I wasn't previously aware of.
- I am not an expert in statistics and I feel that I may benefit from learning more about how to analyse my patient feedback. I intend to explore this with some of my colleagues to see if they can recommend some useful CPD in this area for next year.
- I intend to repeat the questionnaires early next year to see whether there have been any changes.

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## Mapping Grid

The patient questionnaires have helped me identify evidence that I appear to be meeting the requirements in Theme 1 – Communication and Patient Partnership.

## CPD Action Plan for 2012-13

Identified learning need	Learning Objective	Planned learning activity	Estimated hours	Target completion date	Evaluation – what experience did I gain from this activity relevant to my work as an osteopath	Evaluation – what further CPD do I need to undertake in this area	Notes
To analyse patient feedback questionnaires and data more effectively	To learn about statistics	Course on statistics – online diploma in statistics – Alison.com	10 hours – learning by oneself	May 2014	The information should help me to undertake a further patient feedback analysis next year which will help to develop my osteopathic practice.	I need to put the knowledge I have gained into practice to ensure that I consolidate my skills.	
To learn about shared decision-making	To learn more about consent and different models of shared decision-making to support patients to feel more engaged with the consultation.	Self-study about consent. Attending consent workshop at local regional society.	8 hours learning by oneself. 8 hours learning with others.	June 2013	I feel that I have a much better understanding of the standards in relation to consent and how to put these into practice.	I need to adapt my approaches in relation to recommending treatment and to explore whether this has an impact on the feedback from patients next year. I also need to read some more of the underpinning research on risk to enhance my understanding of this area.	

## CPD Action Plan for 2012-13

Identified learning need	Learning Objective	Planned learning activity	Estimated hours	Target completion date	Evaluation – what experience did I gain from this activity relevant to my work as an osteopath	Evaluation – what further CPD do I need to undertake in this area	Notes
To analyse patient feedback questionnaires and data more effectively	To learn about statistics	Course on statistics – online diploma in statistics – Alison.com	10 hours – learning by oneself	May 2014	The information should help me to undertake a further patient feedback analysis next year which will help to develop my osteopathic practice.	I need to put the knowledge I have gained into practice to ensure that I consolidate my skills.	
To learn about shared decision-making	To learn more about consent and different models of shared decision-making to support patients to feel more engaged with the consultation.	Self-study about consent.					
Attending consent workshop at local regional society.	8 hours learning by oneself						

# Reflection statement about consent

**23 June 2013**

I will be attending a workshop on consent facilitated by the Dingwall Osteopathic Regional Group next week in order to review the NCOR Guidelines about osteopathy, and the GOsC presentations about consent on the website from Steve Vogel and Pippa Bark.

## **REVIEW OF PRESENTATIONS:**

### **Risks and benefits – adverse events and outcomes in UK osteopathy – Steve Vogel**

This presentation explored definitions of adverse events in the context of osteopathy and shared some of the key results from the Clinical Risk, Osteopathy and Management study (see Vogel S *et al*, 2013 available at: [http://www.osteopathy.org.uk/uploads/croam\\_full\\_report\\_0313.pdf](http://www.osteopathy.org.uk/uploads/croam_full_report_0313.pdf)) looking at the frequency and character of minor and major adverse events. The presenter also gave some information about how to share risk information with patients to enable them fully to consent to treatment. This involved looking at the patient and tailoring information on risks to them as an individual, while also presenting this information in the context of doing nothing or alternative approaches.

It was interesting to note that in some cases the major adverse events described was not necessarily a causal effect of the osteopathy but could be due to the type of patient presenting to an osteopath being more likely to be susceptible to such an event.

It was also helpful exploring a summary by Leach (2011), Communicating risks of treatment and informed consent in osteopathic practice, which summarised the risks and benefits of osteopathic care as:

- Benefits – For back pain, manipulation is likely to reduce the level of pain by approximately 30%. For neck pain, manipulation or mobilisation may give immediate or short term relief of pain especially if combined with exercises.
- Risks – The risks of mild effects such as short term increase in pain or stiffness lasting a few days is high. Most patients experience these effects.
- The risk of serious effects such as damage to nerves or arteries is very low, occurring less than 7 to 10 times in 100,000 treatments.

### **Communicating benefit and risks effectively to patients – Pippa Bark**

This presentation was very helpful and used a patient's perspective to explore how to present information and support shared decision-making.

Rather than trying to present information about the treatment thought best for the patient, the presenter discussed models of shared decision-making, e.g. Epstein and Alber. This covered the need to:

- understand the patient's experience and expectations
- build partnership
- provide evidence including uncertainties
- present recommendation
- check for understanding and agreement. I found this really helpful and she used some helpful phrases to help me to present information.

The presenter suggested that when discussing treatments we could:

- inform patients of benefits as well as relevant significant or material risks of treatment. It was also important and all right to be clear about uncertainty.
- explain alternatives to treatment, e.g. manipulation compared to exercise or analgesics
- consider emotional issues, e.g. the way in which information is provided
- consider practical issues, e.g. personalising the information provided to the individual patient
- use averages and ranges, e.g. 'most patients get some increase in movement within 3 to 6 sessions. Some reported an immediate difference and others said it took longer before they saw a real change'.

It is important to record the discussion.

## GOsC Guidance on consent

I also reviewed the GOsC guidance on Consent and capacity for Scotland and I thought that this raised interesting issues in relation to teenage children whose parents do not attend follow-up treatments.

### May 2014

#### Diploma in Statistics – Alison.com

I completed this online course with modules in data analysis, probability, range, variables, types of data, regression analysis and analytical models.

I am intending to apply the knowledge I have learned to a more in-depth patient feedback analysis next year.

I obtained better knowledge and understanding of basic statistical methods such as sampling and collecting data, probability, distributions, regression analysis. I now have the knowledge and understanding to confidently read statistics and apply statistical methods in my day to day work. (See learning outcomes from [Alison.com](https://www.alison.com)).