

Thematic Review of new CPD scheme

Introduction and aims

This report details the feedback gathered through interviews with twenty osteopaths in February and March 2022 about their experience of the new Continuing Professional Development (CPD) scheme. The interviews form the qualitative element of an overall evaluation of the CPD scheme.

Through the interviews we have attempted to evaluate some of the 'softer' elements of the scheme including the developmental aspects, culture, safe space, enhancement of practice, reducing isolation, fear, increasing support, and building communities.

In line with the overarching CPD evaluation through the qualitative interviews we examined the:

- Benefits osteopaths identified having undertaken the CPD scheme and whether these match with the short-term and long-term strategic aims of the CPD scheme.
 - Osteopaths to engage with the scheme and complete CPD in the four themes of the Osteopathic Practice Standards (OPS) and CPD that reflects the breadth of their practice; CPD in the area of communication and consent; an objective activity; maintaining a record of CPD and a Peer Discussion Review.
 - To get professional and personal support from colleagues reducing professional isolation.
 - To increase involvement of osteopaths in the community, again, reducing professional isolation.
 - 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.
- Components of the scheme osteopaths have found most challenging or difficult. The reasons for this and how they managed to overcome these challenges.
- Impact the CPD scheme has had on osteopaths' practise.
- Experience of undertaking a Peer Discussion Review.

Scope of the interviews

The semi-structured interviews enabled us to explore these topics at a much deeper level. Speaking to osteopaths on a one-to-one basis allowed us to record not only attitudes, feelings and behaviours linked to the CPD scheme, but it also acted as a listening exercise which enabled us to gain insight into osteopaths' perceptions of GOsC. Interviews lasted an hour on average and were conducted via telephone or MS Teams.

During the interviews, in order to evaluate the 'softer' elements of the scheme, we asked osteopaths about:

- their overall perception of the CPD scheme
- the benefits to their practise as a result of the scheme
- what barriers they experienced when completing their CPD requirements
- their thoughts on the new elements of the CPD scheme
- the impact the COVID-19 pandemic had on completing their CPD cycle
- any changes they have made to their practice as a result of the CPD scheme
- whether they have increased their engagement with other osteopaths
- the information sources they used to find out about the CPD scheme
- if they did engage with GOsC directly (webinars, phone calls, events, email queries to staff) how did this engagement impact their views of GOsC and the new CPD scheme.

Recruitment and demographic sampling

In order to recruit a cross-section of osteopaths we used a variety of methods. As an incentive we highlighted that osteopaths who participated could claim CPD as the interview itself was a reflective activity.

The methods we used for recruitment included:

- Referrals from both the Registration and Communications teams – staff invited osteopaths who had been selected for verification and assurance or who had called with CPD queries to participate
- Adverts in eBulletins
- Emails to regional leads
- Emails to contacts in OEIs
- Emails to participants of GOsC CPD webinars conducted in 2019 and 2020

All channels proved effective with the result that we had twenty osteopaths agree to participate in interviews.

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The profile of these interview participants is included in Table 1 (see below):

Participant Profile	
Gender	
Male	8 (40%)
Female	12 (60%)
Region of Practice	
Greater London	5 (25%)
Southern England (SE and SW)	5 (25%)
European Union	3 (15%)
Central England	2 (15%)
Northern England (NW and NE)	2 (15%)
East of England	1 (5%)
Scotland	1 (5%)
Wales	1 (5%)
Osteopathic Education institution of study	
BCOM	6 (30%)
BSO/UCO	5 (25%)
ESO	2 (10%)
SIOM	2 (10%)
LSO	1 (5%)
SU	1 (5%)
LCOM	1 (5%)
OBU ¹	1 (5%)
Overseas institution	1 (5%)
Length of time on Register	
5-10 years	2 (10%)
10-15 years	1 (5%)
15-20 years	9 (45%)
20+ years	8 (40%)
Type of practice	
Sole	10 (50%)
Multi-disciplinary	4 (20%)
Group practice	3 (15%)
Non-practising	2 (10%)
NHS	1 (5%)
CPD Cycle	
Completed 3-year CPD cycle	4 (20%)
Due to complete CPD cycle within 1-2 month period	2 (10%)
Due to complete CPD cycle within 3-6 month period	14 (70%)
CPD Extension requested and granted	1 (5%)
Protected characteristics disclosed	
Disclosed a disability and/or ill health	5 (25%)

¹ Oxford Brookes closed in 2016

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Disclosed low level of IT literacy ²	4 (20%)
Other	1 (5%)

Despite promoting the interviews widely through a variety of channels, we did not receive expressions of interest from recent graduates (1-5 years on register), osteopaths who practise in Northern Ireland or osteopaths from the rest of the world.

Please note, a further seven osteopaths who didn't want to be interviewed opted to provide feedback via email, which meant we managed to capture feedback from 27 osteopaths in total.

Acting on feedback in real time

A beneficial consequence of conducting the interviews in February and March of 2022 enabled osteopaths who had not yet completed their CPD cycle to raise queries about the scheme during their interview.

Following the conclusion of their interview osteopaths who raised queries were signposted to appropriate resources and if necessary, received guidance from colleagues within the organisation.

In addition, we were able to devise solutions to common issues interviewees raised and implement them in real time for the benefit of the rest of the profession. A detailed overview of these solutions is provided on page 29 which has already helped to address many of the barriers and challenges faced by interviewees.

² Length of time on the register the significant protected characteristic here

Summary of the key findings

1. Osteopaths who are members of a CPD group expressed the most confidence in completing their CPD cycle. This was linked to the regular opportunities to discuss their CPD and many undertook case-based discussion as a group activity in the first year of their cycle.
2. The information sources that an osteopath utilised had a significant impact on their attitude to the scheme. Those who expressed negative feelings towards the CPD scheme and GOsC tended to access information through informal discussions and via osteopathic social media forums, citing mistrust and fear as a reason for not contacting GOsC with queries.
3. Sole practitioners who worked on a part-time basis said they experienced particular difficulty meeting the objective activity requirement due to time constraints and lack of a professional network. For example, interviewees in this category who were interested in Patient Reported Outcome Measures (PROMs) as an objective activity couldn't do so because of the number of patients they saw was too small which meant they couldn't secure the required number of responses to participate.
4. The issue of what is and is not compulsory as part of the scheme was a recurring theme among all interviewees. For example, several osteopaths thought they needed to map to each OPS standard rather than just the four themes of the OPS.
5. The COVID-19 pandemic had a major impact on osteopaths' CPD cycles:
 - Almost half of the osteopaths interviewed said they completed a higher number of CPD hours than they would have done under 'normal' circumstances by taking part in webinars, reading journals etc.
 - Some interviewees completed 40 plus hours of CPD while their practices were closed due to the pandemic.
 - Ten interviewees said COVID-19 had a detrimental impact on their CPD cycle due to a range of issues:
 - Planned face-to-face CPD activity was cancelled
 - Female osteopaths with school age children had to prioritise childcare
 - Osteopaths who had caring responsibilities for parents had to prioritise eldercare

