CFtP Draft consultation document, ver. Sept 2014

The General Osteopathic Council consultation on proposals for assuring the continuing fitness to practise of osteopaths.

December 2014

Contents

Introduction

1. This consultation sets out the General Osteopathic Council's proposals (the draft scheme) for assuring the public of the continuing fitness to practise of osteopaths.

2. There are two consultation documents. One full version sets out the full background and detail of our proposals for completion by any interested person (see p4). There is also a shorter summary version designed specifically for patients and members of the public to encourage a variety of responses (see p30) – however, we welcome responses from all to either version of the consultation.

3. The General Osteopathic Council is committed to ensuring that this consultation is as accessible as possible to all to encourage diverse responses. Please contact us if you require any help in reading, understanding or responding to this consultation. If you would like to discuss any aspect of your response, or if you have any questions, please also contact us.

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Full consultation document

Purpose

1. The overarching outcome of any scheme must be public protection. In other words, the scheme should enable safer and more effective practice and should not encourage any behaviour that could put public protection at risk (for example, gaming).

2. The foundation for our scheme must be based on demonstrating that standards are met as well as the enhancement of practice.[1]

Background

3. The draft scheme has been developed following a five year programme of work looking at revalidation and context in the osteopathic profession.

4. In 2009, the General Osteopathic Council consulted on a revalidation scheme which involved four stages:

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

5. In 2011 and 2012, the General Osteopathic Council undertook a year long pilot, just of stage 1 of the process. This involved osteopaths undertaking four activities across the year to demonstrate that they met each of the Osteopathic Practise Standards. Activities included patient feedback and analysis, case based discussion, clinical audit, significant event analysis and case presentations to support the self assessment. Pilot Assessors assessed and provided feedback on each completed submission. Over 1 in 18 registrants completed the pilot. Data was collected at three month intervals during the pilot about the costs and the benefits of undertaking each activity. An independent expert evaluation of this pilot, including a costs / benefits analysis was undertaken by KPMG. Full reports are available at: http://www.osteopathy.org.uk/practice/Revalidation/Research/

[1] See Council for Healthcare Regulatory Excellence (now the Professional Standards Authority), 2012, An approach to assuring continuing fitness to practise based on right touch regulation principles, available at http://www.professionalstandards.org.uk/docs/psa-library/november-2012---right-touch-continuing-fitness-to-practise.pdf and accessed on 1 September 2014.

6. There were many benefits outlined to the pilot including review of the standards and reported enhancement of patient care. However, the pilot was found to be even 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.

7. Whilst the pilot was being undertaken, the General Osteopathic Council also published a CPD Discussion Document. Key findings from 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 many more osteopaths are now using patient feedback and other similar mechanisms to inform themselves about the effectiveness of their practice.

   A full report of the analysis of the responses to the CPD Discussion Document as well as the original document can be found at: http://www.osteopathy.org.uk/practice/Continuing-professional-development/

8. Achieving the outcome of public protection must also be placed in the context of the osteopathic profession. This is important both in terms of what osteopaths do and also the environment within which they work. Building a scheme around the context and community within which osteopathy is practised will help to ensure that implementation of the scheme ensures safer and more effective practice.

9. The context is informed through a variety of research, evidence and analysis and supports an understanding of the level of risk that we are seeking to mitigate through our draft continuing fitness to practise scheme.

   - 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'.[2]

   - The number of fitness to practise cases per registrant appears consistently to be lower for osteopaths than for General Chiropractic Council, General Medical Council and General Optical Council registrants, but higher than for

[2] See 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 and accessed on 30 September 2013.

General Pharmaceutical Council and Health and Care Professions Council registrants.[3]

- The Osteopathic Patient Expectations research study (2011) showed a high rate of satisfaction from osteopathic patients with over 96% of respondents reporting being satisfied or very satisfied with their osteopathic care with their expectations largely met.[4]

- Complaints to the regulator and to the insurers are on a 'wide variety of issues' including clinical, communication and conduct issues.[5]

- Issues surrounding consent and communication form the basis of concerns as outlined by patients, insurers, osteopaths as well as participants and assessors within the Revalidation Pilot.[6] It is interesting that clear communication was an important factor for patients in our recent patient focus groups along with explicit consent to treatment.[7]

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[3] See for example the CHRE/PSA 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?sfvrsn=0 and http://www.professionalstandards.org.uk/docs/scrutiny-quality/performance-review-report-2012-13.pdf?sfvrsn=0 and accessed on 1 October 2013.

[4] See Leach J. et al, *The OPEn project, investigating patients' expectations of osteopathic care Summary Report*, (the Patient Expectations Study), 2011, available at: http://www.osteopathy.org.uk/uploads/open_summary_report%20_public.pdf and accessed on 30 September 2013

[5] See Leach J et al, *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 and accessed on 30 September 2013. Typically, complaints relating to 'adverse events' were directed to the insurers and complaints about conduct and communications were directed to GOsC. The insurers and GOsC are continuing to collect data related to complaints using a common classification system to enable this research to be updated and clarified during 2014 providing a more accurate picture of the complaints and claims made by patients against osteopaths. It is also worth noting findings from the Patient Expectations study which show that a number of unmet patient expectations related to communication (for example, not realising undressing would be required and information about side effects).

