



Council
9 February 2022
CPD evaluation and implementation update paper

Classification	Public
Purpose	For decision
Issue	The progress of the CPD scheme and future plans for ongoing evaluation
Recommendations	<ol style="list-style-type: none">1. To consider the progress of the implementation of the CPD scheme.2. To agree the approach to the ongoing evaluation of the CPD scheme.
Financial and resourcing implications	All data sources are collected and analysed in house and so there is no budget cost internally beyond staff time. The cost of survey software to support the evaluation analysis is c.£1,000.
Equality and diversity implications	<p>The CPD Evaluation Survey 2020-21 findings have been cross tabulated against protected characteristics to check whether there are indications of any barriers to completion of the CPD scheme which may be linked to specific protected or other characteristics. Findings of this were highlighted to Council in May 2021 and showed no impact in relation to specific protected characteristics.</p> <p>The updated self-declaration analysis of completion of elements of the scheme outlined in this paper is cross-tabulated to gender and length of time on the Register.</p> <p>Taken together most sources of data show that there continues to be no definitive evidence of an adverse impact of the scheme for those with specific protected characteristics.</p> <p>However, there is a suggestion of more of a challenge evidencing reflection in older osteopaths and of more difficulty in completing the scheme for osteopaths based outside the UK. We will continue to explore mechanisms to support these groups as part of our telephone interviews.</p>



We will continue to track completion of the elements of the CPD scheme against protected characteristics and undertake specific qualitative work to identify and mitigate barriers emerging for osteopaths to participate in the scheme.

We will also continue to work with a diverse range of osteopaths to continue to translate the scheme into a range of accessible resources for all.

Communications implications

Communications about the implementation of the new CPD scheme are ongoing and progress is reflected in this paper.

Annexes

- A. Summary of CPD self-declaration data 1 October 2019-26 November 2021
- B. Summary of Verification and Assurance activity as of 14 January 2022

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Key messages

- This paper provides an up-to-date analysis of CPD self-declaration data, ongoing verification and assurance data and up to date qualitative interview material to provide assurance to Council about the implementation of the CPD scheme.
- The scheme is being well implemented and there are signs that it is achieving benefits including building communities.
- Osteopaths are practising in accordance with the Osteopathic Practice Standards (OPS) and undertaking CPD in relation to communication and consent and objective activity.
- Progress has been made to reduce the backlog of verification and assurance checks and the backlog will continue be reduced over the next few months, as additional staff resourcing has been allocated to the task. The verification and assurance process findings so far continue to support the findings in the CPD survey.
- Qualitative telephone interview findings are being used on an ongoing basis to further inform our understanding of the impact of the CPD scheme, enablers and barriers of the CPD scheme, question design of the CPD Evaluation Survey 2022 and/or planned Registrants Perception Survey as well as our ongoing communications messaging and ongoing website content review.
- We are starting to understand more not just about whether osteopaths are undertaking the scheme but whether the scheme is having any impact in terms of reducing isolation, increasing community and enhancing practice in accordance with our standards.
- As we develop our evaluation strategy following completion of the first cycle, we will develop our understanding of the realisation of these benefits of the scheme.

Background

1. At the last Council meeting in November 2021, it was highlighted there were some difficulties in extracting data from the database which had halted the analysis of the self-declaration data submitted at the point of registration renewal and so up to date figures were not available. The issue was that an extraction file had been corrupted and was responsible for the difficulties being experienced. This data was not lost, but the file would need to be fixed in order to extract the relevant data.
2. It was also reported at the November 2021 Council meeting that extra resourcing would be needed to tackle a backlog of verification and assurance checks which provided evidence about the accuracy of the self-declarations. However, those reviewed to date had demonstrated that the evidence submissions verified the

self-declarations made by osteopaths. Taken together these matters represented a challenge to Council's assurance about the implementation of the CPD scheme. Therefore, Council requested a further update at the February 2022 meeting.

3. This paper provides an updated analysis in relation to the CPD self-declaration data, verification and assurance data and qualitative interviewing which were not available at the last reporting period.
4. Council is asked to consider this latest update on the progress of the implementation of the scheme and agree the approach to the ongoing evaluation.

