General Osteopathic Council

Council
18 July 2024
CPD evaluation survey 2024: findings and impact

Classification	Public
Purpose	For decision
Issue	The findings of the CPD Evaluation Survey 2024 exploring to what extent the intended benefits of the CPD scheme have been realised and what enhancements are required to the CPD guidance as a result of these findings.
Recommendations	1. To note the implications from the CPD evaluation survey findings considered by the Policy and Education Committee. 2. To consider and provide feedback on the equality analysis and implications for development of the CPD scheme. 3. To agree to publish the CPD Evaluation Report including the equality impact. 4. To agree to update the CPD and associated guidance, for consultation later this year, by: a. Strengthening CPD on Boundaries as an important part of the communication and consent requirement b. Strengthening and encouraging CPD in the area of EDI c. Reviewing and editing the CPD Guidance, the Peer Discussion Review guidance and associated templates to make them simpler and more accessible. d. Strengthening the focus on the aims of the CPD scheme including promoting community and encouraging opportunities to actively engage with colleague. e. Strengthening guidance about 'range of practice' so as to make more explicit that osteopaths must be up

to date and competent when they use adjunctive therapies.

f. Making more explicit expectations about how AI could and should not be used in the CPD process.

Financial and resourcing implications

All data sources are collected and analysed in house and so there is no budget cost internally beyond staff time. The cost of survey software to support the evaluation analysis is c.£1,000.

Equality and diversity implications

The CPD Evaluation Survey 2024 sample was drawn to be representative of the GOsC Register in terms of:

a) Sex
b) Age
c) Region
d) Length of time spent on the register.

These were searchable fields within our data base to enable as representative a sample as possible. All respondents were asked to provide diversity data. The analysis of their responses cross tabulated against the diversity data enables us to explore whether the scheme provides barriers to particular people which may be linked to their protected characteristics.

In May 2021, we undertook a cross tabulation which showed no impact in relation to specific protected characteristics.

The analysis in this paper shows that while numbers are very small, and so we cannot be certain of causation, it appears that people with specific protected characteristics were likely to get more benefits from the CPD scheme. However, we will also take care to ensure that where we were lacking in evidence, that we will take steps to work collaboratively to undertake more work with specific groups.

Communications implications

Communications to support the implementation of the CPD scheme are ongoing. Progress is reflected in this paper together with thoughts about next steps which will include updated CPD guidance and a consultation in due course. We will publish the CPD Evaluation findings to help osteopaths to understand what is working and what needs to be improved. This will form the evidence base for

updating the CPD guidance for consultation this year. The findings will also be useful to stakeholders

Annex

A. Summary of findings from CPD Evaluation Survey 2024 (presented to Policy and Education Committee)

B. CPD Evaluation Survey 2024 Research Report (equality impact analysis and associated conclusions only)

C. Copy of CPD Evaluation Survey 2024 template

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Key messages

- In June 2024, the Policy and Education Committee considered the draft Report of the CPD Evaluation Survey 2024 (in progress) examining the impact of the continuing professional development (CPD) scheme, in terms of extent to which the three[1] strategic objectives of the scheme have been achieved and the benefits realised.
    - This research is groundbreaking for us as we move from assessing engagement with the scheme (in previous iterations of the survey) towards assessing impact (or perceived impact) of the scheme in terms of what it set out to do for osteopaths.
    - Osteopaths have clearly engaged with the CPD scheme and the OPS and in most cases have found it to be beneficial in doing so.
    - Osteopaths' engagement with the OPS and in particular, the professionalism theme tends not to focus on professional boundaries and honesty and integrity.
    - The scheme has allowed osteopaths to obtain support from colleagues, which has helped them gain different perspectives on practice, and increased the number of discussions they have had with others about their CPD and practice.
    - For a small proportion of the profession the scheme has been more successful in creating networks, but this hasn't necessarily translated into a sense of community or lessened ideas of risk of professional isolation.
    - It is clear what a good peer discussion review (PDR) experience looks like, and most osteopaths have experienced that.
- This paper provides an additional equality impact analysis with additional conclusions.
- The numbers are too small to make any definitive relationship between protected characteristics and barriers or benefits of the scheme. However, there is an increased proportion of people with specific protected characteristics who obtain more benefits to the scheme than respondents in general. There are also gaps in the evidence base with specific groups where we will undertake further work with them to ensure that they are able to realise the benefits and there are no barriers to doing so. We welcome feedback from Council on these findings and implications.

