General Osteopathic Council

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Council
2 February 2023
CPD evaluation: implementation and impact

Classification	Public
Purpose	For discussion
Issue	To consider the implementation of the scheme and the impact of the scheme including: to what extent the intended benefits of the scheme are being realised?
Recommendations	1. To consider the progress of the implementation of the CPD scheme. 2. To consider our plans for further development to explore in more detail the impact 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	The CPD Evaluation Survey 2020-21 findings were 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. 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. Our qualitative interviews were undertaken with osteopaths with a range of protected characteristics which may have impacted on their ability to do the scheme. Notably the impact of the pandemic on those with caring responsibilities – often females – was notable. 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. However, the qualitative interviews did show particular challenges for those with caring responsibilities. 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. 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 to support the implementation of the CPD scheme are ongoing. Progress is reflected in this paper together with thoughts about next steps.
Annex	A. CPD self-declaration data B. Qualitative interview report C. Proposed CPD evaluation survey questions
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Key messages

- This paper provides a summary of what we have learnt about the implementation and impact of the CPD scheme's strategic aims, drawing on a range of data sources (including CPD self-declaration data, concerns and complaints data, verification and assurance data, qualitative interviewing).

- Osteopaths appear to be complying with the CPD scheme based on the findings from both the self-declarations, and verification and assurance processes. The introduction of a mandatory communication and consent- based activity has also had a positive impact on the level of concerns and/or complaints being reported around consent. There are still some challenges in terms of communication and understanding of the scheme for some osteopaths.

- The bigger challenges with evidence in our evaluation of the CPD scheme are with the 'softer' developmental aspects of the scheme, such as: a change in culture, enhancement of practice, reducing isolation, reducing fear, increasing support and building communities of practice.

- We have seen some evidence of impact through the qualitative work (Paragraphs 27 and 28) and ongoing engagement with osteopaths, but this is limited.

- Consequently, we are proposing, to undertake a different type of CPD survey this year focussing more on the impact of the scheme (see Annex C), as we can currently only infer benefits but the addition/ inclusion of osteopaths' perceptions osteopaths about impact would enhance our understanding.

- We are also undertaking a review of our CPD website to understand what is being accessed, and when, to better inform an update of the structure.

- Other options to be explored in line with the Communications and Engagement Strategy are to a) improve understanding of the reasons for creating the scheme and its intentions, b) improve understanding of specific elements of the scheme, so as to continue to reduce fear c) overcome entrenched negative perceptions amongst a section of the Register and foster greater trust. These involve planned activities around regular content promotion, trusted stakeholder relationships, and webinar development.

Background

1. This paper provides a summary of the key messages from an ongoing analysis in relation to the following data sources:

    a. CPD self-declaration data
    b. Concerns and complaints data
    c. Verification and assurance data
    d. Qualitative interviewing

2. This paper will consider what we have learned about the implementation and impact of the CPD scheme's shorter and longer term strategic aims which are:

    a. 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 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 (again reducing isolation).

    b. 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.

    c. To increase community – again reducing professional isolation and reducing the chances of individuals heading along the wrong trajectory (there is evidence that professional isolation can increase the chances of complaints being made).

3. In the long term, the objectives for the CPD scheme are:

    a. Osteopaths to practice in accordance with the OPS.

    b. 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.

    c. 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

4. The challenge for our evaluation is that there are two different aims which might be achieved in two different ways or perhaps along differing timelines.

5. The first is compliance focussed. Are osteopaths doing what the law requires and what we require - is practice and compliance demonstrated to a consistent standard. The evidence for this aspect is fairly straightforward. It can be demonstrated through self-declarations and verification and assurance statistics or different forms of verification, for example, further work on the standard, quality and consistency of a peer discussion review in an uncontrolled environment. The question is focussed on compliance not the impact of

compliance or compliance testing processes.

6. The second aspect of the scheme – the 'softer' aspects, the developmental aspects, culture, safe space, enhancement of practice, reducing isolation, fear, increasing support, building communities. This aspect of the scheme is more qualitative and perhaps more difficult to evidence and measure in a consistent fashion. Indeed, some have argued that any form of compliance within a scheme will naturally confuse the benefits of the scheme. See for example Archer J et al who said 'Appraisal has always been there to support doctors to be "up to date' but now it is also attempting to assure employers and the public that doctors are "fit to practise" through linking appraisal outputs to the regulator. But developing a workforce is not the same as making sure it is safe.'[1] The final medical revalidation report published in 2018 stated 'There remains a risk that while regulatory initiatives like revalidation could support individual learning and organisational improvement, information held generated by such processes might also be used to apportion blame. Such use would be potentially antithetical to supporting learning, and the risk or perceived risk that this may happen could have unintended consequences in the form of reduced engagement or openness.'[2]

7. This paper will aim to explore what data we have that tells us about our aims, where our gaps are (both in terms of what the data doesn't tell us and gaps which the Policy and Education Committee identified) and asks the Council to consider, reflect and discuss our priorities and how we see the scheme developing over the third CPD cycle.

Self- declaration data

8. 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 as of 7 December 2022 (5451 osteopaths).

9. In summary, the self- declaration data show us that osteopaths are engaging with the scheme:

    - 88% or 4793 osteopaths have undertaken CPD in Theme B: Knowledge, Skills and Performance

    - 87.5% or 4774 osteopaths have undertaken CPD in Theme A: Communication and Patient Partnership

[1] See Archer J, Letter to the BMJ, 2015,
Letters, False god of appraisal, Revalidation built on appraisal may have led to confusion
[2] See Archer J et al, UMBRELLA evaluating the impact of medical revalidation , 2018 available at https://www.gmc-uk.org/-/media/documents/umbrella-report-final_pdf-74454378.pdf

- 87% or 4759 osteopaths have undertaken CPD in Theme C: Safety and quality in practice

- 87% or 4731 osteopaths have undertaken CPD in Theme D: Professionalism

- 86% or 4678 osteopaths have completed CPD in both communication and consent and Theme A: Communication and patient partnership

- 87% or 4740 osteopaths have completed a communication and consent-based activity

- 86% or 4685 osteopaths have completed an objective activity

- 83% or 4503 have completed in their first year of their three-year CPD cycle both their objective and communication and consent-based activity.

- 76% or 4130 osteopaths have identified a peer for their PDR (data on this only available from January 2021)[3]

- 79% or 4325 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 61%-68% have undertaken a total of 11-60 CPD hours (in both Year 1 and 2), between 44-39% of which are either 21-30 or 31-40 hours. A quarter of the register choosing to complete 21-30 hours of CPD on a yearly basis, similar to that of the annual scheme requirements

- Between 64.5- 58% have undertaken 11-60 learning with others CPD hours in Year 1 or Year 2 (between 45-43% of which are either 11-20 or 21-30 hours). In Year 3, 45% had undertaken 1-60 learning with others CPD hours, 20% of which were either 11-20- or 21-30 hours.

- To date[4] there has been 90 requests from osteopaths asking for an extension of the time to complete the scheme and of those 90, 76 have advised that they have now completed their CPD.

10. What this summary of the self- declaration data suggests is:

    a. osteopaths are doing the scheme according to the high percentages of self-declaration

[3] 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.
[4] As of 6 December 2022

b. osteopaths are likely to be getting more support and building communities from the high volumes of learning with others based activities being reported, as well as the high proportion of osteopaths undertaking their objective activity and Peer Discussion Review.

11. However, what we don't know from the self- declaration data is whether this support from colleagues is sustained/maintained or temporary in nature.

Concerns and complaints data

12. The most recent NCOR Concerns and Complaints report which draws on data from January to December 2021. Key findings include:

    - Reduced number of concerns overall (compared to 7-year average)
    - There were no concerns and complaints raised about consent and slightly more than average complains about communicating inappropriately
    - Numbers of concerns and complaints around sexual impropriety are around the 8-year average despite the overall number of complaints being low. This indicates proportionally this figure is higher than would be expected.
    - Professionalism and Safety and Quality in Practice are the dominant themes in relation to concerns when mapped against the Osteopathic Practice Standards (OPS).

13. This could illustrate that the introduction of a mandatory communication and consent- based activity as part of the CPD scheme has had a positive impact on the level of concerns and/or complaints being reported around consent, but more still needs to be done about communicating inappropriately and/ or ineffectively more broadly which can lead to boundaries indiscretion/ lack of professionalism concerning patient rights, and clinical care type concern and complaints.

Verification and assurance

14. The verification and assurance checks undertaken by our staff focus on requesting the evidence on the osteopaths' registration renewal form for self-declared CPD for specific aspects. For example:

    - the four themes of the OPS
    - the objective activity
    - communication and consent
    - Peer Discussion Review (PDR) – (if this has been completed and whether a peer has been selected).

15. The purpose of the verification and assurance process is to:

    - be assured that osteopaths are meeting the requirements of the new CPD scheme
    - support osteopaths to meet the requirement of the CPD scheme for example, by identifying whether there are any support or resource gaps for osteopaths
    - provide feedback to the whole profession on how the scheme is progressing
    - identify where there may be an extra need to encourage osteopaths to build learning communities

16. From the renewal month March 2022, we have focussed on PDR evidence only because many osteopaths have just completed or are coming to the end of their first three-year cycle. So we are using this opportunity to check that they have understood what the PDR is, that they have completed it and if not how we can support them to do so, and if there is any useful feedback for us. We are taking the approach of checking that PDRs are signed off. If there is no sign-off sheet this could indicate that the osteopath has not completed a PDR and hence its template, this process of checking PDR evidence is focussing mainly on compliance. Through this process if it is found that an osteopath has not completed their PDR template the registration team discuss with the osteopath:

    - Where in their CPD cycle the osteopath is and whether they still have time to complete their PDR. (Many of these osteopaths tend to spread the word to osteopaths in their networks and on completion of the PDR tend to report back that it has been a useful process)

    - If the osteopath's first CPD cycle has ended and all other verification and assurance items have been checked and completed, the verification and assurance check is closed off and these osteopaths are placed on an 'End of 3- year outstanding tracker' and a realistic timescale of completing their PDR is agreed, typically this is in 1-2 months' time. These osteopaths then have to supply their completed PDR template to us and the team follow up with them.

    - This tracker will also start to record the osteopath's relationship with their chosen peer, to see if any patterns start to emerge.

17. In order to undertake the verification and assurance process, the Registration team select up to 10% of registrants per month for checks. Please note that in May, June and July because of the large numbers of osteopaths renewing in these months, we will 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.

18. These actions enable 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.

19. A total of 678 verification and assurance submissions have been completed as of 23 December 2022, and 84% of all verifications requested have been completed. Of the 811 verifications due 133 (or 16%) have been requested and are incomplete and the Registration team in these instances has requested more information from the osteopath. Only 2 osteopaths have been referred for removal from the register for non-compliance representing 0.3% of the checked submissions. Additional resource has been recruited to complete the bulge for 2022 and tackle the previous reported backlog.

20. Overall, we are seeing that most verification and assurance requests are demonstrating compliance with the scheme with varying levels of support and the rate of demonstrable non-compliance is low. However, we see formal recording and reflection taking place towards the end of the cycle.

21. We are still 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.

22. A small number of osteopaths 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.

23. There are some specific challenges highlighted by key demographic groups, some sole practitioners report struggling to find a peer. Osteopaths with health conditions or family issues report preferring the annual CPD scheme. The one-year discipline and focus, particularly assisted these osteopaths. This is supported by the qualitative interviewing (see Annex B)

24. 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 and to engage with a peer.

Qualitative approaches with key groups (telephone interviews)

25. In spring 2022 we conducted semi-structured interviews with 20 osteopaths (including osteopaths of different genders, geographical locations, at different stages of their CPD cycles, working in a range of settings (including educational and regional lead experience), some declaring disabilities or differences and others with non-practising status for a variety of reasons including maternity leave and being in ill health) which formed the qualitative strand of an overall evaluation of the CPD scheme. A final qualitative analysis is provided in Annex B.

26. The aims of the interviews were to explore the:

    a. Benefits osteopaths identified having undertaken the CPD scheme and whether these match with the short and long term aims of the CPD scheme

    b. Components of the scheme osteopaths have found most challenging or difficult. The reasons for this and how they managed to overcome these challenges.

    c. Impact the CPD scheme has had on osteopaths' practice.

    d. Experience of undertaking a Peer Discussion Review.

27. The interviews clearly demonstrated that osteopaths have been complying with the scheme and have experienced benefits as well as challenges. Case-based discussion was the most popular objective activity undertaken and was the CPD activity that osteopaths cited most often as beneficial to their practice enabling them to identify changes they could make to improve patient care as well as helping them to connect with other osteopaths therefore reducing isolation. Some of the many actions interviewees carried out as a result of receiving objective feedback included:

    a. Making changes to the administration of their clinic to improve the overall patient experience.

    b. Improving their case history note taking thanks to their peer sharing a case history template they had developed themselves.

    c. Identifying different treatment plans.

    d. Adapting their language to suit the patient's needs.

    e. Adapting methods of liaising with other health professionals such as sending referral letters direct to the patient's GP.

    f. Increasing the amount of time they spent asking patients if they understand the information they're being given and when deemed appropriate asking them to repeat it back.

    g. Creating new infection control policies following a clinical audit and undertaking CPD in Theme C Safety and Quality in Practice.

    h. Adopting new software to monitor patient feedback on an ongoing basis (Cliniko and SurveyMonkey).

    i. Identifying gaps in their knowledge and undertaking further CPD eg CPD in women's health, safeguarding procedures, enhanced first aid training.

    j. Making action plans for treatment with patients to empower and educate them about how to take control of their health and wellbeing.

k. Telephoning relapsing patients in between appointments.

28. Some of the challenges interviewees cited included:

    a. The issue of what is and is not compulsory as part of the scheme was a recurring theme among the majority of interviewees. For example, several osteopaths thought they needed to map to each OPS standard rather than just the themes.

    b. The detrimental impact of COVID-19 on practice and ability to complete CPD requirements in Year 2 of their cycle. For example, some primary carers (mostly female) needed to prioritise childcare and elder care during lockdown and were time-poor, four osteopaths said they had difficulty learning online preferring face-to-face activity but all in-person CPD was cancelled. In addition, interviewees experienced ill health due to COVID-19 and interviewees with long term conditions couldn't access their normal treatment leading to poor health outcomes, and other interviewees spoke specifically about mental health difficulties as a result of the pandemic. One of the interviewees had requested an extension and found reassurance in the support provided by the Registration team.

    c. Uncertainty around what level of detail was needed in their CPD record and whether they have done enough to meet the requirements of the new scheme. They particularly were fearful about the possibility of being selected for verification and assurance and being removed from the Register should they 'fail' their CPD scheme.

    d. Confusion regarding the terminology used in the scheme. For example, the meaning of the term 'standard' caused confusion around CPD Standard 3 (Communication and consent) and OPS Theme A (Communication and Patient Partnership).

What might we do? Next steps

29. In broad terms, we can be satisfied that osteopaths are completing the scheme, albeit with varying levels of support required. There remain some misunderstandings with the scheme and our qualitative interviews show that these misunderstandings have caused some distress to a number of osteopaths. We have seen that dedicated personal support can help these osteopaths.

30. We are continuing to review the CPD website to better support osteopaths in finding the information that they need, when they need it. Signposting and highlighting mechanisms for support and guidance will also continue to be important. We know that osteopaths feel more reassured when they are able to speak to us especially if they are in distress about the requirements of the scheme. To an extent, this is to be expected as we know that different people respond well to information and support in different formats and we will continue to provide support and help through our ongoing communications and webinars as well as some individual phone calls, as for some this is best

delivered verbally or by talking it through. During the second CPD cycle, we hope and expect the scheme will become more familiar and embedded.

31. We have seen some evidence of impact through our qualitative work and our ongoing engagement with osteopaths, but overall evidence of impact is more limited. We have been able to infer benefits but perceptions of osteopaths about impact would enhance our understanding and our evidence base. On the basis of this we have 5 specific activities planned. These are as follows:

    a. CPD Evaluation survey
    b. Review of CPD website to improve user journey,
    c. Email framework to registrants,
    d. webinar development
    e. Trusted stakeholder relationships, including social media framework

CPD Evaluation Survey

32. Consequently, we are proposing to undertake a different type of CPD evaluation survey this year, focussing more on the impact of the scheme alongside a different sampling method to try to enhance response rate and the representativeness of the sample. The sample questions are outlined at Annex C for Committee's feedback. PEC felt that a broader section on the role of the Reviewer and experiences of the PDR process were needed, which encompassed the following themes:

    - How equipped osteopaths felt to undertake the role of peer reviewer
    - Whether osteopaths experienced pressure to sign off a peer's PDR
    - How undertaking the role of the reviewer has contributed to the development of an osteopath (individually) as well as others (collectively)
    - Whether the PDR guidance truly reflected experiences of PDR. There was a fear among the PEC that the scheme was more of an assessment-based scheme and that the message had been lost by osteopaths that the PDR process is striving to achieve a non-hierarchical relationship between peers, based on a fair decision-making process that encourages engagement and enhances practice and is not a pass/fail exercise.
    - The consistency of the peer and how baseline data could be established to begin measuring that variable.
    - The sample questions detailed in Annex C have been revised and additional sections added to reflect this feedback received from PEC.

33. We are planning to use a stratified sample to gain rich and useful responses, rather than trying to collect this information from all registrants, this approach

was agreed by the Policy and Education Committee in October 2022. Key criteria for the sample will include the following:

- Broadly representative of the GOsC Register, particularly in terms of sex and age

- Representation from key groups identified by the CPD scheme risk log:

    - Osteopaths practising overseas
    - Part-time osteopaths
    - Sole practitioners
    - Osteopaths with a disability
    - Osteopaths with long term health condition/ill health

34. An indicative timetable for the CPD Evaluation Survey is as follows:

Activity	**Month**
Build draft survey on online platform	January 2023
User test survey (osteopaths and key stakeholders)	End January-February 2023
Develop stratified sample and dedicated email to be sent to these registrants	February 2023
Launch online survey (at point in registration renewal cycle where there is a large cohort)	March 2023
Survey closed	April/May
Analyse survey findings	June
Report to PEC on top level findings	June
Report to Council on full findings and next steps	July

Review of CPD Website

35. We will continue to make improvements to the CPD website for example by making it easier to find key content by highlighting timely, relevant and popular content on the home page, improving links and reviewing the structure. We will also promote useful content through a variety of channels, eg the monthly news ebulletin and social media. We will utilise a range of insight to inform these improvements.

Regular content promotion

36. Osteopaths who took part in qualitative interviews suggested we could further improve understanding of the scheme and in turn continue to reassure and reduce fear by sending brief reminder emails to all osteopaths at key times throughout their cycle – this reflects the overarching approach we took in the first 3-year cycle but now taking a more individual approach. For example, when osteopaths are renewing their registration they asked if we could send an email as they progressed to Year 2 directing them to a small number of key resources. At the end of Year 2 interviewees suggested we could direct osteopaths to resources on the Peer Discussion Review.

37. We are developing a framework that maps key messages, resources and communication activity (including the emails mentioned above plus social media and changes to the CPD website) to highlight significant milestones in the three-year CPD cycle of the majority of osteopaths (those who joined the new CPD scheme in the first year of launch).

Role of the Reviewer Webinar development

38. We intend to develop a webinar to address the particular findings around the role of the reviewer, particularly given members of the PEC raised concerns about the quality of reviewers and how we could measure that going forward. This webinar could explore the following:

    - Provide details on how to do a PDR, (step by step video) – covering key areas of common misconceptions highlighted through the qualitive interviewing work.
    - Examine the specific skills that are required to undertake the role of the reviewer
    - Explore what makes a 'good' peer (perhaps incorporating video clips from osteopaths themselves)
    - Identify with osteopaths' gaps in their knowledge and skills to undertake the role of the reviewer i.e., develop or repackage existing resources that will assist with 'upskilling' osteopaths in this area (possibly through a live poll of what osteopaths feel they need, so that these resources are shaped by the voice of osteopaths).
    - Work with the iO to promote this webinar and perhaps promote that attendees would be able to add that they had completed this session on the role of the reviewer on their profile on the iO Peer Matching Platform, which may reassure potential osteopaths looking for a peer of the standard of reviewer they are expected to receive.
    - We envisage this work being undertaken May-June 2023

Trusted stakeholder relationships

39. Our qualitative interviews showed that some osteopaths with negative views of GOsC and osteopathic regulation are strongly influenced by their colleagues' perceptions. Interviewees suggested we speak to leaders in organisations such as NCOR, regional and local CPD Groups, the Academy of Physical Medicine, and Osteobiz (Osteopathy Works Facebook group) and ask leaders to reach out to their members to ask what issues they are experiencing with the CPD scheme. They suggested that this approach would produce an honest overview of the key issues because a trusted individual was asking the question rather GOsC.

40. This approach, utilising thought leaders and community influencers, is already utilised in our engagement for example with regional osteopathic groups and the Institute of Osteopathy, and we are considering how we might further develop relationships to extend this work. We are also encouraging other organisations within the profession to gather insight that we might be able to use.

41. As part of our ongoing stakeholder engagement work we have been looking for opportunities to foster discussions and participate in events that trusted stakeholders hold, to communicate with the profession, respond to questions directly and demonstrate working together to identify solutions. A good example of this is the recent presentation by the Senior Management Team at the Academy of Physical Medicine event.

42. This work will be carried out in line with the Communications and Engagement Strategy and its overarching aim to promote trust through two-way engagement and communication activity that is insight-driven, targeted and reflective.

Conclusions

43. Overall, in relation to the strategic goals of the scheme we are seeing some limited evidence of positive impact in terms of engagement, support and community. But we would like to explore this more widely and to do so, we are proposing a stratified sample survey using the questions at the Annex. We would welcome feedback on the Committee to this approach and other approaches that we might use to explore impact further.

44. There are still some challenges in terms of communication and understanding of the scheme with some osteopaths requiring support or clarification about specific elements of the scheme such as the difference between PDR and objective activity, and what to do when completing their three-year cycles. So we are focusing on consistently providing clear proactive communication to mitigate confusion.

45. Finally, we are likely to focus our communications over the next cycle on areas around professionalism as we see this area as persistently represented in our concerns data whereas communication concerns have been reduced. What are the Committee's thoughts on this?

Recommendations:

1. To consider the progress of the implementation of the CPD scheme.

2. To consider our plans for further development to explore in more detail the impact of the CPD scheme