



Council
6 November 2014
Continuing Professional Development consultation

Classification	Public.
Purpose	For decision
Issue	Launching our new Continuing Professional Development Scheme consultation and consideration of the communications strategy.
Recommendations	<ol style="list-style-type: none">1. To agree to consult on the new continuing professional development scheme.2. To consider the consultation strategy for the continuing professional development scheme consultation.
Financial and resourcing implications	The costs of the consultation have a budget of around £8,500 to cover a range of local regional meetings covered by a team of GOsC staff across the UK with an additional £12,000 for patient focus groups as part of the consultation.
Equality and diversity implications	Equality and diversity issues highlighted in the original equality impact assessment undertaken by KPMG were considered as part of the work with the pathfinders. These issues included impact on practitioners working part time, those declaring a disability, such as dyslexia and the under-representation of younger practitioners in the revalidation pilot. We will continue to update the equality impact assessment as part of the consultation itself. Questions about the impact of equality and diversity issues form part of the consultation document. The current equality impact assessment is available from Fiona Browne at fbrowne@osteopathy.org.uk .
Communications implications	The communications strategy will be presented as part of this paper.
Annexes	<ol style="list-style-type: none">A. Background booklet for all registrantsB. <i>The General Osteopathic Council consultation on continuing professional development: proposals for assuring the continuing fitness to practise of osteopaths: a summary</i> (short consultation document)

- C. *The General Osteopathic Council consultation on continuing professional development: proposals for assuring the continuing fitness to practise of osteopaths* (main consultation document)
- D. Draft *Continuing Professional Development Guidelines*
- E. Draft *Peer Discussion Review Guidelines*
- F. Consultation strategy presentation

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Background

1. Our Corporate Plan 2013-16 sets out the statutory duty of the GOsC to 'develop and regulate the profession of osteopathy' in order to ensure public protection. Our aim as a regulator is: 'To fulfil our statutory duty to protect public and patient safety through targeted and effective regulation, working actively and in partnership with others to ensure a high quality of patient experience and of osteopathic practice.'
2. Our Business Plan 2014-15 states that we will develop operational proposals within which the continuing fitness to practise framework could be realised with key osteopathic partners including the Institute of Osteopathy (IO), Council of Osteopathic Educational Institutions (COEI), Osteopathic Alliance and regional groups. We have committed to consulting on these proposals this year.
3. In October 2013, Council considered a wealth of research, the evaluation of our *CPD Discussion Document* and the evaluation and impact assessment of our revalidation pilot and agreed the draft framework for further discussion with key groups. Council also agreed that the draft framework and more detailed guidance should be subject to consultation during 2014.
4. At its last meeting on 23 July 2014, Council noted the development of the draft continuing fitness to practise model. As part of this Council considered:
 - Early working drafts of the *Continuing Professional Development (CPD) Guidelines* and example case studies and also early working drafts of the *Peer Discussion Review Guidelines*, frequently asked questions and forms.
 - An update of the ongoing work with the pathfinder groups taking place in Belfast, Carlisle, London and Lymm (the pathfinder groups included representatives of seven regional groups across the UK, practising in a range of environments – group practice with osteopaths, group practice with other health professionals, sole practice, NHS practice, part time practice and non-practising. The pathfinder groups also comprised both newly qualified osteopaths and those who have been in practice for several years). This work included development of the *CPD Guidelines* and examples and case studies, the *Peer Discussion Review Guidelines* and frequently asked questions and identifying issues for consultation.
 - An update on engagement with others who were contributing to the work including, osteopathic educational institutions, Osteopathic Alliance member organisations and the Institute of Osteopathy and also those interested in the work, including other regulators, the Professional Standards Authority and the Department of Health.
 - A report from Community Research, *Patient and public views about continuing fitness to practise*, 2014 in which we were able to test our thinking in depth with a day long patient and public focus group based in Belfast providing important insights about our model and particular nuances in both policy and presentation. An example of the changes to our policy proposals made in response to patient feedback included the targeting of the audit strategy to

target a greater proportion of reviews undertaken with colleagues than under the auspices of a regional group, institution or other osteopathic organisation.

- An indication of the issues that were planned for consideration as part of the consultation.
5. Feedback from that meeting included suggesting a common terminology – in some areas of the documentation we used continuing fitness to practise and in other areas, CPD. We have taken this feedback on board, and documents now refer to 'continuing professional development which provides assurance of continuing fitness to practise'. We discuss this further below.
 6. This paper discusses the progress made in developing our thinking around our new continuing professional development scheme (providing assurance of continuing fitness to practise) since the last Council meeting. Council is asked to agree that the CPD consultation should be launched and to consider the consultation strategy.

Discussion

7. Since July, we have further developed and refined the *Continuing Professional Development Guidelines* and the *Peer Discussion Review Guidelines*. We have also drafted a consultation document based on the issues identified by the pathfinder group incorporating their discussions and views leading to specific consultation questions. Finally, we tested out the consultation document and questions with osteopathic groups.
8. We ran pathfinder groups on 3 September 2014 in London and on 27 September in Lymm. We also undertook a workshop with the regional communication group leads at the Regional Communication Network meeting on 3 October 2014. These meetings enabled us to test out the consultation document, the text of the consultation questions, and also provided us with an opportunity to test out an electronic version of the survey questions as well as seek specific feedback about the consultation questions.
9. These meetings were extremely useful enabling us to refine our core documents to make them more accessible. Feedback included the following:
 - Consider making better use of the diagrams.
 - Consider reducing the amount of information in each document (perhaps separate documents for the examples and case studies).
 - Consider removing questions about the case studies and examples.
 - Consider sending a background booklet to all osteopaths ahead of the consultation, explaining how we got to this point and flagging the consultation. This would reduce the amount of background in the consultation document and make this shorter and more accessible.
 - Consider the use of videos to explain the scheme from the perspective of osteopaths.

- Consider the use of the term 'continuing fitness to practise' which sounds like 'fitness to practise' and perhaps does not engender the supportive approach that we intend.
10. The draft documents were also considered by the Osteopathic Practice Committee on 2 October 2014. Feedback included:
- Consider reducing the number of questions in the consultation.
 - Consider simplifying the documentation.
 - Consider the use of an electronic survey which enabled osteopaths to save their responses and return later.
 - Could we provide an indication of the strategy for the consultation?
 - Could we explore visual aids to support osteopaths to navigate through the consultation?
11. The Osteopathic Practice Committee also agreed to recommend that Council publishes the Continuing Fitness to Practise proposals for consultation.

The consultation documents

12. All feedback has been taken into account in producing the final draft documents.
13. The first point to highlight is that we propose to return to the term 'continuing professional development'. Our consultation has been branded as a 'continuing professional development' consultation. Our narrative is that our continuing professional development scheme provides assurance of the continuing fitness to practise of osteopaths'.
14. We feel that the term 'continuing professional development' is one that all osteopaths will be familiar and comfortable with and potentially more likely to engage in the consultation. Indeed, some of the pathfinder groups were described as CPD groups not continuing fitness to practise groups to ensure that our communications to those groups were clear.
15. Although we do recognise that the term 'continuing fitness to practise' is one which external stakeholders will better understand, we feel that our narrative – continuing professional development providing assurance of continuing fitness to practise – will enable us to communicate effectively with those too. We note that the General Optical Council still use the term 'continuing education and training' (CET) in their literature, rather than continuing fitness to practise, and so there is a precedent to not using this language in the title of our scheme.
16. The final consultation documents (subject to editing) are described as follows:

The new GOsC Continuing Professional Development Scheme: a background booklet

17. Annex A is a Background Booklet about changes to the CPD scheme which has been removed from the consultation document and which will be sent on hard copy to all registrants just before the consultation starts to highlight it and to provide background to the forthcoming CPD consultation to those who want it. It

contains an explanation of our original revalidation proposals, our revalidation pilot findings, our CPD Discussion Document findings, relevant research, and provides an evidence base for our current thinking as outlined in the new CPD scheme proposals. It also seeks to highlight why the consultation is of interest to registrants and encourages them to get in touch with local groups to understand the proposals and respond to them.