[6] See for example, KPMG, *Final Report of the Evaluation of the General Osteopathic Council's Revalidation Pilot, 2012*, pp 5, 23, 29available at: http://www.osteopathy.org.uk/uploads/kpmg_revalidation_pilot_evaluation_report.pdf and accessed on 30 September 2013. See also Vogel et al, the CROaM study, 2012, p6 (see above). See also Leach et all, the Patient Expectations Study above, p10. See also information from the Annual Fitness to Practise Report presented to the Education and Registration Standards Committee and Osteopathic Practice Committee on 19 September 2013 which shows that failure to gain consent features highly both in complaints made and investigated as well as cases found proved alongside failure to maintain adequate records. (Although note numbers are small – see also above where further data is being collected on complaints across the aggregated complaints made to GOsC and insurers.) Finally also see Freeth et al, Preparedness to Practise Report, 2012, p20 available at: http://www.osteopathy.org.uk/uploads/new_graduates_preparedness_to_practise_report_2012.pdf and accessed on 1 October 2013.

[7] See 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 and accessed on 1 September 2014.

- In 2009, KPMG noted that 'Formal performance appraisal is rare, and … very little documented reflection on performance or feedback from patients exists.'[8] However, in 2013, 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.'[9]

- Using the pilot tools had supported osteopaths to document practice. However, evidence of reflection was variable. It has been suggested by commentators, that individuals are less likely to share analysis of areas for development and reflections with the statutory regulator and perhaps more likely to share these reflections in a 'safer space'[10]. KPMG suggested 'there was often no evidence within the portfolio to demonstrate that they 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.[11]

- The approach used within the Revalidation Pilot was too complex and burdensome and would need to be simplified.[12]

10. The Professional Standards Authority report, *An Approach to Continuing Fitness to Practise*, (2012) discussed environmental risk factors. These include lack of clinical governance, levels of autonomy and isolation, levels of support provided (or not) and emotional and psychological engagement. Using these principles, the context for the osteopathic profession demonstrates the following:

    - '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.[13]

    - 'More than half of osteopaths normally practise alone, meaning they are frequently alone with patients; and circa 20% of practising osteopaths spend more than 50% of their time practising in their own home.'[14]

    - No more than 15% of osteopaths regularly practise in managed environments such as hospitals or clinics which may be subject to NHS standards of clinical governance.[15]

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[8] See *How do Osteopaths Practice?*, KPMG, 2009, p3 available at: http://www.osteopathy.org.uk/uploads/how_do_osteopaths_practise_kpmg_reporta_ozone.pdf and accessed on 27 September 2013.
[9] See KPMG, Final Report, 2013 (above), p4
[10] Indeed on this, the GOsC has recently commissioned some research by Professor Gerry McGivern et al to explore this theory in relation to the osteopathic profession.
[11] See KPMG, Final Report (above), p5.
[12] See KPMG, Final Report (above), p5
[13] See How do Osteopaths Practice?, KPMG, 2011, available at: http://www.osteopathy.org.uk/uploads/how_do_osteopaths_practise_kpmg_reporta_ozone.pdf and accessed on 27 September 2013, p3
[14] As above.

- The nature of osteopathic practice is such that boundaries can be readily miscommunicated and misunderstood.

These points illustrate that the layers of employer regulation and team-based regulation that might be present in other healthcare contexts, to support the objective of public protection and continued enhancement of quality of care, 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.[16]

11. In discussing revised proposals for continuing fitness to practise based on the osteopathic context, and the key findings from the Revalidation Pilot and the CPD Discussion Document as well as other research, points for consideration have included:

- Osteopathy is low risk not no risk, and thus we must focus on ensuring that our message about how the public is protected is clear.

- We must address the issue of how we can support genuine reflection and feedback in a profession practising primarily independently – we think that the involvement of the regulator alone will not necessarily achieve this and therefore presents challenges as to how to demonstrate standards and enhanced quality of care.

- Peer review and patient feedback are important. (Although our patient focus group (2014) felt that patient feedback was less important than peer feedback.)

- A single scheme (rather than separate CPD and revalidation schemes) could be a proportionate way of ensuring continuing fitness to practise.

- We must ensure that the whole breadth and depth of practice is covered as part of the requirement to demonstrate standards.

- We must understand and demonstrate how we will know when people are not complying.

- Audit must focus on the quality of activities and not just the quantity.

- There is potential for partnership working as part of the Scheme, but appropriate mechanisms for governance and quality assurance must be in place.

[15] As above.
[16] See Community Research, (2014), *Public and patient perceptions of osteopaths and osteopathy*, p10, available at http://www.osteopathy.org.uk/uploads/public_and_patient_perceptions_of_osteopaths_and_osteopathy_2014.pdf and accessed on 1 September 2014.

12. Given the context of the development of the osteopathic profession and infrastructure within it, it may not be possible to meet all the Scheme's objectives at the outset.

