General Osteopathic Council

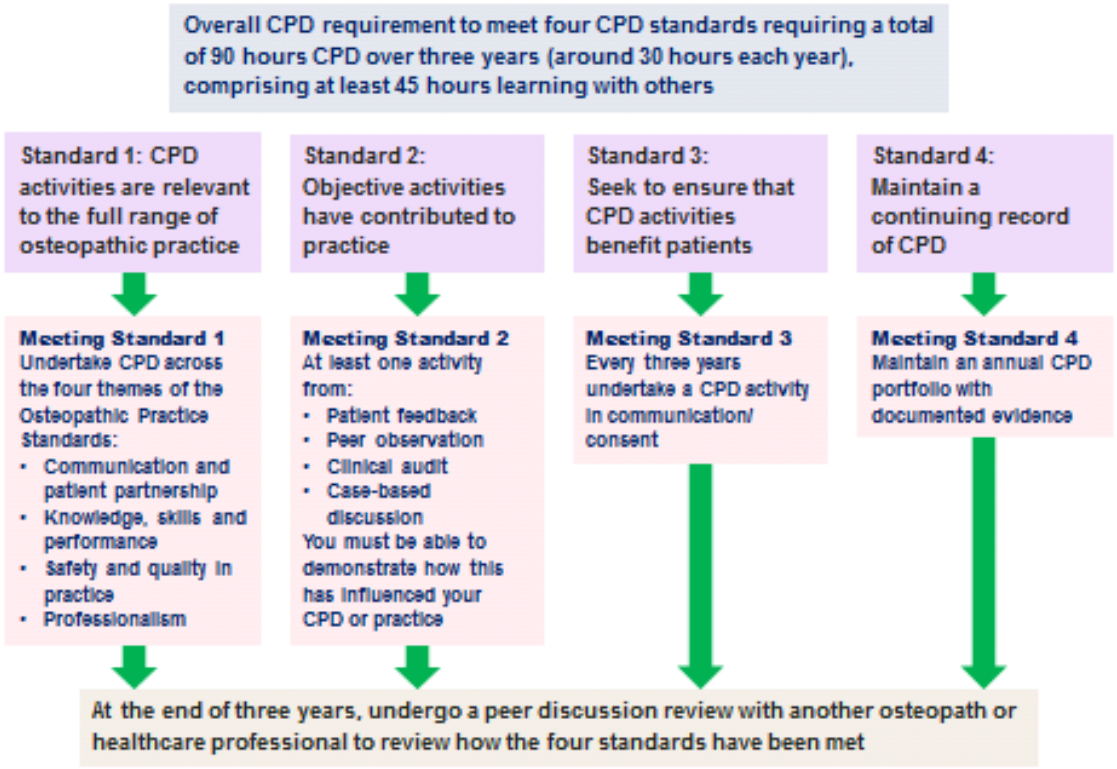
13

Council
1 February 2017
Continuing Professional Development update

Classification	Public
Purpose	For discussion
Issue	This paper provides an update on the implementation of the CPD scheme.
Recommendations	1. To note the progress of the implementation of the CPD scheme. 2. To consider the risk analysis. 3. To agree the timeline for amendment to the CPD Rules as agreed with the Department of Health.
Financial and resourcing implications	Council has set aside reserves of £100,000 for the implementation of the CPD scheme.
Equality and diversity implications	None from this paper. The impact of the scheme is being monitored from a variety of perspectives as part of our evaluation.
Communications implications	Communications about the implementation of the new CPD scheme are ongoing.
Annexes	A. Indicative costs for the implementation of the CPD scheme B. Risk Matrix (January 2017)
Author	Fiona Browne

Background

1. At its meeting on 4 February 2016, Council agreed the CPD model to be implemented as outlined at below. This diagram has been designed to be more accessible and clear.



2. Council supported a staged approach to implementation of a new CPD scheme for osteopaths and agreed an outline timetable, recognising the need to review this at regular stages as part of the implementation plan.

3. By March 2017, Council wanted to have achieved the following:

   - Agree the CPD model for introduction.
   - Agree the governance structure to oversee the further development and implementation of the scheme, recognising that implementation relied on partnership and capacity of others in the osteopathic sector.
   - Introduce the scheme for those interested in early adoption.
   - Make a decision on introducing the mandatory elements of the scheme for all osteopaths.
   - Publish updated CPD guidance and learning resources.

- Ongoing communications and engagement (both with partners and individual osteopaths).

- Develop a robust web-based infrastructure to support the CPD scheme.

4. In February 2016, Council agreed to allocate £100,000 from reserves to support the implementation of the CPD scheme.

5. On 16 June 2016, the Policy Advisory Committee noted the general update on the CPD scheme and considered further detail about the indicative budget, the risk matrix and the evaluation framework.

6. On 22 September 2016, a first meeting took place of the CPD Partnership Group (comprising key stakeholders including patients, osteopaths and osteopathic groups and chaired by the Chief Executive). At this meeting, the Partnership Group considered the revised CPD Guidance and revised Resources, Examples and Case studies to help osteopaths to undertake the new features of the scheme. They also undertook a structured analysis of their roles in implementation, which will feed into the development of an action plan.

7. On 13 October 2016, the Policy Advisory Committee considered a general update on the implementation of the CPD scheme, which included consideration of the consultation analysis and the updated CPD Guidelines, the development of the CPD Resources website, the specification for the Early Adopters, and progress made with the Early Adopters and the Evaluation Survey. The Committee also noted the work being undertaken to update the Equality Impact Assessment. At this meeting, the Committee suggested that the Executive explore the need for additional resource in the budget for the development of further Peer Discussion Review support materials. The Committee also suggested that further work on the scrutiny of risk should be undertaken under the auspices of the SMT Task Group and again with the CPD Partnership Group in particular. The risks should be divided into risks to the project and risks in the implementation of the scheme itself.

8. On 2 November 2016, Council noted the progress of the implementation of the CPD scheme and agreed a waiver procurement rules to enable the Executive to commission further website development services from an agency (Design to Communication/DTC) who previously worked with us on the CPD consultation website .