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- Difficulties learning online
 - Financial challenges meant they had to seek alternative employment and became time poor
 - CPD wasn't deemed a priority during this challenging period
 - Ill health due to COVID-19 including:
 - Osteopaths who contracted COVID-19,
 - Two osteopaths with long term conditions who couldn't access treatment, and
 - Three osteopaths spoke specifically about mental health difficulties, as a result of the pandemic.
6. Osteopaths who work in multidisciplinary practices welcomed the flexibility that came with selecting another registered health professional as their peer.
7. Case-based discussion was the most popular objective activity undertaken and the CPD activity that osteopaths cited most often as beneficial to their practice, providing reassurance and making them feel less isolated.
8. Sole practitioners were particularly apprehensive about the Peer Discussion Review requirement. However, those that reached out to osteopaths they had trained with, or colleagues they previously worked with, said that this was ultimately a beneficial aspect of the scheme, and helped provide reassurance about their practise.
9. Attitudes towards recording and reflecting were wide ranging from those who found it onerous and bureaucratic to those who said mapping to the OPS allowed them to identify gaps in their CPD which in turn motivated them to try out CPD they would not have considered previously.
10. The emphasis on communication and consent was specifically referenced by male osteopaths as a positive addition to the CPD scheme. However, many osteopaths expressed uncertainty regards how much CPD was needed to meet the requirement and are unsure what type of activity they should undertake during their next CPD cycle to meet this requirement.

Overview of key themes

Five key themes emerged early on in the qualitative evaluation process, these included interviewees’:

- understanding of the CPD scheme
- compliance with CPD scheme requirements and the subsequent impact on practise
- attitudes towards sources of communication about the scheme
- perspectives on GOsC and osteopathic regulation
- experience of the COVID-19 pandemic.

Please note that the significant bearing the COVID-19 pandemic had on interviewees’ experience of the new CPD scheme has warranted its own section in the report as it was a topic of discussion in all interviews.

At the inception of the new scheme, it would have been impossible to predict the effects of such an anomalous factor as the pandemic. It may be that interviewees who reaped benefits from participating in the scheme as opposed to those who experienced challenges and felt negatively about the scheme would have had a similar experience regardless of the pandemic.

However, this evaluation couldn’t be conducted in a vacuum, and it is highly probable that the report findings would have been different had there been no pandemic. For example, interviewees who had planned to attend day-long face-to-face events, which were cancelled due to COVID-19, would have been able to complete more hours in year two and might have received reassurance from peers and deepened their understanding of the scheme.

Instead, interviewees who said they had low levels of IT literacy struggled to learn online and reported feeling increasingly stressed because they felt unable to undertake CPD. As a result, when they entered year three of their cycle, they had a significant number of hours to complete to meet the 90 hour requirement and were unsure how to go about undertaking the objective activity and Peer Discussion Review elements of the scheme.

As it is likely that the impact of the pandemic skewed the results of this report, it is recommended that further interviews be conducted in year three of the next cycle of the scheme - in which it is hoped COVID-19 will be much less prevalent - to gain a fuller understanding of the impact of the CPD scheme on the profession

Theme 1: Understanding the CPD scheme

All osteopaths interviewed said they felt apprehensive prior to the introduction of the new scheme and initially perceived it to a big departure from the previous one-year scheme. However, there were three clear attitudes expressed by interviewees which shaped their understanding of the scheme and their subsequent behaviour. They include:

- **Group 1:** Osteopaths who value osteopathic regulation and demonstrated a positive attitude towards the scheme and GOsC
- **Group 2:** Osteopaths who demonstrated attitudes of fear-based compliance of the scheme and are fearful of GOsC
- **Group 3:** Osteopaths who are suspicious of GOsC and osteopathic regulation

The three attitudinal groups outlined above mirror the findings of Dr Gerry McGivern's [Dynamics of effective regulation research \(2015\)](#). However, it is likely that the demographic sampling of interviewees, with 17 having been registered for more than 15 years, skewed the number of osteopaths in each of the three groups.

Historic issues, such as having been audited previously or knowledge of a colleague who had been subject fitness to practise proceedings, were arguably a factor in more osteopaths aligning to group 2 and group 3.

a. Group 1: Osteopaths who value osteopathic regulation and demonstrated a positive attitude towards the scheme

Four of the interviewees³, despite feeling apprehensive about the changes understood the rationale behind the new scheme and saw the potential benefits of the new requirements eg objective activity. From the beginning of their CPD cycle they sought out opportunities to understand what they needed to do to meet requirements.

When these interviewees received the [CPD scheme booklet](#) and [pocket guide](#) in the mail they found the information clear and helpful and used it as a springboard to explore further GOsC resources.

'I don't see it as a hugely different scheme. Once I started looking at the literature (the booklet and pocket guide) it became clearer that it (the new CPD scheme) is more structured than the previous scheme which I welcomed.' **[Respondent 1]**

Early on in their CPD cycle, interviewees in this group attended events and webinars about the scheme run by regional CPD groups, the Institute of Osteopathy and GOsC.

³ One who had been registered for 5-10 years, one for 10-15 years, one for 15 to 20 years, one for 20 plus years

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The biggest enablers to understanding for this cohort were working in a group or multidisciplinary practice and/or being members of a regional group. Interviewees who worked in practices with other osteopaths said they often used tea breaks in year one of the cycle as an opportunity to share issues and discuss queries.

'When the new three year cycle came in, the practice I work at, which includes six osteopaths, took a decision to form a CPD group. We tasked ourselves with properly understanding the process and then looking at what we could do to meet the requirements. It was good to talk things through and have other people to ask questions of.' **[Respondent 9]**

In one clinic, the principal attended a GOSc webinar about the CPD scheme and the following week she shared the information with colleagues. As a result, staff began to identify the objective activity they wanted to undertake which resulted in four of the osteopaths undertaking peer observations within the clinic.

Interviewees who were members of regional groups developed an understanding of the scheme early on due to group case-based discussions hosted by their regional lead. Many sought out a peer from within their group and began exploring Peer Discussion Review in year one of their cycle.

'I got to grips with the CPD scheme because I participated in a local CPD group presentation at the outset and participated in a CPD session in which we did a case-based discussion and identified a peer.' **[Respondent 12]**

b. Group 2: Osteopaths who demonstrate attitudes of fear-based compliance of the scheme

A fear of 'not getting it right' seems to have been a strong factor motivating eleven interviewees (55% of interviewees) to comply with the scheme.⁴ Many of the osteopaths in this group were sole practitioners who had few opportunities to discuss their practice with other osteopaths.

They welcomed receiving the CPD pocket guide and booklet in the post and found it useful. However, once they began to access further information about the scheme on the CPD website and in The Osteopath magazine, they felt overwhelmed by the amount of information and were not sure how to proceed.

For Group 2 the biggest enabler to understanding the scheme was GOSc's 'relational' approach to regulation, particularly the CPD webinars in 2019 and 2020 and face-to-face presentations in 2018 and 2019.

It was clear that having direct engagement with a GOSc staff member reduced fear levels and provided an opportunity to ask questions in a safe environment which resulted in a more positive and confident attitude to complying with the scheme.

⁴ Interviewees in this group included: An osteopath who had been registered between 5-10 years, seven who had been registered between 15-20 years and three who were more than 20 years on the Register

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'My initial thoughts were that the new scheme could prove to be challenging and difficult to achieve. But my thoughts on the CPD scheme changed now that I have tried out different elements. I only had to plug the courage, the rest was made easy through the guidance and support of GOsC staff who organised various high quality CPD activities that were conducted in a very friendly atmosphere.' **[Respondent 13]**

As part of the GOsC webinar series osteopaths were paired up with other osteopaths within the group to carry out an objective activity. On the whole this was a fruitful experience. Not only did it enable them to complete their objective activity requirement, all interviewees who participated in the webinars have remained in contact with their 'webinar partner' to try out other objective activities. Two interviewees who participated in the webinar in April 2020 and were paired with osteopaths several hundred miles away continued to communicate regularly via Zoom and WhatsApp to conduct case-based discussions.

'I had a moment of mild dismay (during the GOsC webinar series) when it became clear we were going to be paired up with a stranger and actually do the case-based discussion. I shook off my anxiety and got chatting with my "pairing". It quickly became clear I had nothing to worry about. We continue to work together to support each other's learning. It has made me want more collaboration with other osteopaths, and has highlighted further CPD that could help me in my development.' **[Respondent 14]**

c. Group 3: Osteopaths who are suspicious of GOsC and osteopathic regulation

Five interviewees⁵ said they were suspicious of the GOsC and questioned the value of the new scheme seeing it as a way for the profession to 'police' each other. Their views were predominantly linked to historic problems between the profession and GOsC as well as negative experiences they themselves or close colleagues had had with the GOsC earlier in their careers.

Four of those interviewed said they disengaged from the new scheme at the outset and continued to undertake CPD in the same manner they had done previously. They said they didn't engage with the new elements of scheme until year 3 of their cycle (mid to late-2021).

When these four interviewees visited the CPD website to better understand what the new elements of the scheme entailed, they said they struggled to navigate the website and felt overwhelmed at the number of resources. This experience fuelled their frustration towards GOsC and hampered their understanding of the scheme. As an alternative they turned to closed osteopathic social media forums which they see as safe spaces to share their queries with peers.

⁵ Interviewees in this group included: An osteopath who had been registered between 15-20 years and four who had been registered 20 plus years.

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'On your website it is hard to find what you need and in the end I wasted so much time that I put a question up on the Osteopathy Works Facebook group and got answers there.' **[Respondent 4]**

It is important to note that COVID-19 had a particularly detrimental impact on this group's experience of their CPD cycle. Many interviewees in Group 3⁶ began focusing on the scheme after lockdowns had ended and osteopathic practice had adapted to a 'new normal'.

Interviewees said they were time pressured, seeing the same number of patients as pre-pandemic but infection control measures meant they were working longer hours. They struggled to fit in CPD activity and in addition to feeling stressed about completing an objective activity and conducting a Peer Discussion Review, meeting the 45-hours 'learning with others' requirement proved very challenging as they had missed out on planned face-to-face CPD events in year 2 of their cycle.

'I normally do my CPD (face-to-face) incrementally but because of COVID-19 I wasn't able to do that, and this year has been me struggling to play catch up. Meeting the learning with others (requirement) has been a real struggle. I don't learn well online. This scheme is for younger osteopaths.'

[Respondent 20]

On a positive note, once these interviewees did make direct contact with GOsC towards the end of their cycle, they found staff to be supportive and willing to listen to their concerns and help identify solutions. In three of those instances, it emerged that interviewees who thought they hadn't completed an objective activity or a communication and consent activity had often completed those requirements without realising it. For example, interviewees had conducted several case-based discussions but hadn't recorded their learning. When directed to a completed template of a case-based discussion on the CPD website they were able to record and reflect on their case-based discussion.

⁶ Group 3: Osteopaths who are suspicious of GOsC and osteopathic regulation.

Theme 2: Compliance with CPD scheme requirements

It was clear from the interviews that regardless of interviewees' perceptions of the scheme they are complying but experiencing varying degrees of impact on their practise.

a. Range of practice

Interviewees acknowledged the need to undertake CPD that covered their range of practice and saw value in doing so. However how to document this in their CPD record was not something many in group 2⁷ or 3⁸ felt confident in doing because they were unsure what level of detail was required by GOsC to 'pass' their CPD. Another underlying issue was confusion among some osteopaths regards how to map to the Osteopathic Practice Standards.

'When I read about mapping to OPS I thought it meant all standards must be completed and I spent hours and hours mapping each standard to each CPD activity.' **[Respondent 2]**

However, when osteopaths do CPD across their range of practice and map their CPD to the OPS they experience many positives. It enabled three interviewees to identify gaps in their CPD record and subsequently complete CPD activities they would not have considered under Theme C (Safety and Quality in Practice) and Theme D (Professionalism).

'Like most osteopaths I imagine I prefer doing CPD that I enjoy but taking a more planned approach and mapping to the OPS helped me to identify gaps in my CPD and motivated me to tackle harder topics and courses.'

[Respondent 1]

I believe that fulfilling a number of different criteria, in line with the Osteopathic standards, plus self reflective exercises and objective tasks gives a good all-round CPD experience and should improve the level of skill, accountability and quality of osteopaths and therefore the patient experience.