13. The evolution of the Scheme will require capacity building within the osteopathic profession – among individuals and professional groups – to support learning, to support safe practice and continued enhancement of practice.

14. 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.

Development of the draft continuing fitness to practise scheme

15. The General Osteopathic Council agreed the draft scheme outlined in our consultation document in October 2013. Since then we have been working closely with four regional pathfinder groups, educational institutions and postgraduate CPD providers to develop the scheme and the guidelines. Over fifty osteopaths have been involved in this process which involved a series of focus groups and discussions, and the development of case studies by all involved to give examples of how the scheme might work in different contexts. Their immense work is reflected in both the CPD Guidelines at Annex A of this consultation paper and the Peer Discussion Review Guidelines at Annex B.

16. We also undertook a day long patient focus group to test out our emerging thinking with members of the public. A full report of this group is available at: http://www.osteopathy.org.uk/uploads/public_and_patient_perceptions_of_osteopaths_and_osteopathy_2014.pdf. Key findings from this focus group suggested that:
    - Initial reactions to the draft continuing FTP scheme were positive and 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.

17. We will explore public and patient views further as part of this consultation.

The draft Continuing Fitness to Practise Scheme

Propositions informing the development of the scheme

18. The scheme is based on the following propositions:

    a. A single scheme should enable the demonstration of the *Osteopathic Practice Standards* and the enhancement of quality of care, covering the full breadth and depth of individual practice.

    b. The scheme should remain primarily self-directed by the osteopath, as it is now, but with some additional elements planned in over a period of three years to strengthen links to the *Osteopathic Practice Standards*.

    c. The Scheme should encourage feedback to individuals to support both the demonstration of standards and the enhancement of the quality of care.

    d. The peer review discussion element could be delivered by people, groups or organisations outside of the GOsC supported by appropriate governance and quality assurance arrangements.

    e. The Scheme should include a specific focus on consent and communication.

    f. There should be fair and appropriate mechanisms for people who are not engaging with the process to be removed administratively, as there are now in the existing CPD scheme.

The draft Continuing fitness to practise / CPD scheme

19. The continuing fitness to practise scheme is based around four CPD standards which must be completed before moving to the next three year cycle. Engagement with the scheme (which itself is designed to support safer and effective practice) will enable an individual to meet the CPD standards.

20. The CPD Standards are:

CPD Standard 1 – Range of practice	Demonstrate that activities are relevant to the full range of osteopathic practice.
CPD Standard 2 - Quality of care	Demonstrate that objective activities have contributed to practice and the quality of care.
CPD Standard 3 – Patients	The registrant has sought to ensure that CPD benefits patients.

CPD Standard 4 – Portfolio	Maintain a continuing record of CPD

The model for the scheme

21. The draft continuing fitness to practise / CPD scheme comprises a three year cycle of 90 hours of continuing professional development (CPD) and at least 45 hours of CPD learning with others (retaining the current requirement of 30 hours of CPD each year and a minimum of 15 hours learning with others). The 90 hour CPD cycle remains primarily self-directed but must include four key activities:

1. Osteopathic Practice Standards –

- CPD must be undertaken and recorded in all themes of *Osteopathic Practice Standards*:
  - communication and patient partnership,
  - knowledge, skills and performance,
  - safety and quality in practice and
  - professionalism.

- CPD should also support all areas of osteopathic professional practice (clinical practice, education, research and management).

Completion of these activities helps to ensure that the osteopath reviews their practice, the Osteopathic Practice Standards and undertakes appropriate CPD. This will enable the osteopath to demonstrate CPD Standard 1.

2. Objective activity

- At least one objective activity must be undertaken. This might include:
  - Patient feedback
  - Peer observation or feedback (involving two or more people)
  - Clinical Audit
  - Case based discussion (involving two or more people).

- The objective activity should be recorded to include:
  - a note of the method used,
  - the data or feedback gathered, and
  - how that data has fed into CPD and practice (this will usually include analysis, reflection and an action plan).

Undertaking an objective activity helps to ensure that the osteopath is undertaking appropriate CPD based on feedback from another source about their practice – thus supporting safer and more effective practice. Completion of these activities will enable the osteopath to demonstrate CPD Standard 2.

3. Communication and consent

- CPD must be undertaken in communication and consent. There are a range of resources to enable the osteopath to undertake this CPD either through self study, through a course, or through e-learning, or through group discussion. A suggested guideline is around 3 hours.

We know that communication and consent are areas where patient satisfaction is lower and also that complaints in these areas are relatively higher. Requiring CPD in this area for all osteopaths provides guidance about areas of risk for osteopaths. It also meets both public and osteopathic expectations about incorporating higher areas of risk into any scheme assuring continuing fitness to practise. Completion of CPD in this area will enable the osteopath to demonstrate CPD Standard 3.

4. Peer Discussion Review

A Peer Discussion Review is undertaken towards the end of the three year cycle. Discussion and review of the CPD Folder as part of the discussion will enable the osteopath to meet CPD Standard 4.

A peer discussion review (PDR) takes place towards the end of every three year cycle. The Peer Discussion Review is a discussion with a peer under the auspices of a regional group, educational institution or Osteopathic Alliance (advanced practice or special interest) group or with another osteopath or health professional or with the GOsC.

