



Council
12 July 2016
CPD scheme implementation update

Classification	Public
Purpose	For noting
Issue	An update on the implementation of the CPD scheme.
Recommendation	To note the progress of the implementation of the CPD scheme.
Financial and resourcing implications	Council have set aside reserves of £100,000 for the implementation of the CPD scheme. An indicative budget for the implementation of the CPD scheme is outlined in this paper.
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 Log for the Implementation of the CPD Scheme C. Updated timeline for the State of CPD Evaluation report.
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Background

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

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Figure 1
Structure of the CPD Scheme



- Council also agreed a staged approach to implementation and they agreed an outline timetable recognising that this will be reviewed at regular stages as part of the implementation plan.
- The outline timetable agreed by Council is set out below:

Activity	Timeline
Agree CPD model for introduction .	February 2016
Establish governance structure, including Delivery Board, to oversee the further development and implementation of the CPD scheme.	April 2016
Update and publish resources to support learning – particularly in the area of communication and consent.	September 2016
Introduce scheme for those interested in early adoption.	November 2016

Review scheme and decide on introduction of mandatory elements for all.	March 2017
Publish updated CPD Guidance and resources.	March 2017
Communications and engagement activities to support and promote the implementation of a new CPD scheme for osteopaths.	All year 2016-2017
Ensure a robust, web-based infrastructure that can support the CPD scheme.	All year 2017

4. In February 2016, Council agreed to allocate £100,000 from reserves to support the implementation of the CPD scheme.
5. In May 2016, Council considered and agreed the governance structure for oversight of the implementation of the new scheme which included
 - the terms of reference for the SMT Task Group
 - the terms of reference for the CPD Partnership Board
 - the table summarising advice and decision making within the project work streams
 - the flow chart describing the CPD Project Governance Structure.
7. 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. Further information about the deliberations of the Committee is outlined in the discussion section of this paper.
8. This paper provides a general update on the implementation of the CPD scheme within the various project streams for the Council to note.

Discussion

Update on the implementation of the CPD scheme

Guidance and resources

9. The CPD Guidelines, Peer Discussion Review Guidelines and Case studies and resources continue to be shared with stakeholders and updated. We are planning to consolidate all our resources within a dedicated page on our website for ease of access.
10. On 23 May 2016, we held a GOsC/OEI meeting and discussed the development of further resources and case studies for those working in education.
11. On 26 May 2016, we met with an osteopath who works within the NHS in two different areas to discuss the implementation of the CPD scheme and the way that it fits with the NHS appraisal system. We have shared documentation and

are working together to develop resources and case studies specifically for osteopaths within the NHS to avoid unnecessary duplication. These resources will also be available to osteopaths who do not work in the NHS should they wish to use them.

12. On 18 May 2016 and 15 June 2016, we met with the Institute of Osteopathy (iO) to discuss a range of CPD-related issues, including the peer discussion review process. The iO indicated that peer discussion review is one of the areas about which they receive the most questions from osteopaths and indeed this was reflected in our consultation analysis. We are looking to work together to develop dedicated resources that support osteopaths to undertake peer review. These include a 'matching' service to enable osteopaths to identify peer reviewers at an early stage in the CPD cycle so that they can develop their collaborative peer support at the earliest opportunity. We also plan to work together on video and other resources to show what a good peer discussion review looks like.
13. It will be important for us to fully consider the potential implementation issues arising from the consultation analysis so that all partners can input into the addressing of those matters as part of the implementation – including the development of guidance, resources and case studies. It is intended that a full analysis of the consultation issues will be considered at the first meeting of the CPD Partnership Board in September 2016.
14. We are working, over the summer, on a programme to support regional group members plan, develop and implement CPD activities and sessions for their members and colleagues. Dedicated webinars are taking place with osteopaths on 6 July, 11 July and 13 July 2016. The aims of the webinar are to undertake CPD in the context of the new CPD scheme and develop CPD resources and activities in osteopathic groups to increase the resources and case studies available to others as the scheme rolls out more widely. Participants will be undertaking three webinars over a three or month and supported to plan, design and deliver CPD activity incorporating the new key features of the scheme.
15. The resources and case studies continue to be updated and we will share progress with the CPD Partnership Board at its first meeting in September 2016.

Communications and engagement

16. We are ensuring a regular flow of information regarding the development of the new CPD scheme in GOsC and iO print media and e-bulletins, to maintain a high level of awareness and engagement.
17. Our partner organisations are key to the effective implementation of the CPD scheme, and to this end we have been engaging closely with the Council of Osteopathic Educational Institutions, the Institute of Osteopathy, the Osteopathic Alliance, the National Council of Osteopathic Research and local CPD groups. An article in the June/July 2016 issue of *the osteopath* magazine demonstrates these organisations' common commitment the delivery of the new

scheme and to the general ethos of engagement, support and community that underpins the scheme. Further articles are planned for the August/September edition of *the Osteopath*.

18. The Institute of Osteopathy is working with the GOsC to encourage osteopaths to sign up as early adopters of the scheme, promoting this opportunity to members in the July edition of *Osteopathy Today*.
19. Osteopathic stakeholder organisations are working with the GOsC to develop and disseminate a variety of communications to osteopaths to encourage the recruitment of early adopters with a view to launching a recruitment drive in summer 2016.
20. On 18 March 2016 the GOsC convened a meeting of the Regional Communications Network (RCN), which provided an opportunity for regional osteopathic leads to explore how to work together to support osteopaths to meet the requirements of the CPD scheme. The programme included workshops enabling participants to design their own CPD session and to explore the *Osteopathic Practice Standards*. Regional Communication Network leads were asked to encourage their members to become early adopters. Feedback on the event was very positive and the RCN leads were keen to continue to work with us on the further development of bespoke materials and sessions that help regional leads and their members implement the CPD scheme. We are working with a group of 8 to 10 osteopaths on shorter sessions spread out over a period of 3 to 4 months to provide them with the support they need to deliver useful CPD sessions and also to increase the resources and case studies available to others.
21. We have put a call out to all CPD providers to get in touch with us so that we can support them to make their CPD activities more attractive to osteopaths by helping them to become familiar with the CPD scheme and its aims of engagement, support and community. This has resulted with meetings with CPD providers taking place during July. We will continue work to engage with providers of osteopathic CPD to extend knowledge and support osteopaths to participate in the scheme.

Process

22. We are currently working across teams to develop appropriate processes ensuring links between the early adopters and the existing CPD scheme to ensure a streamlined approach.
23. We are also working alongside the Institute of Osteopathy (iO) on the potential piloting of an electronic CPD portfolio. We have explored the use by other professions of online learning/CPD portfolios to develop a specification that might meet the needs of osteopaths. Potentially this could be a resource which the iO might wish to further develop for the profession. A briefing note has been prepared comparing two systems in use for discussion with the iO at our next meeting on 20 July 2016.

24. Meetings of the SMT Task Group took place in March 2016. The next meeting is planned for June 2016 and at regular intervals after this. These meetings have been supplemented with regular staff updates and cross-departmental discussion to progress with the project.
25. The invitations to the members of the CPD Partnership Board and Reference Group have been sent out along with project updates about the recruitment of the early adopters and opportunities to supplement the Resources and Case studies booklets ahead of the early adopters. The first meeting of the CPD Partnership Board is planned for September 2016. The CPD Reference Group is being populated.

Early adopters

26. We are using the GOsC media – magazine and e-bulletins – partner organisations, and the Regional Communications Network to encourage osteopaths to sign up as 'early adopters' of the CPD scheme. We have around 80 osteopaths who have expressed interest in participating so far. These communications will be further reinforced by a direct email invitation to all registrants over the summer along with planned targeting of specific groups such as researchers, educators and those with particular treatment approaches through our partner osteopathic organisations. The leaflet for the 'early adopters' has been shared with all our key stakeholders for feedback and will be finalised shortly.
27. The Institute of Osteopathy has invited us to launch the early adopters work at their conference in November 2016 along with the opportunity to facilitate a range of workshops to support early adopters.

Legislation

28. Potential changes to legislation have been discussed with the SMT Task Group and also at a very preliminary stage with the Department of Health to assess appetite for change. A report is being prepared about necessity for and options for change to our legislation for consideration at our SMT Task Group in July and this will be brought to the Policy Advisory Committee and Council for consideration in due course.

Equality and diversity

29. The equality impact assessment is in place and will continue to be updated during the early adopter phase.
30. As part of our evaluation of the early adopters, we will be designing a specification for early adopters to complete to give us information about them and their practice. Part of this will help us to understand if the implementation of the scheme is particularly disadvantageous to any group or if some groups find it more difficult to participate in the scheme than other groups.