[Respondent 11]

A further four osteopaths who had initially struggled to map to the OPS said that certificates of attendance they received from CPD providers outlining the OPS themes the activity covered were invaluable in helping them understand the range of practice requirement of the scheme.

⁷ Group 2: Osteopaths who demonstrate attitudes of fear-based compliance of the scheme and are fearful of GOsC.

⁸ Group 3: Osteopaths who are suspicious of GOsC and osteopathic regulation

b. Objective activity

All osteopaths interviewed had completed an objective activity with the most popular activity being a case-based discussion and peer observation the second most popular.

The objective activity requirement was the most commonly cited as being beneficial to practice and helped to reduce professional isolation. In addition, receiving objective feedback provided reassurance, especially to sole practitioners, that they are providing good quality care and this often led to increased confidence in their practise.

'I've really benefited from objective feedback I got during my case-based discussion. The case I chose had been playing on my mind for a long time and I had been quite self-critical about how I handled it. Talking things through with a colleague reassured me that I had done the best I could and that she would have done the same thing in similar circumstances.'

[Respondent 18]

'Doing a peer observation was a useful experience. It had been 15 years since I was observed in clinic. I got helpful feedback on how I communicate with patients and my time keeping. It made me realise I need to be more familiar with this new case history form and resolve the issue I am having with my computer.' **[Respondent 3]**

Interviewees sought peers to conduct an objective activity in a variety of ways. They reached out to colleagues they had studied osteopathy with, osteopaths they currently work with, osteopaths they had previously worked with, as well fellow members of CPD groups and special interest groups.

Several of the interviewees, who had taken part in the GOsC objective activity webinars had completed an online peer observation. These interviewees welcomed the flexibility GOsC offered during the pandemic enabling them to conduct their peer observation in an online role play format.

'I chose peer observation through role playing as it gave me the opportunity to feel what it would be like to be an osteopathic patient and observe my colleague in practice. Receiving feedback on my consultation proved invaluable in giving me an insight to my own practice as an osteopath.'

[Respondent 13]

'As part of the peer observation activity, I did a telehealth consultation over Zoom as a role play. It was a good stretch. I found this useful particularly as I had done some telehealth appointments during the COVID-19 lockdown which I had found challenging and had been left wondering how it was all coming across to the patients. I found it tested my knowledge and also gave me some really good feedback on the bits I did well and those that needed rethinking.' **[Respondent 15]**

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Some of the many actions interviewees carried out as a result of receiving objective feedback include:

- Making changes to the administration of their clinic to improve the overall patient experience.
- Improving their case history note taking thanks to their peer sharing a case history template they had developed themselves.
- Identifying different treatment plans.
- Adapting their language to suit the patient's needs.
- Adapting methods of liaising with other health professionals such as sending referral letters direct to the patient's GP.
- 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.
- Creating new infection control policies following a clinical audit and undertaking CPD in Theme C Safety and Quality in Practice.
- Adopting new software to monitor patient feedback on an ongoing basis (Cliniko and surveymonkey).
- Identifying gaps in their knowledge and undertaking further CPD eg CPD in women's health, safeguarding procedures, enhanced first aid training.
- Making action plans for treatment with patients to empower and educate them about how to take control of their health and wellbeing.
- Telephoning relapsing patients in between appointments.

c. Communication and consent

The emphasis on communication and consent was specifically referenced by male interviewees as a positive addition to the CPD and would help them hone their listening skills in order to enhance care of their patients.

Three of the male interviewees who have been on the register for 10 or more years separately spoke about the GOsC's rationale for including this topic in the new CPD scheme ie the number of concerns and complaints raised by patients regards communication and consent.

'There was a very strong emphasis in the scheme on communication and consent. The reasons for this seem clear looking at the complaints you (GOsC) receive. When I discussed this with colleagues we found it very sobering to find that we are the demographic most likely to cause these complaints. We have all noted that we had made many positive adjustments and communicate far more with our patients thanks to the consideration we have given this matter.' **[Respondent 9]**

'The emphasis on communication and consent has been positive, as there's an increasing emphasis in health care and the need for clarity and transparency. The objective activities and Peer Discussion feed into and

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enhance communication and consent, listening and reflection skills meaning better patient care. **[Respondent 12]**

Two female interviewees who had been registered for more than ten years had conducted case-based discussions with recent graduates (their associates) which focused heavily on communication and consent. They said they benefited greatly from the up to date knowledge the graduates possessed on this area of practice and would recommend other osteopaths who have been in practise for several years to do an objective activity with a recent graduate.

'Working with an associate was very beneficial. She's a recent graduate who is particularly knowledgeable about the up to date theories on communication and consent. You (GOsC) should make a point of encouraging osteopaths to work with recent graduates. **[Respondent 10]**

An issue that a small number of interviewees touched on was uncertainty regards what CPD activities they should undertake to meet the communication and consent requirement in their next CPD cycle.

- *Lots of my colleagues aren't sure what they need to do (to meet the communication and consent requirement) next time round. Could there be a standardised exercise for communication and consent? This might help osteopaths build a foundation to help kickstart their learning and would encourage them to explore this topic further themselves.* **[Respondent 17]**

d. Recording and reflecting

At least two-thirds of the osteopaths interviewed said that they felt comfortable and confident reflecting on their practice. However, around a third of interviewees across all three groups⁹ expressed frustration regards the time it took to document their CPD.

'Recording CPD is something I find time consuming. I am naturally reflective and have discussions with patients and look up things as I go along. That's something I've been doing throughout my career, but I am not great at recording and I don't have the time to do it.' **[Respondent 5]**

'I work in a multidisciplinary practice and have regular case-based discussions with chiropractors as well as osteopaths I trained with so I feel like I am constantly learning and reflecting. Every CPD activity feels like you have to do an in depth reflection and it involves much more paperwork, I think it's a lot of wasted time for busy professionals.' **[Respondent 16]**

⁹ **Group 1:** Osteopaths who value osteopathic regulation and demonstrated a positive attitude towards the scheme and GOsC; **Group 2:** Osteopaths who demonstrated attitudes of fear-based compliance of the scheme and are fearful of GOsC; **Group 3:** Osteopaths who are suspicious of GOsC and osteopathic regulation

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In particular osteopaths who have been registered for 15 years or more years expressed negative opinions about recording their CPD activity. These interviewees criticised the scheme as being 'unnecessarily bureaucratic' because they reflect on their practice on a daily basis and make changes immediately. As a result, they said they don't see the value of recording reflections for all CPD activities.

'We osteopaths have been doing CPD for years but we don't have CPD training on the sort of language you want us to use for reflection and recording. It's a young person's game. Doing paperwork takes away from caring for patients.' **[Respondent 6]**

For three of these interviewees their frustration seemed to stem from fear that they would be selected for verification and assurance and had heard negative reports from colleagues who had been selected for audit while on the previous one-year scheme. One interviewee reported that they had been audited three times in ten years and found it a stressful experience. These interviewees expressed uncertainty around how they should evidence their CPD to satisfy GOSc that they had complied with the scheme.

All three of these interviewees were signposted to completed examples of CPD record templates after their respective interviews. Feedback from these osteopaths was positive once they reviewed the resources they had been sent and they said they felt more reassured as a result.

A positive enabler to recording CPD was the online CPD Diary, with 18 of the osteopaths saying they had used the diary. They said they found the CPD Diary useful in facilitating their Peer Discussion Review and referenced the functionality that allowed them to share their entire CPD record with their peer in PDF format beforehand.

'The online CPD Diary made a big difference for me and meant recording CPD was much easier, the OPS tick boxes and the boxes to describe an activity, it's all there.' **[Respondent 12]**

Almost all interviewees who used the CPD Diary to record their CPD activities supplemented it with a paper record of their reflective notes and certificates.

'I used the online CPD Diary because I was familiar with it. I like the summary option because I have bits of paper everywhere. I found the diary helped me record key themes and now I put it on straight away.' **[Respondent 3]**

I record my CPD as I go along in a hard copy format and then I transfer it to the online CPD diary on the o zone. I naturally reflect but the online diary has helped to give more of a format like recording what OPS themes I've covered. **[Respondent 15]**

e. Peer Discussion Review

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Attitudes towards the Peer Discussion Review (PDR) were mixed and depended on the knowledge and skills of a peer, how easily an osteopath found a peer, and the willingness of a peer to embrace the review process.

Attitudes were also shaped by the stage of the CPD cycle in which an osteopath began exploring the PDR process. Interviewees who chose a peer in the first year of their cycle and conducted it in a piecemeal fashion over the course of the three years found it the most beneficial and reassuring for their practise.

Sole practitioners who attended the GOsC webinars in 2019 and 2020 particularly welcomed being paired with another osteopath to complete an objective activity as it proved a conduit for their Peer Discussion Review. Having developed a working partnership, the majority of interviewees acted as each other's peers. They reported anecdotal evidence that other pairings at the webinars had also acted as each other's peers.

'(GOsC staff) encouraged the pairs formed at the case-based discussion webinar to progress on to doing a Peer Discussion Review with each other. This was unexpected and I felt thrown in at the deep-end but it was actually very helpful. It helped me to see I had nothing to fear, and that by getting started early, the process was demystified and became integrated into my 3-year cycle instead of a scurry at the end.' **[Respondent 14]**

Diversity in osteopathic background (education, different type of osteopathy, NHS), number of years in practice, having another registered health professional as a peer and geographical location between peers appear to have led to more positive Peer Discussion Reviews.

'I really benefited from having a peer who works in education who asked excellent open questions which prompted me to reflect on my practice in a way I had never done before.' **[Respondent 1]**

Some of the interviewees, including those who expressed criticism about aspects of the CPD scheme said they found their PDR enjoyable. The key for these osteopaths was having a peer who was supportive and empathic and treated the experience as an opportunity for learning.

'I certainly didn't expect to, but I enjoyed doing the PDR. I love learning and (my peer) has the same approach as me. The structure worked well. We spent three hours on the peer review and then we went out for dinner afterwards to continue the conversation.' **[Respondent 3]**

'I like that supportive and respectful environments are encouraged between peers. If there are any mild lingering uncertainties, it is a relief to know there are no penalties for signing someone off. Although we must act with integrity, it is reassuring to know that kindness has a place, and we're not expected to be perfect either as peer or peer reviewer.' **[Respondent 18]**

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Osteopaths who struggled to find a peer and completed the Peer Discussion Review towards the end of Year 3 of their cycle found it the most challenging. The reasons they struggled to find a peer were multiple. For example, their selected peer had retired, they were a sole practitioner and geographically isolated so weren't sure who to ask. Two interviewees had joined the [Institute of Osteopathy Peer Matching Platform](#) but were not successful in finding a peer through this route. In addition, they expressed suspicion about the rationale for this aspect of the scheme and this translated into reluctance to engage in the PDR process.

'My peer retired before we could complete PDR, now I am working with a colleague who has not embraced the scheme and is coming to end of their cycle.' **[Respondent 13]**

'The worst aspect of the new CPD system is this profound obsession with this need for two osteopaths to have to look over each other's work. To say the least I find it unacceptably invasive. Several colleagues I have spoken with were less than complimentary about it. It is in some ways tantamount to a policing system. It leaves me with the feeling that the GOsC deem us all to be untrustworthy.' **[Respondent 17]**

Peer Discussion Review form

A sub-section has been included to specifically reference the PDR form as this was a common issue that all interviewees reported when carrying out their PDR, including those who saw the benefit of having a Peer Discussion Review.

Four main issues were reported which included:

- length of the form
- the language used in the form
- technical difficulties completing the form
- uncertainty regards what they had to do with their PDR form once completed.

'I was initially relaxed and happy about the prospect of having a PDR but the form massively put me off, caused me stress and took up a lot of time. I was honestly shocked at the length of the form.' **[Respondent 2]**

'It's inhuman - the bureaucratic language GOsC uses (in the form) - real people don't speak like that.' **[Respondent 19]**

The PDR form was initially published as a word document which led to issues for peers and peer reviewers who used different operating systems (Mac, PC) or different versions of Microsoft Office. As a result, interviewees experienced formatting errors when they filled in the form and shared it with their peer to complete their sections. The vast majority of interviewees expressed sentiments similar to those expressed below, requesting an online version of the form.

'I had serious tech issues with the (PDR) form. The form is not straightforward. I spent most of the time referring back to guidance to

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understand the questions. I think the guidance and form need to be separated and the form should be online.' **[Respondent 4]**

'I used a downloaded (word document) version of the form and found it a faff to scroll down through all the guidance to find the right entry each time I added anything. I would appreciate an online version that provides a summary allowing me to save and edit each entry, similar to the online CPD diary on the o zone.' **[Respondent 14]**

We had already identified in mid-2021 that the form was an issue and published an editable PDF version on the CPD website that would solve a lot of the technical difficulties. What became apparent during the course of the interviews was that some interviewees had downloaded the form prior to the PDF version being published and had not been aware that a newer version was available. Following the interviews, interviewees were directed to the webpage hosting the PDF version.