9. Points made by Council included considering:

    - Links between the Osteopathic Development Group mentorship project and the introduction of peer discussion review.

    - Resources and support available for IT, including

        - E-portfolios – this was being explored with the Early Adopters.

- Necessary changes to GOsC IT facilities, to support revised CPD summary submissions from osteopaths – process design has been commenced.

- The CPD resources website and the need for Council to be assured of proportionate controls, a clear specification and maintenance of the budget which would be subject to Council oversight and scrutiny.

10. Council decision-making in relation to the CPD scheme is focussed on the mandatory implementation of the scheme (including legislative change) and regular review of evaluation, finance and risk.

11. This paper provides a general update on the implementation of the CPD scheme, with particular reference to risk analysis, emerging findings from the baseline evaluation and an update on finance. It also highlights progress in relation to legislative change.

Discussion

Update on the implementation of the CPD scheme

Guidance and resources

12. The CPD Guidelines have been updated and are in place for the Early Adopters and are published on the new dedicated CPD website, which also offers the updated CPD resources.

13. In relation to the Peer Discussion Review Guidelines, on 22 September 2016 the CPD Partnership Group and on 13 October, the Policy Advisory Committee considered the feedback from the CPD consultation in relation to the Peer Discussion Review Guidelines and noted the particular feedback needed to enhance these guidelines. Feedback centred around the support available when concerns were raised, clarity about how a Peer Discussion Review would be judged to be acceptable, training and choice or Peer Discussion reviewer.

14. In relation to the feedback on the Peer Discussion Review, we have held sessions with groups of osteopaths in Lymm, Cheshire, and Carlisle, Cumbria, which have helped us to test out revised Peer Discussion Review guidelines. Further sessions are taking place with Lymm, Carlisle and Faringdon (Gloucestershire, Oxfordshire and Wiltshire osteopaths) on 28 January, 9 February and 4 February to stress test the guidance, using particular case scenarios, and to begin to work up scripts for animations and case examples. The sessions have served to develop case examples of Peer Discussion Reviews, exploring trust and setting expectations. Using hypothetical cases, we will explore cases where concerns are dealt with locally and where concerns are reported. We are also investigating options for a confidential helpline for osteopaths. The costs of this work will be incorporated into our existing budgets. We expect to bring results of this work back to the CPD Partnership Group, the Policy Advisory Committee and the Council later in 2017.

15. In the meantime, the Early Adopters will focus on the other new features of the CPD scheme, with an emphasis on discussing practice with peers as part of a structured conversation.

16. Council will be asked to approve finalised versions of the CPD Guidance and the Peer Discussion Review Guidance ahead of the mandatory implementation of the scheme.

Communications and engagement

17. We continue to ensure a regular flow of information concerning the development of the new CPD scheme in GOsC and Institute of Osteopathy (iO) print media and e-bulletins, to maintain a high level of awareness and engagement.

18. Since the Council meeting on 2 November, we have:

    - Hosted a meeting of the Inter-regulatory Continuing Fitness to Practise Group, focussing on reflection and including an external speaker, Professor Graham Ixer of the University of Winchester.

    - Met with CPD providers about the CPD Scheme.

    - Held 15 webinars and three face-to-face Early Adopter introductory events which aimed to: introduce Early Adopters to the new CPD requirements and the support available to them as they try out aspects of the CPD scheme. Over 160 osteopaths attended an Early Adopter launch event.

    - Held a Peer Discussion Review group meeting in Lymm.

    - Held a further two webinars (on 9 and 13 February) to support regional group members to deliver the new features of the CPD scheme to other osteopaths.

    - Attended regional group meetings to support the leads to deliver aspects of the new CPD scheme to their members.

    - Discussed our CPD scheme with the osteopathic educational institutions.

    - Launched and concluded our CPD Evaluation Survey to provide the baseline data we will need to assess the CPD scheme once it is mandatory for all osteopaths.

    - Launched a comprehensive Early Adopter CPD programme designed to support osteopaths to participate in the scheme, and to record, reflect on and share their experience and knowledge with others; 115 osteopaths have signed up to the CPD programmes.

    - These programmes will continue into summer 2017, at which point we hope that at least 100 osteopaths will have tried out at least one new feature of the CPD scheme. We hope that will prove a positive experience for

participants and they will be able to share their experience with others. We will be reviewing progress at that time as part of our key work will be how to hand over these programmes, if useful, to other organisations and groups in the sector or consider other ways of making them more accessible to the osteopathic population as a whole.

CPD microsite update

19. With the agreement of Council at its meeting on 2 November, the GOsC commissioned specialist agency Design to Communicate (DTC) to work with the GOsC to design and develop a dedicated CPD microsite, a key element of the web-based infrastructure that will support the new scheme.

20. Embedded in the GOsC public website, the site will serve to provide a comprehensive and easily-accessible central resource for osteopaths, for CPD providers and the profession generally, and for anyone with an interest in how osteopaths keep their knowledge and skills up to date.

21. The tone and content of the website aims to make CPD relevant, interesting and engaging for osteopaths. Primarily its function is to encourage CPD planning and reflective practice, offer and signpost learning resources, and generate ideas for collegial CPD activities. We hope to promote a learning community culture by sharing the experience of osteopathic groups around the UK and facilitating interaction between practitioners, professional groups, education providers, and osteopathic organisations. Guidance and resources on the website aim also to support the Peer Discussion Review process, one wholly new feature of the osteopathic CPD process.

22. As we work through the implementation phase of the new CPD scheme, an important function of the website is to provide support and clear information that helps osteopaths understand the requirements and the implementation timeframe, and potentially begin to integrate the new approach into their current CPD. In the short-term the website will support the Early Adopter work, feedback from which will in turn inform enhancements to this online resource and help us to understand and address concerns about the scheme generally. The CPD website will also give easy access to the e-portfolio facility as we pilot this with Early Adopters over coming months.