The Peer Discussion Review is where osteopaths show that they have complied with the CPD / continuing fitness to practise framework and the CPD Standards using a combination of their CPD portfolio, patient notes and particularly discussion. It is dynamic guided meeting between an osteopath and their reviewer which enables the osteopath to discuss and learn about their practice and CPD with a peer (this will include constructive feedback and reflection). Guidance is provided about the circumstances under which an osteopath does or does not meet the standards and what to do if concerns about patient safety are identified. (GOsC will automatically audit the required number of hours and so this does not need to form a part of the Peer Discussion Review.)

The concept of the Peer Discussion Review is designed to support the development of a learning community recognising the risk that autonomous practise can, occasionally, lead to professional isolation which in turn can lead to less safe practice. Requiring osteopaths to discuss practice together and to see discussion of areas of development with a colleague as a strength of practice (not a weakness) can help to support safer and more effective practice. The Peer Discussion Review provides a dedicated space where areas of concern, which might not be discussed with anyone else, must be discussed.

Completion of these activities will enable the osteopath to demonstrate CPD Standard 4.

Continuing fitness to practise consultation

This section of the consultation document seeks your views about key aspects of the scheme as well as documents describing the scheme and case studies explaining how the scheme might be undertaken.

There are specific questions and general questions.

The consultation questions are:

[DN: Insert final list of consultation questions]

Draft Continuing Professional Development Guidelines

The draft Continuing Professional Development (CPD) Guidelines, describing the Scheme assuring the continuing fitness to practise of registrants, are attached at Annex A of this consultation document. They differ from the current CPD Guidelines in that they are much shorter and less prescriptive. However, they do focus on the importance of professional judgement, culture and community.

The CPD Guidelines describe a CPD scheme which is designed to provide assurance of continuing fitness to practice for osteopaths by encouraging osteopaths to develop their practice as part of a community of learning.

The CPD Guidelines are structured as follows:

- Culture – they describe a culture of engagement, discussion and learning communities within learning with a view to ensuring continual enhancement of quality of care and patient safety. (see page 3)
- The CPD scheme - A description of the new CPD scheme including three year cycle of 90 hours and describing the mandatory activities to be undertaken as part of that CPD. (see pages 3 and 4).
- CPD Standards – The CPD standards to be demonstrated through a peer discussion review enabling the registrant to move on to the next CPD cycle. (see page 4)
- What is CPD – A definition of CPD. (page 4)
- What is professional practice – a definition of professional practice which is designed to emphasise the broad nature of osteopathic practice including clinical, education, research and management. (page 4)
- The CPD Process – Examples of how the CPD scheme could work. (page 5)
- Information about peer discussion review – Description of the peer discussion review process which enables an osteopath to complete one cycle and move into the next. (pages 6 and 7)
- Audit – A description of the proposed audit process (page 9)
- Quality Assurance – A description of the quality assurance process. (page 9)
- The IT system – A description of the IT system. (page 9)
- Resources and case studies –

    - Demonstrating the *Osteopathic Practice Standards* – Some case studies illustrating how osteopaths can undertake CPD in relation to the four themes of the *Osteopathic Practice Standards*. (pages 10 to 12)
    - Demonstrating communication and consent – Some case studies illustrating how osteopaths can undertake CPD in relation to communication and consent. (pages 13 to 16)
    - Objective activity – Some case studies illustrating how osteopaths can undertake CPD in relation to an objective activity. (pages 17 to 33)
- Who can help me undertake this new CPD scheme – contact details for organisations that can help you including regional groups, educational institutions, advanced practice groups and CPD providers (pages 34 to 37)
- An example CPD portfolio – An example portfolio demonstrating a range of activities and evidence for the whole CPD scheme. (pages 38 to 62).

Questions about the draft CPD Guidelines

After reading the draft CPD Guidelines, please respond to the following questions:

Please tick all statements that apply and provide any comments if you wish to do so.

	Statement	**Strongly disagree**	**Disagree**	**No view**	**Agree**	**Strongly agree**	**Comments**
1	A section about culture is important in the CPD Guidelines						
2	The section on culture describes the culture I would like to see in osteopathy.						
3	The section describing the CPD scheme is clear.						
4	The definition of CPD is clear.						
5	The definition of CPD is appropriate.						
6	The definition of						

	Statement	Strongly disagree	Disagree	No view	Agree	Strongly agree	Comments
	professional practice is clear.						
7	The definition of professional practice is appropriate.						
8	The description of the CPD process of clear.						
9	Information about peer discussion review is clear.						
10	The diagram at Table 1 helps me to understand how the CPD process works.						
11	The diagram at Table 2 helps me to understand how the CPD process works.						
12	The diagram at Table 3 helps me to understand how the CPD process works.						
13	Case studies – the case studies about Demonstrating the Osteopathic						