Four of the interviewees who were due to complete their CPD cycle within 2-4 months of the interview date thought that the completed form had to be sent to GOsC for review.

'Once you've done the PDR what next? There's nothing on the template or on the o zone with instructions of what to do next. Who do I email it to?' **[Respondent 17]**

When informed that they didn't need to submit the form to GOsC, unless they were asked to do so as part of verification and assurance, and that the form was simply a tool to help them have a structured conversation, the responses were positive. One of the osteopaths said not having to share the form meant the CPD scheme 'felt less like an exam'.

Theme 3: Attitudes towards sources of communication about the scheme

Strong factors determining attitudes towards the scheme were the communication channels interviewees used to access information about the new scheme and when they accessed those channels during their CPD cycle. All interviewees were asked about the:

- a. Mailout of the new CPD scheme booklet and pocket guide as they joined the scheme
- b. GOsC CPD scheme webinars and face-to-face presentations
- c. GOsC CPD website
- d. CPD features in The Osteopath magazine
- e. GOsC monthly eBulletin
- f. Other channels they used to find out about the scheme

Interviewees welcomed the mailout initiative and the printed resources they received as they embarked on the new CPD scheme. An interviewee who disclosed that they had dyslexia was particularly positive about the CPD scheme pocket guide and said it had the right balance of information and engaging design, and that they found it accessible and reassuring.

Direct engagement with GOsC, whether that was face-to-face, over the phone or via webinar, was a highly influential factor in helping osteopaths to understand the requirements of the scheme, reducing levels of fear, and empowering osteopaths to undertake their CPD cycle.

A third of the interviewees had taken part in one or more of the CPD webinars that were hosted in 2019 and 2020.

'I took part in the early adopter CPD events a few years ago which gave me a flavour of what was to come in the new scheme. I was somewhat aghast as it seemed like a radical change from the previous scheme and over the top. I feel differently about the scheme now. Taking part in the webinars with Stacey (Clift) last year helped reduce my fear and cemented my understanding of the scheme and attending the meetings with Tim Walker a few years ago helped too.' **[Respondent 12]**

'The CPD scheme...was made easier through the guidance and support of GOsC staff who organise various high quality free CPD activities that are conducted in a very friendly atmosphere. I'd say to other colleagues who are struggling to contact the GOsC dedicated staff for support as I have done.' **[Respondent 8]**

Two of the interviewees attended the larger scale GOsC Peer Discussion Review webinar that took place in January 2021 but had not wanted to attend the smaller scale webinars. They said they felt 'more comfortable' with a larger webinar format in which they could be passive participants with the opportunity to ask questions via

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a chat box function. Both interviewees said they found the webinar informative and helpful at a time when they needed reassurance about the PDR process.

Interviewees had mixed feelings about the CPD website. Interviewees who had a good understanding of the new scheme saw it as a repository of useful resources specifically the CPD workbooks and completed examples of reflective templates. However, they said they knew what they needed from the website and where to find it, predominantly because they had read about the resources in The Osteopath, the eBulletin or had attended a GOSc webinar/presentation.

Conversely three interviewees (one of whom has a disability) found the amount of information and the number of resources available on the CPD website overwhelming. Two of these interviewees visited the CPD website at the start of year 3 of their cycle to gain an understanding of the new elements of the scheme and identify what mandatory steps they needed to begin taking.

'I have read every single resource but I still struggle to understand them... it was just too much writing for me and then I began to feel overwhelmed and avoided looking at the website.' **[Respondent 15]**

'I thought I needed to use the reflective templates on your website for every single activity and was completely overwhelmed by that prospect because writing is not my strong point.' **[Respondent 16]**

Only two interviewees made specific reference to The Osteopath magazine and their views were at opposite ends of the spectrum.

'I quite liked the articles in the magazine which featured actual osteopaths and their experiences of doing case-based discussion and some of the new bits of the scheme. The step-by-step breakdown was good and then you included the links to documents and templates so I was able to get those from the website.' **[Respondent 7]**

'I was irritated by the articles about the scheme in The Osteopath (magazine). I thought it was a PR exercise and not a true reflection of the experience of the majority of osteopaths. I wanted 'warts and all' articles. I think this would have helped osteopaths feeling overwhelmed to feel they aren't alone in their fear but could overcome it. Having articles like this would have helped osteopaths buy into the reflective process and the scheme.' **[Respondent 16]**

Seven of the interviewees mentioned the monthly eBulletin from GOSc, they saw it as a useful source of information signposting them to CPD resources and keeping them abreast of webinars they could sign up for.

Discussions weren't limited to GOSc-led communication channels however. Popular information sources of information included the Institute of Osteopathy, the Academy of Physical Medicine, Osteopathy Works, special interest groups, and

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osteopathic social media forums. In particular, interviewees from group 3¹⁰ referred to these sources as 'trusted' because it was predominantly osteopaths sharing information with other osteopaths.

'I found out about CPD scheme via the iO not via GOSc. My communication consumption involves scanning the iO ebulletin and sometimes GOSc bulletin headlines. [Respondent 20]

'There are a lot of great discussions and conversations on Osteopathy Works and I found the presentation they did on the scheme did very helpful. It's a good group you can ask advice and at the end of the day osteopaths want to talk to other osteopaths.' [Respondent 5]

¹⁰ Group 3: Osteopaths who are suspicious of GOSc and osteopathic regulation

Theme 4: Impact of COVID-19

It is impossible to overestimate the impact that COVID-19 pandemic had on the profession and in turn on osteopaths' ability to complete the new elements of the CPD scheme. All interviewees referenced the pandemic and its impact on their practise, however there was a strong dichotomy of experience.

Positive impact on CPD cycle

Approximately half of interviewees said while their clinics were closed they had greater opportunities to undertake more CPD than they otherwise would have done.

'Although it was an extremely difficult time not working for three months it meant I had lots of time to do CPD so I completed almost 40 hours in that time. And I did a case-based discussion over Zoom with a colleague I hadn't spoken to in years. [Respondent 8]

In addition, the flexibility offered by the three year scheme allowed osteopaths who were unable to complete their planned CPD in year 2 of their cycle, to undertake more hours in year 3 instead.

'My experience is generally that the scheme works to a greater extent. It was useful, as COVID threw my CPD plans out of the window, to be able to adjust things to catch up a bit in the third year. [Respondent 11]

Out of this cohort all interviewees turned to online CPD activities and specifically referenced GOSc webinars and Academy of Physical Medicine talks as being valuable CPD. They expressed surprise at the amount of free online CPD and said they would continue to access these free online activities for their next CPD cycle.

'For me learning online suits my needs so I took part in the Academy of Physical Medicine webinars which were great and I attended your Peer Discussion one too which was very good. [Respondent 18]

Specific CPD activities interviewees undertook during lockdown included updating case history templates, completing more CPD under OPS theme C (Safety and quality in practice) than they otherwise would have done, conducting objective activities via online platforms, reviewing and updating their marketing approach (website and social media accounts) and administrative processes (eg booking system).

The main issue that this cohort raised was how to determine whether the activities they conducted online met the learning with others requirement. They said they would have welcomed clearer direction from GOSc on how to record these activities and whether they could have counted towards the 45 hours requirement.

Negative impact on CPD cycle

At the other end of the spectrum approximately half of interviewees said the COVID-19 pandemic had a detrimental impact on their ability to meet CPD requirements.

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There were multiple reasons for this: illness, time constraints (had to seek alternative employment); increased childcare/eldercare responsibilities; financial difficulties; unable to learn online. All of these factors were underpinned by severe emotional distress.

'I've been in profession for a long time and I have always had a busy practice but COVID-19 had a huge impact with so many patients cancelling. Constant money worries and risking COVID-19 so I could keep working has meant that for me the CPD scheme was the final straw.' **[Respondent 19]**

'GOsC don't care about osteopaths, you've made big mistake with (the new CPD) scheme. I've only worked for 2 out of 3 years and the lack of understanding and empathy for the difficulties we've experienced (during the pandemic) is shocking.' **[Respondent 6]**

All female osteopaths with school age children who participated in interviews said they experienced severe challenges completing their CPD requirements.

'I had a baby during lockdown which was a traumatising experience. Added to that I had to home school two kids. Some days I barely had a chance to eat let alone think about CPD.' **[Respondent 4]**

Another osteopath who disclosed that they were the sole carer for an elderly parent said during the pandemic they struggled to manage their caring responsibilities and professional responsibilities. This interviewee said they didn't reach out to GOsC because their perception was that GOsC 'are inflexible and unsympathetic'.

'My biggest concern, as was commonly reported on osteopath forums, was that no regard was given to both myself and other colleagues, who are carers, for extra time to complete their CPD cycle.' **[Respondent 8]**

Theme 5: Feelings about GOsC

While the focus of the interviews was the CPD scheme, we worked hard to create a safe space for each interviewee, so they felt able to share their views about GOsC and osteopathic regulation in general.

As expected, the views were split along the lines of the three attitudinal groups.¹¹ It's important to note that every osteopath who provided feedback – regardless of whether they had positive or negative feelings about the scheme or GOsC – welcomed that we were undertaking this listening exercise and personally engaging with the profession. These osteopaths had not expected to have the opportunity to provide feedback directly to a GOsC staff member, which would then be anonymised and shared with Council and welcomed the chance to have their views heard.

Historic issues

With fifteen of the interviewees having been registered for 15 or more years, many of the discussions centred on historic issues and some of these interviewees tended to demonstrate suspicious attitudes towards GOsC and the aims of the CPD scheme.

None of these osteopaths disclosed whether they had been subject to Fitness to Practise proceedings however all shared narratives of colleagues they knew who had been involved in proceedings.

'I had a colleague who had a complaint made against him that wasn't upheld. He suffered severe mental health issues and was treated badly by GOsC and this jaded the perception of GOsC amongst our whole group. Those hurts don't heal.' **[Respondent 19]**

Their suspicions often stemmed from difficult relations between the profession and GOsC at the inception of osteopathic regulation. In turn, their suspicions led them to question specific elements of the scheme, in particular the Peer Discussion Review.

Interestingly however, one osteopath said their opinion of osteopathic regulation and the GOsC had shifted from negative to positive during the pandemic. They said they previously been suspicious and critical of GOsC but being on the Register had a positive impact on their practise.

'Until COVID I didn't see the value of being registered (with GOsC) but because I was registered and an AHP (Allied Health Professional) I could be an NHS Covid Tracer and this was a massive financial help. It's made me think differently about being registered.' **[Respondent 7]**

Relation regulation

¹¹ Group 1: Osteopaths who value osteopathic regulation and demonstrated a positive attitude towards the scheme

Group 2: Osteopaths who demonstrated attitudes of fear-based compliance of the scheme and are fearful of GOsC

Group 3: Osteopaths who are suspicious of GOsC and osteopathic regulation

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It is encouraging that the majority of interviewees acknowledged the GOSc's shift to a 'relational' approach to regulation and noted that work that was being done to personally engage, communicate and consult with osteopaths.

'Over the years, certainly at its inception the GOSc gave a very poor impression. I have the sense that there has been a culture change at GOSc and we (the osteopathic profession) are trying to respond positively to that. I do hope that the engagement is reflected in the process (CPD evaluation) itself. We really want to keep a sense of this (CPD scheme) is something being done with us and not to us.' **[Respondent 9]**

Issues to consider

Several key issues which cut across all three of the attitudinal groups¹² experience regardless of their feelings about the scheme or GOsC are outlined below which require further consideration.

There was a lack of understanding with regards to:

- **What activities were compulsory and what were optional**

- For example, the majority of interviewees said they thought they had to use the CPD Diary on the o zone. A smaller number thought that they had to record all of their CPD activities using the reflective templates on the CPD website. Three interviewees thought that mapping their CPD to the Osteopathic Practice Standards required them to map to each standard rather than the four OPS themes.

'I used the o zone CPD Diary because I thought it was mandatory and GOsC had access to it. I assumed you checked how many hours I completed in my diary compared to my renewal declaration. I also struggled to map to the OPS because I thought I had to map my CPD to every standard which I found very challenging. I ended up using my own excel spreadsheet to categorise how I met each of the different standards.' **[Respondent 2]**

'I had no idea, until recently, that completion of the CPD diary, wasn't compulsory until I was at an iO event and Ms (Glynis) Fox told us this fact.' **[Respondent 8]**

- **What level of detail was needed in their CPD record and whether they have done enough to meet the requirements of the new scheme.**

- This issue particularly centred on osteopaths who were concerned that they might be selected as part of the verification and assurance process. It is also tied into the perception that osteopaths believe they will pass or fail the scheme and they will experience sanctions should they not meet the CPD requirements.