23. The work commissioned from DTC was completed within budget, and in mid January we began a 'soft' launch of the CPD website (http://cpd.osteopathy.org.uk). A demonstration of the website to the CPD Partnership Group on 12 January, which includes representatives of osteopathic education providers, clinical interest groups, the Institute of Osteopathy, local osteopathic groups and patients, generated a very positive reaction. Subsequently, we have been widening our invitation for feedback on the site, emailing access to a range of osteopathic stakeholders, to assist our testing and further improvement of the site and the resources it offers. Council Members have been sent access details and invited to comment. The February-March 2017 issue of *the osteopath*

magazine will introduce the CPD website to registrants generally and invite feedback and suggestions.

24. We envisage the CPD microsite at the heart of our ongoing work to promote professional development, and we expect it to continually grow and evolve as a central resource for the osteopathic profession. As such, further development of the website and the resources it offers will be reflected and costed in our work plans and budgets for Council oversight and approval.

Process

25. We are working together with the Institute of Osteopathy on an e-portfolio. The purpose of the e-portfolio is to enable Early Adopter osteopaths to test an online facility that supports CPD planning, recording, reflection and sharing of CPD portfolios with others. We would like to know if this facility enhances the ability of osteopaths to engage with the new CPD scheme. The importance of being able to record and reflect on CPD is an important component of the CPD scheme, potentially helping to realise the benefits of the scheme.

26. The e-portfolio will be available to Early Adopters from January 2017. During this time, we will be evaluating its effectiveness as a tool to support the implementation of the CPD scheme and agreeing next steps (which may include an extension of time for evaluation).

27. Meetings of the SMT Task Group continue to take place every three weeks to direct ongoing project management.

28. The first meeting of the CPD Partnership Board took place on 22 September 2016. Part of this meeting comprised an interactive workshop that explored a structured approach to developing osteopathic organisations' roles in the implementation process, and served also to identify risks and concerns for noting on our own risk matrix. At the conclusion of this meeting, the group had developed a shared understanding of what it is that we hope osteopaths will do as a result of the scheme.

29. The second meeting of CPD Partnership Group took place on 12 January 2017, and participants received an update on the progress of the implementation of the scheme. They also explored the development of possible action plans for organisations in the sector. We hope that following this meeting, organisations will develop more detailed action plans for discussion at the next CPD Partnership Meeting, which we expect will take place April or May 2017.

Early Adopters

30. Almost 240 osteopaths expressed interest in being an Early Adopter, and over 160 osteopaths participated in Early Adopter launch sessions (both face-to-face and webinars) which took place during November and December 2016.

31. The purpose of the launch sessions was to:

- Introduce the new features of the CPD scheme.
- Enable osteopaths to get a taster of the Early Adopter scheme.
- Help osteopaths to decide which features of the new scheme they would like to try out and when.

32. Feedback about both face-to-face events and the webinars has been collected and collated. Views were very positive, with almost all osteopaths finding the sessions useful or very useful and the majority of osteopaths feeling that the content and length of the sessions had been about right. Most osteopaths reported learning something new. Some technical problems with the webinars were reported (e.g. sound or visual problems).

33. Comments included:

- 'Was useful to participants who didn't know about the new scheme'
- 'Calmed my worries about the new scheme'
- 'It was helpful to listen to other attendees perspectives'
- 'It gave a better insight as to what is expected of osteopaths when the new scheme is launched'
- 'Speed and layout was good'
- 'Outlining what was expected over the next few months was clear and useful'.

34. Suggestions for improvement included:

- 'More videos'
- 'Taster session at the end a bit crass. These philosophical discussions are complex and of course important, but I didn't feel this format was appropriate for embarking on something like this for 2 minutes with a bunch of strangers'
- 'More information around what the Early Adopters programme will look like'
- 'Further information about the taster programmes and how these might work in a group format'
- 'Timing was an issue – more time for the face to face events was felt to be helpful although this was less evident in the webinar feedback'.

35. Key take away messages from the face to face events included:

- 'CPD should be fun'

- 'Record everything, analyse experience against OPS and get a peer to sign everything'
- 'CPD within a community simplifies the process and should enhance learning'
- 'Not to be frightened of the future'
- 'Self-reflection is key to professionalism and development'.

36. We believe that the launch sessions provided reassurance about the new CPD scheme.

37. At the end of 2016, we sent out a fact sheet to all Early Adopters who had participated in a launch event, offering the opportunity to undertake a dedicated CPD programme in one of the new features of the CPD scheme. A copy of this fact sheet is available on request from Fiona Browne at fbrowne@osteopathy.org.uk

38. The dedicated free 'programmes' will be delivered by the Professional Standards team and commence in January 2017. In the case of the programmes on Clinical Audit and Patient Reported Outcome Measures (PROMs), these will be delivered in partnership with Carol Fawkes of the National Council of Osteopathic Research (NCOR).

39. Each programme will be delivered online in groups of no more than 10 people. Each will comprise three or four 'bite-size' sessions no longer than an hour, delivered over a period of three to four months. We hope to supplement the programmes with short videos that capture the essence of the sessions. Programmes include:

    - Communication and consent
    - Case based discussion
    - Patient feedback
    - Peer observation
    - Patient Reported Outcome Measures
    - Clinical audit

40. The purpose of the early adopter programmes is to support osteopaths to:

    - Explore aspects of the scheme in more detail
    - Try out activities to support professional development (engagement)
    - Learn with other osteopaths in a supportive environment (support)

- Learn the knowledge and skills to help osteopaths to undertake and share the new features of the CPD scheme with colleagues (community).

41. We will evaluate the effectiveness of the programmes by seeking feedback from participants. Over time, we hope that Early Adopters will be able to support other members of the profession to meet the requirements of the new CPD scheme. The Early Adopters' characteristics data will also help us to identify if there are particular groups of osteopaths who are under-represented in the Early Adopter cohort, thus enabling us to target support to these groups.

42. Work with the Early Adopters around implementation of the scheme will help us to ensure the viability of the scheme for all osteopaths, information to be considered by Council to help the GOsC make decisions about the implementation of the mandatory scheme for all osteopaths.