[1] The three strategic objectives of the CPD scheme are: 1) Engage with the CPD scheme and the OPS, 2) Getting support from colleagues as part of the CPD scheme and 3) creating professional networks.

- We ask Council to publish the full CPD Evaluation Report 2024 report (See Annex B) for our stakeholders so that stakeholders can see how we have evaluated the scheme and how this has informed the development of our next steps.

- We also ask Council to agree the proposed enhancements to the CPD Guidance informed by this evidence as follows:

    - Strengthening CPD on Boundaries as an important part of the communication and consent requirement
    - Strengthening and encouraging CPD in the area of EDI
    - Reviewing and editing the CPD Guidance, the Peer Discussion Review guidance and associated templates to make them simpler and more accessible.
    - Strengthening the focus on the aims of the CPD scheme including promoting community and encouraging opportunities to actively engage with colleague.
    - Strengthening guidance about 'range of practice' so as to make more explicit that osteopaths must be up to date and competent when they use adjunctive therapies.
    - Making more explicit expectations about how AI could and should not be used in the CPD process.

Background

Why this is important?

1. The CPD scheme is part of the way that we promote engagement, support and community to support osteopaths in delivering high quality osteopathic care in accordance with our Osteopathic Practice Standards.

2. The CPD scheme came into effect in October 2018 and the evaluation will help us to understand its impact and what we can do to better achieve its purpose.

When was this last reported to the Committee and Council?

3. We presented to the Policy and Education Committee in October 2022 and Council in February 2023 about our proposals to undertake a different type of CPD evaluation survey in 2023-24 which focussed more on the impact of the scheme alongside a different sampling method to try to enhance response rate and the representativeness of the sample. The survey was built, and user tested in 2023. The survey was live from 14 January 2024 to 12 April 2024.

4. This report was taken to the Policy and Education Committee in June 2024, where the following points were made:

    - It was suggested that there was now a need to establish what the positive impacts of the scheme have been, differentiating between personal impact and clinical impact, and to consider next steps.

- It was commented that there are elements of the profession that have suggested that the CPD scheme is burdensome and complicated and needs to be simplified/streamlined. It was suggested the negative elements of the report should be explored in more depth. It was also suggested there should be more focus and analysis on the risk-based elements of the scheme and mitigate for the risks.

- In analysing the detail, the question to consider is not whether the scheme benefitted the registrant, making their life easier, but to benefit and improve patient care.

- The issue of expectations and reflective practice in CPD and how these are considered and set pre-qualification. The lack of structure to enable to access professional development opportunities was also highlighted. Separating these elements would be useful in the continuing development of the scheme.

- It was suggested that additional support with prompts and guidance might be required to help registrants on how best to approach reflection during CPD.

- It was suggested that the use of Artificial Intelligence (AI) in the reflective process should not be permitted, and that the skill is one to be developed over time by practitioners.

- It was explained that the results of the survey would be incorporated into the guidance which will go to consultation. Further research would be undertaken to further explore the more fundamental issues highlighted by the Committee and the continuing development of the guidance.

About the research

5. The aims of the survey were to:

    1. To assess the impact of the CPD scheme, in terms of the three strategic objectives of the scheme and whether osteopaths are:

        - Engaging with the scheme and using the Osteopathic Practice Standards (OPS)
        - Getting support from colleagues as part of the CPD scheme
        - Creating networks of support and building a professional community

    2. To examine the role of the peer reviewer and osteopaths' experiences of the Peer Discussion Review (PDR) process.

6. We used a stratified sample for this survey, rather than trying to collect this information from all registrants, so as to avoid 'survey fatigue' with respondents,

as DJS were also collecting data for the Registrants Perceptions Survey at the same time.

7. A total of 53 osteopaths completed the survey, which is 9% of the selected sample.

8. The survey consisted of the following key areas:

   - Section 1: Overall thoughts on the CPD scheme (Q1 and Q2)
   - Section 2: Engaging with the CPD Scheme using the Osteopathic Practice Standards (OPS) (Q3-Q11)
   - Section 3: Getting support from colleagues as part of the CPD scheme (Q12-Q15)
   - Section 4: Peer Discussion Review (PDR) experience (Q16- Q20)
   - Section 5: Creating networks of support as part of the CPD scheme (Q21-Q25)

9. **Annex A** provides a summary of the key findings of the CPD Evaluation Survey 2024, that was presented to the Policy and Education Committee in June. The full CPD Evaluation Survey Research Report 2024 (in progress) is available here. **Annex B** provides an additional extract to be added to this main report incorporating the equality impact analysis and a copy of the survey template containing the full list of questions is at **Annex C**

Equality, Diversity, and Inclusion and CPD

10. In the 2024 CPD survey we asked respondents whether they would be prepared to complete the demographic information, with 21% saying no.