*Evaluation and impact assessment, finance and risk**Finance*

31. In February 2016, the Council designated up to £100,000 from reserves for the implementation of the CPD scheme over a three year period and in May 2016, Council asked for further detail about the budget to be prepared.
32. To assist Council to monitor projected budgets and costs, we have outlined our narrative and assumptions below which were considered by the Policy Advisory Committee at its meeting on 16 June 2016.
33. The implementation period is a time for kick starting the scheme for all osteopaths. We have agreed a staged approach to implementation which will commence with early adopters, and will conclude with the implementation of the scheme for all (although different elements of the scheme may be mandated for all osteopaths at different times). At the conclusion of the implementation period, there will continue to be ongoing costs from the scheme which will need to be met from the expenditure budget. Examples of these are outlined below.
34. It is important to highlight at the outset, that some of our costs – particularly those falling towards the end of the three year implementation period will be uncertain at this stage of development and indeed the ongoing costs of the scheme following the implementation period. For example, the costs of developing online resources are uncertain at this stage and will, to a degree, depend on the level of external expertise required to secure the desired deliverables which we are in the process of scoping out. Further, at the end of the implementation period as we move to the implementation of the scheme for all, there will necessarily be ongoing costs that will need to feature in the expenditure budget. An example of this is ongoing work to keep resources and case studies updated, the need for updated guidance should, for example the consent and communication requirement under 'CPD benefits patients' be changed to, for example, something on boundaries, the need for training and appraising of GOsC assessors to undertake GOsC Peer Discussion Reviews for those that select or are required to undertake a peer discussion review with the GOsC rather than another colleague or the funding of the auditing process.
35. Nevertheless, to assist Council to monitor projected budget and costs in the context of the risk to the organisation as outlined at the risk log at Annex B, we have outlined an indicative budget at Annex A along with an indication of the anticipated phasing. Costs currently comprise staff time. However, communication and meeting costs will begin to be spent in September 2016 onwards.
36. At their meeting on 16 June 2016, the Policy Advisory Committee considered the outline budget. The Committee wondered whether there should be specific provision for the costs of training of Peer Discussion Reviewers. It was noted that resources and case studies would be collated to support peer discussion reviewers but that, in general, there would not be specific face to face training

for reviewers in this context for those that chose the 'local colleague' option of a peer discussion reviewer. However, it was likely that organisations providing peer discussion reviewers would have their own arrangements for training and quality assurance of peer discussion reviews and we would work with these organisations if helpful. Also, there remained an option to select a GOsC peer discussion reviewer as part of the scheme to be introduced. It would be expected that GOsC reviewers would be trained – as we train our own registration assessors and visitors and other associates. These costs would be incorporated into existing training budgets for associates.

Risk

37. The purpose of the implementation of the CPD scheme is to support safe and effective patient care, practice in accordance with the *Osteopathic Practice Standards* and to 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 risk.
38. The current risk log for the implementation of the CPD scheme is attached at Annex B. 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 ourselves – but also for our stakeholder partners and the goals that it seeks to achieve go to the very heart of the purpose of regulation. It is therefore important that time is spent considering the consequences and any unintended consequences of the project to ensure that at all times our focus is on delivering desired outcomes.
39. The risks have been considered by the SMT Task Group and the Policy Advisory Committee using the perspectives 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.
40. The feedback from the Policy Advisory Committee indicated that more work could be undertaken on the risk log exploring the risks both to the project and, separately, the risks to the new model CPD scheme along with more granular mitigating actions. The Committee suggested that the risk log was considered in a workshop with our key partners before further consideration by Committee and Council.
41. The first meeting of the CPD Partnership Group is expected to take place in September and we intend to facilitate a discussion around risk with our partners to help us to focus on achieving our desired outcomes.

Evaluation

42. The Committee considered the proposed evaluation of the current CPD patterns at a meeting of the Osteopathic Practice Committee in March 2015 and the Policy Advisory Committee considered the Evaluation of the CPD scheme at its meeting in June 2016. An updated timeline is attached at Annex C.
43. The evaluation process confirming a baseline for the evaluation of the implementation of the CPD scheme has commenced. Alongside this we will be developing a specification for the early adopters so that comparative data can also be collected to begin to understand impact and to support the realisation of the benefits, for example engagement, increased support and the building of communities.

Recommendation: to note the progress of the implementation of the CPD scheme.

Indicative costs for the implementation of the CPD scheme

Item	Cost	Notes
Engagement (including recruitment of early adopters)	£33,000	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	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 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	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	Expenditure on setting the baseline for the evaluation will commence shortly and is expected to be consistent throughout the implementation period.

Risk Log for the Implementation of the CPD Scheme

Aim: To support safe patient care and the continual enhancement of the quality of care. To support the development of learning communities in osteopathy. To support practice in accordance with the *Osteopathic Practice Standards*.

Issue	Impact (1 is low and 3 is high)	Likelihood (1 is low and 3 is high)	Mitigating Actions	Residual Risk (Low, Medium or High)	Are we prepared to tolerate risk
Failure to recruit osteopaths to be early adopters	<p>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.</p> <p>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.</p> <p>3</p>	2	<p>Working with osteopathic partners. Oversight and responsibility for recruiting early adopters through CPD Partnership Board and regular communications with all osteopathic stakeholders and engagement with regional communications network and other osteopathic networks.</p> <p>Our early attempts to recruit early adopters have been successful and we have around 80 (as at 28 June 2016). A sustained campaign launched by all our osteopathic stakeholders should deliver a good diversity of osteopaths to help us to explore the impact of the implementation of the scheme. Information will be collected from early adopters to help us to ensure that they reflect the diversity of osteopathic practice.</p>	Low	Yes

Annex B to 13

Issue	Impact (1 is low and 3 is high)	Likelihood (1 is low and 3 is high)	Mitigating Actions	Residual Risk (Low, Medium or High)	Are we prepared to tolerate risk
Peer Discussion Reviews are undertaken badly (thus osteopaths do not share areas of development and consequent impact on patient safety)	<p>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.</p> <p>However, feedback given in a way that is not constructive 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.</p> <p style="text-align: center;">3</p>	3	<p>Resources to support osteopaths to undertake the role of reviewer and participant will need to be developed. 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).</p> <p>Guidance about how to manage disagreements and concerns will need to be enhanced following the consultation.</p> <p>Working with osteopathic partners to support the development of a core of trained peer discussion reviewers.</p> <p>Working with registration assessors to support the development of a core of peer discussion reviewers.</p> <p>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.</p>	Medium	Yes – but the impact needs to be closely monitored

Annex B to 13

Issue	Impact (1 is low and 3 is high)	Likelihood (1 is low and 3 is high)	Mitigating Actions	Residual Risk (Low, Medium or High)	Are we prepared to tolerate risk
Implementation of scheme does not achieve intended benefits of development of learning community and practice in accordance with Osteopathic Practice Standards	<p>If the benefits of the scheme are not identified and recorded, the benefits will not be realised.</p> <p>3</p>	2	<p>The evaluation and impact assessment will explore the benefits of the scheme activities to the early adopters. 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.</p>	Medium	Yes – but this needs to be closely monitored
Underestimating resources required of GOsC and other stakeholders in order to support early adopters and wide scale implementation of the CPD Scheme.	<p>If the scheme costs too much – and is therefore not implemented in practice, the intended benefits of the scheme won't be realised.</p> <p>If the budget for GOsC is not sufficient, this could put damage the financial health of GOsC as provision for the implementation of the</p>	1	<p>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</p>	Low	Yes

Annex B to 13

Issue	Impact (1 is low and 3 is high)	Likelihood (1 is low and 3 is high)	Mitigating Actions	Residual Risk (Low, Medium or High)	Are we prepared to tolerate risk
	<p>scheme is identified from reserves.</p> <p>3</p>		<p>the scheme could even be cheaper for some osteopaths who pay for all their CPD courses.</p> <p>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.</p> <p>This risk log will be a standing item for all groups within the governance structure to ensure appropriate monitoring of costs.</p> <p>The budget for the implementation of the scheme will continue to be reviewed and monitored by Council and the Policy Advisory Committee.</p>		
<p>No buy in to the scheme from the osteopathic stakeholders</p>	<p>We can only deliver the scheme in partnership with our osteopathic stakeholders.</p> <p>3</p>	<p>1</p>	<p>Governance structure focussing on partnership.</p> <p>Regular and ongoing communications with all osteopathic stakeholder partners.</p>	<p>Low</p>	<p>Yes – but this risk needs to be continually monitored.</p>

Annex B to 13

Project scope or clarity is lost	<p>Good project management is essential to ensure that the scheme is rolled out effectively.</p> <p>2</p>	1	<p>Governance structure has been agreed.</p> <p>Detailed project implementation document and project plans in place with arrangements for regular monitoring at SMT.</p>	Low	Yes
IT difficulties	<p>Lack of knowledge about developing effective online educational resources to support key aspects of the CPD scheme, for example consent and communication potentially threatens implementation of the scheme.</p> <p>Lack of knowledge to scope out changes necessary to CPD module to give effect to the CPD scheme.</p> <p>3</p>	3	<p>Scoping paper about changes to IT necessary in preparation for consideration by SMT,</p> <p>Provision made in budget for external expertise as necessary.</p> <p>Internal expertise recruited to support content development of resources required.</p> <p>Partnership development may be able to ensure that wider IT expertise is available.</p>	Medium	Yes – but this risk needs to be continually monitored

Updated timeline for the State of CPD Evaluation report

Date	Activity
March 2015	Scope of the report agreed
June 2016	Data analysis commenced.
July 2016	Establish baseline data from CPD audit
October 2016	Design and undertake survey
December 2016	Design and undertake qualitative semi-structured interviews and/or focus group (depending on findings from above research methodologies)
January 2017	Analyse complete data set
March 2017	Publish report