Legislation

43. Potential changes to legislation were agreed by the SMT Task Group and with Department of Health officials. We have now received confirmation that the legislative changes requested will be incorporated into the Department of Health (DH) work programme for 2017.

44. Analysis of legislation has shown that the scheme can be fully implemented with minor amendments to our existing CPD rules. Amendments are required to:

    - Include with the rules reference to statutory CPD guidance (including a requirement for consultation on such guidance).

    - Fully implement a move from an annual to a three-year CPD cycle to enable the incorporation of the new requirements.

    - Removal of an anomaly whereby new graduates have an initial exemption from CPD.

45. The timetable for legislative change agreed with the DH is as follows:

Process/Step	**Dates**	**Notes**
DH agreement to proceed	January 2017	
GOsC to provide draft rules, amending order, draft consultation document and equality impact assessment approved by GOsC lawyer	March 2017	
DH Legal Services to be instructed to review draft documentation	March 2017	DH Legal review anticipated no more than half a day
Agree draft rules and consultation document with GOsC. GOsC Council agree to publish consultation.	May 2017	

Process/Step	Dates	Notes
GOsC Consultation	Summer 2017	
GOsC undertake consultation analysis	Autumn 2017	
Final rules presented to DH	Autumn 2017	
Rules finalised	Early 2018	
GOsC Council meeting – final rules are sealed	February 2018	
Approval	February/March 2018	
Final rules sent to Privy Council for approval	March 2018	Rules to come into effect from October 2018
DH Officials advise Privy Council that rules can be approved.	May 2018	
Privy Council approves rules	By September 2018	
Coming into force date	By October 2018	

46. We expect the Policy Advisory Committee to consider a draft consultation document in March 2017, with Council being invited to approve the legislation consultation at its next meeting in May 2017.

Equality and diversity

47. The equality impact assessment is in place and will continue to be updated during the Early Adopter phase, once the evaluation survey has been fully analysed. All osteopaths who are Early Adopters have been asked to provide information about themselves and their practice to help us to make sure that the scheme can be implemented fairly for all osteopaths.

48. We are providing dedicated support to osteopaths who find it more difficult to access our resources to ensure that everyone has a fair opportunity to participate as an Early Adopter. For example, we have undertaken 1:1 support webinars with osteopaths to support them to participate in the main programmes. Findings from this work will be used to support implementation of scheme once it becomes mandatory.

Evaluation and impact assessment, finance and risk

Finance

49. A summary of updated project budgets and costs is outlined at Annex A. So far, indicative costs are contained within the overall budget of £100,000 agreed by Council to support the implementation of the scheme over the three year period. This includes the additional funds for the website.

50. There remain some aspects which need to be scoped, including:

- The costs of additional resources (animations, videos etc) to support the Peer Discussion Review process, and the costs of a confidential helpline.

- The costs of amending the online CPD summary form, once the scheme is mandatory for all osteopaths.

51. The overall estimated budget outlined to Council continues to be closely monitored by the SMT Task Group; Council will be advised if in the course of further development if any significant variations are anticipated.

Risk

52. One of Council's key roles in the implementation of the CPD scheme is to oversee and monitor risk. The updated risk log (taking into account the feedback from the Policy Advisory Committee and the feedback from the CPD Partnership Group) was considered by the SMT Task Group on 4 November 2016 and also by a smaller sub group on 8 December 2016. The up-to-date version of the risk log is attached at Annex B.

53. The main changes to the risk log relate to the distinction of three different categories of risk namely:

    - Risks in project delivery – internal project risks and internal GOsC capability for delivering the project: primarily people, budget, resources, internal governance, systems, equipment and processes.

    - Risks in the implementation of the CPD scheme at different stages (2018 to 2021). External project risks, recognising that implementation is reliant on all aspects of project delivery, but particularly those of our partners. Examples include: relationships with other stakeholders and providers; delivery of the project through others; Early Adopters do not have a positive experience, and a mismatch between capacity and expectations.

    - Risks in the CPD scheme itself – the scheme does not deliver its intended outcomes, for example, it does not:

        - Support all osteopaths to undertake the new features of the CPD scheme to support the continual enhancement of patient care and patient safety, including practice in accordance with the *Osteopathic Practice Standards* (Engagement).

        - Encourage osteopaths to reflect on their practice with others to get professional and personal support to continually enhance patient care and patient safety (Support).

        - Stimulate osteopaths and osteopathic organisations to reach out to build broader networks with osteopaths and others to continually enhance patient care and patient safety (Community).

Evaluation

54. Our process for evaluating osteopathic CPD is proceeding in accordance with the timeline noted by the Council at their meeting on 11 July 2016 and in accordance with the research questions and methodology originally considered by the Osteopathic Practice Committee in March 2015 and 2016. The research questions are:

    a. How much CPD is undertaken in all domains of the *Osteopathic Practice Standards* under the current scheme in 2014/15?

    b. What are the main reasons for selecting/undertaking CPD?

    c. How much CPD is undertaken which involves learning with other?

    d. How much CPD is undertaken which involves learning by oneself?

    e. How much CPD is planned or unplanned?

    f. How much CPD is undertaken in the areas of consent and communication?

    g. Are osteopaths collecting feedback about their practice from external sources?

    h. Are osteopaths discussing the practice of CPD with others to support their practice?

    i. Are concerns about practice being managed appropriately?

    j. Do osteopaths have access to people with whom they can discuss their practice (including areas of skill and development)?

    k. Do osteopaths feel that their CPD enhances their practice?

55. A link to the GOsC CPD Evaluation survey was sent to all registrants in October 2016. Reminders were included in e-bulletins in November and December, and reinforced in social media postings. Reminders were also sent out to targeted stakeholder organisations.

56. As at 5 January 2017, we had received 358 responses to our Evaluation survey, with around 1 in 4 respondents identifying themselves as Early Adopters. This represents a response rate of just under 7% of the registrant population.