	Statement	Strongly disagree	Disagree	No view	Agree	Strongly agree	Comments
	Practice Standards are clear.						
14	The case studies about demonstrating the Osteopathic Practice Standards are appropriate.						
15	The case studies about undertaking communication and consent are clear.						
16	The case studies about undertaking communication and consent are appropriate.						
17	The case studies about undertaking an objective activity are clear.						
18	The case studies about undertaking an objective activity are appropriate.						
19	The CPD Guidelines are clear						
20	The CPD Guidelines are accessible						
21	This is a scheme that I						

	Statement	Strongly disagree	Disagree	No view	Agree	Strongly agree	Comments
	can comply with.						
22	This is a scheme that is likely to help me to enhance patient care.						
22	This scheme will encourage me to discuss my practice with others.						
23	The CPD Guidelines overall are clear						

Q24. Please provide any other comments or feedback about the draft CPD Guidelines here:

Peer Discussion Review Guidelines

The draft Peer Discussion Review Guidelines are attached at Annex B to this consultation document. The Peer Discussion Review Guidelines are designed to support an osteopath and their reviewer to discuss practise and CPD in a structured and supportive way. This is a new process and no guidelines have previously been available in osteopathy.

The Peer Discussion Review Guidelines are structured as follows:

- Introduction (including culture) – a short introduction about the guidance and how it is to be used. (page 2)
- The CPD model (including the CPD Standards) – a short summary of the scheme. (pages 2 to 4)
- About Peer Discussion Review – More detailed guidance about how to undertake a peer discussion review. (page 4 and 5)
- Frequently asked questions – a list of frequently asked questions designed to support osteopaths and reviewers preparing for and undertaking a peer

discussion review. This includes questions such as can I claim CPD? What if I am unsure whether an osteopath has done enough to meet a standard? (pages 6 to 9)

- Case study for carrying out a group peer discussion review – a case study for one way of undertaking a peer discussion review as part of a day long CPD meeting with other osteopaths – (pages 10 and 11)
- Instructions for completing the peer discussion review template – A summary of how to use and complete the peer discussion template (page 12)
- Peer Discussion Review Template (for completion during the PDR) – a template suggesting questions to structure the discussion and criteria for demonstrating whether or not a standard is met. It also contains a declaration to be signed off by both parties at the conclusion of the successful peer discussion review. (pages 13 to 22)

Questions about the Peer Discussion Review Guidelines

	Statement	**Strongly disagree**	**Disagree**	**No view**	**Agree**	**Strongly agree**	**Comments**
25	A section about culture is important in the Peer Discussion Review Guidelines						
26	The section on culture describes the culture I would like to see in osteopathy.						
27	The frequently asked questions are appropriate.						
28	The case study for carrying out a group peer discussion review is clear.						
29	The case study for carrying out a group peer						

	Statement	Strongly disagree	Disagree	No view	Agree	Strongly agree	Comments
	discussion review is appropriate.						
30	The instructions for completing the peer discussion review template are clear.						
31	The instructions for completing the peer discussion review template are appropriate.						
32	The Peer Discussion Review template is easy to follow.						
33	The guidance about when a standard is met is clear.						
34	The guidance about when a standard is met is appropriate.						
35	The guidance about when a standard is not met is clear.						
36	The guidance about when a standard is						

	Statement	Strongly disagree	Disagree	No view	Agree	Strongly agree	Comments
	not met is appropriate.						
37	The guidance about when a standard may be met is clear.						
38	The guidance about when a standard may be met is appropriate.						
39	The information provided helps me to understand how to prepare for a peer discussion review for myself.						
40	The information provided helps me to understand how I might undertake a peer discussion review for myself.						
41	The information provided helps me to understand how I might undertake a peer discussion review of someone						

	Statement	Strongly disagree	Disagree	No view	Agree	Strongly agree	Comments
	else.						
42	The peer discussion review could contribute to safer and more effective practice.						
43	The peer discussion review will not contribute to safer and more effective practice.						
44	The peer discussion review is a hierarchical process.						
45	The peer discussion review process encourages discussion about areas of development in a supportive environment.						

Q46. Please provide any other comments or feedback about the draft Peer Discussion Review Guidelines here:

Questions on specific topics

IT and online submission

As part of the implementation of any scheme, a specific IT system to support delivery will be necessary. Some initial research has been undertaken to look at similar IT systems in place with other regulators and professional bodies. Whilst no specification has yet been developed for a new osteopathic IT system, it would be expected that an appropriate system would probably include the following:

- An electronic system enabling osteopaths to record CPD and upload evidence at the same time. (For example, taking a photo and uploading it, or enabling analysis of patient feedback to be retained).
- Automated feedback telling the osteopath what they need to complete in order to move to the next CPD cycle but also showing them how they are doing in relation to others. For example:
    - CPD in the area of communication and consent and 34 hours of CPD (including 12 learning with others) remains outstanding.
    - You are one of the 70% of osteopaths who has completed the objective activity.
    - You are one of the 45% of osteopaths who has completed CPD in communication and consent.
    - You are one of the 85% of osteopaths who has not yet completed CPD in the four themes of the Osteopathic Practice Standards. (The theme of professionalism remains outstanding).