Continuing Professional Development scheme: evaluation strategy

5. The aims of the CPD scheme are:
 - For osteopaths to engage with (to do) the scheme, meaning osteopaths do CPD in the four themes of the OPS (not just knowledge, skills and performance) and CPD that reflects the breadth of their practice; CPD in the area of communication and consent (because we know this is an area featuring high in concerns reported by patients); an objective activity (self-assessment can be unreliable and is better informed by external objective evidence); maintaining a record of CPD and a peer discussion review (PDR) (again reducing isolation).
 - To get professional and personal support from colleagues by participating in the CPD scheme - reducing fears about professional isolation and increasing confidence to share CPD and practice with colleagues.
 - To increase community - again reducing professional isolation and reducing the chances of individuals heading along the wrong trajectory (there is some evidence that professional isolation can increase the chances of complaints being made).
6. In the long term, the objectives for the new CPD scheme are:
 - Osteopaths to practice in accordance with the OPS.
 - Increased quality of care because fewer osteopaths will be professionally isolated. Osteopaths will be engaged in discussing CPD and practice, getting support for themselves and their practice within a community and gaining different perspectives.
 - Reduced concerns and complaints. Enhanced communication between osteopaths and patients should lead to fewer concerns, or osteopaths will be able to manage appropriate complaints locally, rather than these being unnecessarily escalated to GOsC.

Discussion

Data Insight

7. We collect, analyse and report on self-declaration registration renewal data about activities undertaken by registrants in their CPD and take appropriate actions based on the evidence. The registration and renewal CPD data has been analysed according to CPD themes to 26 November 2021 (5,513 osteopaths). **Annex A** details this analysis.

8. In summary, the self- declaration data show us that:

- 87% have undertaken CPD in Theme B: Knowledge, Skills and Performance
- 85% have undertaken CPD in Theme A: Communication and Patient Partnership
- 84% have undertaken CPD in Theme C: Safety and quality in practice
- 81% have undertaken CPD in Theme D: Professionalism
- 72.5% have completed CPD in both communication and consent and Theme A: Communication and patient partnership
- 75% have completed a communication and consent-based activity
- 60% have completed an objective activity
- 43% have completed in their first year of their three-year CPD cycle both their objective and communication and consent-based activity.
- 17% of osteopaths have identified a peer for their PDR (data on this only available from January 2021)¹
- 15% of osteopaths have declared that they have undertaken their PDR (NB. The first tranche of osteopaths to have completed their CPD cycle completed their CPD cycle at the end of September 2021 and renewed their registration in December 2021).
- Between 43.5% -67% have undertaken a total of 11-50 CPD hours (in both Year 1 and 2)
- Between 46.5%- 69% have undertaken 11-50 learning with others CPD hours (in both Year 1 and 2)

¹ There are gaps in this data, this has only been accurately collected from January 2021 onwards meaning there is a gap between December 2019 and January 2021.

Verification and assurance

9. The verification and assurance checks undertaken by our staff team focus on requesting the evidence for self-declared CPD (for example, the four themes of the OPS, the objective activity and communication and consent and the peer discussion review if this has been completed) on the osteopaths' registration renewal form. This enables us to understand how evidence of compliance with the scheme is tallying with the self-declarations; to understand whether the scheme is understood, and to ensure that we are providing the right advice and guidance to support osteopaths.
10. The Registration team select up to 10% of registrants per month for verification and assurance checks. Please note that in May, June and July because of the large numbers of osteopaths renewing in these months, we select a sample size of around 5%. The requests go out and osteopaths are provided with 28 days to submit the required information. The information submitted is then reviewed and feedback is provided to the osteopath. Where the information is presented clearly, reviews can take up to 30 minutes each. However, if evidence is not presented clearly this will require further communication with the osteopath to clarify aspects of the submission and the review may take days or even weeks to resolve.
11. The figures at Annex B show that we have fully completed verification and assurance activity to April 2021 with partial completion of the much larger sample from May to August 2021. The findings so far show that of those verification and assurance requests submitted by osteopaths, around 80% have evidence to verify their self-declarations. Around 20% of osteopaths are required to submit additional information. One osteopath has been removed for non-compliance with the CPD scheme following disengagement with the registration team when requesting more information. We are identifying more of a challenge engaging osteopaths based outside the United Kingdom but it has been difficult to get more qualitative information on the reasons for this. Overall the findings suggest that most osteopaths are doing the scheme in accordance with their self-declarations, but that some need more help to demonstrate compliance.
12. The following themes have emerged through the verification and assurance process:
 - Osteopaths are checking what information they need to submit, for example, what format and what evidence they need to submit to demonstrate the four themes of the OPS, the objective activity or communication and consent and generally just want to get it right and for it to be a good reflection of themselves and their CPD. However, this involves a greater degree of communication with the registration team impacting on the verification and assurance checks being completed.
 - The verification and assurance request letter was amended in March 2021 to reflect that we only required one piece of evidence for the requested