57. The intention of this first evaluation survey was to gather baseline data/information, so that over time we can see how patterns of CPD activity change (or not) as the new CPD requirements are introduced.

58. Initial analysis by Dr Stacey Clift shows the following:

- Standard 1 – CPD activities are relevant to the full range of osteopathic practice: around 30% use the four themes of the *Osteopathic Practice Standards* in considering CPD.

- Standard 2 – Objective activities have contributed to practice: around 26% of osteopaths seek feedback on practice from external sources.

- Standard 3 – Seek to ensure that CPD activities benefit patients (CPD in communication and consent): around 42% have not undertaken CPD in the areas of communication and consent.

- Standards 4 – Maintaining a continuing record of CPD: osteopaths were asked 'What are the barriers that you face in reflecting on your practice?' 56% of respondents considered they faced no barriers. Barriers described by osteopaths included: 'I don't know how to'; 'I don't know why I should'; concerns around recording; gets in the way of practice.

- Peer Discussion Review: nearly 86% of respondents agreed that they have access to someone to discuss their CPD activity, their skills and their areas of potential development. Nearly 76% do discuss CPD and the value of it with a colleague.

59. A detailed analysis of the rich qualitative and quantitative data is being undertaken and will be considered by the Policy Advisory Committee in March 2017.

Recommendations:

1. To note the progress of the implementation of the CPD scheme.
2. To consider the risk analysis.
3. To agree the timeline for amendment to the CPD Rules as agreed with the Department of Health.

Indicative costs for the implementation of the CPD scheme

(as at 21 October 2016)

Item	**Budget (over a three year implementation period drawn from £100 000 reserves)**	**Expenditure as at October 2016**	**Notes**
Engagement (including recruitment of early adopters)	£33,000	Small costs for venues and refreshments may be required for the face to face events along with travel expenses for staff. We anticipate that this should not exceed £4,000. We may also look at an alternative webinar provider providing more interactivity for larger groups given the take up for this form of engagement. Costs will not exceed £1500 per annum[1]	Recruitment of early adopters and ongoing engagement is planned to commence during Autumn 2016. Expenditure will commence at this point and is not expected to exceed £31,000 before the end of year 2 of the implementation period.
Development of resources (for early adopters and mandatory implementation)	£31,000	The e-portfolio will cost £5,000 for developing and piloting to April 2017 with the potential for extension to £1,000 per month. The website to host the resources to support osteopaths to undertake the new features of the	Resources are currently being developed in house. Over time, we plan to develop online case resources which will require a degree of IT expertise. These costs are expected to fall towards the end of the implementation

[1] NB: Costs of engagement are currently estimated at around £15,000 over three years which comprise face to face meetings to support specific development of the peer discussion review resources and for those unable to attend webinars.

Item	Budget (over a three year implementation period drawn from £100 000 reserves)	Expenditure as at October 2016	Notes
		CPD scheme and the Peer Discussion Review have now been scoped and set up costs will be in the region of £22,000 ex VAT.	period. We are also considering piloting an online e-learning portfolio to support dissemination of CPD resources and materials which would be included within this overall figure.
Process development	£10,000	Costs of adapting the in house web based forms are currently being scoped.[2]	The costs of process development will fall as elements of the scheme are implemented for all. Therefore these costs are likely to fall towards the end of the implementation period.
Evaluation and impact assessment	£25,000	Currently, evaluation expenditure has been contained through the use of in-house expertise.[3]	Expenditure on setting the baseline for the evaluation will commence shortly and is expected to be consistent throughout the implementation period.

[2] Costs of process development are currently being scoped. These will fall towards the end of year 3 and currently the figure of £10,000 is felt to be a reasonable assumption.
[3] Costs for evaluation are currently being contained in-house. Additional budget for focus groups etc may be required and this is estimated at around £7,000 over the course of the three year period.

The CPD Project Risk Log

Introduction

1. The purpose of the implementation of the CPD scheme is to:

    - support safe and effective patient care and practice in accordance with the *Osteopathic Practice Standards* (through regular reflection, recording and discussion) and
    - support the development of learning communities that enable osteopaths to share and develop their practice safely and effectively.

    Anything which could impede this aim is potentially a problem. Analysing each problem will help us to understand in a more granular way risks and how we might mitigate them.

2. The current risk log for the implementation of the CPD scheme is attached at Appendix 1 to this paper. Feedback on the Risk Log is attached at Appendix 2.

3. The Risk Log is presented for regular consideration by all parts of the governance structure. This is because implementation of the CPD scheme is a major project not just for the GOsC – but also for our stakeholder partners. The goals that the scheme seeks to achieve go to the very heart of the purpose of regulation for all stakeholders.

Risk ratings

4. Impact is scored 1-3 and likelihood is scored 1-3 and with the two scores multiplied together to give an overall risk rating.

5. Risk ratings from 1-2 are considered to be 'low', risk ratings from 3-4 are considered to be 'medium' and risk ratings from 6-9 are rated 'high'.

Risk Log for CPD Scheme (updated on 17 January 2017): Risks to the project

Risks in project delivery means internal project risks and internal GOsC capability for delivering the project: primarily people, budget, resources, internal governance, systems, equipment and processes.

Issue	**Risk rating** **IxL=R**	**Mitigating Actions**	**Residual Risk**	**Are we content with residual risk level?**
Problem: Project plan not implemented. Risk: Project scope or clarity is lost Good project management is essential to ensure that the scheme is rolled out effectively.	2x2=4 Medium	Governance structure has been agreed to ensure oversight. Detailed project implementation document and project plans in place with arrangements for regular monitoring at SMT. Ensuring that the right people are leading the right project streams at the right time. Diversification of project stream responsibility.	Medium	Yes
Problem: Governance structures not implemented effectively. Risk: Insufficient scrutiny Council and Policy Advisory Committee membership will changing with effect from April 2017 meaning that there will be a period of time to ensure that members once again have sufficient knowledge about the implementation project and context to support sufficient scrutiny.	2x2=4 Medium	Documented project governance and scrutiny at all levels. Induction planned for all new (and existing) Council and Committee members.	Low	Yes
Problem: IT not ready when needed.	3x3=9	Scoping paper about changes to IT necessary in	Medium	Yes – but

Issue	**Risk rating** **IxL=R**	**Mitigating Actions**	**Residual Risk**	**Are we content with residual risk level?**
Risk: IT difficulties because of time, knowledge or capacity of staff. Lack of knowledge to scope out changes necessary to CPD module to give effect to the CPD scheme.	High	preparation for consideration by SMT. Provision made in budget for external expertise as necessary.		this risk needs to be continually monitored
Problem: Staff resources not available. Risk: Reliance on key members of staff including educational expertise, project expertise, research and evaluation and engagement expertise is necessary to delivery the project. If key members of staff leave, in areas of education (e.g. development and delivery of resources for the new features), project, research and evaluation or engagement expertise there could be delays to the project (and consequent impact on momentum and effectiveness). Lack of knowledge about developing effective e-learning resources to support key aspects of the CPD scheme, for example consent and communication potentially threatens implementation of the scheme.	3x2=6 High	Internal expertise recruited to support each of these key features. Partnership development may be able to ensure that wider IT expertise is available. Contingency for external expertise if necessary.	Medium	Yes – but this risk needs to be continually monitored
Problem: Staff resources are not available Risk: Other competing GOsC issues take priority.	2x2=4 Medium	Priorities and the Business Plan are monitored by the Chief Executive supported by the Senior Management Team and Council.	Low	Yes
Problem: Organisation needs different skills to support osteopaths as the scheme develops.	2x2=4	Governance structure has been agreed. Detailed project implementation document and	Medium	Yes – but this risk

Issue	**Risk rating** **IxL=R**	**Mitigating Actions**	**Residual Risk**	**Are we content with residual risk level?**
Risk: Inadequate preparation of the organisation to deliver a different type of scheme in terms of: knowledge and skills and capacity to provide the right support and advice to osteopaths and operational expertise to get the right systems in place for audit. We are moving from an annual self directed scheme to a three year scheme requiring particular new features. Therefore osteopaths will need continual support and resources to help them comply with the new scheme through the first three year period. Registration processing and CPD auditing resource timetabling will change. Impact is if these skills are not planned for and implemented effectively.	Medium	project plans in place with arrangements for regular monitoring at SMT. Ensuring that the right people are leading the right project streams at the right time.		needs to be continually monitored

Risk Log for the CPD Scheme (updated on 17 January 2017): Risks with the introduction of the scheme

Risks in the implementation of the CPD scheme at different stages (2018 to 2021)– External project risks – recognising that implementation is reliant on all aspects of project delivery – but particular those of our partners. Examples of potential problems leading to risks include: relationships with other stakeholders and providers, delivery of the project through others, early adopters do not have a positive experience and a mismatch between capacity and expectations.

Risks 2016 to 2018 – Prior to mandatory implementation

Issue	**Risk rating IxL=R**	**Mitigating Actions**	**Residual Risk**	**Are we content with residual risk level?**
Problem: Negative messages about the CPD scheme derail implementation. Risk: Implementation is derailed because early adopters do not share benefits with others or because early adopters not engaging with the scheme. Early adopters are important because having a core of people who are comfortable with the scheme, understand how it works and gain real benefits from it will help us to more successfully roll out the scheme to others. It is important to have the diversity of osteopathic practice represented in order that any unintended consequences arising from implementation can be identified and managed.	3x2=6 High	Working with osteopathic partners. 167 early adopters have participated in launch programmes and 115 have signed up for dedicated webinar support across the 6 CPD programmes that GOsC are running across the scheme. This represents direct contact with around 3.3% of the population of osteopaths plus engagement with osteopathic organisations. Feedback will be sought from all early adopters to learn from them and ensure the right resources are provided to enable them to realise the benefits of the scheme. A key component of the CPD programmes is to realise benefits of recording, reflecting and sharing with others. (Engagement, support and community). Early adopters have been recruited from across the spectrum. Data analysis is being undertaken to ensure that the characteristics of the early adopters	Low	Yes – but this will need to be continually monitored.

Issue	**Risk rating** **IxL=R**	**Mitigating Actions**	**Residual Risk**	**Are we content with residual risk level?**
		reflect those across the profession.		
Problem: Implementation is derailed by perception of lack of resources. Risk: Underestimating resources required of GOsC and other stakeholders in order to support early adopters and wide scale implementation of the CPD Scheme. If the scheme costs too much – and is therefore not implemented in practice, the intended benefits of the scheme won't be realised. If the budget for GOsC is not sufficient, this could put damage the financial health of GOsC as provision for the implementation of the scheme is identified from reserves.	3x1= 3 Medium	The idea is that the breadth of CPD has been widened to incorporate not simply clinical CPD, but CPD across the range of practice – including education, research, leadership and management. This means that osteopaths should be able to claim CPD for all aspects of the implementation of the scheme – including being a mentor to another. Free resources to undertake the core elements of the CPD scheme will be available. It is therefore intended that across the CPD cycle of three years that there should be no additional costs for osteopaths. Indeed as the whole scheme should be able to be undertaken for free, it is intended that the scheme could even be cheaper for some osteopaths who pay for all their CPD courses. All osteopathic stakeholders will be asked to ensure that they are represented in the early adopters. The early adopters will be asked to feedback about benefits and costs so that costs can be monitored. This risk log will be a standing item for all groups within the governance structure to ensure appropriate monitoring of costs. The budget for the implementation of the scheme will continue to be reviewed and monitored by	Low	Yes – but needs to be monitored.