Such automated feedback would only be feasible if all CPD submissions were required to be submitted online. Currently some regulators require all their CPD to be submitted online (for example, the General Optical Council and the Pharmaceutical Society of Northern Ireland require online submission of CPD). Other regulators allow postal submission of CPD (for example, the General Pharmaceutical Council and the General Dental Council). Currently around 85% of registrants complete their CPD online.

The advantages of having all CPD online include that comparative feedback can be provided instantaneously to osteopaths without the requirement for staff resources. Once initial set up costs had been undertaken, manual auditing for completion of the required hours would not be required – reducing GOsC staffing costs.

However, the disadvantages would be that some registrants do not have easy access to internet facilities. It is estimated that around 90% of the adult population will have a smart phone by January 2018.[17]

Q47. What are the barriers to prevent a fully automated CPD process?

[17] See for example http://www.theguardian.com/technology/2014/apr/30/featurephone-smartphone-uk-

Comments:

Audit

Audits are important to ensure compliance with any scheme. In part, audit will be undertaken in an automated way by a new IT system. Such a system should deliver the following:

- At the end of each year, a new GOsC IT system should provide automated feedback to all osteopaths advising them whether or not they are on track with their three year CPD Cycle.
- The GOsC system should automatically audit submissions at the end of the CPD Cycle to ensure that a minimum of 90 hour of CPD (including 45 hours of learning with others) has been undertaken and the a Peer Discussion Review has been declared before osteopaths can move into the next CPD cycle.

In addition to this, it will be necessary to undertake a qualitative audit of a sample of CPD Portfolios and Peer Discussion Review forms. This is likely to comprise of a % of reviews undertaken by individuals and a % of reviews undertaken under arrangements taking place under the auspices of organisations, such as regional groups, educational institutions and advanced practice organisations or other CPD providers.

In our focus group (June 2014), patients suggested that they would want reviewers to be independent of the osteopath being reviewed. However, we also know from our revalidation pilot, that the important issue at this stage is for osteopaths to be able to find a space where they feel comfortable discussing their practice and areas of development. This is particularly important given the independent nature of practice without teams and employers.

We hope that reviews taking place under the auspices of the educational institutions and other groups and providers will be more independent and quality assured with a greater community to turn to in the event of uncertainty or advice being needed as part of the peer discussion review process.

We therefore propose to target our auditing strategy to ensure that we will audit a greater proportion of peer discussion reviews undertaken outside of the auspices of the regional groups, educational institutions and postgraduate CPD providers to mitigate any risk of collusive activity but also to support those undertaking peer discussion reviews more locally by providing feedback which allows them to compare what they are doing in the peer discussion reviews with what others are doing.

Such an approach enables us to provide a greater degree of objectivity to informal reviews.

Q48. Is a targetted audit strategy, as proposed above appropriate?

Yes / No

Comments:

Q49. If such a targetted audit strategy was in place, would you be more or less likely to choose an organisation to undertake your peer discussion review? Please select the statement which best describes your approach.

- ☐ The audit strategy would not affect my choice of peer discussion reviewer.
- ☐ The audit strategy would encourage me to seek out an organisation or regional group to undertake my peer discussion review.
- ☐ The audit strategy would encourage me to seek out a local colleague to undertake my peer discussion review.
- ☐ Other – please describe

Quality Assurance

There will be a level of quality assurance provided by GOsC through the audit process. Over time, as part of the audit process, feedback will be provided both to osteopaths and to reviewers about their peer discussion reviews. (Note that it is not expected that osteopath or reviewer will be penalised through the audit process – unless there was clear evidence of collusion).

Quality assurance will also be provided through online training videos demonstrating how to undertake a peer discussion review, through specific guidance about when a criterion is met, not met or may be met, through frequently asked questions and over time, through completed examples of portfolios showing examples of standards met, not met and borderline cases. GOsC may also 'pump prime' organisations undertaking peer discussion reviews by providing 'train the trainer' type courses, to enable organisations to support their own peer discussion reviewers to undertake reviews.

It is hoped that over time, organisations will put resources into enhancing the peer discussion review experience for osteopaths.

Q49: Are these sufficient mechanisms to provide assurance to external observers about the quality of the scheme?

Yes / No

Comments:

Charging

In developing this scheme, we are exploring the option for allowing charging as part of the Peer Discussion Review. Any charges paid would have to be declared on a peer discussion review form. Some providers have indicated to us that they would wish to charge for offering a peer discussion review service. Such a fee would enable them to train and quality assure peer discussion reviewers, and perhaps also support a local complaints mechanism. It would, in no way, guarantee the signing of a successful peer discussion review form. We also note that the GMC will be charging doctors to without a 'responsible officer' to go through the annual appraisal and revalidation process.

However, some providers and others have been strongly against the idea of osteopaths paying a fee for a peer discussion review. They consider that charging would 'deprofessionalise' the process. They are also concerned that payment of a fee might raise expectations of a peer discussion review being signed off.

With a menu of options for an osteopath to choose a peer discussion review, all osteopaths would have a choice of providers – some who may charge and some who will not.

Q51. In what circumstances is it reasonable to charge for a peer discussion review?

