



**Council**  
**31 January 2018**  
**CPD Rules**

**Classification** Public

**Purpose** For decision

**Issue** Approval of the amendments to the CPD rules

**Recommendation** To make the General Osteopathic Council (Continuing Professional Development) (Amendment) Rules 2018.

**Financial and resourcing implications** None arising directly from this paper.

**Equality and diversity implications** None.

**Communications implications** A comprehensive communication plan is in place in relation to the new CPD scheme, agreement of the amended rules is an important milestone in the roll-out of the scheme and this activity.

**Annexes**

- A. CPD Rules consultation analysis
- B. The draft General Osteopathic Council (Continuing Professional Development) (Amendment) Rules 2018

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## Background

1. At its meeting on 2 May 2017, Council agreed to hold a consultation on draft CPD rules.
2. After further discussion with the Department of Health (England) on the drafting of the rules, the consultation was published on the GOsC website on 21 September 2017 and the consultation was open for a period of eight weeks until 16 November 2017.
3. This paper sets out the findings from the consultation and next steps with the approval and implementation of the amended rules.

## Discussion

4. In order to implement the new CPD scheme, amendments are required to the current CPD rules in order to:
  - include within 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.
5. Initial discussions with the Department of Health suggested that amendments to the existing rules would be preferable to their repeal and replacement with new rules. This was the basis of the proposed amendments put before Council in May 2017.
6. Subsequent discussion with the Department of Health identified that the drafting of the 2006 rules was not consistent with current best practice. Therefore, the consultation draft, while consistent in its approach, was more extensive than the version seen by Council in May 2017.
7. Consultation took place in autumn 2017 and the detailed analysis of the response can be found at Annex A.
8. While important issues were raised through the consultation which will benefit from further consideration in terms of communications or policy and processes, our analysis concludes that no changes to the legislation proposed are required.
9. We have shared our analysis with the Department of Health (England) which has indicated that they are content for us to proceed. However, final legal checks have resulted in further technical changes to the rules. Again, these have no impact on the effect of the proposed rules.

10. Following Council's approval of the new rules, the timetable will be as follows:

<b>Process/Step</b>	<b>Dates</b>
GOsC Council meeting – rules are made and sealed	31 January 2018
Rules sent to DH	February 2018
Final rules sent to Privy Council for approval	March 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

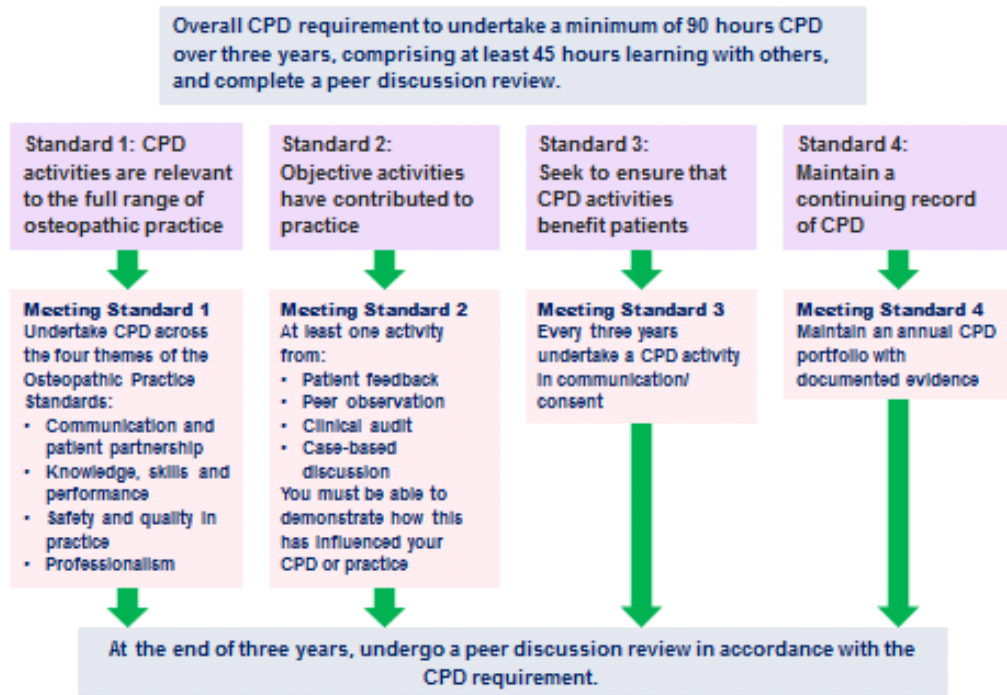
11. The rules before Council are amendment rules to the current CPD rules. Once they have been made by the GOsC Council and approved by the Privy Council they will become 'The General Osteopathic Council (Continuing Professional Development) (Amendment) Rules Order of Council 2018.'
12. In order to ensure that the legal requirements of the new CPD scheme are clear, we will publish a consolidated version of the amended rules on our website.