Issue	**Risk rating** **IxL=R**	**Mitigating Actions**	**Residual Risk**	**Are we content with residual risk level?**
		Council and the Policy Advisory Committee.		
Problem: Implementation of the scheme is derailed by lack of buy in to the scheme from the osteopathic stakeholders Risk: Mismatch between GOsC aspirations and capacity of organisations. For example, Insufficient capacity to grasp key messages from the CPD scheme and benefits for all parties. (For example, if 10% of the osteopathic population want support and advice on clinical audit, will NCOR have the capacity to deliver this?) We can only deliver the scheme in partnership with our osteopathic stakeholders.	3x2=6 High	Governance structure focussing on partnership. Regular and ongoing communications with all osteopathic stakeholder partners to understand capacity (including CPD providers). Working together on action plans for the sector through the CPD Partnership Group. Harnessing energy and enthusiasm of new graduates through CPD Partnership Board representative and social media and removal of CPD exemption for osteopaths.	Medium	Yes – but this risk needs to be continually monitored.
Problem: Implementation of the scheme is derailed due to available resources not being cascaded. Risk: GOsC does too much and cannot hand over to providers or providers do not buy in to the GOsC developed resources. As part of our implementation strategy we are running a series of CPD programmes to support osteopaths through the new features of the scheme. However, it will be important that this is a temporary measure and that the resources are taken on and promulgated by others in the sector –either osteopaths or organisations themselves.	2x3=6 High	CPD Partnership Board to provide feedback about the scheme and the resources. Working in partnership with NCOR to deliver particular new features of the scheme. Work to collate benefits of the scheme for providers. Ongoing engagement of the osteopathic stakeholders and providers. New GOsC CPD Microsite will ensure that resources are available to everybody.	High	Yes

Issue	**Risk rating** **IxL=R**	**Mitigating Actions**	**Residual Risk**	**Are we content with residual risk level?**
Problem: Implementation is derailed to to non-engagement by 'hard to reach' osteopaths. Risk: Non-early adopters do not engage with scheme or become aware of it until it becomes mandatory. Osteopaths who refuse to engage with the scheme may find it more difficult to engage when it becomes mandatory.	3x3=9 High	Interactive website developed in order to ensure that all information is easily accessible for all osteopaths. Regular features in osteopathic media. Work to realise and communicate the benefits from those who are trying out the new features of the scheme and are still doing it. Engagement with osteopathic organisations across the piece including CPD providers to get messages out to the harder to reach osteopaths.	Medium	Yes – but keep under review.
Problem: Legislative change to fully implement scheme not forthcoming from DH. Risk: DH has other legislative priorities, for example, BREXIT. Significant parts of the scheme can be implemented under our current legislation.	1x3=3 Medium	Legislative analysis has shown that most of the new features of the scheme can be implemented without new legislation. A plan B has been developed to implement stepped new features of the scheme from 2018 if the three year cycle cannot be implemented.	Medium	Yes

Risks post mandatory implementation 2018 to 2021

Issue	**Likelihood (1 is low and 3 is high)**	**Mitigating Actions**	**Residual Risk (Low, Medium or High)**	**Are we prepared to tolerate risk**
Problem: A high proportion of osteopaths leaving continuing professional development and peer discussion review to the last minute. Risk: Insufficient mechanisms to ensure that osteopaths keep on track without CPD throughout the 3 year period meaning that high numbers of osteopaths seek to apply for exceptional circumstances or high numbers of osteopaths are removed from the register for non-compliance. The impact on osteopaths will potentially affect their livelihood if they are unable to practise until they have complied with the CPD scheme. The impact on GOsC in April 2021 could be large unless resources to deal with this spike are planned.	3x2=6 High	All osteopaths will be asked to declare how many hours of CPD and how many new features of the CPD scheme they have undertaken as part of their CPD scheme each year and will be given feedback about what they have to do to complete the CPD cycle at the end of the three year period. Communication strategy will target areas of concern. (For example, the pattern of early adopters has shown that most osteopaths are interested in undertaking the consent and communication aspects of the CPD scheme but fewer are interested in learning about the objective activities). Suggestion from CPD Partnership Group that as well as declaring hours and the new features of the scheme that have been completed, that osteopaths should be asked, at their annual renewal, to respond to the following questions: • Have you got a plan to complete the remaining parts of your CPD in this cycle? • Have you selected your peer? • Do you need help to find one?	Medium	Yes – but this needs to be continually monitored.
Problem: Audit feedback takes too long to provide.	2x3=6	Plans will need to be put in place to ensure that	High	Yes – but

Issue	**Likelihood (1 is low and 3 is high)**	**Mitigating Actions**	**Residual Risk (Low, Medium or High)**	**Are we prepared to tolerate risk**
Risk: Resources required to undertake audit are underestimated. Revalidation pilot feedback and audit took much longer than expected due to the need to ensure that feedback was given and received constructively. Peer Discussion Review feedback is an 'unknown' at this stage.	High	audit is planned and piloted effectively ahead of the 'bulge' expected in April 2021.		keep under review.
Problem: Proportion of the Register leave because they do not want to comply with the CPD scheme. Unknown impact on registration numbers	2x1=2 Low	Communications and engagement	Low	Yes

Risk Log for the CPD scheme (updated on 17 January 2017): Risks with the scheme itself

Risks in the CPD scheme itself – The scheme does not deliver its intended outcomes, for example, it does not:

- Support all osteopaths to undertake the new features of the CPD scheme to support the continual enhancement of patient care and patient safety (including practice in accordance with the OPS) (Engagement)
- Encourage osteopaths to reflect on their practice with others to get professional and personal support to continually enhance patient care and patient safety (Support)
- Stimulate osteopaths and osteopathic organisations to reach out to build broader networks with osteopaths and others to continually enhance patient care and patient safety (Community).

Issue	**Risk rating IxL=R**	**Mitigating Actions**	**Residual Risk**	**Are we content with residual risk level?**
Problem: Giving and receiving poor feedback can influence how effective (or ineffective) feedback is to changing practice. Peer Discussion Reviews are undertaken badly (thus osteopaths do not share areas of development and consequent impact on patient safety) Risk: Insufficient support and materials to support the giving and receiving of constructive feedback. Peer Discussion Reviews are important because they should create a 'safe space' within which practice can be discussed. Development areas can be identified and supported thus enhancing patient care and practice – supporting both professional and personal development. However, feedback given in a way that is not constructive	3x3=9 High	Resources to support osteopaths to undertake the role of reviewer and participant will need to be developed including reading about giving and receiving constructive feedback. These will include setting ground rules and expectations, encouraging osteopaths to identify a peer discussion reviewer at the earliest opportunity to encourage ongoing discussion (all of which counts towards CPD). Guidance about how to manage disagreements and concerns will need to be enhanced following the consultation. Plans to work with osteopathic partners to support the development of a core of trained peer discussion	Medium	Yes – but the impact needs to be closely monitored

Issue	**Risk rating** **IxL=R**	**Mitigating Actions**	**Residual Risk**	**Are we content with residual risk level?**
has been shown to damage confidence and may lead to osteopaths becoming uncomfortable discussing areas of development thus impacting on the purpose of the scheme.		reviewers. Plans to work with registration assessors to support the development of a core of peer discussion reviewers. A help line to discuss with trained staff Peer Discussion Reviews that have 'gone wrong' should be developed to mitigate any unintended consequences to keep osteopaths on track with the development of the scheme.		
Problem: Implementation of scheme does not achieve intended benefits of development of learning community and practice in accordance with Osteopathic Practice Standards Risk: The benefits of the scheme are difficult to measure. If the benefits of the scheme are not identified and recorded, the intended benefits may not be realised.	3x2=6 High	The evaluation and impact assessment will explore the benefits of the scheme activities to the early adopters as far as is possible and the population as a whole. The baseline up to January 5th will be reported and we will monitor this annually. All the Resources and Case Studies developed explore the benefits and costs of undertaking the relevant activities from the point of view of those undertaking them thus focussing not on compliance – but upon how the scheme can deliver its purpose and the 'what's in it for me' for the participant. Further work may needed to define success of the scheme in context.	Medium	Yes – but this needs to be closely monitored

Issue	**Risk rating** **IxL=R**	**Mitigating Actions**	**Residual Risk**	**Are we content with residual risk level?**
Problem: Scheme does not achieve engagement, support and community. Risk: Components of recording and reflection are not facilitated. Loss of the annual summary form. The benefits of the scheme are difficult to realise. Recording and reflection are important necessary components for the scheme to be effectively delivered.	2x3=6 High	Exploring use of an e-portfolio with the early adopters. Discussions with CPD providers and partners about the importance of the recording and reflection to realise benefits of the CPD scheme.	High	Yes – this needs to be monitored.

Feedback on Risk Log

1. This risk log has been considered by the SMT Task Group, the CPD Partnership Group and the Policy Advisory Committee.

2. Participants have been invited to consider the potential problems with the scheme and risks arising from the perspective of:

    - Patients
    - Osteopaths
    - Osteopathic stakeholder organisations (including the osteopathic educational institutions, the Institute of Osteopathy, the Osteopathic Alliance, the regional groups, the National Council of Osteopathic Research)
    - The General Osteopathic Council
    - Other health professionals
    - Others

3. Participants have been invited to consider the following questions:

    a. What are the key risks of the following in relation to our core goals of ensuring patient safety and quality of care:
        i. Project risks
        ii. Implementation of the CPD scheme
        iii. The CPD scheme itself
    b. What mechanisms should we be taking to mitigate these risks?
    c. How are we monitoring impact?
    d. What other actions should we be taking?

June 2016: Response of the PAC on the risk log:

4. In June 2016, the PAC considered the log and found that:

    'In recruiting a number of Early Adopters some risks were already being mitigated around implementation further down the line of the new CPD scheme. It was suggested that the biggest risk in relation to the scheme was failing to develop the community of osteopaths. It was for the community to come together and develop the skills already in existence as clinicians and develop these skills in a different way.

    It was suggested that the risk statement needed a little more work. Some further thought about the risks to the scheme and the risks to the project would be beneficial. Perhaps a workshop with stakeholders might be helpful to capture what might be missing from the risk statement. There should be more clarity of risks to both the project and the scheme as well as the proposed mitigating actions.'

September 2016: CPD Partnership Board

5. In September 2016, a workshop took place in the CPD Partnership Board to explore risk. Most risks were already identified on the log. One possible additional area came from patients around the osteopaths working with other professionals for the benefit of the patient.

October 2016: Policy Advisory Committee

6. Response from the PAC on the evaluation:

   Concerns about risks to the project and risks to the scheme were raised. Members noted the workshop that had been undertaken by the CPD Partnership Group. Members felt that the risk log presented previously, still needed to be explored in terms of the risks to the project and the risks with the introduction of the scheme and the scheme itself. It was advised there needed to be robust scrutiny and analysis of these areas and asked also who would oversee this, the PAC or the CPD Group. The Committee was advised that the governance framework sets this out; the SMT Task Group and the PAC would scrutinise and review risks with overall ownership by Council.

November 2016: Audit Committee

7. In addition to our current project risk log, there is also a corporate risk view about the implementation of the CPD Scheme. This was considered by the Audit Committee on 24 November 2016 and their views have been incorporated into the main risk log at Appendix 1 and are reflected in the main GOsC Risk Register

January 2017: Feedback from CPD Partnership Group

8. Risks in relation to external project risks and risks to outcome were explored with the members of the CPD Partnership Group. Feedback included:

   - Osteopaths leaving compliance to the last moment.
   - Scheme based on high trust.
   - Loss of requirement to complete CPD Annual Summary Form and the need to track CPD and make it difficult for osteopaths to leave everything to the end of the three years (for example, asking do you have a plan to complete your CPD? Have you identified your selected peer? Do you need help to identify your selected peer?)
   - Continual message about continual learning throughout the scheme.
   - The risk of certain elements of the profession leaving the register because they don't want to comply with a new CPD scheme (e.g. those coming up to retirement).
   - Assuming all have skills to participate and reflect in the scheme.
   - What is success – is it better than what happened before or something else?

- Is there a risk with a large number of registrants finishing the three years at the same time (this is as now – except currently it is annual basis rather than a three year basis).
- Leaving the peer discussion review to the last minute.