Comments:

Disagreement about outcomes guidance

The Peer Discussion Review Guidelines contain two specific questions about disagreements about outcomes as follows:

'10. What happens if I have a personality clash with my peer discussion reviewer and I disagree with their opinions?

It is open to you to seek a further Peer Discussion Review with another reviewer within the same cycle.

However, it is important that you record the first Peer Discussion Review that took place and file it in your CPD Portfolio. The second Peer Discussion Review will take account of your response to earlier Peer Discussion Reviews.

11. Will I be at a disadvantage if I have two or three incomplete Peer Discussion Review templates in my folder indicating that I have not been successful within the cycle at earlier stages?

No – it does not matter if you have a number of incomplete Peer Discussion Review templates in your folder. On the contrary, if you have been able to complete the areas of development identified in previous Peer Discussion Reviews, this can be good evidence of meeting CPD Standard 2 – 'Seek to ensure that activities have contributed to the quality of care through analysis and consideration of how it might influence practice and consideration of a range of types of evidence including objective evidence and discussion with peers.' It does not matter if the reviewer signing off your Peer Discussion Review form is different to the reviewer who undertook an incomplete Peer Discussion Review form.'

If such a disagreement takes place under the auspices of a provider, there will be an opportunity to discuss this locally. However, this is less likely to be the case for independent peer discussion reviewers.

Q52. Is the guidance on disagreement about outcomes from the peer discussion review sufficient?

Yes / No

Comments:

Guidance about what to do if concerns about practice are identified e.g. when should concerns be raised, reported and remediated?

A critical part of the peer discussion review process is to know how to address concerns in practice. On most occasions, concerns about practice will be discussed and a plan for addressing those concerns agreed. However, occasionally, concerns will be identified, which continue to put patients at risk. The Peer Discussion Review Guidelines provide the following advice:

'*18. What should I do if I am concerned about an osteopath's practice during a review?*

In most cases, if concerns are identified, these will be discussed between the reviewer and an osteopath and together they will identify further CPD or training that will support the osteopath to improve practice.

In some circumstances, it may be appropriate for the reviewer to suggest that the osteopath completes the further CPD or training suggested before completing the Peer Discussion Review in that cycle. Alternatively, it may be sufficient to note the discussion and to identify appropriate CPD or training in the next three year cycle, signing off this Peer Discussion Review cycle.

If there are concerns identified which may cause harm to patients as they will not be immediately remedied, the reviewer should seek external advice about the appropriate action to take.

The *Osteopathic Practice Standards* (2012) state:

> C9: Act quickly to help patients and keep them from harm.
>
> 1. You should take steps to protect patients if you believe that a colleague's or practitioner's health, conduct or professional performance poses a risk to them. You should consider one of the following courses of action, keeping in mind that your objective is to protect the patient:
>
> 1.1 Discussing your concerns with the colleague or practitioner.
>
> 1.2. Reporting your concerns to other colleagues or the principal of the practice, if there is one, or to an employer.
>
> …
>
> 1.5. Where you have immediate and serious concerns for a patient, reporting the colleague to social services or the police.

Advice may be sought from the General Osteopathic Council calling 020 7357 6655 x 248. Advice may also be sought from the Institute of Osteopathy or from an insurer. The GOsC will be developing further advice about this shortly.'

Q53. What further guidance about raising concerns is required?

Comment:

Equality and diversity implications

The General Osteopathic Council is committed to promoting equality in all its statutory duties. We want to ensure that people with protected characteristics are not adversely affected by any of the outcomes set out in this Guidance. The equality impact assessment for our revalidation pilot noted that people declaring disabilities were less likely to complete the pilot and that a greater proportion of people under 30 did not complete the pilot. Our pathfinding groups include people declaring a disability and also recent graduates less than 30 years of age as part of our development work to help us to ensure that there were no adverse impacts to these groups particularly.

Questions:

Q54. Do you consider that any aspect of the *draft continuing fitness to practise scheme* may adversely impact on anyone because of their gender, race, disability, age, religion or belief, sexual orientation or any other aspect of equality?

Yes/No

Comment:

Q55. If so, please make suggestions about how the impact could be eliminated or reduced.

Comments:

Q56. Please provide any other comments about the draft continuing fitness to practise scheme.

Comments

Summary consultation document

Introduction

This consultation document is about how we assure patients and the public that osteopaths, as regulated health professionals, are up to date and fit to practise.

It is designed to respond to the question 'how can I know that the osteopath looking after me is up to date and fit to practise?'

Regulation

In the UK healthcare practitioners in a number of recognised professions are covered by a system of legal regulation meaning that a professional must be registered in order to practise.

Regulated health professionals include doctors, nurses, dentists, opticians, osteopaths, chiropractors and physiotherapists.

Regulation means that the individuals have completed a proper course of education and training and are expected to meet certain minimum standards in their practice. It also means that when complaints are made about them they can be disciplined and in serious cases even prevented from practising at all. For osteopaths their regulator is called the General Osteopathic Council, usually abbreviated to the GOsC.

Traditionally, once entered on to a register of professionals no further checks were made on the individual's suitability to continue in practice unless a complaint was made about them.