'I am not sure what type of evidence is needed to meet your requirements. How do I know if I have satisfied your criteria? I am afraid that I haven't done enough and I am going to be penalised.' **[Respondent 6]**

'Even after having just completed my Peer Discussion Review and referring to completed examples I am still not sure if I have met the requirements and given you the info you want.' **[Respondent 5]**

- **Terminology used in the scheme**

¹² **Group 1:** Osteopaths who value osteopathic regulation and demonstrated a positive attitude towards the scheme; **Group 2:** Osteopaths who demonstrate attitudes of fear-based compliance of the scheme; **Group 3:** Osteopaths who are suspicious of GOsC and osteopathic regulation

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- Specifically, the meaning of the term 'standard' caused confusion and a small number of interviewees conflated CPD Standard 3 (Communication and consent) with OPS Theme A (Communication and Patient Partnership).

'I am confused about the CPD standards versus the OPS themes and standards, the language is not clear and I am not sure what I need to do.'

[Respondent 6]

'The similarity between OPS standard A and CPD standard 3 which is doing some CPD to benefit patients is very confusing. With two of the words being repeated and the whole terms being so similar. I was confused into believing I had met PDR standard 3 just by doing some CPD which met Osteopathic Practice Standard A. It wasn't until my PDR partner and I sat down together and tried to unpick the terms that we realized I was lacking the consent part of PDR standard 3. [Respondent 10]

Solutions that have been implemented

When these interviews were conducted in early 2022 the issues that osteopaths raised were shared with colleagues, enabling solutions to be identified and implemented in real time.

In terms of what activities were mandatory and what were optional, clarifying information was promoted across all relevant channels. On the o zone for example each page which referred to the CPD Diary now contains the following explainer text: *'The CPD Diary has been designed to be convenient for you, particularly when completing your annual renewal of registration form. You are required to keep a record of the CPD activities you undertake. However, using the CPD Diary is optional.'*

This approach was also adopted across all other channels with a shorter message - 'use of the CPD Diary is not mandatory' – which was repeated consistently.

In February 2022, the Chief Executive and Registrar, filmed a video entitled ['The CPD scheme explained'](#) responding to the feedback we had received from interviewees with the aim of providing reassurance and clarity. He outlined that mapping to the OPS means undertaking CPD across the four OPS themes not every standard. He also emphasised that the CPD diary was optional and also talked through each of the mandatory requirements step-by-step.

In terms of providing guidance on recording CPD effectively we had already asked Deborah Smith, an osteopath member of Council to write a blog sharing advice and resources so this was promoted even more widely. A blog by Lorraine Palmer, a member of the Registration team, which was published in October 2021 entitled 'What counts as evidence of your CPD activities?' was also promoted again across all channels.

Additionally, a series of blogs penned by Stacey Clift, a member of the Professional Standards team, were published from March 2022 onwards examining what evidence is required to ensure an osteopath can complete key components of the scheme.

We also began a review of our CPD website to understand what information is being accessed, and when, to better inform an update of the website structure and how we signpost osteopaths to the resources they need. Landing pages were created for each CPD requirement which collated the essential resources on one webpage along with explainer text regards what was and wasn't mandatory. A dedicated landing page was also created for osteopaths who were coming to the [end of their cycle](#) advising them on what actions they needed to take.

Recommendations

As part of the interview process, we asked interviewees what actions they thought we should take to address challenges osteopaths faced when completing their CPD cycle. Interviewees were surprised that we wanted their input and appreciated that they were being consulted on this matter.

A clear recommendation that emerged was to continue our personal approach to engagement as this has had the greatest impact on interviewees in group 2¹³ helping to reduce the levels of fear surrounding the scheme. When osteopaths can speak to us over the phone, via webinars and face-to-face, especially those who are distressed, tend to feel more reassured. It has also helped to humanise the GOsC for some registrants.

Interestingly, the relational approach taken in the first iteration of the three year scheme has already borne fruit. CPD groups who we delivered CPD presentations to between 2019-2021, have already invited GOsC back to speak with their members to support them with the next iteration of the CPD scheme. For example, we delivered presentations to the Norfolk Osteopathic Group and Bristol Osteopath Group on the topic of Communication and Consent. In November 2022, the Waltham Forest Group, who we spoke to during a series of presentations in spring 2021, asked us to deliver a presentation this time on Peer Discussion Review.

Direct emails at key milestones

What interviewees suggested could further improve understanding of the scheme and in turn continue to reduce fear is to send brief reminder emails to all osteopaths at key times throughout their cycle.

'What would be helpful are short emails from you nudging me about the CPD scheme. I don't want lots of information I only want to hear what I have to do. I am very self-reflective as a practitioner and I do lots of CPD so only want the essentials from you. [Respondent 3]

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 such as an objective activity workbook along with a completed template demonstrating how they could record their objective activity. At the end of Year 2 interviewees suggested we could direct osteopaths to resources on the Peer Discussion Review such as the animation and a completed Peer Discussion template as well as the explainer video the Chief Executive filmed in February 2022.

Increasing engagement with trusted stakeholders

¹³ **Group 2:** Osteopaths who demonstrated attitudes of fear-based compliance of the scheme

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Overcoming the negative perceptions of osteopaths in group 3¹⁴ is more challenging. However, what was identified in the interviews, is that these osteopaths are strongly influenced by negative narratives in the profession about GOsC. There was a strong sense that we need to be seen to be engaging with a broad spectrum of osteopathic stakeholders.

'I'd like to see more stuff from GOsC that I actually need to know about in the iO ebuletin and magazine then it'd look like you work collaboratively with the profession. I am more likely to read things that come from the iO...I trust NCOR so it'd help improve things if you were seen to be working with them too.' **[Respondent 5]**

'I am part of a (special interest group) and over the last couple of years I spoke to a whole host of people (about the CPD scheme) and found that very beneficial. Maybe you should speak to more groups like the one I'm in.' **[Respondent 20]**

A potential approach for GOsC is to target more of our engagement with influential stakeholders that this group trusts. 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.

In addition, fostering discussions and offering to participate in the events trusted stakeholders host would allow us to reduce miscommunication with the profession respond to questions directly and work together to identify solutions. A good example of this is the recent presentation by the Senior Management Team at the Academy of Physical Medicine.

Going forward it appears that fostering understanding and compliance with the scheme comes down to four key elements, issuing the right message, via the right channel, at the right time and repetition. We have already made great strides in nuancing our approach and it is having an impact.

¹⁴ **Group 3:** Osteopaths who are suspicious of GOsC and osteopathic regulation