**Recommendation:** to make the General Osteopathic Council (Continuing Professional Development) (Amendment) Rules 2018.

## Consultation on the Amendments to the General Osteopathic Council (Continuing Professional Development) Rules Order of Council 2006

### Introduction

1. At its meeting on 4 February 2016, Council agreed the CPD model to be implemented as outlined below.



2. This decision was based on consideration of an extensive evidence base programme of work including:
  - Revalidation pilot and independent evaluation (2011 to 2013)
  - CPD Discussion Document consultation and independent evaluation (2011 to 2013)
  - Development of proposals with pathfinder groups of osteopaths across the UK (2014 and 2015)
  - Consultation and independent analysis (2015)
  - [Commissioned research](#) – including research on patient expectations, factors enabling and inhibiting compliance with the Osteopathic Practice Standards (including relational regulation).
3. This programme of work is outlined in [Analysis of consultation data on a new scheme of CPD for osteopaths](#) by Abi Masterson Consulting Ltd, 2015.
4. In order to fully implement the scheme, small amendments were required to the existing General Osteopathic Council (Continuing Professional Development) Rules Order of Council 2006.

### Aim of the consultation

5. The consultation was agreed by Council in May 2017 and included the consultation document and response form, the proposed amended consolidated rules and also the draft Continuing Professional Development Guidance including Guidance on Peer Discussion Review.
6. The purpose of the consultation was to ensure that the proposed amended CPD rules gave effect to the policy agreed by Council and:
  - Fully implemented a move from an annual to a three-year CPD cycle
  - Adequately set out CPD requirements and implementation arrangements in the rules and guidance (including peer discussion review).
7. There was also one policy question in the consultation which was about the removal of the CPD exemption for new graduates whereby new graduates have an initial exemption from CPD for their first CPD year.

### Consultation method

8. A consultation document and consultation questions were developed to explain in summary the purpose of the changes and to explore views about these issues. The document was considered by the GOsC Policy Advisory Committee (including stakeholders) and Council ahead of publication.
9. The consultation was published on the GOsC website on 21 September 2017 and was open for a period of eight weeks until 16 November 2017.
10. Information about the consultation was emailed to our stakeholders including: osteopaths, our public and patient reference group, osteopathic regional groups, specialist groups, educational institutions, the Institute of Osteopathy, the National Council of Osteopathic Research, other regulators, and other relevant organisations.
11. The consultation was promoted on our website and through our social media as follows:
  - Published on our website from 21 September to 16 November 2017
  - Promoted on our Facebook and Linked In pages and through our Twitter feed (15 September 2017)
  - Promoted in our September e-bulletin (29 September 2017)
  - Promoted in a dedicated email to our stakeholders (12 October 2017)
  - Promoted on our Facebook and Linked In pages and through our Twitter feed (25 October 2017)
  - Promoted in our October e-bulletin (30 October 2017)
  - Promoted on our Facebook and Linked In pages and through our Twitter feed (9 November 2017)
  - Promoted in a dedicated email to our stakeholders (9 November 2017).

12. We also held a workshop as part of our CPD Partnership Group on 7 November 2017 which was attended by two patient members, a representative from the Council of Osteopathic Educational Institutions, representatives from the Institute of Osteopathy, two representatives from regional groups and a newly qualified registrant who has recently graduated from an osteopathic educational institution. Participants took time to consider the issues, discuss them in groups and feed back to us. A note of this meeting was also considered as part of the analysis outlined below.

### Consultation results

13. This was a technical consultation and although only a small number of responses (15) were received, we know that this is comparable to other responses on changes to GOsC rules. For example, the consultation on our revised Professional Indemnity Insurance Rules in 2014-15 received six responses.

14. We received responses from a range of stakeholders including:

- Osteopaths
- Patient
- Professional organisation
- Other health professional

15. Not all respondents answered all questions.

16. An outline of the responses and the key issues is set out below. In summary, the consultation proposals were supported. Some matters of policy, process and communications were raised and these will be considered as communications about the scheme are rolled out.

### Move from Annual to Three Year cycle?

17. The responses related to the move from an annual to a three year cycle were as follows:

Question	Yes	No
Q3: Do the consolidated rules reflect adequately our policy intention of moving from an annual cycle to a three year cycle?	14	1

18. The majority of respondents (14 of 15 responses) felt that the amended rules did incorporate the move to from the annual to the three year cycle.

19. The respondent who indicated 'no' was concerned about clarity in the requirement for the transitional period. We have considered this further below.

20. Some comments relevant to this question were also added to the 'any other comments' question and included the following matters:

- The length of the cycle
- Clarity of the requirements in the transitional and first year CPD period
- Clarity around annual requirements.

### **CPD requirements and implementation arrangements adequately set out in rules and guidance (including peer discussion review)?**

<b>Question</b>	<b>Yes</b>	<b>No</b>
Q4: Do you agree that the consolidated CPD rules adequately set out the CPD requirements including peer discussion review?	11	3
Q5: Do you agree that the consolidated CPD rules adequately set out the requirements for consulting on and publishing the CPD Guidance?	13	0
Q7: Do you agree that implementation arrangements for the CPD scheme are adequately expressed in the consolidated CPD rules	11	3

21. The majority of respondents to question 4 (11 of 14 responses) agreed that the amended CPD rules adequately set out the requirements for consulting on and publishing the CPD guidance.
22. Three respondents disagreed with this statement. They made comments related to:
  - Selection and role of the peer and timing of peer discussion review
  - Clarity around annual requirements.
23. In relation to question 5, all the respondents to this question (13 of 13) agreed that the proposed amended rules adequately set out the requirements for consulting on and publishing the CPD Guidance.
24. Two respondents did not answer this question and one of these respondents complained that they could not access the CPD Guidelines.
25. In relation to question 7, the majority of respondents (11 of 14) agreed that implementation arrangements were adequately expressed in the consolidated CPD rules.
26. Two respondents disagreed with this statement. Reasons for not agreeing included
  - Clarity of the requirements in the transitional and first year CPD period.

**Removal of exemption from CPD for new graduates?**

<b>Question</b>	<b>Yes</b>	<b>No</b>
Q6: Do you agree that the current exemption of new graduates from CPD should be removed from the CPD rules?	14	1

27. Most respondents (14 of 15) agreed that the current exemption of new graduates from CPD should be removed from the CPD rules.
28. One respondent also add the following comment:  
*'Imperative that they are involved in CPD from the start of their career, and before they forget how to plan and evaluate a learning event.'*
29. One respondent disagreed. This respondent stated:  
  
*'New graduates have just come from an environment where they theoretically have the most up to date research and treatment modalities taught to them. They've just completed extensive peer review. They are as up to date as you can get. Compound this with the need to set up a new business / career and they already have enough on their plate without the CPD.'*
30. The CPD partnership group, comprising a newly qualified graduate, patients, regional group representatives, representatives from the Institute of Osteopathy and the National Council for Osteopathic Research supported the removal of the new graduate exemption.
31. Given the level of support for this policy change, it is suggested that the current exemption should be removed.

**Equality and diversity implications?**

<b>Question</b>	<b>Yes</b>	<b>No</b>
Q8: Are there any aspects of the amendments to the General Osteopathic Council (Continuing Professional Development) Rules Order of Council 2006 that you think will adversely affect either osteopaths, or members of the public in relation to gender, race disability, age, religion or belief, sexual orientation or any other aspects of equality?	1	13

32. Most respondents (13 of 14) did not think that there were any aspects of the amendments to the Rules which will adversely affect osteopaths, or members of the public in relation to gender, race, disability, age, religion or belief, sexual orientation or any other aspect of equality.



33. One respondent thought that the move from an annual to a three year cycle might have an adverse impact on those with learning disabilities. Commentary on this matter is outlined below.

### **Matters for further consideration**

34. Three matters raised in the consultation would benefit from further consideration on terms of communications or policy or processes. These matters and our response are outlined in the table at the Annex. However our analysis concludes that the changes to the legislation, proposed in the consultation should proceed in light of the support in the consultation outlined above.

### **Next steps**

35. The GOsC should proceed to make the amendments to the CPD rules as consulted. However, the communications, policy and process matters outlined should be taken into account as we move to translating the rules into accessible language for osteopaths.

## Table of Issues and GOsC Response

Issue	GOsC Response	Change to the proposed rules required?
<p><b>Length of cycle – should the cycle be less than 3 years and clarity around annual declaration requirements</b></p> <p><i>Three year cycle is too long. Two years should be maximum before peer review.</i> (respondent 2)</p> <p><i>'A 2 year cycle would be safer in terms of compliance and monitoring than three years.'</i> And <i>'Those with learning disabilities (particularly those who have diagnosed issues with planning and structure) will find this approach more complex and are potentially more likely to miss the deadline as 3 years worth of CPD cannot be 'crammed' in the way that 1 yrs can.'</i> (respondent 8)</p> <p><i>It's not clear from the Amendments to the General Osteopathic Council (Continuing Professional Development) Rules Order of Council 2006 which were discussed in our group meeting a) whether it will just be an annual declaration of hours completed, or whether information on</i></p>	<p>How the GOsC will support and encourage osteopaths to keep up-to-date throughout the three year period is important. A number of mechanisms will be used as follows:</p> <ul style="list-style-type: none"> <li>• <i>Osteopathic Practice Standards</i> (OPS) – professional obligation to keep up to date is highlighted.</li> <li>• <i>CPD Guidelines</i> reiterate professional obligation to keep up to date and provide yearly examples of how to do this in the context of the new scheme.</li> <li>• Annual re-registration form will require osteopaths to declare CPD undertaken as part of their professional obligation and will also include specific questions about which of the new features of the scheme have been completed.</li> <li>• Feedback will be provided to osteopaths annually about what they need to complete in order to comply with the CPD cycle at the end of the three year period and also how the profession is complying along with support and verification processes.</li> <li>• Ongoing communications and engagement (using a variety of media) and resources support continuing compliance with CPD.</li> </ul>	No

Issue	GOsC Response	Change to the proposed rules required?
<p><i>content will also be required (point 15) b) what 'feedback' could possibly be given to an osteopath, other than the number of hours to be completed, if the annual declaration is simply a number of hours (and not content). (respondent 15)</i></p>		
<p><b>Clarity around the transitional and first year periods</b></p> <p><i>Feeling confused about the transitional period - purpose and exactly how it works. Confused re CPD start dates, are they basically, the same as we have now or does the transitional period change that? Does transitional period mean we have one short year? (respondent 11)</i></p> <p><i>the guidance indicated the mean whereas the rules indicate a nominal mode suggesting compulsory monthly rotas. Whilst few osteopaths will read the Rules, it seems a shame to enshrine confusing terminology.' (respondent 14)</i></p>	<p>The respondents felt that the technical language of the rules meant that there was a monthly CPD requirement. This is not the case.</p> <p>The provisions referred to in relation to the first CPD period and the transitional period in rules 4(2) and 4(3) define the relevant CPD period using a formula of words which includes the following 'The CPD requirement <b>for</b> the ... CPD period shall consist of the completion of at least two and a half hours of CPD for each whole month of that period and at least one and a quarter of those hours for each such month must involve participation in learning with others' (emphasis in bold added).</p> <p>These technical formulas are in place because these specific CPD periods cannot be three years and therefore the requirement of hours needs to be defined in a different way.</p> <p>This specific point was re-checked with our legal adviser, and</p>	<p>No</p>

Issue	GOsC Response	Change to the proposed rules required?
	<p>we can confirm that these provisions as drafted and which are in place now in relation to the current CPD scheme, do not in fact impose an obligation to undertake a set amount of CPD within each month as feared by the respondents.</p> <p>Specific communications about how the scheme is implemented for each osteopath are being designed as part of registration renewal and other communications.</p> <p>These communications will deliver the following information in an accessible way:</p> <ol style="list-style-type: none"> <li>a. Currently registered osteopaths will simply enter into their three year cycle when they reach the end of their current CPD year if they are on the register on 1 October 2018. In relation to the transitional CPD period, the wording of the legislation is a mechanism which ensures that when the rules come into force on 1 October 2018, that osteopath's current (and final CPD <i>year</i>) is maintained with the same requirements as existed under the old rules.</li> <li>b. Osteopaths who register on or after 1 October 2018 will undertake their first CPD period which will end two months before their third annual registration renewal. (This is a peculiarity of the current system). Because the first CPD period is not exactly three years, it must be calculated as a</li> </ol>	

Issue	GOsC Response	Change to the proposed rules required?
	<p>period of time which equates to 2 years and 10 months (and as a result of this they will be required to undertake 85 hours of CPD including at least 42.5 hours of learning with others) and which includes a peer discussion review.</p>	
<p><b>Selection and role of the peer and timing of peer discussion review</b></p> <ul style="list-style-type: none"> <li>• <i>'It is noted that the GOsC state that peer review should take place 'normally in year 3'. To ensure currency of evidence (review) presented to GOsC should 'normally' be removed and perhaps rephrased as 'expected to be in year 3' to emphasise / recommend. Other information is clear.'</i> (respondent 13)</li> <li>• <i>'I don't disagree with an informal peer discussion review. What I do disagree with is a formal peer discussion review in which the reviewer appears to have the ability to approve or disapprove of the cpd completed by the reviewer. Discussing the CPD done as a whole is beneficial. Making certain that the requisite hours of CPD done is also beneficial. Placing another</i></li> </ul>	<p>In respect of both of these matters, the feedback does not require a change to the proposed amended rules.</p> <p>The rules make clear that it is the guidance which deals with selection of the peer by the osteopath and also timing of the peer discussion review.</p> <p>See rule 4(6) which provides:</p> <p>'Rule 4(6) The General Council shall issue CPD guidance indicating how the CPD requirement is to be satisfied, which may include:</p> <ul style="list-style-type: none"> <li>(a) any relevant standard to be taken into account;</li> <li>(b) the aim and content of the peer discussion review, to be undertaken of every osteopath's CPD, including such matters as: <ul style="list-style-type: none"> <li>(i) the characteristics of any individual selected by an osteopath to perform the peer discussion review;</li> </ul> </li> </ul>	No

Issue	GOsC Response	Change to the proposed rules required?
<p><i>person over the reviewee to determine if they consider the cpd completed 'appropriate' is what I disagree with the most. My CPD walk is my own and I may consider things more appropriate. I adore functional medicine and am currently dedicating a lot of time to new research in Alzheimers and Dementia. Some might consider that not to be osteopathic. Just like some might consider craniosacral not to be valid CPD. This I thoroughly disagree with.'</i> (respondent 4)</p>	<p>(ii) the matters to be discussed and recorded as part of the peer discussion review; and                      (iii) the timing of the review, in relation to an osteopath's CPD end date;'</p> <p>We will review the peer discussion review guidance and consider these editorial suggestions to enhance clarity of the guidance.</p>	
<p><b>Removal of exemption from CPD for new graduates</b></p>	<p>It is suggested that there is very little support for the retaining of the exemption and that the reasons outlined in the consultation document and in the responses to the consultation outweigh the suggestion that the exemption should be retained.</p>	<p>No</p>