elements of the scheme declared on their renewal form as we were finding that submissions were incomplete or that osteopaths wanted to send in all of their evidence for verification. This resulted in an increased response rate but also telephone calls and emails requesting clarity about the evidence required. Consequently, the verification and assurance letters for the September 2021 renewal month sample (which will be sent out this month), will adjust the wording again to make it clearer that osteopaths need to send in one piece of evidence for each CPD element requested (consent and communication, objective activity, OPS themes, peer discussion review) which they have declared on their renewal form.

- There have been a number of telephone calls from osteopaths about case-based discussion, including questions such as: can it be a hypothetical case/does it have to be a real case? Would this count as a case-based discussion? (Where this is a practice meeting and cases are being discussed), does it have to be face-2-face? For these it is possible that the CPD website is being ignored. We are finding that when osteopaths are signposted to the website that queries reduce. Aspects of the CPD website are signposted in every ebulletin.
- A small number are conflating case-based discussion (an objective activity) and Peer Discussion Review (the end of cycle conversation where a peer confirms that the osteopath has completed all the elements of the CPD scheme and can move into the next CPD cycle) into a peer discussion. This tends to occur with osteopaths that have developed their own terminology for some of the elements of the CPD scheme, which differs from that found on the CPD website and related guidance. In these instances, Registration staff are heavily relying on the Peer Discussion Review pages on the CPD website to clarify and advise osteopaths that they have misunderstood and have not completed PDR yet. Or alternatively they may have started the PDR - in a webinar, but not completed it in its entirety - and in these instances osteopaths are advised to send the half-completed form, which has been a relief for some. These osteopaths still have time left in their three-year cycle to complete the peer discussion review.
- Written reflection is still an area to be developed. But the Registration team are beginning to see some interesting ways in which osteopaths are recording their CPD (aside from the CPD diary format), with many carefully considering what is going to work best for them and then reviewing their process of CPD recording for their second CPD cycle.
- Previously we reported that many osteopaths are submitting pre-recorded reflections provided by CPD providers, such as the Academy of Physical Medicine. This is acceptable, but we are encouraging osteopaths to also add their own written reflections. The Academy of Physical Medicine has recently changed their certificates to include a free text box to encourage osteopaths to add their own reflections, which has helped in this area.

- As reported previously, once osteopaths are directed to examples of reflections and completed examples on the websites, they are able to submit good reflections as part of the verification and assurance process and understand and respond positively to the thinking behind the scheme. There is anecdotal evidence that difficulties/challenges with reflection might be related to the protected characteristic: age.
 - Osteopaths that have been asked to resubmit their CPD evidence as part of the verification and assurance process (**see Annex B**) tend to be for the same reasons as previously reported:
 - Have not identified clearly what activity relates to which OPS themes
 - Have not considered sending a copy of their CPD diary
 - Have forgotten to send evidence usually related to objective activity or Peer Discussion Review
 - Communication and consent-based activity is missing from osteopaths' evidence and the connection between communication and consent-based activity and Theme A: Communication and patient partnership needs to be checked and explored, as in many cases the communication and consent-based activity has been completed and evidenced under Theme A. This may support the findings on the CPD self-declaration data (see **Annex A**, Point 14)
 - Require a phone call to talk through explanations and clarify what evidence is required for what activity
 - We are also finding that once an osteopath in a group practice is contacted about the verification and assurance process, they tend to share it with a colleague(s), which often translates into them having a practice run or mini - PDR session, which both osteopaths report finding extremely helpful. This is a further indication that osteopaths are forming communities of support (even if it is just with one other osteopath), but its overall effect is reducing fear among osteopaths around why there is a three-year scheme and how to participate in and complete it.
13. We have provided more help as demonstrated in the blogs by Lorraine Palmer along with ongoing repackaging and highlighting of our CPD resources to support recording and reflection of CPD. We can take assurance that the required resources are on the website to support osteopaths, however, additional support around recording and reflection and peer discussion review is continued to be provided in this business year.
14. This has also included amending the **o**-zone CPD diary section entitled: Summary of Reflection to include 'Evaluation and impact on practice,' so as to encourage further reflection from osteopaths and to make the CPD diary more in line with some of our more recent reflection templates which are on the CPD website. We will look to see whether this has assisted osteopaths through our

