

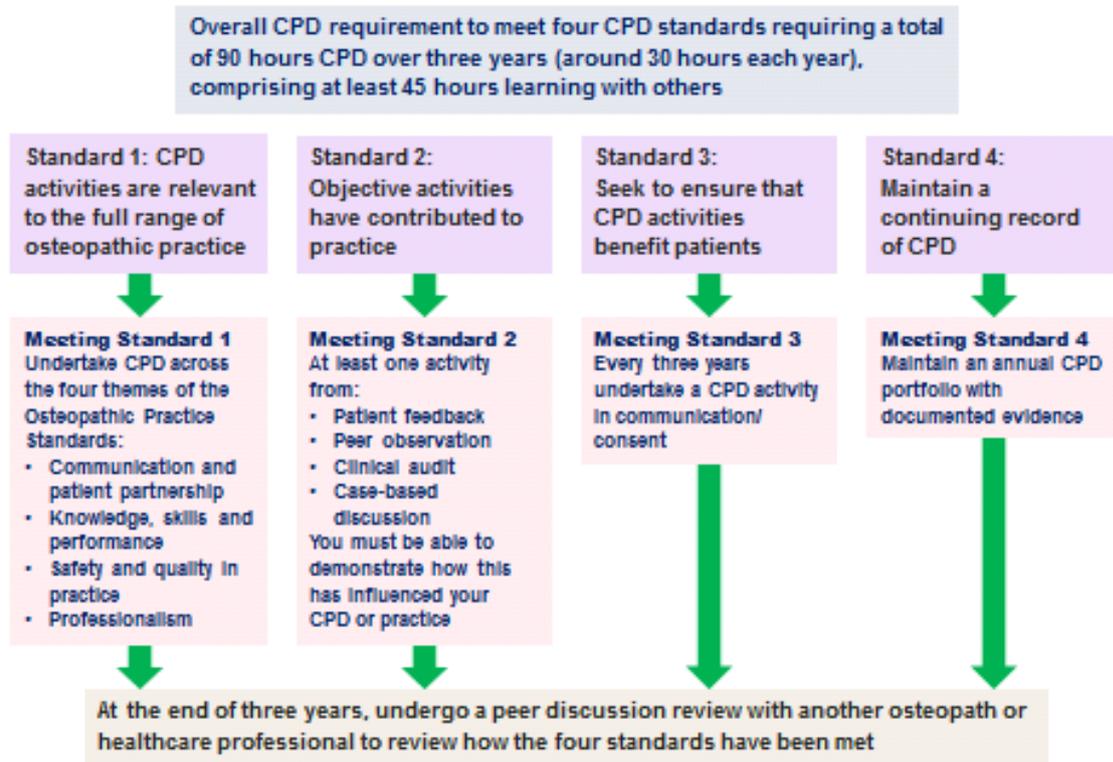


Council
18 July 2017
Continuing Professional Development update

Classification	Public
Purpose	For discussion
Issue	This paper provides an update on the implementation of the CPD scheme.
Recommendation	To consider the progress of the implementation of the CPD scheme.
Financial and resourcing implications	Council has set aside reserves of up to £100,000 for the implementation of the CPD scheme.
Equality and diversity implications	None from this paper. The impact of the scheme is being monitored from a variety of perspectives as part of our evaluation.
Communications implications	Communications about the implementation of the new CPD scheme are ongoing.
Annexes	None
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Background

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



2. We are taking steps to implement the CPD scheme through a staged approach which will complete with legislative change and mandatory implementation commencing for all osteopaths from autumn 2018.
3. Our 2016 to 2019 Corporate Plan includes a goal to 'ensure that osteopaths keep their knowledge and skills up to date, and continually enhance and improve their practice'. As part of this, it states, we will:
 - implement a new CPD scheme that supports and encourages practitioner reflection, peer learning and peer review
 - provide resources to support learning in key areas such as communication and consent
 - monitor implementation and impact of our new CPD scheme using a proportionate and risk-based approach.
4. The 2017-18 Business Plan states that we will:
 - Implement governance structures to ensure that Council has appropriate oversight and scrutiny mechanisms of implementation of CPD scheme.
 - Support osteopaths to undertake aspects of the new CPD scheme.

- Establish a strategy for engaging osteopaths who have not yet prepared to explore the new CPD scheme.
 - Review, enhance and update, as appropriate, resources for CPD (to include any activity we undertake that supports implementation of standards).
 - Update and publish learning resources for Peer Discussion Review.
 - Consult on amended CPD rules, analyse consultation and agree new CPD Rules.
 - Begin second year evaluation of changes in patterns of CPD (taking into account work of Early Adopters and the profession more broadly), analyse and publish evaluation
 - Conduct a programme of communications and engagement with osteopaths, osteopathic representative organisations, local osteopathic groups, and education providers to support and promote the implementation of a new CPD scheme for osteopaths.
 - Continue evaluation, development and testing of an interactive, web-based infrastructure to support the new CPD scheme.
5. This paper provides an update on the progress of the implementation of the new CPD scheme.

Discussion

Guidance and resources

6. The CPD Guidelines have been updated and are in place for the Early Adopters and are published on the new dedicated CPD website, which also offers updated CPD resources – detailed instructions about how to undertake the CPD scheme complete with templates and examples written by osteopaths.
7. The Peer Discussion Review Guidelines have also been updated following discussions with groups in Lymm, Cheshire, and Carlisle, Cumbria, and Faringdon, Oxfordshire which have helped us to refine revised Peer Discussion Review guidelines to respond to the consultation feedback around selecting peers, incomplete peer discussion reviews and managing concerns. We have explored aspects of the peer discussion review as part of our webinar process, but further work is to be undertaken on examples of completed folders and forms following on from webinar work. Further information about this is outlined below.
8. Council will be asked to approve finalised versions of the CPD Guidance and the Peer Discussion Review Guidance, following further consultation ahead of the mandatory implementation of the scheme.

Communications and engagement

9. We continue to ensure regular listening to and communication with our stakeholders about the development of the new CPD scheme.
10. Since the Council meeting on 2 May, we have:

- Discussed a streamlined communication and engagement strategy with our key stakeholders and the CPD Partnership Group (including patients). Further information about this is outlined below.
- Run 20 webinars (including case based discussion, Patient Reported Outcome Measures (PROMs) in partnership with the National Council for Osteopathic Research (NCOR), communication and consent, patient feedback, clinical audit in partnership with NCOR, peer observation and two further launch webinars.
- Designed, delivered and reported on the evaluation of the e-portfolio.
- Held two meetings of the SMT Task Group to oversee the implementation project work streams
- Held one cross-departmental workshop on the development of the process, audit and IT work stream. Further information about this is outlined below.
- Held one CPD Partnership Board comprising stakeholders from across the osteopathic sector and patients.
- Attended the inter-regulatory continuing fitness to practise working group to share our experiences about the implementation and evaluation of the CPD scheme and to learn from others.
- Disseminated the May e-bulletin – which promoted the CPD scheme and in particular the new CPD video prepared by Steven Bettles, which has been viewed by over 200 people to date. We also promoted other parts of the new CPD site, which proved popular.
- Published the June/July Osteopath magazine (sent to all osteopaths, a number of students and a range of our stakeholders), including the *Countdown to new CPD supplement*, focussing on 'reflective practice' and also detail about 'case based discussion: learning and engaging with peers'. Osteopaths who have participated in the early adopter case based discussion webinars both inside and outside the UK have shared their experiences with others. The anecdotal response has been very positive to the content and updated design, one osteopath has told us they will use this for the next local CPD group meeting and the social media posts relating to this content are getting a very high response.
- Gathered useful information about contact points with osteopaths from most of the members of the CPD Partnership Group which provides us with a range of potential contact points to co-ordinate messages to osteopaths about the new CPD scheme from a range of different sources.

The CPD Microsite

11. The CPD Microsite is an important part of our communications and engagement strategy and continues to be updated with new case examples and videos about

the scheme. We've had around 20,000 page views, with around 2,500 users. The bounce rate is 41.6% (this is the percentage of visitors to a website who navigate away from the site after viewing only one page). The average bounce rate for websites generally is 41 to 55%, with 40% being excellent (the GOsC public website is 45.67%). There is also a marked spike in website use around the publication of the monthly news ebulletins which has been leading on the new CPD scheme.

12. The CPD in action section is most popular section which explains the different elements of the new scheme, with supporting resources. Drilling down the different sections within CPD in action, objective activity is proving the most popular, followed by planning your CPD – an aspect that osteopaths tell us they need to do more of.
13. Osteopaths have told us that they have found the site clear, accessible and importantly reassuring. They also like the fact the free resources are provided in the different sections, and the fact osteopaths are sharing case studies and thought pieces on their experiences.
14. In our communications we are promoting the fact osteopaths can use the site not only to help them become familiar with the new CPD scheme, but they can also use the free resources for their current CPD. We are conscious however that we need to continue to build the content, including case studies and promote awareness of the site more widely across the profession. This is something which is included in our evolving 'Countdown to new CPD' campaign.

Process

15. The aim of the process work stream is to oversee the development of internal and external processes to support implementation of the scheme including the audit strategy and process, staggered implementation, phasing and flexible deadlines.
16. A cross-departmental workshop took place on 23 June 2017 to test the scope of the project work stream(s) delivering the external and internal requirements of the audit strategy, internal processing requirements and IT ensuring that osteopaths demonstrate compliance with the new CPD requirements.
17. This project work stream aims to:
 - a. Deliver a new annual re-registration form by October 2019 (that is the date of the first annual registration renewals for those in their three year CPD period) which will include registration renewal requirements and a new slimmed down self-declaration on CPD (hours and new features of the CPD scheme) undertaken that is auditable (with implications for the technical design of the form).
 - b. Deliver guidance for osteopaths about maintaining a record of CPD, a CPD audit policy and guidance (including consultation), and a process which ensures that osteopaths are complying with the CPD scheme and providing

verifiable self-declarations (both annually and at the end of the three year process) and which ensures that osteopaths are supported to comply with the policy objectives of the scheme in place by October 2018.

18. The workshop explored the nature and purpose of the annual registration renewal and the three yearly completion of the CPD cycle and also the purpose of audit as both a tool to support osteopaths with the scheme and a tool to ensure compliance with the scheme.
19. An important component of this work stream is to both reduce the burden of compliance on osteopaths whilst simultaneously ensuring that osteopaths continue to keep up to date in accordance with their professional obligation outlined in the *Osteopathic Practice Standards*. We want to encourage and support osteopaths to not leave their CPD completion to the end of year 3 along with the ensuing risks of being unable to demonstrate compliance with the CPD scheme and therefore potential removal from the Register.
20. The findings from this meeting were also shared with the CPD Partnership Group on 4 July 2017. Discussion included:
 - The importance of being clear about what we were expecting from osteopaths and when – what they have to do.
 - The importance of flagging to osteopaths that they still needed to record CPD that they were declaring throughout the year (but that this does not need to be submitted to GOsC – but should be available in case audited).
 - That osteopaths may wish record their CPD in a variety of ways (not in one prescriptive way). For example, we know that some osteopaths may simply continue to use their CPD Annual Summary Form even though they will not need to submit this to us annually once the new scheme is in force). Others may want to use electronic methods. See below for more on this.
 - The online CPD Annual Summary form is completed by a high percentage of osteopaths.
21. As part of our work on process, we have been exploring the possibility of removal of the mandatory completion of the annual summary form in tandem with the exploration of options to support osteopaths to plan, reflect and record their CPD in an easily accessible way. This element is also important because it will support osteopaths to maintaining a continuing record of their CPD throughout the three year period and support them to comply with the CPD scheme.
22. We commissioned an e-portfolio tailored to the needs of our CPD scheme in order to help us to better understand what support and guidance osteopaths need in order to plan, record and reflect on CPD and demonstrate that they are engaging with the scheme and with others and to help us to look at alternative ways for osteopaths to do this.
23. We conducted a full evaluation of the e-portfolio. In summary there were mixed views. The e-portfolio, a method of structuring the planning, recording and reflecting on CPD, suited some of the participants but not others.

24. There were a number of benefits associated with the use of the e-portfolio with the majority of respondents agreeing with the following statements:

- Through using the e-portfolio, I can see a greater connection between planning, recording and reflecting on my CPD
- Allowed me to record my CPD more accurately
- Helped me to keep on top of my CPD activities when 3 year CPD cycle becomes mandatory
- Allowed me to store my CPD in a convenient place
- Allowed me to evaluate my CPD more effectively so as to be able to build in new CPD objectives
- Allowed me to plan and organise my CPD better.

25. Positive comments included:

'The e-portfolio once mastered, should allow a practitioner to focus their CPD towards enhancing their clinical practice and encourage reflection and discussion with peers.'

'It is an online portfolio which keeps all your documents, resources and CPD records in one place and helps tie this all in with the osteopathic practice standards and how it affects the way we practice. This in turn encourages us to think about our own personal development plan before we branch out into our learning for the three-year cycle. It guides us in a better way than the one we use now and helps us have all the information for audit to hand and not have half the documentation on hardcopy and half online as is the case now, which makes it very difficult to collate all the data and can cause some of the work to be left out.'

26. However, the majority of respondents either disagreed with or were unsure about the following statements:

- Allowed me to share my CPD with peers
- Allowed me to see the value of engaging with colleagues about my CPD more readily
- Helped me to more easily enhance my practice as a direct result of my CPD
- Using the e-portfolio has made me less fearful of a CPD audit request
- Quick and easy to use, saving me time on recording and reflection.

27. More negative comments included:

'Difficult to use and I really couldn't be bothered to struggle on when the ozone submission is so quick and easy.'

'Set up in terms of goals, aligning with practice standards etc. is laborious and seems over complex. Some of the wording could be clearer'

28. Moving forward:

- 75% would continue to use the e-portfolio, if this was available (and the majority would be prepared to pay between £10 and £20 per year for such a facility)
 - 68% would recommend the e-portfolio to a colleague
 - If participants did not use the e-portfolio they report that they would use instead:
 - GOsC CPD summary form (40%),
 - Hard copy folder containing CPD evidence (33%),
 - Electronic folder containing CPD evidence (17%),
 - Reflective diary (7%).
29. The next steps will be the development of a project implementation document for sign off by the SMT CPD Task Group. It is intended that this work on process, audit and IT will be presented in more detail to the Policy Advisory Committee in October 2017 for consideration and scrutiny.
30. Meetings of the SMT Task Group continue to take place every three weeks to oversee ongoing project management.
31. The third meeting of the CPD Partnership Group took place on 4 July 2017. In addition to work on the process, the CPD Partnership considered all aspects of the CPD scheme and the role of other organisations in the sector to support delivery. Further information about this is outlined below, where relevant.

Early Adopters

32. Almost 240 osteopaths expressed interest in being an Early Adopter, and over 160 osteopaths participated in Early Adopter launch sessions (both face-to-face and webinars) which took place during November and December 2016.
33. Since early 2017, we have been running online 'webinar sessions' for groups of up to 10 osteopaths to support them through the new features of the scheme in case based discussion, clinical audit (in partnership with the National Council of Osteopathic Research (NCOR), communication and consent, patient feedback, peer observation and Patient Reported Outcome Measures (PROMs) (in partnership with NCOR. Around 116 osteopaths have participated in these programmes.
34. The purpose of these programmes is:
- a. To try out [the particular new feature of the CPD scheme] and support professional development (engagement)
 - b. To learn with other osteopaths in a supportive environment (support)
 - c. To learn the knowledge and skills to help osteopaths undertake and share their experiences of [the particular new feature of the CPD scheme] with your colleagues (community) (that is to generate case examples and stories for our website but also for osteopaths to tell other osteopaths'.
35. Feedback from participants from the webinar programmes includes:

'It has been really useful to do in terms of reflecting on and changing practice. The series of webinars helped me to keep to a time line and complete the task despite other demands on my time! It also really helped to keep the task to a reasonable size and not make it into an unwieldy ambitious project which would never get finished.'

'work alone, didn't really have anyone to seek feedback from, but was looking forward to the chance to get feedback from the group'

'I learnt about how to give feedback, not just from the webinars but also by receiving feedback during my case discussion. I also learnt how easy it was to formalise something we do regularly at the practice – chatting about our patients – to turn it into a valuable CPD opportunity. I plan to share this with my associates at our next practice meeting.'

'Going through the process has taken away much of the 'fear-factor' of the potential to be criticized.'

'It has certainly made me re-evaluate the way I practice and whether it could be improved. I have improved my knowledge around issues of capacity and it has heightened my awareness of patients' ability to consent, particularly in elderly presentations where there may be early stages of dementia present.'

'The GOsC state we have to adhere to rules and regulations, but they are not prepared to back up these rules with facts and figures or 'evidence' (which seems to be the key for everything). '

36. Thus the webinars to seem to be delivering benefits both to the participants but also to other osteopaths who are reading the experiences of the participants. What has been particularly interesting is that the participants have appreciated the online safe space to talk to colleagues about their practice. We have been able to bring together osteopaths from different parts of the UK, as well osteopaths outside of the UK into communities. Many of these are continuing to keep in touch.
37. We intend to continue with a smaller programme of webinars throughout the next few months with a view to encouraging others in the sector to think about ways that they can continue to facilitate those networks, through, for example Facebook live and other mechanisms.
38. The discussion at the CPD Partnership Group suggested that there was a lot of awareness about the new CPD scheme and a lot of discussions going on 'out there'. It is difficult to get a real sense of awareness, other than from our own evaluation survey and perhaps also the use of our CPD microsite, but it was reassuring to know that the members of the CPD Partnership Board have clearly been discussing the CPD scheme with members in their groups.

Legislation

39. At its meeting on 2 May 2017, Council agreed the consultation changes to the draft legislation. Unfortunately, in part, due to changes in legal personnel at the Department of Health, there is ongoing discussion about the precise text of the rules. However, we do not anticipate that the substantive consultation issues considered by Council in May will change.
40. We hope that the Department of Health will agree the text of the Amendment Order very shortly to enable us to continue to proceed in accordance with the agreed timetable. We intend to ask the Chair of Council to agree the revised Amendment Order ahead of publication of the consultation.
41. The timetable for legislative change agreed with the DH remains on track as follows:

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

Equality and diversity

42. The equality impact assessment is in place and will continue to be updated during the Early Adopter phase, once the evaluation survey has been fully analysed. All osteopaths who are Early Adopters have been asked to provide information about themselves and their practice to help us to make sure that the scheme can be implemented fairly for all osteopaths.
43. We are providing dedicated support to osteopaths who find it more difficult to access our resources to ensure that everyone has a fair opportunity to participate as an Early Adopter. For example, we have undertaken 1:1 support

webinars with osteopaths to support them to participate in the main programmes. Findings from this work will be used to support implementation of scheme once it becomes mandatory.

44. In discussion with our CPD Partnership Group it became clear that the osteopaths who need particular support and the nature of that support needs to be identified must feature more explicitly in our communications and engagement strategy. We will develop this further following the CPD Partnership Group for further consideration by the PAC in October.

Evaluation and impact assessment, finance and risk

Finance

45. The overall estimated budget outlined to Council continues to be closely monitored by the SMT Task Group. Costs for the 2016-17 business year were absorbed into operational costs which meant that as at 1 April 2017, the full £100,000, designated from reserves remained. As requested by Council, the spend from designated reserves this year has been separately identified in the accounts. (See Annex B to Item 5.) Costs of £4,129 have been identified which relate primarily to the cost of the extension to the e-portfolio trial and also the costs of webinar hosting).

Risk

46. The risk log was considered by Council in February 2017. It is considered by the SMT Task Group at regular intervals. We will bring the risk log back to Council for their meeting in November to ensure that Council is content that risks are being managed appropriately within the project.

Evaluation

47. The 2017-18 Evaluation is planned for dissemination later on 2017 to build in the baseline survey that we undertook in 2016. This will be considered by the PAC in October 2017.

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