



**Continuing
Professional
Development**
for Osteopaths

Annex C to 16

Draft Peer discussion review guidance

July 2018



**General
Osteopathic
Council**

Introduction

This guidance is for osteopaths and peers undertaking the peer discussion review. Osteopaths are encouraged to identify their peer early in their CPD cycle to fully realise the benefits of the peer discussion review. The peer discussion review will normally be completed towards the end of the three-year Continuing Professional Development (CPD) cycle.

The purpose of the peer discussion review is to enable the peer to confirm that the osteopath has engaged with the CPD scheme requirements and therefore has met the CPD standards.

Culture

The peer discussion review is a supportive process to help osteopaths learn from each other and demonstrate that they provide a high quality experience for patients. It takes place between two or more people.

The supportive approach that underpins peer discussion reviews relies on osteopaths (both peers and those being reviewed) participating genuinely and showing interest in activities, thereby helping colleagues to feel valued.

Both parties need to apply the skills of listening carefully, and should give and receive constructive and helpful feedback, show an attitude of curiosity, be willing to embrace opportunities to learn from every encounter, and value the new knowledge and insights that all peers, colleagues and others can bring.

This Guidance includes:

- a summary of the CPD scheme (including the CPD standards)
- an explanation of what the peer discussion review is
- frequently asked questions
- a peer discussion review template for completion by peers and osteopaths during the review.

This template is self-contained and designed to help structure a supportive conversation, providing a 'walk-through' of the discussion for both the peer and the osteopath.

Providing assurance of continuing fitness to practise

The General Osteopathic Council's CPD scheme aims to provide an assurance of continuing fitness to practise through:

- mutual support and the development of 'learning communities' that will provide opportunities for osteopaths to share their experiences and expertise, and hence learn from each other
- encouraging osteopaths to discuss interesting, difficult or unusual cases and support each other by exchanging ideas about ways to handle such cases.

The desired outcome is to foster continual enhancement of practice and patient safety in accordance with the *Osteopathic Practice Standards*.

The CPD standards

The CPD standards explain to others how we know that registrants are keeping their knowledge and skills up to date and meeting standards. Completing and genuinely engaging with the required CPD activities will enable osteopaths to show, in the course of a peer discussion review, that they are meeting the CPD standards.

Table 1

Further information about the CPD scheme is available in the *CPD Guidance*. This section provides only a short summary.

CPD standard 1 – Range of Practice	The osteopath demonstrates that CPD activities are relevant to the full range of osteopathic practice. (<i>Osteopathic Practice Standards</i>)
CPD standard 2 – Quality of care	The osteopath demonstrates that objective activities have contributed to practice and the quality of care. (Objective activities)
CPD standard 3 – Patients	The osteopath demonstrates that they have sought to ensure that CPD benefits patients (CPD in communication and consent)
CPD standard 4 – Folder	The osteopath maintains a continuing record of CPD (to use in the peer discussion review)

About the CPD scheme

The CPD scheme comprises a three-year cycle incorporating a total of 90 hours of CPD (including at least 45 hours learning with others). We expect that osteopaths will continue to complete CPD regularly throughout the three year period (for example undertaking around 30 hours of CPD each year), but there will be more flexibility around this requirement. Osteopaths will still declare their CPD annually as part of their registration renewal.

As part of this 90 hours of CPD, there are four key areas of activity that must be undertaken as part of the CPD cycle:

1. *Osteopathic Practice Standards*

- CPD must be undertaken and recorded across all 4 themes of the *Osteopathic Practice Standards*:
 - communication and patient partnership
 - knowledge, skills and performance
 - safety and quality in practice
 - professionalism.
- CPD should also support all areas of an osteopath's individual professional practice (for example, clinical practice, education, research and management).

This activity helps to ensure that the osteopath reviews the *Osteopathic Practice Standards* and undertakes appropriate CPD. It will help the osteopath to demonstrate 'CPD standard 1: Range of

practice – The osteopath demonstrates that activities are relevant to the full range of osteopathic practice.'

