



Council
17 July 2018
Continuing Professional Development guidance

Classification	Public
Purpose	For decision
Issue	Publication of Continuing Professional Development (CPD) and Peer Discussion Review (PDR) Guidance following agreement of the amended CPD rules.
Recommendation	To agree the Continuing Professional Development incorporating the Peer Discussion Review Guidance.
Financial and resourcing implications	The CPD budget is funded through reserves.
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 and equality impact assessment.
Communications implications	Communications about the implementation of the new CPD scheme are ongoing.
Annexes	<ul style="list-style-type: none">A. Draft analysis of the General Osteopathic Council consultation on the Continuing Professional Development Guidance and the Peer Discussion Review GuidanceB. Continuing Professional Development (CPD) Guidance (July 2018)C. Peer Discussion Review (PDR) Guidance (July 2018)
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Background

1. The new CPD scheme will commence on 1 October 2018 now that The General Osteopathic Council (Continuing Professional Development) (Amendment) Rules Order of Council 2018 (the CPD Amendment Rules) has been approved. The CPD Amendment Rules are available at: <http://www.legislation.gov.uk/uksi/2018/513/schedule/made>. The consolidated version of the rules is available at: <https://www.osteopathy.org.uk/news-and-resources/document-library/legislation/gosc-consolidated-amended-cpd-rules-2006-2018/>.
2. Rules 4(6) and 4(7) of the General Osteopathic Council (Continuing Professional Development) Rules 2006 as amended by the CPD Amendment Rules provide that:

'(6) The General Council must issue CPD guidance indicating how the CPD requirement may be satisfied, which may include:

 - (a) any relevant standard to be taken into account;
 - (b) the aim and content of the peer discussion review, including such matters as—
 - (i) the characteristics of any individual selected by an osteopath to perform the peer discussion review,
 - (ii) the matters to be discussed and recorded as part of the peer discussion review, and
 - (iii) the timing of the review in relation to an osteopath's CPD end date; and
 - (c) any other information which may help to demonstrate that an osteopath has met the CPD requirement.

(7) Before issuing CPD guidance, the General Council must take such steps as are reasonably practicable to consult osteopaths and such other persons and organisations as it considers appropriate.'
3. This paper asks Council to agree the CPD Guidance (incorporating the peer discussion review (PDR guidance) to satisfy this requirement so that the Guidance is in place for the first osteopaths entering their three year cycle from 1 October 2018.

Discussion

4. The CPD and PDR guidance documents were initially developed and consulted on as part of our major 2015 CPD consultation along with some example resources to show how the scheme would work.

5. Feedback from the consultation was used to amend the draft guidance documents, and since then, the guidance documents have been further refined and tested with groups of osteopaths as outlined at Annex A.
6. The draft guidance documents were also published as part of the consultation on the CPD Amendment Rules, again, to bring the rules to life and to show how the scheme would work.
7. Finally, we formally consulted on the guidance for a third time between 26 February 2018 to 14 May 2018, in order to ensure that clarity and accessibility prior to formally agreeing the guidance now that the CPD Amendment Rules are in force.
8. It is worth highlighting that the number of written responses to this consultation is small. However, we spoke to over 30 individuals, including individual osteopaths, patients, and osteopaths in key organisations as part of this recent consultation. In addition to this, we received a considerable number of responses to our 2015 consultation and in addition, the guidance has been used by a number of osteopaths as part of our programmes for early adopters.
9. Our ongoing consultative and engagement approach is summarised by the written response of the Institute of Osteopathy which states:

'The iO would like to acknowledge the time that has been taken over this development to ensure thorough and clear guidance, together with a scheme that will enhance an osteopaths' practice, without it being too onerous.'
10. We therefore suggest that Council can be assured that we have taken such steps as are reasonably practicable to consult osteopaths and such other persons and organisations as it considers appropriate and that Council can move to agree this guidance ahead of the implementation of the scheme.
11. It is also important to note that as a new scheme, we will keep this guidance under review, as it may require adaptation as we learn from the implementation of the new scheme. The guidance may also be subject to an editorial and proofing process prior to publication.

Recommendation: to agree the Continuing Professional Development incorporating the Peer Discussion Review Guidance.

Analysis of the General Osteopathic Council consultation on the Continuing Professional Development Guidance and the Peer Discussion Review Guidance

Introduction

1. The GOsC undertakes a range of functions in order to exercise its statutory duties, set out in the Osteopaths Act 1993, including:
 - Keeping the [Register](#) of all those permitted to practise osteopathy in the UK.
 - Setting, maintaining and developing [standards](#) of practice and conduct.
 - Assuring the quality of undergraduate and pre-registration education (Quality Assurance).
 - Assuring that all registrants keep up to date and undertake [continuing professional development](#).
 - We help patients with any [concerns or complaints](#) about registrants and have the power to remove from the Register any registrants who are unfit to practise.
2. Our new CPD scheme aims to better support osteopaths to maintain and enhance practice and we want osteopaths to participate successfully to achieve these goals.
3. The scheme is outlined in the Continuing Professional Development Guidance (CPD Guidance) and the Peer Discussion Review Guidance (PDR Guidance) which aim to give osteopaths all the information that they need to successfully participate in the CPD scheme, gain reassurance and professional support, and continue to enhance their practice.
4. The CPD Guidance and the Peer Discussion Review guidance were initially published as part of the CPD consultation in 2015. The analysis of this consultation is set out at: <https://www.osteopathy.org.uk/news-and-resources/document-library/consultations/cpd-consultation-analysis-report/>
5. The consultation on the draft CPD Guidelines is outlined at page 15 of the consultation analysis and the findings are summarised below.
6. The Peer Discussion Review Guidelines were also consulted on in 2015 and the findings are outlined on page 20 of the consultation analysis. The guidelines were broadly supported and a copy of the findings is outlined below.

Table 4 Survey responses Section 1

Question	No of responses	% Agree /Strongly Agree
1. A section about culture is important in the CPD guidelines	117	72%
2. The section on culture describes the culture I would like to see in osteopathy	103	67%
3. The section describing the CPD scheme is clear	107	75%
4. The definition of CPD is clear	105	91%
5. The definition of CPD is appropriate	105	78%
6. The definition of professional practice is clear	103	84%
7. The definition of professional practice is appropriate	115	74%
8. The description of the CPD process is clear	105	74%
9. Information about the Peer Discussion Review is clear	103	70%
10. The draft <i>CPD Guidelines</i> are clear	101	70%
11. The draft <i>CPD Guidelines</i> are accessible	99	77%
12. This is a scheme that osteopaths can comply with	102	63%
13. This is a scheme that is likely to help osteopaths to enhance patient care	105	53%
14. This scheme will encourage osteopaths to discuss their practice with others	103	68%
15. The draft <i>CPD Guidelines</i> overall are clear	103	62% ^s

PDR Guidelines	No of responses	% Agree /Strongly Agree
17. A section about culture is important in the <i>Peer Discussion Review</i>	104	64%
18. The section on culture describes the culture I would like to see in osteopathy	101	70%
19. The frequently asked questions are appropriate	103	65%
20. The instructions for completing the Peer Discussion Review template are clear	104	76%
21. The instructions for completing the Peer Discussion Review template are appropriate	99	67%
22. The Peer Discussion Review template is easy to follow	102	70%
23. The guidance about when a standard is met is clear	99	61%
24. The guidance about when a standard is met is appropriate	99	57%
25. The guidance about when a standard is not met is clear	105	60%
26. The guidance about when a standard is not met is appropriate	100	54%
27. The guidance about when a standard may be met is clear	96	54%
28. The guidance about when a standard may be met is appropriate	99	50%
29. The information provided helps osteopaths to understand how to prepare for their own Peer Discussion Review	100	66%
30. The information provided helps osteopaths to understand how they might undertake their own Peer Discussion Review	99	72%
31. The information provided helps osteopaths to understand how they might conduct a Peer Discussion Review for someone else	100	64%
32. The Peer Discussion Review could contribute to safer and more effective practice	103	51%
33. The Peer Discussion Review will not contribute to safer and more effective practice	100	28%
34. The Peer Discussion Review is a hierarchical process	95	37%
35. The Peer Discussion Review process encourages discussion about areas of development in a supportive environment	102	58%

7. The Continuing Professional Development Guidelines and the updated Peer Discussion Review Guidelines were updated following the consultation to take account of this feedback in collaboration with the CPD Partnership group. In 2016, they considered revised and updated guidelines which were updated as follows:
 - The line between reporting of concerns and managing within the PDR process
 - Importance of selecting a peer discussion reviewer.
 - How to manage the incomplete peer discussion reviews
 - The need for a confidential helpline or routes to discuss how to manage borderline concerns
 - Managing the 'fear' factor which could impede effectiveness of reviews
 - Further information about resources to support peers (or training)
 - Less focus on regional groups – highlight other providers too
 - Focus on providing resources for those who are not IT literate (more likely in those who are older); with dyslexia, learning disabilities, visual difficulties; part-time; extended periods of ill health....
8. The Peer Discussion Review Guidelines were refined with more detailed frequently asked questions and tested through two workshops with groups of osteopaths in Carlisle and Cheshire using a structured analysis.
9. The CPD Guidelines were slightly updated to include a clearer diagram which is more suitable for people with dyslexia. The CPD examples were expanded to include group learning, mentoring and peer discussion review in response to frequently asked questions. Professional practice was updated to incorporate research as well as management as a potential part of osteopathic professional practice.
10. In 2016, we also commenced a programme of webinars or online free CPD available at different times of day, accessible to all, to help to increase the resources and examples available for osteopaths and also to provide bespoke support to enable participation by all as well as to increase awareness of the draft guidelines.
11. The Peer Discussion Review Guidelines were further updated following work with the peer discussion review groups in Carlisle and Cheshire in 2016 and also Faringdon in 2017 as well as further engagement with the CPD Partnership Group. The main updates related to clarifications in the walk through template for the peer discussion review at Annex A to the Guidelines. These include:
 - Updated and more detailed instructions so that what happens and when is much clearer and follows the updates made to the resources. For example, it is suggested that as part of the preparation, the osteopath identifies their peer at the beginning of the cycle and further guidance as to what to do three months before the peer discussion review, a month before and two weeks before, during the review and after the review. The template also

highlights of both parties reading resources about giving and receiving constructive feedback ahead of the peer discussion review.

- CPD Standard 3 – Communication and consent has been made clearer in terms of the outcome of the CPD following testing with groups.
 - Workshops were also undertaken to explore the provision of more detailed guidance on concerns. Consequently, the guidance now outlines more detail about the characteristics that would normally be present to manage something locally, when to seek advice and when to refer concerns directly to GOsC.
12. Updated versions of the guidance were consulted on again in 2017 as part of the CPD Amendment rules to demonstrate how the scheme fitted together with the proposed consolidated legislation.
13. The analysis of that consultation is available at: <https://www.osteopathy.org.uk/news-and-resources/document-library/consultations/amended-cpd-rules-consultation-analysis-report/>. As a result of feedback to this consultation further amendments were made to the CPD Guidelines, including:
- The importance of highlighting the professional obligation to keep up to date throughout the three year cycle.
 - Further clarity is provided about the nature of the CPD self-declaration as part of registration renewal.
 - The CPD cycle for those on the existing scheme and those first registering on or after 1 October 2018 has been clarified.
14. In January 2018, we undertook some further work testing the peer discussion review guidelines with a group of osteopaths in education, and this feedback resulted in some minor clarifications in terms of clearer instructions about who completes what and when in the walk-through template.
15. In January 2018, Council agreed to a final consultation on the updated guidance. The purpose of this consultation was to:
- seek feedback about the clarity of the continuing professional development guidance, which includes guidance about peer discussion review, ahead of the new CPD scheme coming into force from 1 October 2018, and
 - identify further resources to help osteopaths participate in the CPD scheme successfully, achieving the anticipated benefits of the scheme, which include professional support, learning communities and enhanced patient care.

Consultation method

16. A consultation document was developed to summarise the purpose of the consultation and to outline the consultation issues.

17. The consultation was published on the GOsC website on 26 February 2018 to 14 May 2018.
18. Information about the consultation was emailed to our stakeholders including: osteopaths, education visitors, our public and patient reference group, osteopathic regional groups, specialist groups, educational institutions, the Institute of Osteopathy, the National Council of Osteopathic Research, other regulators, and other relevant organisations.
19. The consultation was promoted on our website and through our social media as follows:
 - Published on our website from 26 February 2018 to 14 May 2018
 - Promoted on our Facebook and Linked In pages and through our Twitter feed (26 February and 20 March 2018)
 - Promoted in our February, March and April e-bulletins (27 April 2018, 30 March 2018 and 27 February 2018)
 - We also promoted participation in our online workshops to osteopaths via our social media.
 - Promoted in a dedicated email to our stakeholders
20. We also held a workshops, focus groups and meetings as follows:
 - a. GOsC Educator workshop attended by 13 osteopaths working in education in different osteopathic educational institutions and other educational environments which took place on 24 April 2018.
 - b. Session with the Osteopathic Educational Institutions, attended by 14 senior staff from eight osteopathic educational institutions as part of the GOsC / OEI meeting which took place on 30 April 2018.
 - c. Feedback from the CPD Partnership Group on 14 May 2018 (nine individuals) comprising three patients and membership from the National Council of Osteopathic Research, the Institute of Osteopathy, Council for Osteopathic Educational Institutions, Osteopathic Alliance, Regional Communications Network, and a new graduate.
 - d. Online focus group session with six osteopaths held on 15 May 2018.
21. All responses were incorporated into the analysis below. This includes the three written responses but also notes from the discussion with the 42 individuals who took part in focus groups or sessions considering the guidance.

Consultation results

22. We received very few written consultation responses (three). We think this is because in essence, this is the third time that these guidelines have been consulted on and because of the consultative and engaged approach taken to the refinement of the guidelines as we moved to implementation. The consultation response from the Institute of Osteopathy also confirms the

consistent engagement throughout the period of development since consultation. It states:

'The iO would like to acknowledge the time that has been taken over this development to ensure thorough and clear guidance, together with a scheme that will enhance an osteopaths' practice, without it being too onerous.'

23. It was also notable that the focus groups were very supportive of the guidelines and the process, although they did have suggestions for improvement which are outlined below.
24. Although, there were limited responses to the consultation. Those in favour of and those against particular proposals are outlined for completeness, though the numbers would not be sufficient to indicate a generalisable consensus, the value is more in the feedback provided by each respondent and so this has been outlined below. The focus group responses similarly gave a flavour of informed opinions, and an insight into the views of those participants, though again, the outcomes should be viewed from a qualitative, rather than quantitative perspective.
25. In summary, the responses to this consultation (including engagement with osteopaths and patients through focus groups) showed support for the clarity of CPD Guidelines and the PDR Guidelines. There were some suggestions for improvement and our proposed response is as follows:

Feedback	Response
Further aspects in greater detail which are interrelated (1) those in purely research based positions and (2) to be an osteopath you need to be practising (Educator workshop)	The CPD Guidelines do not preclude osteopaths working in purely research based positions or who are not in clinical practice. We will develop resources and case studies to show examples of osteopaths in purely in research roles or who are not in clinical practice to support osteopaths working in this way.
Enhancement of the sections about selection of peer.	<p>The Frequently asked question about selection of the peer in the peer discussion review guidance has been brought forward into the main text to emphasise that this person is selected by the osteopath and also that they can be another health professional. (see page 5)</p> <p>The CPD guidance also explicitly refer to peers being osteopaths or other health professionals. (see page 10)</p>

Feedback	Response
Ensuring that the peer discussion review guidelines further emphasise the early selection of the peer as the CPD guidelines do.	The peer discussion review guidance has been amended in the section 'when does a peer discussion review take place' to show more consistently that peers can be selected early (See page 6)
Addition of further infographic to help osteopaths to navigate their way through the scheme	Further infographics are being developed to show different ways of navigating through the scheme.
Addition of further resources to show how osteopaths who are educators or researchers could participate in the scheme. (For example the educators at the workshop provided examples of peer observation of teaching as a valid objective activity that would meet the requirements of the CPD scheme.)	We have identified further examples of osteopaths participating in the scheme who are in education or research roles through our educator workshop and we will develop resources for these areas on the website.
Emphasising the importance of giving and receiving feedback resources.	This is highlighted in the frequently asked questions section of the Guidance and also forms a part of the workbook series of resources in development.
Understanding the why's of the scheme: there were also two written responses which indicated that short, simple and accessible information about the scheme and 'understanding the why' for the scheme is important. This theme was consistent with themes arising from the CPD Evaluation and already forms part of our communications strategy.	Further articles about the 'why's of the scheme' are planned for the CPD Launch issue and for the website.
CPD Resources – CPD providers should be encouraged to support osteopaths to comply with the scheme.	Additional CPD Provider Guidance has been developed and is about to be published and disseminated.

Next steps

26. The feedback from the consultation will be incorporated into the revised guidelines presented to Council for publication as indicated.
27. An outline of the responses and the key issues is set out below.

Results summary

CPD Guidelines

1. Do you agree that the Continuing Professional Development (CPD) guidelines are clear?

Yes	1
No	2
Focus Group responses	Broadly supportive of CPD Guidelines

2. How could the CPD Guidelines be improved?

Positive comments	Improvements
<p><i>The iO has been in discussions with the GOsC since the first project, around revalidation, and has therefore been involved in the development of the new CPD scheme, and its pilot. Having additionally responded to other consultations, it has no further comment at this time. It assumes that the guidance will be kept under constant review should issues arise. (iO)</i></p> <ul style="list-style-type: none"> • CPD Guidelines seem 'fine and simple' • CPD Guidelines seem simple • 'very well set out', not info overload 'very thorough', 'not jargon' • Under the old scheme I could not use any of my two year OCC course, but under this scheme I can use some of it. • 'Guidelines are much clearer in format and body' 'takes worry out of peer discussion review' • 'very straightforward' (Osteopath online focus group) <p><i>Liked the notion of a 'neutral space'. (Educator workshop)</i></p>	<ul style="list-style-type: none"> • <i>There is insufficient evidence to compare these CPD requirements with other allied health professionals. How do these compare with physiotherapists and chiropractors? The 90 hour stipulation is excessive. (Respondent 1)</i> • <i>By publishing so much, you can't see the wood for the trees! This is totally daunting, by publishing more and more, you make it less and less understandable. (Respondent 1)</i> • <i>In education, we're familiar with giving feedback. This may be more challenging for those who don't have these skills, and may lead to peers being under or over zealous, with detrimental effects. (Educator workshop)</i> <p><i>The section on "what is professional practice in the CPD guidelines" was thought to need to tease out two further aspects in greater detail which are interrelated (1) those in purely research based positions and (2) to be an osteopath you need to be practising (Educator workshop)</i></p> <p><i>'Can your peer be anyone' (Osteopath online focus group)</i></p>

Positive comments	Improvements
	<i>'Could benefit from another flow chart'</i> (Osteopath online focus group)

3. Do you agree that the Peer Discussion Review (PDR) Guidelines are clear?

Yes	2
No	1
Focus Group responses	Broadly supportive of PDR Guidelines

4. How could the PDR Guidelines be improved?

During the last consultation on the CPD guidance, the iO commented that peer review timing should be more explicit as 'expected to be in year 3', and notes that this still reads 'normally in year 3' in the CPD guidelines and in the peer review document states 'towards the end of the 3 year cycle'. The iO suggests that the CPD guideline document be changed to read the same as the peer review guidance for continuity. (Institute of Osteopathy)

- *Cut it down, make it easier (Respondent 1)*
- *It is unclear if you can use the same peer reviewer for the rest of your career. (Respondent 2)*

the Regional Society were thinking they'd have to develop a template themselves, so were delighted to see that this had already been done. It looks logical. She'd tried to work through it as if she was in both roles, and thought it flowed and made sense.

Examples of completed forms would be helpful.

Choosing a peer may be stressful, and there could be a power imbalance. For example, a principal asking a junior associate to act as a peer – how easy would it be to refuse? Could they feel under pressure? It could affect relationships.

Good to keep drip feeding the ongoing nature of PDR – not an exam. New graduates are used to this sort of process, but it could be more troubling for older osteopaths who have been qualified for a number of years.

'Can you select your peer?' (Educator workshop)

Can your peer be anyone? There should be a similar length of experience and some sort of reciprocity (Osteopath online workshop)

Was it appropriate for newer graduates to act as peers for each other? Would they be experienced enough? Others felt that this was fine, and that newer graduates

may be more familiar with peer discussions and giving and receiving feedback than osteopaths who graduated many years ago. In any event, by the time a PDR takes place, even the newer graduates will have had some three years experience. (CPD Partnership Group)

5. Having read the guidance and reviewed the resources on our website at cpd.osteopathy.org.uk, what further questions do you have about the CPD scheme?

The resources on the GOsC website are extensive and cover all aspects and anticipated questions around the scheme. The iO has no further questions at this time. (Institute of Osteopathy)

'All CPD providers should state on certificate which part of CPD requirement course covers. GOsC should provide a form, you tick the box when you have covered the requirement, get it checked after 3 years, Job done' (Respondent 2)

6. Do you think the guidance or resources outlined above would have a disproportionate effect upon any particular group?

Yes

No

7. If yes, please explain what the effect would be and how you think it could be mitigated.

'Anybody with a family & a busy practice!' (Respondent 1)

8. Any other comments?

'The iO would like to acknowledge the time that has been taken over this development to ensure thorough and clear guidance, together with a scheme that will enhance an osteopaths' practice, without it being too onerous.'