11. Comparative analysis with EDI data sets collected between 2011-2024 (see Table 1 in **Annex B**), reveals that the CPD evaluation respondents' sample is representative in terms of gender and broadly representative of age groups under 30 to 61+ [2] GOsC cannot require osteopaths to provide equality and diversity information, therefore it is less clear as to whether the profile of the osteopathic profession reflects the diversity within society when compared to the Census 2021 in terms of ethnicity, sexuality, religion, marital status and disability. However, it is important to note that we did capture more views of osteopaths with minority protected characteristics in our EDI Pilot 2022, particularly in relation to disability, ethnicity and race, religion, and sexual orientation than in the CPD survey 2024.

Cross tabulations: Specific findings based on minority protected characteristics.

12. The CPD evaluation survey responses themselves largely confirm the CPD consultation findings that the scheme would have no impact on people because

[2] Differences between 3-9%, equivalent to 1- 5 osteopaths

of gender, race, age, religion or belief, sexual orientation or any other aspects of equality.[3] However, when cross – tabulating responses between specific different questions in the CPD Survey 2024, we can see that there are potential differences in responses from different groups (although numbers continue to remain too small to be definitive at this stage).

13. The specific questions in the CPD Evaluation Survey 2024 that were chosen to be cross tabulated according to protected characteristics were:

- **Q3:** Overall how easy or difficult has it been for you to do the main components[4] of the CPD Scheme (Scale 1-5)? – **Engagement**

- **Q5:** What have been the most beneficial or rewarding components[5] of the CPD scheme for you (Select no more than 3)? - **Engagement**

- **Q12:** How strongly would you agree or disagree with the following statements (Scale 1-5)? **-Support**

    - Increased the number of discussions you have had on CPD and your practice with others.
    - Made you feel less isolated as a professional
    - Increased your confidence to practice CPD with others or discuss clinical practice with others.
    - Helped you to gain different perspectives on your own practice more frequently.

- **Q17:** thinking about your colleague who acted as your peer reviewer, to what extent do you agree or disagree with the following statements when thinking about your peer reviewer (Scale 1-5)-**PDR Experience**

    - They acted as an independent critical friend.
    - They made it feel like a test that I would either pass or fail.
    - They acted as a sounding board to support me through my thought process with my CPD requirements.

[3] 77% of respondents to the CPD consultation reported this. See Abi Masterson Consulting Ltd, 2015, *Analysis of consultation data on a new scheme of CPD for osteopaths,* available at: https://www.osteopathy.org.uk/news-and-resources/document-library/consultations/cpd-consultation-analysis-report/ Accessed on 22 September 2019.

[4] Main components of the CPD scheme that respondents were asked about: total hours (90 hours), 45 hours of learning with others, understanding how my practice aligns with the Osteopathic Practice Standards (OPS), communication and consent-based activity, objective activity, Peer Discussion Review (PDR), planning CPD across the three-year period, recording my CPD and reflecting on my CPD.

[5] Main components of the CPD scheme that respondents were asked about: total hours (90 hours), 45 hours of learning with others, understanding how my practice aligns with the Osteopathic Practice Standards (OPS), communication and consent-based activity, objective activity, Peer Discussion Review (PDR), planning CPD across the three-year period, recording my CPD and reflecting on my CPD, none of them and other.

- They insisted on validating my entire CPD record.
- They offered non-judgemental support.
- They provided feedback that upset me.
- They asked me questions, rather than dictating or telling me what to do.
- They overloaded me with too much feedback.
- They signposted me to other useful CPD related resources.
- They had a different osteopathic healthcare approach to me.
- They were unsure that I'd done enough to meet a specific CPD standard.
- They gave feedback that was generalised and not related to specific facts or observations.
- They used open questions to encourage my reflection (e.g., why, what, when or how).
- They gave me feedback without any guidance on how to rectify issues identified.
  They had a similar osteopathic healthcare approach to me.

- **Q20:** The following statements are taken from the PDR guidance. Which of these statements match your experience of the Peer Discussion Review (PDR)? Please tick the statements that apply to your experience - **PDR Experience**

  - The PDR was carried out in a supportive way.
  - The PDR helped us learn from each other.
  - The value of the peer discussion was in the discussion itself.
  - The PDR conversation was situated in the context where uncertainty or mistakes were regarded as an opportunity for learning.
  - I did not feel judged by my peer.
  - My peer was able to support and provide assurance.
  - During my PDR, we discussed interesting, difficult, or unusual cases and supported each other by exchanging ideas about ways to handle such cases.
  - During my PDR I discussed my CPD and how it impacted my practice
  - I was able to give and receive constructive and helpful feedback.
  - None of the statements taken from the PDR guidance match my experience.
  - Other

- **Q21:** on a scale of 1-5, how strongly would you agree or disagree with the following statements that the CPD scheme has: **- Community.**

  - Increased your professional network, for example, the number of other osteopaths or other healthcare providers that you talk to.
  - Created greater opportunities for you to get support from others within a professional community.
  - Enhance your practice with your patients.
  - Enhance your practice with other osteopaths.
  - Enhance your practice with other healthcare professionals.
  - Helped you to feel part of the professional community.

- Lessen the risk of professional isolation lessen the risk of concerns and complaints being made against me.

14. These questions were selected because these were the most appropriate questions to reflect all three of the strategic aims of the CPD Scheme (engagement, support, community) and the PDR experience (for further details on the survey questions, please see **Annex C**).

15. Indicative demographic patterns are observable rather than significant findings, given the small numbers involved causation cannot be certain. The summary of impact on the CPD scheme on people with particular characteristics in Tables 2 in **Annex B**, provides further detail and key aspects are also highlighted below.

16. By filtering[6] the CPD evaluation survey data according to the key protected characteristics[7] the following tendencies can perhaps be inferred according to the three core strategic aims of the scheme (engaging with the scheme, getting the support osteopaths need and creating networks) and experiences of the PDR (see Tables 2 in **Annex B**).

17. No figures are contained in these tables to protect the identity of respondents given the small numbers concerned in these groups. This has also been done because, data containing less than ten responses is considered personal data and therefore not publishable.

18. It should be noted that due to the small numbers, it is, again, not possible to confirm a causative effect between the protected characteristic and the ability to comply or otherwise with the CPD scheme. Therefore, we are not suggesting that the scheme is more difficult for those with a particular characteristic to comply with or that it has had a negative impact on some groups. However, the cross-tabulation analysis does indicate areas for continued further monitoring and exploration to ensure we continue to develop resources that translate the CPD scheme accessibly for all. It also provides a thematic approach of consistency and differences in responses related or based on minority protected characteristics.

19. Analysis against protected characteristics shows the following (see Points 7-33 in **Annex B**). Below we use the phrases 'more or less likely' or higher or lower tendencies' to denote differences between a particular protected characteristic and the overall survey sample. This merely provides subtle nuances in responses for respondents of certain protected characteristics rather than a drastic shift or completely opposed view from the overall survey sample.

[6] Specific CPD evaluation survey questions looked at include Q3. Q5, Q12, Q17, Q20 and Q21
[7] Table 2 distinguishes between the following protected characteristics sex (female/male) and age (20-44/45-65+), LGBTQIA+, Ethnicity and race (minority ethnic), Religion (Non-Christian or atheist) and Pregnancy and maternity.

Sex

20. Here we see differences in learning styles coming to the fore according to sex/gender and that the scheme has had more of an impact on females in terms of getting the support they need and creating networks.

Females (Total 21)

- More likely to report finding it easier to reflect and align their CPD to the OPS, and to find planning across a three-year cycle rewarding.
- More likely to report that the PDR helped them learn from each other.
- More likely to report the CPD scheme had increased their confidence to discuss and practice CPD with others and had made them feel less isolated as a profession, in terms of getting the support they need.
- More likely to report that the CPD scheme has lessened the risk of professional isolation and for some helped them feel part of the professional community.

Males (Total 21)

- More likely to report finding planning across a three-year cycle the least rewarding, find the objective activity the most difficult and held mixed views in terms of ease/difficulty of the PDR.
- Slightly more likely to report that their peer had insisted on invalidating their entire CPD record.
- More likely to report that their peer was able to support and provide assurance.

Age

21. Here we see younger osteopaths ease with the newer aspects of the scheme and the sharing of resources and the older osteopaths seeing the benefit of communication and consent and discussing CPD with others and the CPD scheme perhaps having more impact on them in terms of getting the support they need and reducing isolation.

Osteopaths aged 20-44 (Total 14)

- More likely to report finding aligning their CPD to the OPS and the objective activity as both being easy to undertake and found the objective activity the most rewarding. These osteopaths held mixed views in terms of ease/difficulty of the PDR.
- More likely to report that their peer had signposted them to other useful CPD resources.
- More likely to report that the scheme has not created greater opportunities for them to get the support from others within a professional community.

Osteopaths aged 45-61+ (Total 28)

- More likely to report finding the communication and consent-based activity and the PDR easy to complete and the most rewarding. These osteopaths had mixed views on recording CPD.
- More likely to report that the PDR helped them learn from each other.
- More likely to report the CPD scheme had increased their confidence to discuss and practice CPD with others and had made them feel less isolated as a profession, in terms of getting the support they need.
- More likely to report that the CPD scheme has lessened the risk of professional isolation.

LBGTQIA+ community (Less than 10)

22. Here we see that scheme has had more of an impact on the *LBGTQIA+ community* in terms of getting the support they need and creating networks.

- More likely to report finding recording CPD and the communication and consent-based activity particularly rewarding,
- Peer for the PDR was less likely to have a similar osteopathic approach to them.
- More likely to report that the PDR conversation was situated in the context where uncertainty or mistakes were regarded as an opportunity for learning and that their peer was able to support and provide assurance.
- These osteopaths held mixed views in terms of ease/difficulty of aligning practice with OPS, the communication and consent-based activity, PDR and planning across a three-year cycle.
- More likely to report the scheme had made them feel less isolated as a profession.
- More likely to report that the CPD scheme has helped increase their professional networks, feel part of the professional community, and lessened the risk of professional isolation.

Ethnicity and race (Less than 10), religion (Total 13) and pregnancy and maternity (Less than 10)

23. Here we see those osteopaths identifying in minority protected characteristics for ethnicity and race[8], religion[9] or pregnancy and maternity are all more likely to report finding the communication and consent-based activity most difficult. The scheme has had more of an impact on those osteopaths identifying with these groups in terms of getting the support they need and creating networks.

Minority Ethnic Group (including Asian, Black, Mixed or Other Ethnic Group) [10]

- More likely to report that they found the communication and consent-based activity most difficult and found the planning across a three year cycle the easiest and most rewarding.

[8] Asian or Asian British, Black or Black British, Mixed Ethnic Background, Other
[9] Agnostic, Buddhist, Hindu, Humanism/Humanist, Jewish, Muslim, Pagan, Sikh, Spiritual, Any other religion or belief
[10] Asian or Asian British, Black or Black British, Mixed ethnic Background, Other

- More likely to report that their peer had signposted them to other useful CPD resources.
- More likely to report that the PDR helped them learn from each other.
- For some, the scheme has increased confidence discuss in practice CPD with others.
- More likely to report that the CPD scheme has lessened the risk of professional isolation.

Non dominant religion (non-Christian or non-atheist) [11]

- More likely to report finding the communication and consent-based activity difficult but rewarding.
- More likely to report that the PDR helped them learn from each other
- For some, the scheme has made them feel less isolated as a professional
- More likely to report these help them feel part of a professional community and lessened the risk of professional isolation.

Pregnancy and Maternity

- More likely to report that they found the communication and consent-based activity difficult, but most rewarding. These osteopaths were also more likely to report finding the objective activity rewarding.
- More likely to report that their peer had signposted them to other useful CPD resources.
- These osteopaths tended to find equally important was their peer helped them learn from each other and support and provide assurance.
- These osteopaths tended to hold mixed views as to whether the CPD scheme had created greater opportunities for them to get support from others within a professional community and that their peer had used open questions to encourage reflection.
- More likely to have no strong view regarding whether the scheme has increased their professional networks, helped them feel part of a professional community or lessened the risk of professional isolation.

Other identifiers

24. The CPD consultation[12] and Equality Impact Assessment also identified that possible areas of impact might be to the following groups: (1) registrants based outside the UK, (2) those who are not IT literate, (3) those with dyslexia, learning disabilities or visual disabilities, (4) part-time practitioners and (5) practitioners with ill-health. Some of these areas were explored as part of the CPD evaluation survey 2024 and some were more difficult to do so. A separate analysis in relation to these specific aspects from the CPD Evaluation Survey

[11] Agnostic, Buddhist, Hindu, Humanism/Humanist, Jewish, Muslim, Pagan, Sikh, Spiritual, Any other religion or belief

[12] See CPD Consultation, 2015, above.

2024 is outlined below (and detailed further in Table 2 in **Annex B,** for part-time osteopaths).