2. *Objective activity*

- At least one objective activity must be undertaken during the three-year cycle. This might include:
 - patient feedback
 - peer observation or feedback (involving two or more people)
 - clinical audit
 - case-based discussion (involving two or more people)
 - patient reported outcome measures (PROMs).
- The record of the objective activity should include:
 - a note of the method used
 - a summary of the feedback or data gathered
 - how that feedback or data has fed into CPD and practice. (This will often include analysis, reflection and/or discussion with another person, and an action plan.)
Templates and worked examples are available on the CPD microsite to enable simple recording of the relevant information. See <http://cpd.osteopathy.org.uk>.

This objective activity will enable the osteopath to demonstrate 'CPD standard 2: Quality of care – The osteopath demonstrates that objective activities have contributed to practice and the quality of care.'

3. *Communication and consent*

- CPD must be undertaken in communication and consent. A range of resources exist enabling the osteopath to undertake this CPD either through self-study (including e-learning), a course or discussion with others. We suggest this aspect of CPD should take around three hours, but it is more important that the CPD undertaken has fed into practice. We suggest that CPD will include review of the *Osteopathic Practice Standards* and a reflection showing how the CPD has informed learning and been applied in practice. This will enable the osteopath to demonstrate 'CPD standard 3: Patients – The osteopath demonstrates that they have sought to ensure that CPD benefits patients.'

4. *Peer Discussion Review*

A peer discussion review is undertaken towards the end of the three-year cycle. Reviewing continuing professional development and practice as documented in the CPD folder should be part of the discussion.

The GOsC will automatically verify the required number of hours declared by osteopaths so this does not need to form a detailed part of the peer discussion review.

Completion of these activities will enable the osteopath to demonstrate 'CPD standard 4: CPD folder – The osteopath maintains a continuing record of CPD.'

About peer discussion review

The peer discussion review is where osteopaths discuss their CPD and practice and show that they have engaged and complied with the CPD scheme and the CPD standards, using a combination of their CPD folder (comprising CPD undertaken and impact on practice) and discussion.

It is important for the peer discussion review to be conducted in a supportive way that emphasises and encourages engagement and enhances practice.

The peer discussion review template at Annex A to this Guidance is self-contained and is designed to help structure a supportive conversation. It provides a 'walk-through' of such a discussion for both the peer and the osteopath.

The template should be completed and agreed by both osteopath and peer for submission to GOsC and should then be included in the registrant's CPD folder for submission to the GOsC, if necessary.

The value of the peer discussion should be in the discussion itself. It is important for the purposes of external verification and assurance to record a brief summary to show that the peer discussion has taken place. The summary also ensures that any key learning points can be developed through the next CPD cycle. However, osteopaths participating in the peer discussion should take the opportunity to ensure that the peer discussion forms a useful way of contributing to the enhancement of practice.

Selecting a peer

The peer discussion review is a structured conversation with a peer (osteopath or other health professional), selected by the osteopath. The peer discussion review may be undertaken under the auspices of a local group, through educational institutions, clinical interest groups or members of the Osteopathic Alliance.

How can I choose my peer for my peer discussion review and how do I find them?

You can choose any osteopath or health professional to be your peer. The key is to find a peer with whom you feel comfortable discussing your CPD, practice and areas of development so that the environment facilitates mutual learning and support.

Osteopaths have told us that important considerations for them in selecting a peer are:

- Trust/feeling comfortable/confidence/feeling safe – the peer should be someone with whom you feel comfortable discussing your practice, including discussion of mistakes, things that have gone less well or areas of development. The peer should also be able to support and provide reassurance.
- The conversation should be situated in a context where uncertainty or mistakes are regarded as an opportunity for learning. Ideally, the peer will be skilled at helping you to reflect on your practice and CPD in a supportive way and will be able to give useful, constructive and critical feedback, if appropriate.
- Not feeling 'judged' – this is an opportunity for osteopaths to demonstrate that they have engaged with the CPD scheme and that they are continuously learning.
- Discussing their practice with someone who 'understands' their practice. Some osteopaths prefer to select peers who have the same kind of osteopathic approach as they do. However,

other osteopaths feel more comfortable discussing their practice with others and wish to select a peer who is an osteopath with a different approach or another health professional. They feel this gives them the benefit of new insights and perspectives on their CPD.