More recently most healthcare regulators have been exploring ways in which professionals can be checked periodically to ensure that they remain up to date and should continue to practise. For doctors, this process is known as 'revalidation' but across the health professions it is also referred to as 'continuing fitness to practise'.

There are also other professions where individuals have to undergo periodic checks, particularly in safety-critical areas, for example airline pilots and gas installers.

Osteopathy

Osteopathy is a system of diagnosis and treatment for a wide range of health conditions. Osteopaths use touch, physical manipulation, stretching and massage to increase the mobility of joints, to relieve muscle tension, to enhance the blood and nerve supply to tissues, and to help the body's own healing mechanisms. Osteopaths may also provide advice on posture and exercise to aid recovery, promote health and prevent symptoms recurring. Osteopathic patients often report very high levels of satisfaction with both their osteopath and their treatment.

Osteopathy is a relatively safe healthcare practice compared for example to interventions that involve surgery or drugs, but it is equally important that osteopaths keep their knowledge and skills up to date. This is particularly important

as many patients see an osteopath without being referred by a doctor and the osteopath must be able to identify wider concerns about a patient's health. The majority (but not all) osteopathic practice is private rather than NHS, and in addition many osteopaths practise on their own rather than with other osteopaths or healthcare professionals.

In order to maintain their registration, each year every osteopath must complete a minimum amount of study or other activity known as 'continuing professional development' or 'CPD'. At the moment this is based on a time requirement of 30 hours of CPD, half of which must take place with others so as to reduce the risk of osteopaths becoming isolated from their peers.

Assuring continuing fitness to practise

All healthcare professional regulators should introduce some form of continuing fitness to practise scheme in order that healthcare practitioners (and their regulators) can assure patients that they are competent and safe.

It is often assumed that the best way to ensure that a healthcare professional is up to date is to make them take a regular test. However, while this approach might be appropriate at the point where a practitioner qualifies, as their practice and career develops it may be less helpful. Therefore, various regulators have explored different ways in which healthcare practitioners can be assessed. For example, doctors' revalidation is based on a series of annual appraisals that take place in the workplace.

Many osteopaths practice alone or in very small practices and the GOsC's challenge has been to identify a process that is appropriate to the way in which osteopaths practice, is practical and not too burdensome, supports improvement in osteopathic practice and provides the necessary level of assurance to patients.

Our approach

The foundation of our approach is the current requirement for CPD by osteopaths. Osteopaths will continue to be required to undertake 30 hours of CPD each year including 15 hours which involves learning with others. We will expect osteopaths to declare each year that they have done this and to keep a record of what they have done over a three year period.

One of the things that we have noticed about how osteopaths undertake CPD is that they often focus on the things that most interest them, particularly learning new techniques or refreshing their knowledge of techniques. But we think it is important that CPD covers a wide range of activities and includes keeping up to date in other areas such as communicating effectively with patients, safety and quality, and professionalism. This is why under our new proposals we will seek evidence that over a three year period, each osteopath's CPD covers all of these areas.

We also know from the small number of complaints we receive about osteopaths, that the complex issues of communication and consent are sometimes a challenge.

This is particularly important because of the physical nature of osteopaths' interactions with patients. We will also expect that every three years that osteopaths will refresh their knowledge in the area of consent.

It is also important that osteopaths find ways to seek the views of others or reflect on their practice. That is why we are proposing that at the start of their three year cycle of CPD osteopaths will have to undertake an activity that informs the type of CPD activity they should undertake. This activity could take a number of forms, including:

- Seeking patient feedback, for example using questionnaires
- Being observed in practice by a peer
- Discussing elements of their practice or specific cases with colleagues
- Undertaking an audit of their practice.

Finally, there needs to be a mechanism for reviewing and checking that the osteopath has undertaken the required activity.

Our approach here is different to that normally used, which involves the checking being done by the regulator or an individual appointed by them to do it. Instead we will be encouraging osteopaths to work with their peers to review what they have done and to identify whether they have done what is expected or if they would benefit from doing more.

There are lots of ways in which this review could happen: osteopaths could work with colleagues and review each other; if they have an employer or are affiliated to a college they could undertake the review; or if they are part of a regional society or other special interest group they could be involved. As a fall back, the GOsC could undertake the review.

What this doesn't mean is that just because the regulator itself is not checking all individual osteopaths that it is a 'soft' option.

If an osteopath fails to engage or doesn't undertake any of the required activities then they will be removed from the register of osteopaths and prevented from practising. If their peer review identifies the need for further development then the osteopath will be expected to undertake this further work to ensure that they meet our standards. The GOsC will also be undertaking checks to ensure that the reviews are working properly and that people are not seeking to avoid the requirements.

The reason we have sought to take this overall approach is because we think that the continuing fitness to practice process should be focused on osteopaths improving their practice rather than testing them against basic standards of practice. By giving osteopaths this space to consider how to improve what they do, we think that there is likely to be a better outcome in terms of both safety and quality of practice.

Q1 – Do you consider that our approach enables patients to know that the osteopath looking after them is up to date and fit to practise?

Yes / No

Q2 – What else would help patients to know that the osteopath looking after them is up to date and fit to practise?

Comments: