General Osteopathic Council

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Council
16 July 2015
CPD public consultation update and next steps

Classification	Public
Purpose	For noting
Issue	A report on the 16-week public consultation on proposals for a revised scheme of continuing professional development for osteopaths, conducted by the GOsC between 9 February and 31 May 2015, and an indication of next steps.
Recommendation	To note the content of this paper.
Financial and resourcing implications	Feedback gathered in the course of the consultation is to be independently analysed for the GOsC. The costs of producing this consultation report are contained within the budget for this project.
Equality and diversity implications	Analysis of the consultation feedback will seek to identify any gaps in information from key stakeholders so that this can be addressed.
Communications implications	The findings of the GOsC 2015 CPD consultation and the implications for the further development of a new CPD scheme for osteopaths will be published in the GOsC media and online.
Annexes	A. Frequently-asked questions arising from the CPD consultation and GOsC responses B. GOsC CPD consultation resources
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Background

1. At its meeting on 6 November 2014, the Council approved plans to consult widely on proposals for a new continuing professional development (CPD) scheme for osteopaths, which has at its core the aim to satisfy public expectations of assurance that osteopaths remain up to date and fit to practise. This is recognised as a key area of work for the GOsC, central to our statutory duty to 'protect public and patient safety through targeted and effective regulation'.

2. The proposed scheme has been developed over a number of years, involving at every stage close consultation with all our stakeholders.

3. Building on the experience of the 2012 GOsC Revalidation Pilot and concurrent review of the existing osteopathic CPD scheme, from autumn 2013 through the course of 2014, the GOsC worked in collaboration with osteopaths and all major osteopathic organisations to shape new CPD proposals. Along with the active involvement of the osteopathic education and CPD providers, the Institute of Osteopathy, and our network of regional osteopathic groups, four osteopathic 'CPD pathfinder groups', located in different regions of the UK and involving more than 50 osteopaths, worked closely with the GOsC to shape and test every element of the proposed scheme. The GOsC Patient and Public Partnership Group has provided a lay perspective and a half-day deliberative workshop with members of the public and osteopathic patients in Summer 2014 tested and informed the underlying principles of the emerging CPD scheme. We have also worked closely with other healthcare regulators and professional bodies, drawing on the learning, experience and expectations of others in order to devise an appropriate scheme.

4. An extensive and effective public consultation on the CPD proposals was considered by the Council as essential to the further development and ultimate implementation of a scheme suitable to osteopathic practice. The GOsC Business Plan provided for this: a public consultation was scheduled from the winter to spring of 2015.

5. The communication and engagement strategy underpinning this work recognised the need to present a large volume of information, adequately adapted for a wide range of audiences. A longer than standard consultation of around 16 weeks was also seen to be important to maximise the opportunity for face-to-face engagement between the GOsC and the osteopathic profession particularly.

6. This paper reports on the GOsC's public consultation on proposals for a revised scheme of continuing professional development for osteopaths, conducted between 9 February and 31 May 2015.

7. This report was previously reviewed by the GOsC Osteopathic Practice Committee on 18 June 2015.

CPD consultation overview

Consultation information

8. For the purposes of a public consultation, the information required to adequately describe the aims, principles and operation of the proposed CPD scheme was extensive. Through design and online multi-media presentation, we aimed to make the consultation information as clear and accessible as possible.

9. A suite of nine information documents were developed and designed for the purposes of consultation. These included:

    a. *Introducing our new CPD proposals*: brief overview of the proposed scheme and its development, with guidance on the consultation process. A hard copy of this document was sent to all GOsC registrants and osteopathic organisations at the launch of the consultation.

    b. *Full Consultation* document: comprehensive presentation of the proposed CPD scheme, including all 48 consultation questions.

    c. *Summary consultation* document: an abbreviated consultation overview focusing on the main elements of the proposed CPD scheme, intended to encourage public and patient views on two keys aspects of the proposed scheme.

    d. The *Draft CPD Guidelines* intended to underpin the proposed new CPD scheme and support osteopaths in meeting its requirements, with 16 related questions.

    e. The *Draft Peer Discussion Review Guidelines* intended to support osteopaths and reviewers undertaking the proposed peer review process and outline the requirements of this aspect of the CPD scheme. This included 20 related consultation questions.

    f. *Other Topics*: document inviting views on a range of topics related to the proposed CPD scheme, including: IT and online submission; Audit; Quality assurance; Charging; Guidance on disagreement about outcomes; Guidance about what to do if concerns about practice are identified, and Equality and diversity. This section included 12 questions related to these particular issues.

    g. Consultation documentation also invited feedback on three sets of 'Resources and case studies' intended to assist osteopaths in meeting specific requirements of the proposed new CPD scheme relating to:

        i. The *Osteopathic Practice Standards*

        ii. Communication and consent

        iii. Objective activity.

CPD consultation microsite – online activity

10. To assist access and navigation of the extensive consultation information, a bespoke web microsite (www.cpd.osteopathy.org.uk) was commissioned, and linked to the GOsC public website and **o** zone (registrant website) home pages.

11. The website provided a platform for the nine consultation documents, linking each to an online feedback mechanism, enabling respondents to submit their views electronically and to as many or as few questions as they chose, using the Bristol Online Survey service.

12. The website offered four short videos, through which the GOsC Chief Executive and osteopaths active in practice and training outlined the main elements of the proposed CPD scheme and differences between this and the existing CPD requirements for osteopaths.

13. Embedded Google web analytics enabled us to monitor online access throughout the life of the consultation, helping to inform our further communications activity around the consultation.

14. A corporate email signature used by GOsC staff highlighted the CPD consultation and provided a link to the consultation website.

15. All information presented online was also available to respondents in hard copy on request.

Queries and questions

16. General feedback and responses to the consultation were monitored to identify issues for clarification and to inform a regularly-updated online Question and Answer (Q&A) facility on the consultation website. A dedicated email (cpdconsultation@osteopathy.org.uk) was provided to facilitate queries and comments. This was complemented by a consultation Q&A section in *the osteopath* magazine and GOsC monthly e-bulletins.

17. Annex A presents an overview of queries raised in the course of the consultation, and responses posted online by the GOsC and published in the osteopath media.

Stakeholder engagement

Health and social care regulators (including international competent authorities), government departments, and devolved administrations

18. Targeted emails were sent to all relevant bodies in early February 2015, introducing the consultation and CPD website. A further prompt for feedback was sent in May 2015.

19. An annual meeting of Scottish Government/Health Regulators' Liaison Group in February 2015, attended by the Scottish Cabinet Secretary for Health, Wellbeing

and Sport, Shona Robison MSP, provided a valuable opportunity to raise awareness at a high level of our CPD scheme proposals and the public consultation.

20. Health regulator engagement events, including meetings of the Inter-regulatory CPD Group (February 2015) and the Joint Regulators' Patient Engagement Group (March 2015), attended also by the Care Quality Commission (CQC), helped to promote the CPD consultation.

Public and patients

21. Members of the GOsC Patient and Public Partnership Group have received dedicated communications over the course of the consultation, inviting their views.

22. Social media, including regular postings on Facebook and Twitter, was used to highlight the consultation and encourage discussion on specific issues. This was reinforced by regularly refreshed 'news' items on the GOsC public website Home page.

23. The Healthwatch England network and the Scottish Health Council posted information concerning the CPD consultation in their member communications.

The osteopathic profession – registrant communications

24. Introducing the consultation in early February, a direct letter was sent to all registrants, accompanied by a leaflet providing an overview of the proposed scheme and explanation of the consultation process.

25. Through the life of the consultation, our communications with registrants promoted a series of key themes/messages:

    - February 2015: Promoting awareness of the consultation/understanding the proposals
    - March 2015: Promoting peer engagement – 'discuss CPD proposals with your colleagues'
    - April 2015: Addressing issues –'Do you have any questions?/let's explore concerns'
    - May 2015: Encouraging responses – 'Tell us what you think'.

26. Other mechanisms used to promote maximum awareness of the CPD proposals among osteopaths and osteopathic groups (see Annex B), included:

    - dedicated discussion of the proposals in all issues of *the osteopath* magazine over the course of the consultation (Dec14/Jan15; Feb/March 2015, April/May 2015 issues)
    - 'calls to action' in the monthly GOsC news e-bulletins to registrants, January to May 2015

- a dedicated CPD consultation e-bulletin: three issues were mailed to registrants during the course of the consultation (30 March, 24 April, 21 May)
- the **o** zone (registrant website): regular news items exploring various aspects of scheme in line with key messages
- CPD consultation flyer included in the 'renewal of registration' packs sent to osteopaths within the consultation period (over 2,000 registrants)
- Promotion via osteopathic social media groups.

Osteopathic students

27. The GOsC's 2015 programme of presentations to final-year osteopathy students included discussion of the CPD proposals and students were invited to submit views.

28. All Osteopathic Education Institutions (OEIs) were encouraged to post information regarding the consultation on Institution intranets, and OEI alumni groups with websites were also approached.

Osteopathic representative organisations

29. Targeted communications were sent to osteopathic representative organisations (including the Institute of Osteopathy, undergraduate and post-graduate education providers, osteopathic special interest groups, the National Council for Osteopathic Research and the Osteopathic Education Foundation) to encourage discussion and organisational feedback.

30. The Institute of Osteopathy (iO) actively supported promotion of the consultation to their membership, through a series of articles in *Osteopathy Today*.

GOsC 'listening events'

31. An enhanced scheme of osteopathic CPD is seen by Council to be central to the development and quality of osteopathic practice, and the GOsC recognises that an effective system depends on osteopaths' understanding of the system's aims, and ultimately the profession's support and 'buy-in'. For the GOsC, a very important element of this consultation has been our aim to engage face-to-face with as many osteopaths as possible to understand views and concerns.

32. The GOsC worked closely with regional osteopathic groups across the UK and, with the invaluable help of regional leads, 16 GOsC regional 'listening events' took place over the course of the consultation, involving nearly 500 osteopaths. Representatives of the GOsC were able to explain and discuss the CPD proposals directly with a wide range of practising osteopaths. Participants were in addition invited to complete feedback forms on the day and this information has been logged and integrated into the online feedback for further consideration.

33. Listening events were hosted by the following regional osteopathic groups:

    - Northern Counties
    - Reigate and Redhill
    - South Wales
    - Kent and Sussex
    - Waltham Forest
    - Cambridgeshire
    - Oxford network
    - Hertfordshire (BBENSCH)
    - East Midlands
    - Carlisle/Northumberland
    - Bristol
    - Central Sussex
    - London
    - Wessex
    - Worcester
    - Cheshire

34. A further 'listening event' was hosted by the Sutherland Cranial College (February 2015) and the CPD proposals were discussed by the GOsC Registration Assessors at a meeting in April 2015.

35. We worked with the Institute of Osteopathy (iO) to promote and present an iO-hosted webinar on 6 May, providing an opportunity for UK registrants anywhere to discuss the CPD proposals directly with the GOsC Chief Executive. Over 70 osteopaths participated in this event.

Overview of responses to the CPD consultation

36. The CPD consultation closed on 31 May and feedback is now being independently analysed. Consultation activity was closely monitored over the 16-week period and, at the close, indications of the levels of engagement and feedback were as follows:

    - During the course of the consultation, the CPD consultation website had 4,833 visits, 1,587 document downloads and 788 video downloads.

    - Including hard copy responses to the survey questionnaire and email comments (totalling nine), 196 responses have been logged, from a wide range of stakeholders, including osteopaths, patients and the public, health regulators, osteopathic education providers and osteopathic professional bodies.

    - Of these, the Bristol Online Survey recorded 186 responses submitted via the consultation website. Osteopaths, students and osteopathic organisations accounted for at least 80% of responses and patients/the public, 5%.

- We received an estimated 109 responses to the Full Consultation, 47 responses to the Summary Consultation, and responses were recorded on all 'Other Topics'.

- In addition, 170 feedback forms were received from osteopaths attending the GOsC 'listening events' hosted over the course of the consultation.

Consultation feedback – preliminary observations

The consultation process

37. On the consultation exercise itself, there has been a good level of positive feedback relating to the comprehensiveness and accessibility of the consultation process: the wide range of presentations of information, the multi-media formats, face-to-face engagement, and supporting magazine commentary.

38. The CPD consultation was well supported by osteopathic organisations and education providers, and we are grateful for their promotion of the consultation to osteopaths and students/others via their websites, intranets and events.

39. The network of regional osteopathic groups made a particularly important contribution to the consultation exercise, hosting face-to-face meetings that generated input from osteopaths across the UK, who work in different environments and in different ways, and also enabling the GOsC to hear from 'hard-to-reach" osteopaths who might not otherwise submit a formal consultation response.

The CPD proposals

40. The opportunity to discuss the CPD proposals in detail with GOsC representatives and colleagues has been widely welcomed, this feedback being typical of comments received from regional meeting coordinators: "Group discussion and lively debate all helped greatly to dispel anxiety/ misunderstandings, provide reassurance and clarify uncertainty, and generally people went away feeling more positive and encouraged/engaged." Participant feedback strongly indicted that many felt the new proposals were "not as daunting" as initially envisaged and that these changes "could benefit the profession as a whole".

41. Monitoring of feedback through the course of the consultation has already helpfully identified where more information or clearer information about the proposed new CPD system is required. It is important that the GOsC continues to emphasise that the proposed system is intended to be a developmental process and not a pass/fail exercise.

42. Positive themes in the feedback included:

    - the revised CPD scheme appears far more straight-forward than the earlier revalidation proposals.

- the fact that osteopaths and osteopathic groups/organisations have been closely involved in the development of the scheme is welcomed – proposals seem well thought out.

- this is an improvement on the current CPD scheme, providing a greater level of guidance in terms of quality CPD while continuing to be largely self-directed.

- the scheme promotes interaction with other osteopaths, which is to be welcomed and has potential to strengthen the osteopathic profession.

- osteopathic organisations and regional groups recognise and broadly welcome a role for themselves in administering the Peer Discussion Review process, but groups are looking to the GOsC and other organisations for support in further developing/implementing these services.

43. Common concerns highlighted by the feedback include:

- the Peer Review process, while widely welcomed, raises concerns about whether reviewers need training, issues of payment, disagreements over the outcome of a review, and the risk of collusion/cheating.

- IT: concerns are voiced about the lack of adequate IT skills/knowledge to cope with data collection and/or online CPD record keeping/submission to the GOsC. The inconsistency of IT broadband access across the UK/world-wide is also noted.

- geographic distribution of the profession – challenges faced by osteopaths practising in remote areas, including access to other osteopaths, to quality CPD (and associated costs), and fast/reliable internet access.

- concerns that osteopaths will fail to submit reviews that have not been signed off because the Reviewer considered the required standard had not been met.

- calls for a staged/gradual introduction of new CPD requirements, to build confidence in the review process.

44. Annex A to this report provides a fuller overview of queries and concerns raised in the course of the consultation, along with responses from the GOsC. These will be taken into account in reviewing feedback on the proposals and identifying where clearer information and guidance will be required, and adjustments to the process are necessary.

Next steps

45. We received feedback from a wide range of stakeholders, in a range of different formats. At the close of the consultation, this information was collated and prepared for analysis.

46. An independent agency with appropriate experience of consultation analysis, Abi Masterson Consulting, has been appointed to analyse the consultation feedback, provide a fresh perspective, and produce for the GOsC a report on the findings. The report is expected in late August.

47. We aim to identify any gaps in the feedback, where we lack responses from key stakeholder groups, so that this can be addressed.

48. We anticipate a report on the findings of the CPD consultation and implications for the further development of the CPD scheme will be presented to the Osteopathic Practice Committee for discussion at its October 2015 meeting.

49. Concerns and queries raised in the course of the consultation will be addressed in the osteopath online and print media, and articles in *the osteopath* magazine over coming months will aim to keep the profession advised of progress in this important area of work.

50. Subject to the findings of the consultation, we expect to meet with osteopathic organisations, educations providers, and regional groups towards the year-end to discuss next steps and the role of these groups in the further development of a new CPD scheme for osteopaths.

Recommendation: to note the content of this report.

GOsC CPD Consultation – February to May 2015

Frequently-asked questions arising from the CPD consultation and GOsC responses

Q1. Is this a consultation or preparation for implementation?

The new CPD scheme for osteopaths outlined in this consultation is a proposal that will be further shaped by the views and suggestions of osteopaths and others gathered by the GOsC in the course of this public consultation exercise, which runs until 31 May.

What we are proposing has been developed by osteopaths and for osteopaths over a number of years, taking into account what has been learned from the 2012 revalidation pilot and the recent extensive review of the existing CPD scheme. It also aims to satisfy public expectations of patient safety, care quality and the fitness to practise of health professionals.

Your views are crucial in helping us ensure a CPD scheme that is demonstrably effective, is appropriate to your practice and patients, and is affordable and achievable. This consultation period gives everyone the opportunity to be involved and make a contribution to building a scheme suitable for the osteopathic profession.

Whatever your views, whether you are an osteopath or a patient, we'd like to hear from you.

You can respond online or in writing by post. The deadline for comments is 31 May 2015.

Q2. Why do we want to change the current CPD scheme?

Through extensive work in partnership with osteopaths we have developed a new scheme which better supports practice, patient care and CPD.

The current CPD scheme was introduced in 2005 and since then we have monitored its application in practice, including feedback from osteopaths, osteopathic organisations and CPD providers, and in 2011-12 we conducted an extensive formal review. We have also been part of wider Government-led discussions among health regulators and others, concerned that current CPD systems do not offer the public adequate assurance that a health professional is actually keeping all essential skills up to date and is fit to practise.

Working closely with osteopaths and osteopathic organisations across the UK, and testing ideas with patients, we are looking at strengthening the osteopathic CPD system by building on what we know is already working well. The proposed CPD scheme on which we are now consulting has many familiar features, but suggests clearer requirements in areas where there is evidence that practice could be improved. Most importantly, the proposed scheme aims

to address the risk of professional isolation by fostering a culture of peer support and creating collaborative learning environments.

More information about the background to the proposed new CPD scheme is available in 'Introducing our new CPD proposals'. You can also watch the introductory video.

Q3. Will I have to take an exam as part of the new CPD proposals?

No, there is no exam involved.

We believe the CPD process should focus on osteopaths improving their practice, through reflection and continuous learning, not rely on a pass/fail test. Giving osteopaths the scope and opportunity to share knowledge and experience, and seek improvements, is likely to produce better outcomes in terms of both safety and quality of practice.

Detailed information about our proposals is available in the draft *CPD Guidelines*.

Q4. Do you think changing to a more restricted CPD template will restrict the courses osteopaths choose to attend because of financial reasons or time pressures? Does it worry you that medical learning might be side-lined to tick other boxes deemed more important by the GOsC?

We don't think this new CPD scheme is too restrictive. The mandatory element in the new scheme is relatively minor across the three years.

Although we anticipate 90 hours over three years of CPD across the four themes of the *Osteopathic Practice Standards*, we don't specify the amount of time that should be covered under each theme. The majority of CPD will stay practitioner-directed and what is of value and interest to the osteopath.

We know that osteopaths quite often are looking for courses to make up their hours, and may be doing CPD based on what courses are available, rather than based on what is of most interest and use. There is also an assumption that CPD is just about courses, but there are a lot of different ways to improve and expand knowledge, including for example case-based discussion or journal clubs.

Q5. Can you explain how the process will affect those practising alone, abroad or in a foreign language?

If you work abroad the requirements of the scheme will be the same as if you were working in the UK. The GOsC is the UK osteopathic regulator. If you choose to be registered with the GOsC and work outside of the UK, that is your choice. For people working alone we hope the scheme might help them to interact with their colleagues. Our concern about the osteopathic profession is that practitioners can become professionally isolated.

Encouraging people to interact with colleagues is a very important part of any healthcare profession.

If you are working in another language this should not be a problem. Although the Peer Discussion Review would need to be in English, in case it is reviewed by the GOsC as part of an audit.

Q6. You mention early adopters in 2016. What does this entail and what would be the benefits?

We haven't worked through all operational details of how to implement the scheme. At the moment we are focusing on the getting the policy framework right.

We would like some people voluntarily to start the process, although we are aware that some are already doing a lot of what we are asking for in the new CPD scheme, for example patient feedback and clinical audit. Two regional osteopathic groups (Waltham Forest and South Wales), for example, are thinking about becoming early adopters as they see this as potentially giving them a competitive edge and to encourage more members. Whatever happens with implementation, the new CPD scheme will need to be introduced in phases.

Q7. Some regulatory bodies accept CPD in practitioner self-care, e.g. meditation or Qi Gong which can enhance osteopath's ability to be present and treat patients. Will any aspect of these types of activities be accepted as CPD in the scheme?

It is important that osteopaths reflect on their own physical and mental health and this is a requirement of the *Osteopathic Practice Standards*.

The most critical part of any CPD is you can demonstrate this has had a positive effect on your practice and your patients. It would depend on the nature of the CPD. We would suggest you seek advice from our Professional Standards team.

Q8. More and more online groups for osteopaths are created to share opinions and cases. I quite often take part in these types of discussion, but find it quite hard to measure in terms of time and value. What would you suggest?

It is positive that osteopaths are interacting like this, but we would urge on the side of caution and be very careful when discussing issues on social media to ensure patient confidentiality.

The difficulty is in measuring any kind of CPD, for example you could attend an all day conference and claim seven hours but this might not have been of any benefit. To answer your question, you would need to come up with some estimate of benefit to you.

Q9. Will there be scope within the new system of CPD to allow CPD for activities that provide opportunities for professional development, but are not clinically relevant?

As with the current CPD scheme, the new proposals will need osteopaths to demonstrate CPD activities relevant across the breadth of their osteopathic practice. Opportunities for professional development can count towards your CPD, but there should not be an over-emphasis in one particular area.

There are elements in the *Osteopathic Practice Standards* about professionalism and how to run a practice, but CPD in this area should not be at the exclusion of everything else.

Q10. I agree with 90 hours CPD over three years, but I don't agree with the fixed requirement of 30 hours per year. Why can't there be greater flexibility?

As with the existing CPD requirements, the new scheme proposes that osteopaths continue to complete 30 hours of CPD per year. This supports a culture of continual learning and avoids the less satisfactory prospect of an osteopath neglecting their professional development for, say, two years and cramming up to 90 hours of CPD into the first or final months of a thee-year cycle. It would be difficult to show engagement with the scheme if an osteopath crammed all 90 hours into one year of the cycle in normal circumstances.

However, we expect there to be a degree of flexibility in the process – unlike our current scheme – so we anticipate osteopaths receiving automated feedback telling them how they are getting on compared to others.

This consultation exercise encourages osteopaths and others to suggest adjustments that will help to achieve the best outcome.

More information is available in the draft *CPD Guidelines*.

Q11. I'm an osteopath involved in postgraduate education and specialist areas of practice. Can my work to develop the profession and mentor others count as CPD?

The short answer is potentially yes under the new proposed CPD scheme, while this would not be the case with the current process.

The proposed new *CPD Guidelines* advocate a broad approach to what constitutes 'acceptable' CPD:

'CPD is any activity that maintains, enhances and develops osteopathic professional practice. CPD includes any learning undertaken by an osteopath and can include courses, seminars, practical sessions, e-learning, reading, research, individual study and any other activities that can advance practice. Undertaking CPD is an ongoing aspect of professional practice'.

It goes on to describe professional practice:

'Professional practice can include clinical work, education, research or management responsibilities. Over the course of a three-year CPD period, CPD should be appropriately balanced over the whole of an individual's practice. So, for example, an individual who only undertakes clinical work and holds no management or teaching responsibilities might confine all their CPD to clinical work. However, an osteopath who undertakes one day a week in education should undertake an appropriate proportion of their CPD in the area of education or teaching practice, in addition to their CPD in clinical practice. Over the course of a three-year period, osteopaths with management responsibilities should be able to demonstrate balanced CPD in this area.'

Above all, the proposed new scheme encourages osteopaths to take a balanced approach that ensures your CPD reflects the full range of your osteopathic practice. So if you provide mentoring as part of your practice, then keeping up to date your mentoring skills will be important, but your CPD should also reflect the skills needed to manage the range of patients you routinely see in clinical practice.

Q12. I'm non-practising. How can I fulfil the objective activity requirement?

We appreciate that if you do not have contact with patients, it will not be possible to obtain patients' feedback and other types of objective activity may be more challenging. However, there are other forms of feedback: for example, someone who is engaged only in teaching or research could invite student or colleague feedback. It is also possible to discuss your approach to hypothetical cases with colleagues. The critical issue here is to consider what is the best way in which your work can be enhanced and how you can use the input of others to help you identify your CPD needs?

Q13. Would the Peer Discussion Review fulfil the objective activity requirement?

No. This is a slightly different process.

The objective activity is how you obtain feedback on your practice during the course of the three-year CPD cycle, and you will have a choice how you do this. We know from the revalidation pilot that patient feedback questionnaires were popular but over time it is likely osteopaths will use a number of different approaches.

The Peer Discussion Review takes place at the end of the three-year cycle to check whether you have met the requirements of the CPD scheme. The Peer Discussion Review template in the draft *Peer Discussion Review Guidelines* (Doc. 5) provides a structured questionnaire, asking you how you have met the requirements of the scheme, how you used objective feedback and any potential learning recommendations.

Q14. CPD Standard 2 refers to 'Objective activity', but in the introductory video you refer to 'Objective feedback'. Is it the same thing?

Yes, this is the same thing.

Objective activity is a broad term for any activity where the views or experience of others provide you with information about your practice that helps you to make improvements or enhance your skills. Feedback from a colleague observing your practice or from your patients are good examples of an objective activity that will help you to reflect on your practice and select CPD that will further develop your knowledge and enhance the quality of your care.

More information is available in the Resources and case studies: Objective activity document.

Q15. My husband and I have a joint practice. Would we have to run two separate audits or can we both use the same audit?

It depends on what the audit says. It is important that feedback is capable of being applied to both individuals within the same practice, but there would need to be some way of disaggregating what the message from it is. So depending on the content, the same audit is capable of addressing the requirements of two people, but it might not.

You are welcome to talk this through with our Professional Standards team, so this could be tweaked to ensure it does meet the requirement of the new scheme.

Q16. How will the new CPD scheme affect osteopaths who are non-practising and won't be able to meet CPD Standard 2 on objective feedback?

The new CPD scheme needs some flexibility. There are different types of reasons why osteopaths are non-practising. The majority of osteopaths who are non-practising are so for a restricted period of time, for example for maternity or paternity leave. It is unlikely therefore that these individuals will be non-practising over the whole three-year CPD cycle, and could therefore seek objective feedback at some point.

If an individual is non-practising over the three-year CPD cycle they are more likely to have a different type of role, for example in teaching and therefore there are other ways their practice could be assessed, for example through student feedback.

We understand that life situations occur, so if somebody was only able to do 25 hours in a year, as long as they have a conversation with us about the circumstances that have arisen, we would discuss how the time could be made up.

Q17. Will discussion of case histories be considered as objective feedback?

Yes. The CPD consultation resource materials include examples of role playing case histories and group case-based discussion (see Doc 9).

Q18. I don't know how to do a clinic audit or collect patient feedback. Where can I find help?

The GOsC website for osteopaths, the **o** zone, offers a number of tools for collecting feedback on your practice, and these have been trialled by osteopaths. Another good place to start is the website of the National Council for Osteopathic Research, which also offers *NCOR's Audit Handbook for Osteopaths*, an introduction for those with little or no knowledge of practice audit.

A completed example and analysis of patient feedback is also available in the dummy CPD folder in the Resources and case studies: Osteopathic Practice Standards document.

Further information to help osteopaths understand the objective activity requirement of the proposed new CPD scheme is available in the Resources and case studies: Objective activity document.

Q19. What does clinical audit involve?

We don't have a fixed requirement for what a clinical audit should look like. There are lots of resources in place to do clinical audit, including NCOR's Guide to Clinical Audit available on the NCOR website: www.ncor.org.uk or the **o** zone. This is just one way you can gain objective feedback.

There are others, including peer observation. For example, one of the osteopathic Pathfinder groups we worked with to develop the CPD proposals liked the idea of buddying up with other osteopaths, observing them in practice (with patient consent) and discussing each other's practice afterwards.

Q20. Why the focus on communication and consent?

We know from complaints about osteopaths dealt with by the GOsC and from claims handled by professional indemnity insurers, that there is a prevalence of problems around communication and consent in osteopathic practice. This is particularly significant because of the physical nature of osteopaths' interactions with patients.

The GOsC and others are looking at improvements in teaching and guidance to address this and, to support this, the new CPD scheme proposes that osteopaths regularly refresh their knowledge and skills in the area of consent at least every three years. This approach should also meet public expectations about incorporating areas of high risk into any scheme that provides assurance of continuing fitness to practise. More information is available in the Resources and case studies: Communication and consent document.

Q21. Is there a minimum CPD on communication and consent?

We would suggest from one to three hours over the three-year cycle.

We have talked to CPD providers who are looking to advertise their courses with details of what aspects deal with communication and consent. The o zone also includes a number of materials in this area including videos, quizzes and briefing documents. Talking to colleagues about how they have handled issues around communication and consent could potentially meet this requirement.

Q22. As an osteopath who completed the revalidation pilot please can you explain the communication and consent process, and what this may entail. Surely informed consent is consent?

This is an area where osteopaths have difficulty. There are lots of aspects of communication and consent beyond just informed consent. In the past the tendency has been to focus on consent and neck manipulation, but more often issues around communication and consent are down to misunderstandings between the patient and osteopath. Lack of communication concerning the removal of clothing or treatment reactions, for example, are often the types of issues leading to complaints and claims from insurers.

We have produced a number of resources on the o zone around communication and consent, including videos, quizzes and most recently guidance about capacity to give consent for children and older people. We will expand on the resources available to make this as easy as possible.

This is also an area where legislation changes all the time, so that is why we are saying osteopaths should do a refresher over the three-year CPD cycle.

Q23. Why would I want to talk to another osteopath about my practice?

Professional isolation is a significant risk factor in any profession.

The peer discussion review process is intended to be supportive, creating for osteopaths the opportunity and secure environment in which to reflect on areas for potential development in their practice, assisted by feedback and advice from a colleague they respect and trust. Osteopaths are encouraged to choose a reviewer whose opinion you respect and who can bring fresh perspective to your practice. The reviewer could be an osteopath or another health professional. The proposals suggest that these peer-to-peer discussions could be arranged within regional osteopathic groups, or under the auspices of an educational institution, an advanced practice group or Osteopathic Alliance member organisation. Or, you can choose your own arrangements independently.

Osteopaths working with us developed the peer discussion process, and actively tried it out, in pairs and in small groups. They told us that discussing practice candidly with a colleague seemed quite daunting at the beginning, but the support and constructive suggestions of colleagues had, they felt, produced real benefits both to their practice and to themselves.

More information, along with case studies of osteopaths who have piloted a Peer Discussion Review, is included in the draft *Peer Discussion Review Guidelines*.

Q24. Could the peer review process not be open to wide range abuse?

The peer review process is not a pass/fail test – it is about continual learning and personal development and support for individuals – both personally and professionally. Cheating will mean the osteopath loses out on these benefits. The fundamental aim underpinning the new CPD proposals is to offer all osteopaths a supportive environment in which they can explore any concerns they have about practice and gather feedback from a professional colleague whose views and suggestions could add value to practice.

Many osteopaths tell us that they rarely have the opportunity to discuss their practice development with a peer and report feeling professionally isolated. The peer discussion review process aims to make the sharing of expertise an integral part of all osteopath's professional development. However, in common with any educational process, quality assurance is important for all concerned. Not only osteopaths but the public, too, should have confidence in the process. The GOsC will apply an appropriate process for auditing peer discussion reviews between osteopaths to minimise the risk of collusive activity. It is likely that Peer Discussion Reviews offered and conducted under the auspices of educational institutions and other osteopathic organisations will include their own, independent quality assured mechanisms. The GOsC would audit a higher proportion of reviews between osteopaths arranged outside of these more formal networks.

The proposed CPD scheme is a not a 'soft' option. If an osteopath fails to engage in the CPD process, or does not undertake all the required activities, they will be removed from the Register of osteopaths and prevented from practising. Meeting the CPD standards is a statutory requirement for registration.

If the peer discussion review process identifies the need for further development, the osteopath will be expected to undertake this CPD to ensure they meet the current standards. We will also be monitoring implementation of the proposed scheme to ensure that the Peer Discussion Reviews are working properly.

More information on how we plan to audit and quality assure the proposed CPD scheme is set out in the draft *CPD Guidelines*.

Q25. Do you see peer review as a potential trusting environment to explore areas of our practice we are unsure of and formulate strategies to deal with uncertainties leading to an improvement in one's practice – something along the lines of a learning community?

Yes. This is a good way of encapsulating the safe space we are trying to achieve within the profession. If you are going to reflect on your strengths and weaknesses and potential areas of development through, probably the last people you would want to share this with is the General Osteopathic Council.

The peer review process is putting a great deal of trust in the profession to do this. It will also rely on osteopaths getting better at giving and receiving feedback. We want to encourage osteopaths to value differences in practice and reflect on this together as a method of improvement.

Q26. Can the same two osteopaths review each other?

Yes, the same two osteopaths can review each other.

It is suggested, under these proposals, that such arrangements are more likely to be audited by the GOsC in the interests of quality assurance, and this strategy is outlined in the draft *CPD Guidelines*. This will help to minimise the risk of collusive activity and will also help us to provide feedback to support those osteopaths undertaking Peer Discussion Reviews more locally. By this we mean those reviews conducted outside the auspices of a regional group, educational institution or other CPD provider, for example.

Q27. Will you have to change your peer reviewer from cycle to cycle?

This is not a requirement of the proposed scheme but we can see there are pros and cons of both continuity and change. Keeping the same reviewer might encourage consistency, but changing peer reviewer might give the osteopath more challenge and encourage development.

This might be a factor in any risk-based approach to auditing the scheme.

Q28. By getting osteopaths to conduct peer reviews, isn't the profession doing the GOsC's job?

It is the responsibility of everyone in the profession to develop a supportive learning community, ensuring that osteopathic practice continues to improve for the benefit of osteopaths and patients. This is a feature of a successful and maturing profession. There are many ways in which a review could take place: osteopaths working with colleagues, osteopaths with an employer, osteopaths who are part of a regional group or a member of the Osteopathic Alliance. As a fall-back the GOsC can also conduct the review.

Based on feedback to date from the profession, choosing their own peer reviewer should enable the osteopath to discuss their CPD and practice in an

environment in which they feel professionally comfortable. This encourages osteopaths not only to engage with the process of continual learning and development, but help also to focus on safe and effective practice and the overall quality care provided.

This does not mean the GOsC would not be closely involved in monitoring the CPD process. Our proposals relating to quality assurance and audit are set out in the draft *CPD Guidelines*.

Q29. What procedures are in place in case concerns are raised as part of the Peer Discussion Review process?

If there were concerns that not all requirements of the new CPD scheme had been met, as a reviewer it is your choice not to sign off the Review, and as the reviewee you could seek another reviewer. We would not penalise either side in this instance. If somebody fails to find any peer who will sign them off, then this is a discussion we would have with the practitioner.

If serious concerns about osteopathic practice were revealed in the Peer Discussion Review, the process would be exactly the same as set out currently in the *Osteopathic Practice Standards*. If you think an osteopath is posing a danger to patients, you can raise this first of all with the osteopath concerned, their employer and in some instances you might want to raise this with the police, social services or report your concerns to the GOsC.

If you have particular views on guidance about what to do if concerns about practice are identified, we would welcome your feedback: www.survey.bris.ac.uk/osteopathy/concernsaboutpractice/

Q30. If I conduct another osteopath's Peer Discussion Review and sign them off, but a subsequent a GOsC audit concludes they have not met the CPD Standards, will I be liable in any way?

If we find significant differences, we may provide advice about this to both parties. However, we recognise that this is not a precise science – the key outcome is to help osteopaths to conduct discussions in a way that supports and enhances practice. The reviewer will not be penalised in any way, unless there is clear evidence of collusion.

Q31. What is the minimum CPD one can submit at the end of Year 1, and Year 2?

As with the existing CPD requirements, the new scheme proposes that osteopaths continue to complete a minimum of 30 hours of CPD each year (at least 15 hours of which should be learning with others). However, there would be flexibility for each osteopath to choose when they undertake the activities they need to do to meet the CPD Standards during the three-year cycle. Through the IT system, we hope to be able to provide automated feedback to osteopaths about what they need to complete in order to move to the next CPD cycle.

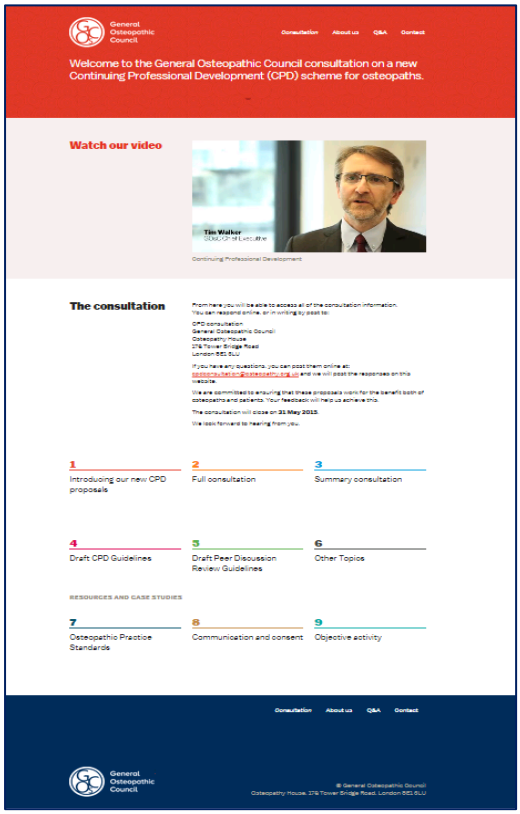
Q32. How can I meet the new CPD requirements when I practise on animals?

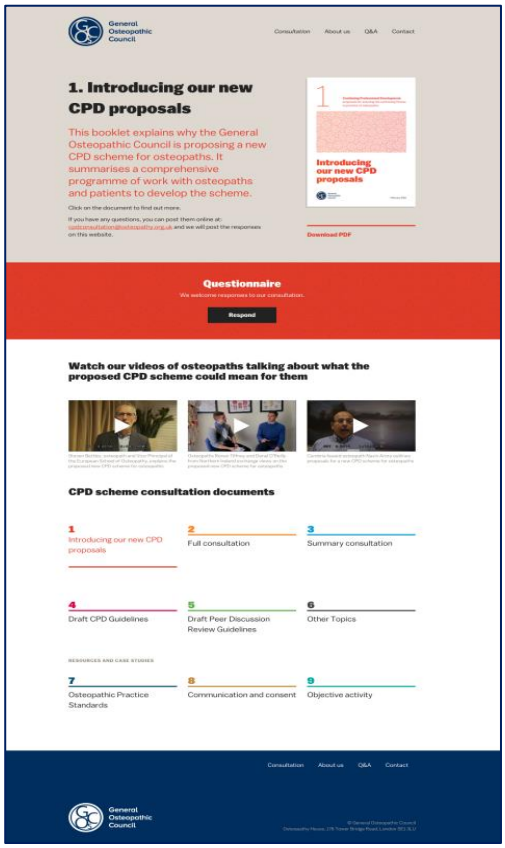
The Osteopaths Act governs the osteopathic care of human patients and, whether or not your practice involves animals, to remain registered with the GOsC you must meet the CPD requirements in relation to human patients.

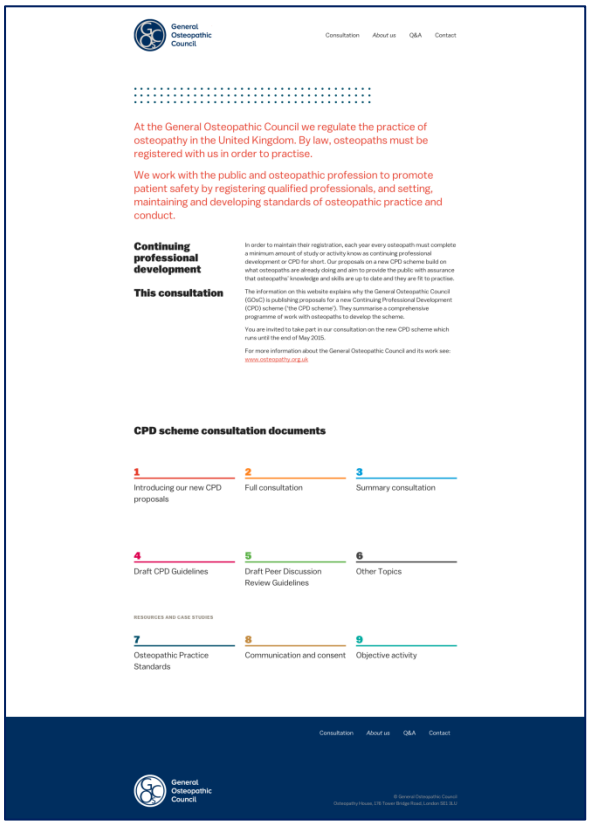
The proposed new CPD scheme does encourage osteopaths to take a balanced approach to ensure your CPD reflects the range of your osteopathic work. So, for example, an osteopath with osteopathic teaching responsibilities would include CPD to enhance their professional practice in osteopathic teaching. However it is essential that all registered osteopaths undertake CPD that is applicable to the osteopathic care of human patients. All osteopaths registered with the GOsC are required to undertake CPD – this includes those osteopaths who may be registered as non-practising. This is to ensure that registered osteopaths continue to maintain their fitness to practise as osteopaths even if they are not currently caring for patients. This could include a range of activity from shadowing other practitioners and discussing case scenarios, to reading relevant materials and attending courses.

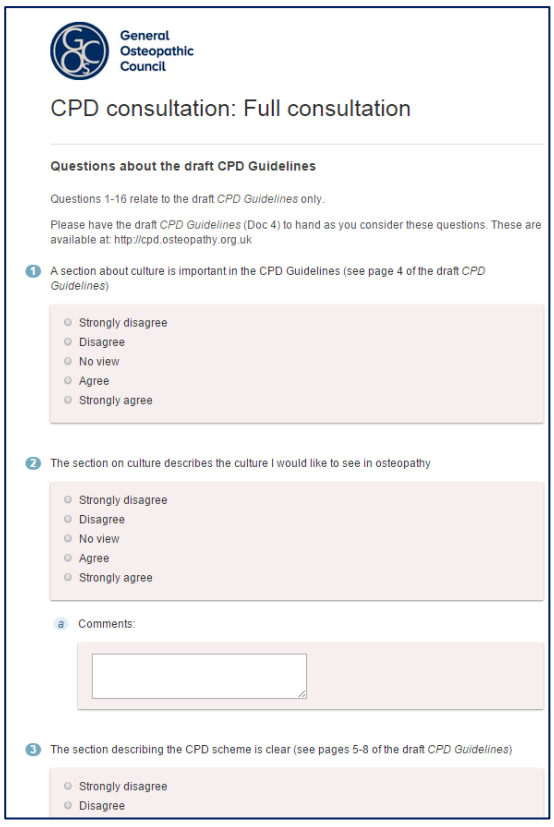
GOsC CPD Consultation – February to May 2015: Consultation resources

Dedicated CPD consultation website



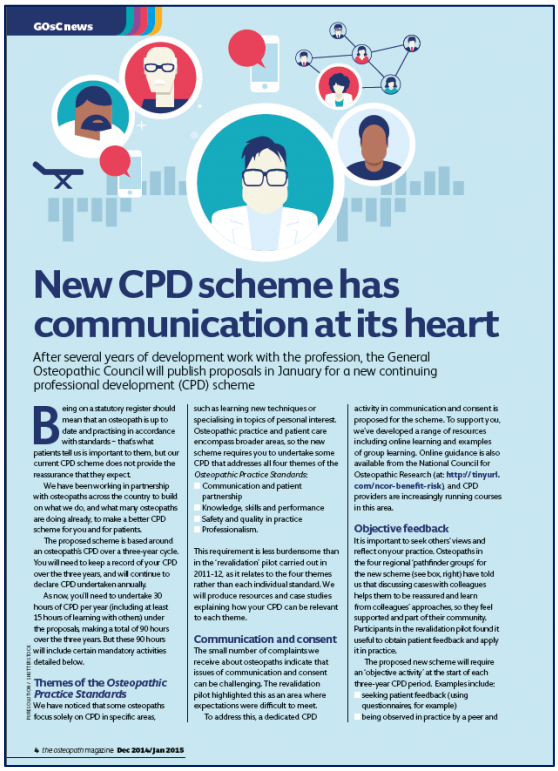






The osteopath magazine

Dec 2014/Jan 2015



GOsC news

New CPD scheme has communication at its heart

After several years of development work with the profession, the General Osteopathic Council will publish proposals in January for a new continuing professional development (CPD) scheme

Being on a statutory register should mean that an osteopath is up to date and practising in accordance with standards – that's what patients tell us is important to them, but our current CPD scheme does not provide the reassurance that they expect.

We have been working in partnership with osteopaths across the country to build on what we do, and what many osteopaths are doing already, to make a better CPD scheme for you and for patients.

The proposed scheme is based around an osteopath's CPD over a three-year cycle. You will need to keep a record of your CPD over the three years, and will continue to declare CPD undertaken annually.

As now, you'll need to undertake 30 hours of CPD per year (including at least 15 hours of learning with others) under the proposals, making a total of 90 hours over the three years. But these 90 hours will include certain mandatory activities detailed below.

Themes of the *Osteopathic Practice Standards*

We have noticed that some osteopaths focus solely on CPD in specific areas, such as learning new techniques or specialising in topics of personal interest. Osteopathic practice and patient care encompass broader areas, so the new scheme requires you to undertake some CPD that addresses all four themes of the *Osteopathic Practice Standards*:

- Communication and patient partnership
- Knowledge, skills and performance
- Safety and quality in practice
- Professionalism.

This requirement is less burdensome than in the 'revalidation' pilot carried out in 2011-12, as it relates to the four themes rather than each individual standard. We will produce resources and case studies explaining how your CPD can be relevant to each theme.

Communication and consent

The small number of complaints we receive about osteopaths indicate that issues of communication and consent can be challenging. The revalidation pilot highlighted this as an area where expectations were difficult to meet.

To address this, a dedicated CPD activity in communication and consent is proposed for the scheme. To support you, we've developed a range of resources including online learning and examples of group learning. Online guidance is also available from the National Council for Osteopathic Research (at: **http://tinyurl.com/ncor-benefit-risk**) and CPD providers are increasingly running courses in this area.

Objective feedback

It is important to seek others' views and reflect on your practice. Osteopaths in the four regional 'pathfinder groups' for the new scheme (see box, right) have told us that discussing cases with colleagues helps them to be reassured and learn from colleagues' approaches, so they feel supported and part of their community. Participants in the revalidation pilot found it useful to obtain patient feedback and apply it in practice.

The proposed new scheme will require an 'objective activity' at the start of each three-year CPD period. Examples include:

- seeking patient feedback (using questionnaires, for example)
- being observed in practice by a peer and

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Introducing our new CPD proposals

CPD in the spotlight

Consultation gets under way on proposed new scheme p4

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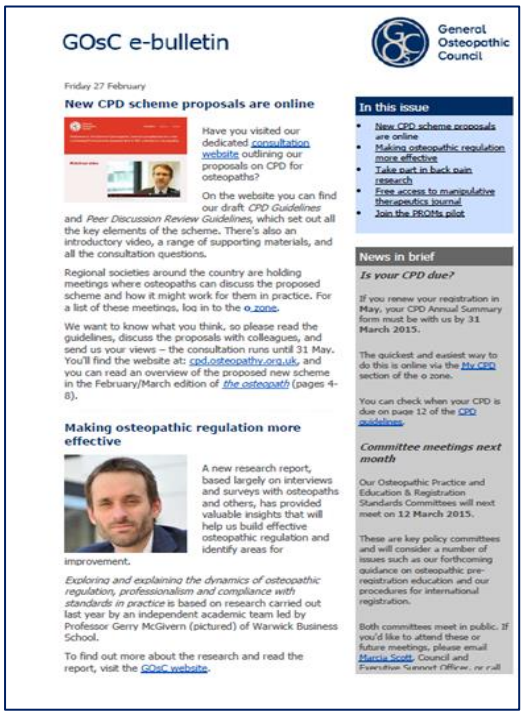
General Osteopathic Council

GOsC news e-bulletin



GOsC e-bulletin

General Osteopathic Council

Friday 27 February

New CPD scheme proposals are online

Have you visited our dedicated consultation website outlining our proposals on CPD for osteopaths?

On the website you can find our draft *CPD Guidelines* and *Peer Discussion Review Guidelines*, which set out all the key elements of the scheme. There's also an introductory video, a range of supporting materials, and all the consultation questions.

Regional societies around the country are holding meetings where osteopaths can discuss the proposed scheme and how it might work for them in practice. For a list of these meetings, log in to the o zone.

We want to know what you think, so please read the guidelines, discuss the proposals with colleagues, and send us your views – the consultation runs until 31 May. You'll find the website at: cpd.osteopathy.org.uk, and you can read an overview of the proposed new scheme in the February/March edition of *the osteopath* (pages 4-8).

Making osteopathic regulation more effective

A new research report, based largely on interviews and surveys with osteopaths and others, has provided valuable insights that will help us build effective osteopathic regulation and identify areas for improvement.

Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice is based on research carried out last year by an independent academic team led by Professor Gerry McGivern (pictured) of Warwick Business School.

To find out more about the research and read the report, visit the GOsC website.

In this issue

- New CPD scheme proposals are online
- Making osteopathic regulation more effective
- Take part in back pain research
- Free access to manipulative therapeutics journal
- Join the PROMs pilot

News in brief

Is your CPD due?

If you renew your registration in May, your CPD Annual Summary form must be with us by 31 March 2015.

The quickest and easiest way to do this is online via the My CPD section of the o zone.

You can check when your CPD is due on page 12 of the CPD guidelines.

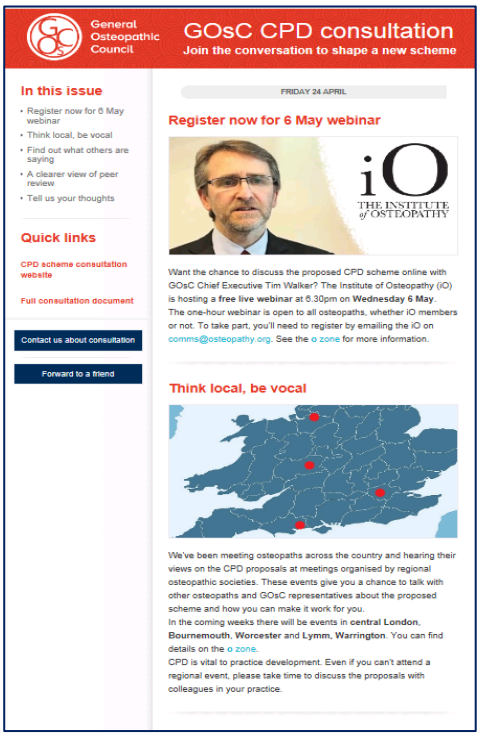
Committee meetings next month

Our Osteopathic Practice and Education & Registration Standards Committees will next meet on 12 March 2015.

These are key policy committees and will consider a number of issues such as our forthcoming guidance on osteopathic pre-registration education and our procedures for international registration.

Both committees meet in public. If you'd like to attend these or future meetings, please email Marcia Scott, Council and Executive Support Officer, or call

CPD e-bulletin



General Osteopathic Council

GOsC CPD consultation

Join the conversation to shape a new scheme

In this issue

- Register now for 6 May webinar
- Think local, be vocal
- Find out what others are saying
- A clearer view of peer review
- Tell us your thoughts

Quick links

CPD scheme consultation website

Full consultation document

Contact us about consultation

Forward to a friend

FRIDAY 24 APRIL

Register now for 6 May webinar

Want the chance to discuss the proposed CPD scheme online with GOsC Chief Executive Tim Walker? The Institute of Osteopathy (iO) is hosting a **free live webinar** at 6.30pm on **Wednesday 6 May**. The one-hour webinar is open to all osteopaths, whether iO members or not. To take part, you'll need to register by emailing the iO on comms@osteopathy.org. See the o zone for more information.

Think local, be vocal

We've been meeting osteopaths across the country and hearing their views on the CPD proposals at meetings organised by regional osteopathic societies. These events give you a chance to talk with other osteopaths and GOsC representatives about the proposed scheme and how you can make it work for you.

In the coming weeks there will be events in **central London**, **Bournemouth**, **Worcester** and **Lymm, Warrington**. You can find details on the o zone.

CPD is vital to practice development. Even if you can't attend a regional event, please take time to discuss the proposals with colleagues in your practice.