Other organisations can put you in touch with peers if you are finding it difficult to find a peer yourself, for example:

- You can contact your local group – contact details are available on the CPD website at <http://cpd.osteopathy.org.uk/event/osteopathic-regional-groups/>
- You can contact osteopathic educational institutions – contact details are available at: www.osteopathy.org.uk/practice/becoming-an-osteopath/training-courses
- You can contact members of the Osteopathic Alliance organisations at: www.osteopathicalliance.org/members and clinical interest groups such as the Osteopathic Sports Care Association at: www.osca.org.uk
- You can contact the Institute of Osteopathy at: <http://www.ioosteopathy.org/>

Some new graduates may benefit from undertaking a peer discussion review outside the practice setting where they work. For example, they may feel more comfortable going back to their educational institution, to consolidate their experiences of education as they make the transition into practice, or they may wish to select one of their college peers to seek external insights on their CPD.

When does a peer discussion review take place?

Osteopaths are encouraged to identify their peers early and to maintain a dialogue with them during the three year period. It is possible to undertake the peer discussion in sections, for example, completing the section about the objective activity after this has been undertaken rather than waiting until the end of the three year cycle.

A peer discussion review is usually completed towards the end of every three-year cycle (although it may be started much earlier in the CPD cycle). Osteopaths could aim to complete it in the early part of year 3 to allow time for any further CPD development to take place if needed.

Frequently asked questions

1. *Can I claim CPD for conducting or undertaking a peer discussion review?*

Yes, the peer discussion review can be classed as CPD for both parties. CPD is any activity which maintains, enhances and develops osteopathic professional practice. Professional practice can include clinical work, education, research or management responsibilities.

2. *Do I need training to conduct a peer discussion review?*

It is not essential to undertake formal training to do a peer discussion review although we do recommend that both parties familiarise themselves with the mechanisms of giving and receiving constructive feedback before undertaking the peer discussion review. (This activity will also count as an important component of CPD.) The peer discussion review template (see Annex A) is designed to guide the peer and the osteopath through the process.

Training may be provided for peers under the auspices of educational institutions or within some local osteopathic groups. Videos and other resources about giving and receiving constructive feedback and examples of peer discussion reviews are available at:

<http://cpd.osteopathy.org.uk>

3. *What if I am unsure that the osteopath has done enough to meet a CPD Standard?*

The intention of the peer discussion review is to support osteopaths to undertake the CPD process and to consider the effect of their CPD in relation to their practice, with the aim of enhancing quality of care and patient safety. If an osteopath is genuinely engaged with the CPD scheme, they are more likely to have met the CPD standards.

Ask yourself the following questions:

- Has this osteopath tried to undertake CPD across the range of their practice and have they tried to inform their practice and learn from the CPD?
- What more should the osteopath do to meet the standard?

If you feel that the osteopath needs to do more to show that they have engaged with the scheme, for example, they need to be able to show how they intend to incorporate learning from their CPD into practice, you could pause the peer discussion review at that point and return to it in a few weeks' time to give the osteopath the opportunity to show the relevant impact. Alternatively, it may be possible for this to be recorded as a learning point to take forward into the next cycle. The key point is for osteopaths to genuinely engage with the CPD scheme and undertake the elements.

4. *What happens if I sign off an osteopath as meeting the CPD Standards and the GOsC takes a different view when they look at the peer discussion review?*

If the GOsC finds significant differences, the GOsC 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 conduct discussions in a way that supports and enhances practice. The peer will not be penalised in any way unless there is clear evidence of collusion.

5. *Will my CPD folder be looked at by GOsC at the end of the three-year cycle?*

We expect the GOsC will look at a significant number of CPD folders at the end of the first three-year cycle.

6. *What resources are available to support osteopaths to undertake CPD in relation to communication and consent, and also data analysis and reflection?*

A wealth of resources are available on the GOsC CPD microsite at:

<http://cpd.osteopathy.org.uk>

7. *What should I take to my peer discussion review?*

You should ensure that your peer has access to your CPD folder. You may email them a copy or give them specific access to your e-portfolio if you are using this. This folder or portfolio should include all your CPD and, in particular, you should be able to highlight to your peer the records of your engagement with the CPD scheme demonstrating the four CPD standards and should include:

- CPD in that fits into the four themes of the *Osteopathic Practice Standards*
- CPD in an objective activity
- CPD in the area of communication and consent
- notes on other CPD that you have undertaken during the three-year cycle

8. *What happens if I have a personality clash with my peer and I disagree with their opinions?*

It is open to you to seek a further peer discussion review with another peer, within the same cycle.

However, it is important that you record the first peer discussion review that took place and file it in your CPD folder. The second peer discussion review may take account of your response to earlier peer discussion reviews.

9. *Will I be at a disadvantage if I have two or three incomplete peer discussion review templates in my folder, indicating that I have not been successful at earlier stages within the cycle?*

No, it does not matter if you have a number of incomplete peer discussion review templates in your folder. On the contrary, if you have been able to complete the areas of development identified in previous peer discussion reviews, this can be good evidence of meeting 'CPD standard 2 – The osteopath demonstrates that objective activities have contributed to practice and the quality of care'. It does not matter if the peer signing off your peer discussion review form is different from the peer who undertook an earlier incomplete peer discussion review.

10. *What if I can't find a peer who agrees to sign off my peer discussion review during this cycle?*

It is open to you to ask the GOsC to help you to identify a peer to undertake the peer discussion review with you.

11. *What happens if I do not get a peer discussion review signed off before the end of my three-year cycle?*

It will be possible for you to apply for an extension to your cycle in exceptional circumstances.

However, if you are unable to undertake a peer discussion review demonstrating that you have met the CPD standards within the three-year cycle, you are at risk of being administratively removed from the Register until you are able to do so.

12. *Will I have to pay for my peer discussion review?*

Most local osteopathic groups and others have told us that they will not charge a fee to an osteopath for a peer discussion review, but instead will regard the peer discussion review as an opportunity for both parties to learn and gain CPD.

Some organisations may choose to charge a fee for conducting a peer discussion review. Organisations that charge are more likely to formally train their peers, provide quality assurance activities around the peer discussion review and provide a complaints process. If a payment is made, it will not guarantee that a peer discussion review template will be signed off as complete.

13. *Do I need to disclose any fees paid?*

Yes, if fees are paid as part of a peer discussion review, these must be disclosed on both complete and incomplete peer discussion review templates.

14. *How long does the Peer Discussion Review take?*

Pilots have shown that the peer discussion review may take between an hour and an hour-and-a half. It is important to remember that the review can be a learning activity for both parties, so both parties may be able to claim CPD for undertaking it.

15. *Can I undertake a peer discussion review with more than one person?*

Yes. There are different models for undertaking a peer discussion review. Some people may wish to undertake their peer discussion review within a group setting or with two or even three peers. Others may wish to undertake different parts of the peer discussion at different times. (For example, undertaking the objective activity in year 1 and also undertaking the peer discussion review in relation to this activity in year 1). The format is not prescribed. However, it is important that all peers sign the declaration at the end of the form. There is a case study available at <http://cpd.osteopathy.org.uk/case-study/northern-ireland-osteopaths/> on how to undertake a peer discussion review within a group setting. Further examples and case studies are being developed.

16. *Do I need to observe the osteopath's practice if I am a peer?*

No, the peer does not have to observe the osteopath in practice. The peer discussion review is a discussion about CPD and practice which will include a discussion about feedback on the osteopath's practice from an objective activity undertaken at least once in the three year cycle.

17. *What should I do if during a review I become concerned about an osteopath's practice?*

In most cases, if concerns are identified, these will be discussed supportively between the peer and the osteopath and together they will identify and agree further CPD or training that will support the osteopath to improve practice.

Work with osteopaths has shown that we would expect the following characteristics to be in place for the matter to be managed supportively between osteopath and peer only:

- information about what has happened has been given to the patient if relevant (anything that has gone wrong has been disclosed to the patient)
- patient has information about the complaints procedure in place (e.g. they have access to another osteopath to discuss their concerns, they have access to the Institute of Osteopathy and they are aware that they can make a complaint to the General Osteopathic Council)
- where relevant, insurers have been informed
- the osteopath has had the opportunity to fully discuss the mismatch between osteopath and patient expectations, has responded to feedback by identifying what went wrong and has put in place a plan of action to enhance this area.

In some circumstances, it may be appropriate for the peer to suggest that the osteopath undertakes further CPD or training before completion of the peer discussion review in that cycle. Alternatively, it may be sufficient just to note the discussion and identify appropriate CPD or training for the next three-year cycle, and then sign off the current peer discussion review cycle.

Work with osteopaths has shown us that they may wish to seek advice about whether they should take further action in the following situations:

- there is no contrition or insight into what went wrong
- despite feedback the mistake or issue is repeated / the osteopath is not learning and improving.

If concerns are identified that may cause harm to patients because they will not immediately be remedied, the peer should seek external advice about the appropriate action to take.

The *Osteopathic Practice Standards* (2018) state:

C.4 You must take action to keep patients from harm

- 1. You must comply with the law to protect children and vulnerable adults.*
- 2. You should have an awareness of, and keep up to date with, current safeguarding procedures, including those relevant to your local area, and follow these if you suspect a child or vulnerable adult is at risk.*
- 3. You should take steps to protect patients if you believe that the health, conduct or professional performance of a colleague or other healthcare practitioner poses a risk to the patient. You should consider one of the following courses of action, keeping in mind that your objective is to protect the patient:*
 - 3.1 discussing your concerns with the colleague or practitioner*
 - 3.2 reporting your concerns to other colleagues or the principal of the practice, if there is one, or to an employer*
 - 3.3 if the practitioner belongs to a regulated profession, reporting your concerns to their regulatory body*
 - 3.4 if the practitioner belongs to a voluntary register, reporting your concerns to that body*
 - 3.5 where you have immediate and serious concerns for a patient, reporting the colleague to social services or the police.*
- 4. In any circumstances where you believe a patient is at immediate and serious risk of harm, you should consider the best course of action, which may include contacting the police or social services (though see D5 regarding confidentiality).*
- 5. If you are the principal of a practice, you should ensure that systems are in place for staff to raise concerns about risks to patients.*
- 6. You must comply with any mandatory reporting requirements, for example, those related to female genital mutilation (FGM) in England and Wales'.*

Advice may be sought from the General Osteopathic Council's Regulation Department. Advice may also be sought from the Institute of Osteopathy or from your insurer or from Public Concern at Work (<http://www.pcaw.org.uk/>).

We would expect that any cases where patients were in danger should be reported to the General Osteopathic Council. Examples of such concerns might include:

- sexual assaults
- criminal assaults or convictions
- aggressive or threatening behaviour to patients
- emotional manipulation of patients
- behaviour indicating that an osteopath was unfit to practise.

Peer Discussion Review template

Please note – in this section we use the terms:

- 'Osteopath' – to describe the osteopath being reviewed
- 'Peer' – to describe the osteopath or other health professional chosen by the osteopath being reviewed to carry out their peer discussion review and sign off the form.

Instructions for use

Preparation

1. At the beginning of the CPD cycle, the osteopath should select the person with whom they would like to undertake their peer discussion review.

This may be an individual osteopath or other health professional, (the peer) under the auspices of an organisation such as a local group, osteopathic educational institution, Institute of Osteopathy or other postgraduate or CPD provider.

Some osteopaths find it helpful to keep in touch with their selected peer by email or by telephone throughout the CPD cycle – rather than waiting until the completion of the review itself, which will generally be towards the end of the three-year cycle. They find that this more frequent approach aids their reflections. It also enables them to have the structured conversation for a peer discussion review in separate 'modules' after they have completed each of the features of the scheme. Discussions about CPD and practice do not simply need to happen once – they can take place throughout the cycle.

2. If you are preparing for an end-of-the-cycle peer discussion review: you should arrange the review meeting about three months before you wish to have it by agreeing:
 - a. the date
 - b. time (allow an hour and a half) and
 - c. venue

with your selected peer (or alternatively, the details for contacting each other, for example by telephone or a web based meeting space). This will give both parties time to prepare for the meeting.