Registrants based outside the UK

25. The data show for those registrants based outside the UK were identified by their qualitative comments mentioning this. These registrants identifying themselves as working outside of the UK were more likely to show the following tendencies:

    - More likely to report finding it difficult to complete the 45 hours learning with others, requirement, because these osteopaths report it was not so easy to do things needing others, having to rely on video calls, which was not always convenient.

Registrants who are not IT literate

26. It could perhaps be inferred that a proportion of non- responses are a direct result of not being IT literate, given that the CPD evaluation is an online survey.

Registrants with dyslexia, learning disabilities or visual disabilities.

27. No respondents identified themselves as having a disability in this survey, which is obviously a concern as we do not have representation from this group to judge experiences/impact. The stratified sample for this year's CPD survey was based on sex, age, region, and length of time on the register and not disability and as you will see from Table 1 in **Annex B**, 0.3% of the GOsC register has declared a disability.

28. What we do know about this group from 2021 were predominately around challenges with recording and reflecting and how they planned to undertake their PDR. For example, this group were:

    - Slightly more worried about recording CPD, when asked about their barriers to reflection.
    - Concerns about recording reflections – worried or not sure what it means or how to record reflections, as well as not understanding why they should have to do this.
    - More likely to plan on completing their Peer Discussion Review on a piecemeal basis, section by section, as they meet the different elements of the scheme.

Part time practitioners (Total 22)

29. Those respondents who identified themselves as practising part-time show the following:

    - For some, it has made them feel less isolated as a professional

- More likely to report that their peer had signposted them to other useful CPD resources.
- Less clear as to whether the CPD scheme has helped part-time osteopaths feel part of the professional community or lessened the risk of professional isolation, as the majority had no strong view on these aspects of the scheme.

Practitioners with ill health

30. We did not ask respondents about ill health in the survey. The scheme itself should be more flexible for registrants with ill health now, in that removal of the mandatory annual requirements enables all registrants to be empowered to undertake their CPD in a way that meets their needs in a way that works for them, and the requirements of the Osteopathic Practice Standards. However, this could come through more substantially via the verification and assurance processes.

31. In relation to the equality impact and implications of the scheme, our numbers are still small and so it is difficult to know if there is direct causation between specific protected characteristics and impact of the CPD scheme.

New Graduates (Less than 10)

32. Part of our business plan approach this year has required us to explore the transition of new graduates into practice. Length of time on the register was part of the stratified sample criteria. Those respondents who identified themselves as having been practising for less than a year through their qualitative comments in the survey, show the following:

    - More likely to report finding aligning their CPD to the OPS and the objective activity as both being easy to undertake and found these activities most rewarding. These osteopaths held no strong views in terms of ease/difficulty of the PDR, reflecting and recording, probably because they reported they had yet to complete their PDR.
    - More likely to report the CPD scheme had increased their confidence to discuss and practice CPD with others and had made them feel less isolated as a profession, in terms of getting the support they need.
    - More likely to report the scheme helped them feel part of a professional community and lessened the risk of professional isolation.

33. In summary, when looking at the CPD Evaluation Survey 2024 in relation to EDI, the numbers are too small to make any definitive relationship between protected characteristics and barriers or benefits of the scheme. However, as we have seen above, there is an increased proportion of people with specific protected characteristics who obtain more benefits to the scheme than respondents in general.

Recommendations to enhance the CPD Scheme

34. Thinking about how to address the overall survey findings (see **Annex A**) and enhance the CPD scheme to deliver its aims we would like to make a series of further enhancements to the CPD guidance in terms of content and accessibility.

35. The first three enhancements relate to the strategic objective on engaging with the CPD scheme and the OPS. This will involve:

    a. Strengthening CPD on Boundaries as an important part of the communication and consent requirement, as we have seen from Figure 3 in **Annex A**, very little CPD seems to be being undertaken in the area of professional boundaries. Despite the overall reduction in the number of concerns and complaints reported in the NCOR report, since the introduction of the CPD scheme, professional boundaries concerns remain persistent, it would therefore make sense to highlight this further in the scheme.

    b. Strengthening and encouraging CPD in the area of EDI. We see from Figure 3 in **Annex A** and Table 8 in **Annex B**, that a very small number of osteopaths reported undertaking CPD in the area of Equality, Diversity and Inclusion and it is something we have been considering as part of our EDI Pilot work.[13]

    c. Addressing the paperwork challenges expressed by osteopaths by performing a review/ edit of the current forms and templates, particularly the PDR form, so as to make this more manageable for osteopaths to complete.

36. The fourth enhancement relates to the strategic objective of promoting community and the importance of building professional networks. This will involve:

    a. Strengthening the focus on the aims of the CPD scheme about promoting community and encouraging opportunities to engage with colleagues (dealing with the point about being in an online lecture and not engaging with others), so as to help address the survey findings that the CPD scheme has been less successful in increasing professional networks, reducing isolation, and making osteopaths feel part of a professional community. We

[13] As part of the EDI Pilot (March 2023). Following on from this we published EDI guidance informed by the URGENT study and EDI resources in March 2024 which included resources from other organisations including regulators such as the General Medical Council (GMC) on topics such as how to tackle racism in the workplace, trans healthcare, and sexual misconduct. We also intend to reach out to external interest groups such as CPD providers to encourage them to incorporate inclusion, diversity, and equality components into their existing training courses or to develop some bespoke EDI training, to increase knowledge and understanding of inclusion, diversity and equality for patients and colleagues. A strengthened requirement in this area could have the potential to drive the market in terms of CPD provision.

have also received this feedback from some of the regional groups and the Institute of Osteopathy about the importance of in person as well as online events.

b. As we have seen in our Transition into Practice research work, this is especially important (but not exclusively so) for those osteopaths starting out in practice and if we can get osteopaths to start building networks as soon as they qualify and register with us, it will make a big difference to both osteopaths practice and patient outcomes. Updating the CPD guidance here will also enable us to take account of our transition into practice research and specific content-based guidance that may be helpful to new registrants in their first CPD cycle.

37. The fifth and sixth enhancements are not based on the CPD Evaluation Survey findings and instead come from feedback received from the Institute of Osteopathy (iO) and the indemnity insurers for osteopaths and our own horizon scanning work. This will involve:

    a. Strengthening guidance about range of practice and adjunctive therapies ensuring that people are up to date in their adjunctive therapies, for example, acupuncture, and explaining this as part of the Peer Discussion Review with supporting resources and case study examples.[14]

    b. Thinking about how we deal with Artificial Intelligence (AI) in CPD both in terms of helping supporting submissions and in terms of positive use, through our work on Horizon scanning. Currently, we do not refer to AI in the CPD guidance and we should in terms of how osteopaths may be using AI to complete their CPD. For example, we need to make it explicit in the guidance that if an osteopath uses AI to generate a reflection for them, they must ensure that they then make this reflection personal to them and that they disclose that they have used AI for CPD purposes.

38. Finally, we intend to review the accessibility of the paperwork and the scheme. Our CPD Guidance (including our PDR Guidance) and associated PDR forms are issued in accordance with Rule 4(6) of The General Osteopathic Council (Continuing Professional Development) Rules Order of Council 2006[15]. Updating the content and the paperwork at the same time will enable us to take account of this feedback.

[14] The last available iO Census data 2021 identified that the use of adjunct therapies had dropped over the last four years in favour of more mainstream osteopathic techniques such as joint articulation, soft tissue massage, exercises prescription and manipulation (Western acupuncture was down 11%, Pilates down 5%, electrotherapy down 8%). Most interestingly naturopathy was down 10% since 2014. This suggests a shift in therapeutic approaches.

[15] (as amended by the General Osteopathic Council (Continuing Professional Development) Rules Order of Council 2006 as amended by The General Osteopathic Council (Continuing Professional Development) (Amendment) Rules Order of Council 2018.

39. In drawing this paper to a close, the evidence-base about the effectiveness of CPD (in terms of evaluating our findings compared to other findings) is limited, particularly in terms of material on the impact of CPD in terms of long-term changes in practice[16].

40. Very little has been explored in terms of impact of CPD on practice elsewhere, which may well mean our work here could be considered groundbreaking in nature, given that there is very little research on the impact of regulatory interventions.

41. As a regulator of professionals who work primarily outside the NHS and often without teams and employers, we are in a unique position, being able to both realise the benefits of the scheme (through this survey 2024), and the level of engagement with the CPD scheme (from our previous iterations of CPD surveys during 2016-17, 2017-18, 2018-19, and 2020-21).

42. It may also be possible to infer from the CPD Evaluation Survey 2024 findings that we are indeed seeing Level 1: Reaction and Level 2: Learning of Kirkpatrick's Training Model[17] among our osteopaths and then just over a third of our osteopaths (34%) maybe moving into Level 3: Behaviour Change, as these osteopaths reported enhancing their practice as a result of the CPD scheme i.e. post CPD learning has translated in practice (see Table 1).

[16] Moriarty *et al* (2019) Rapid review on the effectiveness of continuing professional development in the health sector https://kclpure.kcl.ac.uk/ws/portalfiles/portal/118780053/Moriarty_et_al._2019_CPD_Report.pdf

[17] Kirkpatrick's Training Model cited in Moriarty *et al* (2019) Rapid review on the effectiveness of continuing professional development in the health sector https://kclpure.kcl.ac.uk/ws/portalfiles/portal/118780053/Moriarty_et_al._2019_CPD_Report.pdf

Table 1: Kirkpatrick's Training Model

Levels 1 and 2: 40% benefited and 38% changed views on scheme.

Level	Component of change	Description
Level One	Reaction	Evaluates participants' satisfaction with a CPD activity. This level generally provides data relating to participants' perception/satisfaction with the programme, delivery, instructors, and environment.
Level Two	Learning	Evaluates participants' changes in knowledge, skills, or attitudes. Usually assessed with pre- and post-test studies to detect what participants have learned after a CPD activity.
Level Three	Behaviour change	Evaluates the extent to which learning has influenced the post learning behaviour or the performance of a healthcare professional in her or his practice.
Level Four	Patient/health outcomes	Evaluates the tangible results (such as improvement in patient health) of the influence of CPD activities in healthcare professionals' behaviour.

Level 3: 34% scheme enhanced practice

Next steps

43. We ask Council to agree to publish the research report **(Annex B)**

44. We ask Council to agree to update the CPD guidance as outlined in the Recommendations to enhance the CPD Scheme section of this paper and review, edit and streamline current forms and templates, so as to make them less time-consuming to complete for osteopaths (collaborating with osteopaths and stakeholders). We will then bring these back to the committee for comment. We intend to bring a consultation version of the CPD and PDR Guidance to the Committee in October 2024, Council in November and then consult in late 24 / 25 prior to approving the guidance in Spring 2025.

45. In addition, as a result of the equality impact analysis we also propose to:

- Ensure that we retain the benefits of the scheme as particularly received by those with specific protected characteristics.
- For those outside the UK, consider further how to support them to participate in the scheme and gain the benefits.
- Undertake further work with osteopaths working part time to explore whether specific support to feel part of a professional community may help.
- Consider further the lack of responses from practitioners with a disability which is a concern. It suggests that we have further work to do in relation to the CPD scheme to obtain evidence that the benefits of the CPD scheme are being realised for this group and supporting their practice.

46. As part of these next steps, we also need to:

- Build on the benefits identified here even further.

- Explore more particularly the negative impacts identified. The proposed enhancements to the guidance detailed in Point 34-38 should go some way

to help with this but we may also reflect on the need for more specific work here as part of the approach to updating and consulting on the CPD guidance.

- Consider what this means for CPD providers (there is certainly a role for them to play in supporting a CPD focus on equality, diversity and inclusion and boundaries for example), as well as other key stakeholders and how we might discuss further with them.

- Continue to monitor reductions in concerns and complaints against osteopaths in the annual NCOR report, for any changes in patterns and behaviours.

- Consider further how to focus on impact on practice in our ongoing evaluation. We intended that the focus on engagement, support and community and discussion of practice with others would reduce isolation and support high quality practice in accordance with standards. The Policy and Education Committee highlighted that some questions in our survey focussed on individual perceptions about benefits to themselves and others focussed on individual perceptions about benefits to their practice. Whilst the analysis has attempted to distinguish between individual v practice impacts in the report see for example, Annex A Figure 2, we will reflect further on how to take the next step in terms of evidencing impact on practice as we continue our ongoing evaluative work.

Recommendations

1. To note the implications from the CPD evaluation survey findings considered by the Policy and Education Committee.

2. To consider and provide feedback on the equality analysis and implications for development of the CPD scheme.

3. To agree to publish the CPD Evaluation Report including the equality impact.

4. To agree to update the CPD and associated guidance, for consultation later this year, by:

    a. Strengthening CPD on Boundaries as an important part of the communication and consent requirement.

    b. Strengthening and encouraging CPD in the area of EDI.

    c. Reviewing and editing the CPD Guidance, the Peer Discussion Review guidance and associated templates to make them simpler and more accessible.

d. Strengthening the focus on the aims of the CPD scheme including promoting community and encouraging opportunities to actively engage with colleague.

e. Strengthening guidance about 'range of practice' so as to make more explicit that osteopaths must be up to date and competent when they use adjunctive therapies.

f. Making more explicit expectations about how AI could and should not be used in the CPD process.