GOsC Continuing Professional Development Consultation: a short summary consultation document

18. Annex B is a short summary consultation document specifically for patients and any others who simply want to read and respond in general terms to the consultation. It contains 3 questions for consultation which are:

- Do you consider that our approach enables patients to know that the osteopath looking after them is up to date and fit to practise?
- What else would help patients to know that the osteopath looking after them is up to date and fit to practise?
- Do you have any other comments?

GOsC Continuing Professional Development Consultation: main consultation document

19. Annex C is the main consultation document which sets out all the consultation questions. The background that was previously set out in this document last seen at Council and Committee has now been removed. The issues for consultation are:

- CPD Guidelines
- Peer Discussion Review Guidelines
- Specific issues as follows:
 - Information technology and online submission
 - Audit
 - Quality assurance
 - Charging
 - Guidance about disagreement about outcomes from a peer discussion review
 - Guidance about what to do if concerns about practice are identified
 - Equality and diversity
 - Any other comments.

20. Other changes to this document include adaptations to the questions following feedback from the regional group. The questions have been reduced and questions relating to the examples, resources and case studies have been removed as there was limited support to consult on these from the regional groups.

21. In terms of presentation, it is planned that the consultation document itself will be one document in its own right. It will be designed (if possible using colour coding) to aid accessibility and navigation. There will also be a full electronic

consultation questionnaire which will support it and which will contain links or text to the relevant documents for each consultation question. It will be able to be saved so that it can be completed in more than one sitting. No question is mandatory meaning that those accessing the full questionnaire will be able to answer as many or as few questions as they like. Members who would like to access the full prototype electronic questionnaire can email fbrowne@osteopathy.org.uk for the link.

22. However, to aid navigation and accessibility, we are also planning that the consultation website will be divided into sections as indicated in paragraph 13. This means that those interested in accessing questions about a particular topic will be able to read about that topic on the website and click into a dedicated 1 or 2 question survey just about that topic rather than scrolling through the full survey.

Draft Continuing Professional Development Guidelines

23. Annex D set out the draft *Continuing Professional Development (CPD) Guidelines*. Council will note that previous versions incorporated the case studies and examples from the pathfinder groups, educational institutions and members of the Osteopathic Alliance organisations. However, following feedback, we have now separated out these examples and case studies to aid accessibility and navigation of the *CPD Guidelines*.
24. It is intended that examples, resources and case studies for each of the mandatory requirements (which Council and the Osteopathic Practice Committee considered at previous meetings) will appear separately on our consultation pages to illustrate the way that the scheme can work in practice. The case studies are available from fbrowne@osteopathy.org.uk.
25. In addition to the *Guidelines* and examples, resource and case studies on the website, we are also expecting to produce 'discussion group' guides for local groups to discuss and try out for themselves as part of the consultation work. Again these 'discussion group guides' have been requested from the regional group to support them to host discussions during the consultation.

Draft Peer Discussion Review Guidelines

26. The draft *Peer Discussion Review Guidelines* are set out at Annex E. These are designed to be a stand alone guide to help people preparing for and undertaking the Peer Discussion Review.

Consultation and engagement

27. Our consultation and engagement strategy will be presented to Council during this item. The presentation is attached at Annex F.

Next steps

28. If Council agrees to publish the consultation documents and associated guidance for publication, our next steps are as follows:

Date	Activity
November to December 2014	Editing and design of final consultation documents and associated guidelines and navigation maps. Building of dedicated web pages. Building of surveys. Early engagement meetings
January 2015 to May 2015	Consultation Engagement meetings
June to September 2014	Analysis of responses and production of report Consideration of implementation issues e.g. IT specification and legislation
13 October 2015	Osteopathic Practice Committee – consideration of responses and next steps
12 November 2015	Council – consideration of responses and next steps
2016	Early adopters and infrastructure development
2016/2017	Full implementation

Recommendations:

1. To agree to launch the GOsC consultation on Continuing Professional Development – providing assurance of continuing fitness to practise.
2. To consider the consultation strategy.