3. *About three months before the meeting*, the osteopath should review the *CPD Guidance*, the *Peer Discussion Review Guidance* and their CPD folder and ensure that the folder provides evidence that they have engaged with the CPD scheme. This preparation for the meeting should reassure the osteopath about how their practice has developed and improved over the course of the CPD cycle.
4. *About a month before the meeting*, both parties should review this *Peer Discussion Review Guidance*, the template and any examples.

5. *About a month before the meeting*, the osteopath may find it helpful to complete a draft peer discussion review template themselves to help them think about how they will demonstrate engagement through their CPD to their peer.
6. *About two weeks before the meeting*: Both parties may also find it helpful to review resources about giving and receiving constructive feedback. In some peer discussion reviews, the osteopath will be well prepared and will simply demonstrate engagement with the scheme. In other cases, the discussion may be more developmental.
7. There are plenty of resources freely available on the internet about giving and receiving feedback which can be identified through a simple search.

Examples of such resources are available on the dedicated CPD microsite at <http://cpd.osteopathy.org.uk>:

- Peer observation: A tool for continuing professional development, Davys D and Jones, V, 2007, *International Journal of Therapy and Rehabilitation*, November 2007, Vol 14, No 11 available at <http://usir.salford.ac.uk/15805/6/article.cgi.pdf>
 - Principles of constructive feedback, University of Nottingham, 2012 available at: www.nottingham.ac.uk/hr/guidesandsupport/performanceatwork/pdpr/documents/pdprprinciplesofconstructivefeedback.pdf
 - Extract from *Coaching and Mentoring for Dummies*, Brounstein M available at: www.dummies.com/how-to/content/giving-constructive-feedback.html
8. About a week before the meeting: it may also be helpful to agree the 'ground rules' for the discussion. Example ground rules can be found at <http://www.ncl.ac.uk/kite/social-renewal/learning-communities/#about>

On the day of the meeting

1. The osteopath should arrive on time with their CPD folder, the *Peer Discussion Review Guidance* and the peer discussion review template.
2. Introduction: Both parties should:
 - a. introduce themselves (if they haven't done so already)
 - b. review the aim of the peer discussion review – 'to provide for a supportive and constructive discussion about practice in a 'safe space'. Osteopaths are encouraged to discuss their practice openly and honestly in a way that fosters enhancements to the quality of care they provide and ensures patient safety.'
 - c. agree the ground rules
 - d. proceed to discuss each of the questions in the template
 - e. agree the content and make brief notes in each section.
3. This template is designed to be completed at the peer discussion review, during discussion between the osteopath and the peer. The template can be used as a 'walk-through' to guide the conversation.
4. The template is self-contained. Simply discuss each question in turn.

Completion of the template

1. Brief notes of what is discussed should be written on the template – these include both areas of strength and achievement, and areas of development (including where future action is agreed).
2. If, at the conclusion of the discussion, it is felt that the osteopath needs to engage further, undertake specific additional CPD or seek advice about a particular issue in order to meet one or more of the CPD Standards, the peer should ensure that the reasons for this are documented sufficiently clearly for the osteopath, and for future peers, to understand what needs to be done by the osteopath before their next peer discussion review.
3. Osteopath and peer should discuss who will complete the different parts of the form and when. We have indicated which parts may normally be completed by a peer or the osteopath, but it is a matter for the osteopath and peer to agree. For example, some osteopaths have told us that they will prefer to complete a draft peer discussion review form and submit this to the peer in advance to help to structure the discussion. Others have indicated they would prefer to jot down notes during the meeting and others after the meeting. The important point is that the document is agreed and signed by both parties.

Peer Discussion Review Template

Name of osteopath:.....

Name of peer(s):

This review is taking place:

Please circle which of the below applies:

- a. Within a framework put in place by your local group

If so, please name the regional group here:

- b. Within a framework put in place by an osteopathic educational institution

If so, please name the institution here:

- c. Within a framework put in place by a clinical interest group or member of the Osteopathic Alliance

If so, please name the organisation here:

- d. With an osteopath you work with
- e. With an osteopath known to you but who you do not work with directly
- f. With a osteopath not known to you
- g. With another health professional.
- h. Other, please describe:

Date of review:

Location of review:

Fee paid (if any):

About the osteopath

(normally completed by the osteopath being reviewed)

Please describe your practice (e.g. clinical, teaching, research, management; how often you practise; where and how you practise; the patients you see, and perhaps also an indication of why patients consult you) to help your peer understand the context of your practice.

(This section encourages the osteopath to introduce themselves by providing a brief summary of how they practice and how they approach their CPD activities.)

The peer will use this information to guide the conversation and explore your CPD with you.

(please try not to exceed 100 words)

CPD Standard 1:

The osteopath demonstrates that activities are relevant to the full range of osteopathic practice (*Osteopathic Practice Standards* and breadth of practice)

Guidance:

This Standard **is met** when the osteopath has undertaken activities in all four themes of the *Osteopathic Practice Standards* (communication and patient partnership; knowledge, skills and performance; safety and quality in practice; and professionalism) and appear to cover all aspects of their osteopathic practice (for example, clinical practice, teaching responsibilities, research, management) in a way that is appropriate for their context.

This Standard **may be met** if the osteopath has undertaken CPD in all the themes of the *Osteopathic Practice Standards*, but has minor gaps in relation to their practice (for example, if they undertake management responsibilities but have very little CPD in this area), so long as the osteopath is advised to undertake CPD in the areas requiring more attention.

This Standard is **not met** if the osteopath has not undertaken CPD in all the themes of the *Osteopathic Practice Standards*.

1. Has the osteopath undertaken CPD activities in relation to each of the four themes of the *Osteopathic Practice Standards*, and also CPD appropriate to their osteopathic practice?

Yes	No
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Comments:

If no, please explain where the gaps are and how these could be addressed

CPD Standard 2:

The osteopath demonstrates that objective activities have contributed to practice and the quality of care

Guidance:

The Standard will be **met** by the osteopath showing clearly that feedback gathered objectively and then analysed or considered has informed their practice and their CPD.

Osteopaths should demonstrate genuine attempts to improve their practice through the use of information or data generated objectively. Examples of objective activities may include patient feedback, peer observation, clinical audit, case-based discussion with other osteopaths, or even a previous peer discussion review where the osteopath can show that their practice has been informed by such a discussion based on evidence.

Some osteopaths may choose to seek help to analyse their data – the use of data analysis packages and resources is perfectly acceptable. The important aspect of meeting this standard is to demonstrate how evidence gathered objectively has influenced or informed practice.

This Standard **may be met** if the osteopath has taken and documented steps to inform and enhance practice as a result of external feedback, but there are still areas of development to be addressed.

This Standard is **not met** if the osteopath has not undertaken any activities to gather objective feedback during the three-year cycle.

It will also not be met if the osteopath is unable to show how they have learned from objective feedback and how this has been applied to their practice.

2. How has the osteopath used feedback and CPD to inform their practice?

3. Has the osteopath undertaken at least one objective activity that produced evidence, and provided a summary comprising:

a. Aim of their objective activity

Yes	No
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Comments:

If yes, please explain how

If no, please explain the gaps that need to be filled and how this could be done

b. Description of method used and discussion of why method was chosen

Yes	No
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Comments:

If yes, please explain how

If no, please explain the gaps that need to be filled and how this could be done

c. Summary of results

Yes	No
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Comments:

If no, please explain the gaps that need to be filled and how this could be done

d. Conclusion, which should include a review of the method chosen, a summary of the strengths identified and a summary of the areas for development

Yes	No
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Comments:

If no, please explain the gaps that need to be filled and how this could be done

e. An action plan describing how those areas of development will be met has been shown

Yes	No
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Comments:

If yes, please explain how those areas of development will be met

If no, please explain the gaps that need to be filled and how this could be done

Comments:

If gaps have been identified, please discuss with the osteopath the available options for seeking support to meet the development needs. (Note – resources to support the osteopath to undertake the required objective activities are available at: <http://cpd.osteopathy.org.uk>)

CPD Standard 3:

The osteopath demonstrates that they have sought to ensure that CPD benefits patients (CPD in communication and consent)

Guidance:

This Standard is **met** by the osteopath being able to show:

- they have undertaken CPD activity relating to communication and consent with patients
- they have reviewed the guidance in the *Osteopathic Practice Standards*
- that this has informed their learning and has been applied in practice.