verification and assurance processes. In many ways, this is an indication of the scheme beginning to embed but that the change hoped for with the scheme will take time to fully embed.

The backlog

15. In order to tackle the backlog, resources have been increased. One member of the Registration team has been carrying out verification and assurance checks every day (previously one day a week due to other team activities), while another member of the Registration team has started verification and assurance checks every day from 18 January 2022.
16. Assurance and verification requests have been sent out from May to August 2021 and these checks are ongoing. It is of note that the sample size from May to August is greatly increased because the majority of the register renew their registration during May to August with around half of osteopaths on the register renewing their registration in May. The table at Annex B show that the backlog has reduced, but remains outstanding. With the increase in resources, we plan to be up to date by April 2022 when we will then be in a position to tackle the summer bulge.
17. We expect to send out verification and assurance requests from September 2021 to January 2022 beginning later in January. This will be a much smaller sample because a smaller number of osteopaths renew their registration during this period.

Qualitative approaches with key groups (telephone interviews)

18. In November 2021, we conducted the first in a series of semi-structured telephone interviews with five osteopaths who had participated in our small-scale objective activity webinars in 2020. Participant protected characteristics included gender, age, and other characteristics including location and length of time on the register.
19. We asked a range of open and closed questions on topics such as the Peer Discussion Review process and undertaking an objective activity. The full range of planned questions were outlined in November 2021 Council paper.
20. The following themes emerged from the interviews:
 - Osteopaths were fearful of the new scheme before they entered into it. They saw it as a radical departure from the previous scheme. After joining the scheme, particularly after undertaking the objective activity webinars, their fear levels decreased, and they saw the scheme in a more positive light.
 - The wording of elements of the scheme continue to cause confusion, but osteopaths say that perhaps after they have completed their PDR/CPD cycle terminology might become clearer.

- Once osteopaths tried one objective activity, they saw the benefit of it and tried other objective activities.
- All of the osteopaths support the inclusion of the communication and consent requirement in the CPD scheme.
- Two of the osteopaths found the CPD scheme overly bureaucratic and struggled with the administrative aspect of recording their CPD but enjoyed the CPD activities themselves.

CPD resources

- There was universal support for the online CPD diary. It was described as a helpful and easy-to-use resource. The OPS tick-box functionality and capacity for sharing the CPD record with peers, was cited as particularly useful.
- The pocket guide and booklet, aided understanding and helped osteopaths navigate the scheme.
- Osteopaths welcomed the reflection templates and completed examples, citing that they made recording and reflecting a constructive process, especially for identifying the areas of development.
- An osteopath reported initially struggling with the scheme due to the paperwork involved and because they saw the whole scheme as too wordy.
- They suggested that easy read/bullet point document, perhaps with more colours could be considered for the next CPD cycle
- They welcomed the diversification of resources that have been produced this year, in particular the PDR cartoon and CPD videos on GOSc's YouTube channel.
- There was acknowledgement that the website has been streamlined and has become easier to navigate.

Peer Discussion Review

- Three of the osteopaths (sole practitioners), prior to taking part in the webinar series, were unsure who they would select as a peer. As part of the webinar series, osteopaths were paired with another osteopath. Those three practitioners are now conducting their PDR with the osteopath they were paired with.
- The suggestion that the PDR template could be converted into an online form was raised by four of the osteopaths. They queried whether free text

boxes could be added to the online CPD diary on the o-zone, so that their CPD Record and PDR form could be in one place.

- Osteopaths had issues with sharing the PDR template document with their peer. For example, osteopaths using different systems (Mac versus PC) and osteopaths with older computers versus those with newer computers.
- They argued the current approach of swapping documents doesn't aid the fostering community/engagement aspect of the scheme.

Next steps

21. We will continue further semi-structured telephone interviews from March to May 2022, this time with osteopaths who have not attended the GOsC small-scale webinars and it is planned to continue these throughout 2022-23.
22. The aim is to better understand the perspective of osteopaths who haven't sought the support of GOsC and identify the barriers and enablers they have experienced in completing their CPD requirements. A sample will be extracted from the register that covers a range of protected characteristics.
23. This qualitative telephone interviewing will also help form the basis for a profession wide CPD evaluation survey later 2022. This is due to take place when all osteopaths have completed one CPD cycle, we could possibly combine this with our planned wider ranging Registrants Perception Survey. The CPD Evaluation Survey 2022 based questions will aim to focus on the following:
 - Benefits osteopaths have identified having undertaken the CPD scheme and whether these match with the short term and long term aims of the scheme (including reducing isolation, increasing community and enhancing practice in accordance with the Osteopathic Practice Standards).
 - Components of the scheme osteopaths have found most challenging or difficult. The reasons for this and how they managed to overcome these challenges with their CPD.
 - Impact the CPD scheme has had on osteopaths' practise
 - Experiences of undertaking a PDR – what worked well, what worked less well, what they would do differently next time.
 - Experiences of recording reflections over a three- year cycle - what system has been adopted, what has been learnt, what they would do differently next time.
 - Granular details about CPD activities undertaken, particularly in Theme D: Professionalism, objective activity and communication and consent

Conclusions

24. This paper is essentially an addition to the November 2021 Council Paper, in order to provide an opportunity to report on those gaps identified in relation to:
- The self-declaration data, as a result of data extraction issues. This data now complete confirms that the scheme is being well implemented and osteopaths are engaging with the scheme.
 - Taking the data outlined above as a whole, we can be assured that:
 - Osteopaths are getting much more confident with the OPS themes and what activities can be undertaken under each of the Osteopathic Practice Standards themes.
 - Substantially more osteopaths are declaring that they have undertaken their objective activity over time.
 - A significant proportion of osteopaths have completed in the first year of their three-year CPD cycle both their objective and communication and consent-based activity. This is important because many osteopaths will find that in undertaking the objective activity, they will also be able to meet other aspects of the scheme. This reduces the perception of the burden of the scheme.
 - Communication and consent is being more clearly cemented into osteopaths' practice.
 - Most osteopaths are identifying with the connection between Theme A - communication and patient partnership, and communication and consent. However, for a smaller proportion (12.5%), this connection is not there, so perhaps our communication messages about the connection between Communication and consent-based activities and Theme A: Communication and patient partnership could still be stronger.
 - A small proportion of osteopaths have completed their Peer Discussion Review (PDR) - some of these osteopaths will have done and others may have completed sections of it rather than completed it in full.
 - A small proportion of osteopaths have identified their peer for their PDR and we will certainly see the figures for this attribute continue to grow now that it is being captured consistently on the Integra database.
 - Osteopaths are declaring total CPD hours and learning with others CPD hours fairly evenly across their three-year cycle, in line with CPD guidelines.

- There are some trends or preferences of the order in which osteopaths tackle key components of the CPD scheme according to gender, length of time spent on the register and year that an osteopath is in a three-year cycle (see Annex A, Points 26, 31 and 32).
- The verification and assurance checks are progressing from when last reported and the backlog is steadily reducing. Through this process it demonstrates that small communities of practice are being forged between osteopaths and they are seeking support, so as to get the process right.
- The verification and assurance process and qualitative interviewing demonstrates there are some confusions over key terminology used within the scheme and to some extent, certainly initially concerns about recording of reflections for some osteopaths.
- We will continue to undertake activities to signpost existing resources and preparing more online videos to support osteopaths to undertake the CPD scheme successfully.

Recommendations:

1. To consider the progress of the implementation of the CPD scheme.
2. To agree the approach to the ongoing evaluation of the CPD scheme.