(We recommend around three hours of CPD to be spent on communication and consent but this is not essential. The important outcome is that the osteopath has undertaken CPD which has informed practice.)

This Standard **may be met** by an osteopath who has undertaken less than three hours of relevant CPD, but is able to show that this activity has informed their learning and practice.

This Standard is **not met** if the osteopath is unable to show that they have undertaken an activity relating to communication and consent.

4. Has the osteopath undertaken CPD activities in relation to Standard A4 of the *Osteopathic Practice Standards* – communication and consent?

Yes	No
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Comments:

If yes, please explain how, for example, what activities they have undertaken.

If no, please explain where the gaps are and discuss with the osteopath options for seeking support to meet their development needs (e.g. review of the *Osteopathic Practice Standards* or supporting resources available at <http://cpd.osteopathy.org.uk>, attendance at a course, detailed discussion with a mentor, use of NCOR resources).

CPD Standard 4:

The osteopath maintains a continuing record of CPD

Guidance:

This Standard is about the osteopath showing documented CPD for the activities that are discussed in the course of the peer discussion review – their CPD folder. It is not necessary for the osteopath to show that they have completed the 90 hours of CPD (with at least 45 hours of learning with others). This will be verified through the GOsC’s automated system on the basis of the osteopath’s self-declaration.

This Standard is **met** when the osteopath is able to show documented evidence of compliance with the CPD scheme.

This Standard is **not met** when the osteopath is unable to show documented evidence of compliance with the CPD scheme.

5. Does the CPD folder demonstrate documented CPD for this CPD cycle, including notes of all activities discussed in this Peer Discussion Review?

Yes	No
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Comments:

If no, please indicate gaps here

Overview

This section allows the peer and the osteopath to summarise their overall views of the osteopath's CPD and practice. The osteopath and peer can agree who completes the form, but the peer must be comfortable with the contents before signing it.

Overall discussion and feedback

Comments:

Strengths:

Areas for development:

CPD Action plan for the next three-year cycle

This section should consolidate the earlier discussions by identifying potential CPD activities to address areas of development during the next three-year CPD cycle. It will normally be completed by the osteopath.

In addition to courses, CPD can include many different types of activities, such as:

- seeking out a mentor to support development of business, clinical or communication skills
- undertaking GOsC e-learning to increase understanding of the *Osteopathic Practice Standards* and their application in practice
- learning about and applying clinical audit in practice to improve understanding of a particular area, for example do not attend rates, running late, response to treatment.

Comments:

Plans for CPD over the next three years – practitioner directed:

Plans for CPD over the next three years – to meet areas for development identified during the most recent three-year cycle?

Conclusion

Have the CPD Standards been met?

CPD Standard 1

Has the osteopath demonstrated that their CPD activities are relevant to the full range of their osteopathic practice?

Yes	No
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CPD Standard 2

Has the osteopath demonstrated that objective activities have contributed to practice and the quality of care?

Yes	No
-----	----

CPD Standard 3

Has the osteopath sought to ensure that CPD benefits patients?

Yes	No
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CPD Standard 4

Has the osteopath maintained a continuing record of CPD activities?

Yes	No
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Note:

The CPD Standards can still be met even if the Review has identified areas in need of further development, as the purpose of the Peer Discussion Review is discussing practice and CPD, and areas of ongoing development.

However, if the osteopath has not attempted to address areas of development flagged at the previous peer discussion review, or there is evidence that the osteopath is not engaging in the CPD process, the osteopath should be advised to carry out further relevant CPD and seek a further peer discussion review.

Declaration by Peer

(To be completed by the peer *only* when the peer discussion review has been successfully completed.)

I confirm that I have completed this peer discussion review and that, in my opinion, the CPD standards have been met and that the osteopath I am reviewing appears to provide good quality and safe patient care on the basis of the information that we have discussed. I confirm that all information provided on this form is correct to the best of my knowledge.

Signed:

Print name:

Profession:

Registration number (if applicable):.....

Declaration by Osteopath

(To be completed in all cases.)

I confirm that I have participated in this peer discussion review, and that the information provided on this form is correct to the best of my knowledge. I confirm that I will retain a copy of this form in my CPD folder.

Signed:

Print name:

Registration number: