

CPD Evaluation Survey 2024 Report (equality impact analysis) 4 July 2024 by Dr Stacey Clift

Further detail about the aims and method can be found in the [Full CPD Evaluation Report \(in progress at May 2024\)](#) here. A summary of which is provided at Annex A to this paper.

This equality impact analysis extract below will to be added into the full report finalised and published during the Summer 2024. It is separated out here because this equality impact analysis was not considered by the Policy and Education Committee in June.

Equality, Diversity and Inclusion and CPD

1. We have a commitment to inclusive scheme which does not discriminate against people because of particular protected characteristics. We reported about completion of scheme by people with particular characteristics in the last CPD survey 2021.
2. Overall, this analysis found that the proposals in the scheme did not appear to impact as a result of particular protected characteristics. However, when drilling down into particular questions and cross-tabulating responses against each protected characteristics, we could see that there may be potential differences in responses from different groups, although, numbers were too small to be definitive at this stage and we could not be sure of a causative link between the protected characteristic and being less likely to have completed a particular element of the scheme. For example, those who were of particular ethnicities or particular sexual orientations were less likely to have undertaken an activity in communication and consent; the likelihood of never having undertaken an objective activity appeared to increase with age, certain ethnicities had a greater tendency to not have undertaken an objective activity. There were also some differences in preferred objective activities when considered through lenses of gender, age, ethnicity and sexual orientation.
3. Overall, there is little correlation with the findings from 2021, (particularly given the survey shift from engagement to impact of the scheme), so it is difficult to make any conclusions on equality impact from the survey findings. Further detail is set out below.
4. In the 2024 CPD survey we asked respondents whether they would be prepared to complete the demographic information, with 21% saying no.
5. Comparative analysis with EDI data sets collected between 2011- 2024 (see Table 1 below), reveals that the CPD evaluation respondents' sample is representative in terms of gender and broadly representative of age groups

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under 30 to 61+ ¹ 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.

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

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Table 1: Comparative EDI data sources

| Equality Impact Assessment information | Register data from KPMG (267) ² | 2016-17 sample (358) | 2017-18 sample (518) | 2018-19 sample (464) | 2020-21 sample (350) | EDI Pilot 2022 (57) | 2023-2024 sample (53) ³ | ONS Census 2021 | GOsC Register ⁴ (5497 ⁵ -5508 ⁶) |
|--|--|----------------------|----------------------|----------------------|----------------------|---------------------|------------------------------------|-------------------|--|
| Sex and gender identity | | | | | | | | | |
| Male | 49% | 42% | 38% | 39% | 43% | 42% | 40% | 49% | 48% |
| Female | 51% | 51% | 56% | 58% | 55% | 53% | 40% | 51% | 52% |
| Prefer not to answer | N/A | 7% | 6% | 2% | 2% | 5% | 21% | 0% | 0% |
| <i>Is your gender identity the same as the sex you were assigned at birth?</i> | N/R ⁷ | N/R | N/R | N/R | N/R | | | | N/R |
| Yes | | | | | | 93% | 79% | 93.5% | |
| No | | | | | | 2% | 0% | 0.5% | |
| Prefer not to say | | | | | | 5.5% | 21% | 6% | |
| Age | | | | | | | | | |
| 30 or under | 12% | 11% | 7% | 9% | 8% | 7% | 6% | 29% ⁸ | 13% |
| 31-40 | 27% | 14% | 17% | 19% | 12% | 11% | 13% | 20% ⁹ | 22% |
| 41-50 | 37% | 25% | 23% | 26% | 20% | 23.5% | 19% | 26% ¹⁰ | 25% |
| 51-60 | 17% | 32% | 33% | 32% | 36% | 40% | 23% | | 26% |
| 61+ | 6% | 11% | 13% | 12% | 21% | 15% | 19% | 24% ¹¹ | 14% |

² KPMG in 2011 received 267 responses to a survey that was sent out to a total of 940 osteopaths that closely resembled the profession.

³ Stratified sample was applied for the CPD Evaluation Survey 2023-24 i.e., osteopaths were selected to represent Register in terms of key criteria.

Percentages are based on the total survey sample (53), with 11 (21%) preferring not to answer any EDI questions.

⁴ GOsC register data was extracted on 28 May 2024 for sex and age. The total osteopaths on the register was 5508

⁵ 5497 osteopaths were on the GOsC Register on 13 June 2024

⁶ 5508 osteopaths were on the GOsC Register on 28 May 2024

⁷ N/R = Not Recorded

⁸ The Census uses slightly different age ranges - Under 25

⁹ The Census uses slightly different age ranges - 25-39

¹⁰ The Census uses slightly different age ranges- 40-59

¹¹ The Census uses slightly different age ranges - 60+

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| Equality Impact Assessment information | Register data from KPMG (267) ² | 2016-17 sample (358) | 2017-18 sample (518) | 2018-19 sample (464) | 2020-21 sample (350) | EDI Pilot 2022 (57) | 2023-2024 sample (53) ³ | ONS Census 2021 | GOsC Register ⁴ (5497 ⁵ -5508 ⁶) |
|--|--|----------------------|----------------------|----------------------|----------------------|---------------------|------------------------------------|---------------------|--|
| Equality Impact Assessment information | Register data from KPMG | 2016-17 Sample | 2017-18 sample | 2018-19 sample | 2020-21 sample | EDI Pilot 2022 | 2023-2024 sample | Census 2021 | GOsC Register ¹² |
| Prefer not to say | N/R | 4% | 6% | 3% | 3% | 4% | 21% | 0% | 0% |
| Disability | | | | | | | | | |
| Yes | 3% | 3% | 2% | 2% | 5.5% | 16% | 0% | 18% | 0.3% |
| No | 97% | 88% | 91% | 95% | 91.5% | 78% | 79% | 82% | 99% |
| Prefer not to say | N/R | 9% | 7% | 3% | 3% | 5.5% | 21% | N/R | N/R |
| <i>Type of disability, impairment, or difference</i> | | | | | | | | | |
| Dyslexia, dyscalculia dyspraxia | N/R | N/R | N/R | N/R | N/R | 18% | 0% | E/N/R ¹³ | 0.072% |
| Neurodiverse (e.g., autism, ADHD) | N/R | N/R | N/R | N/R | N/R | 6% | 0% | E/N/R | N/R |
| Mobility impairment or musculoskeletal condition | N/R | N/R | N/R | N/R | 23.5% | 4% | 0% | 43% ¹⁴ | N/R |
| Blind or visual impairment | N/R | N/R | N/R | N/R | 18% | 2% | 0% | 7% ¹⁵ | 0.036% |

¹² GOsC register data was extracted on 13 June 2024 for disability. Total osteopaths on the register was 5497.

¹³ E/N/R = Equivalent not recorded. Full categories for disabled people of working age were: mobility (43%), stamina/breathing/fatigue (34%), mental health (44%), dexterity (23%), memory (13%), learning (15%), social/behavioural (10%), hearing (5%), vision (7%) and other (20%). Source: in House of Commons Library (2023) UK Disability Statistics: Prevalence and Life Experiences

¹⁴ Impairment types reported by disabled people of working age 2021/22 reported in House of Commons Library (2023) UK Disability Statistics: Prevalence and Life Experiences

¹⁵ Impairment types reported by disabled people of working age 2021/22 reported in House of Commons Library (2023) UK Disability Statistics: Prevalence and Life Experiences

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| Equality Impact Assessment information | Register data from KPMG (267) ² | 2016-17 sample (358) | 2017-18 sample (518) | 2018-19 sample (464) | 2020-21 sample (350) | EDI Pilot 2022 (57) | 2023-2024 sample (53) ³ | ONS Census 2021 | GOsC Register ⁴ (5497 ⁵ -5508 ⁶) |
|---|--|----------------------|----------------------|----------------------|----------------------|---------------------|------------------------------------|-------------------|--|
| Equality Impact Assessment information | Register data from KPMG | 2016-17 Sample | 2017-18 sample | 2018-19 sample | 2020-21 sample | EDI Pilot 2022 | 2023-2024 sample | Census 2021 | GOsC Register ¹⁶ |
| Deaf or hearing impairment | N/R | N/R | N/R | N/R | 6% | 4% | 0% | 5% ¹⁷ | 0.018% |
| Speech impairment | N/R | N/R | N/R | N/R | 0% | 2% | 0% | E/N/R | N/R |
| Mental health condition | N/R | N/R | N/R | N/R | 0% | 4% | 0% | 44% ¹⁸ | N/R |
| Learning difficulty/disability | N/R | N/R | N/R | N/R | 23.5% | R/D ¹⁹ | 0% | 15% ²⁰ | N/R |
| Long-term/chronic physical health condition | N/R | N/R | N/R | N/R | 23.5% | 12% | 0% | E/N/R | N/R |
| Disability, impairment, health condition, or learning difficulty that is not listed | N/R | N/R | N/R | N/R | 6% | 0% | 0% | N/R | 0.16% |
| Prefer not to say ²¹ | N/R | N/R | N/R | N/R | 18% | N/R | 0% | N/R | 99% |

¹⁶ GOsC register data was extracted on 13 June for disability. Total osteopaths on the register was 5497

¹⁷ Impairment types reported by disabled people of working age 2021/22 reported in House of Commons Library (2023) UK Disability Statistics: Prevalence and Life Experiences

¹⁸ Impairment types reported by disabled people of working age 2021/22 reported in House of Commons Library (2023) UK Disability Statistics: Prevalence and Life Experiences

¹⁹ R/D= recorded differently

²⁰ Impairment types reported by disabled people of working age 2021/22 reported in House of Commons Library (2023) UK Disability Statistics: Prevalence and Life Experiences

²¹ Prefer not to say or not declared/supplied.

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| Equality Impact Assessment information | Register data from KPMG (267) ² | 2016-17 sample (358) | 2017-18 sample (518) | 2018-19 sample (464) | 2020-21 sample (350) | EDI Pilot 2022 (57) | 2023-2024 sample (53) ³ | ONS Census 2021 | GOsC Register ⁴ (5497 ⁵ -5508 ⁶) |
|--|--|----------------------|----------------------|----------------------|----------------------|---------------------|------------------------------------|-----------------|--|
| Equality Impact Assessment information | Register data from KPMG | 2016-17 Sample | 2017-18 sample | 2018-19 sample | 2020-21 sample | EDI Pilot 2022 | 2023-2024 sample | Census 2021 | GOsC Register ²² |
| Ethnicity and Race | | | | | | | | | |
| Asian or Asian British | 5% | 3% | 4% | 3.5% | 4% | 9% | 2% | 9% | 3% |
| Black or Black British | 1% | 1% | 0.8% | 2% | 2% | 2% | 2% | 4% | 1% |
| Mixed ethnic background | 1% | 3% | 2% | 3% | 2% | 2% | 0% | 3% | 9% |
| White or White British | 82% | 81% | 78% | 86% | 87% | 80% | 72% | 82% | 29% |
| Other ethnic group | 1% | 2% | 1% | 1% | 1% | 2% | 2% | 2% | 0% |
| Prefer not to say | 8% | 11% | 13% | 4.5% | 4% | 6% | 22% | N/R | 58% |
| Religion | | | | | | | | | |
| Agnostic | N/R | N/R | N/R | N/R | N/R | N/R | 4% | N/R | N/R |
| Atheist | N/R | N/R | N/R | N/R | N/R | 18.5% | 15% | N/R | N/R |
| Buddhist | 1% | 2.5% | 3% | 2% | 3% | 2% | 2% | 0.5% | 0.63% |
| Christian | 51% | 35% | 32% | 35% | 32.5% | 28% | 21% | 46% | 11% |
| Hindu | 2% | 0.7% | 1% | 0.7% | 1% | 2% | 2% | 2% | 0.70% |
| Humanism/Humanist | N/R | N/R | N/R | N/R | N/R | 6% | 2% | N/R | N/R |
| Jewish | 1% | 2.5% | 3% | 4% | 3% | 0% | 4% | 0.5% | 0.45% |
| Muslim | 2% | 1% | 0.8% | 1% | 1% | 4% | 0% | 6.5% | 0.74% |
| No religion or belief | 41% | 31% | 31% | 40% | 44% | N/R | 19% | 37% | 15% |
| Pagan | N/R | N/R | N/R | N/R | N/R | 2% | 0% | N/R | N/R |
| Sikh | 0% | 0.4% | 2% | 0.2% | 0% | 4% | 0% | 0.9% | 0.32% |
| Spiritual | N/R | N/R | N/R | N/R | N/R | 13% | 6% | N/R | N/R |
| Any other religion or belief | 3% | 7% | 6% | 5% | 3.5% | 6% | 0% | 0.6% | 0.23% |

²² GOsC register data was extracted on 13 June 2024 for religion (Total osteopaths on the register was 5497) and 28 May 2024 for ethnicity (Total osteopaths on the register was 5508).

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| Equality Impact Assessment information | Register data from KPMG (267) ² | 2016-17 sample (358) | 2017-18 sample (518) | 2018-19 sample (464) | 2020-21 sample (350) | EDI Pilot 2022 (57) | 2023-2024 sample (53) ³ | ONS Census 2021 | GOsC Register ⁴ (5497 ⁵ -5508 ⁶) |
|--|--|----------------------|----------------------|----------------------|----------------------|---------------------|------------------------------------|-------------------|--|
| Prefer not to say ²³ | 10% | 20% | 20% | 13% | 12.5% | 17% | 26% | 6% | 71% |
| Equality Impact Assessment information | Register data from KPMG | 2016-17 Sample | 2017-18 sample | 2018-19 sample | 2020-21 sample | EDI Pilot 2022 | 2023-2024 sample | Census 2021 | GOsC Register ²⁴ |
| Sexual Orientation | | | | | | | | | |
| Asexual | N/R | N/R | N/R | N/R | N/R | 0% | 0% | N/R | N/R |
| Bi/Bisexual | 0.5% | 2% | 1% | 1% | 1% | 4% | 0% | 1% | 0.40% |
| Gay/Lesbian | 3% | 3% | 3% | 4% | 3% | 11% | 6% | 1.5% | 0.74% |
| Heterosexual/straight | 86% | 73% | 77% | 82% | 82% | 78% | 70% | 89% | 26% |
| Pansexual | N/R | N/R | N/R | N/R | N/R | 2% | 0% | N/R | N/R |
| Queer | N/R | N/R | N/R | N/R | N/R | 0% | 0% | N/R | N/R |
| Prefer to self-describe or other ²⁵ | 0.5% | 1% | 1% | 0.5% | 2% | 0% | 0% | 0.3% | N/R |
| Prefer not to say ²⁶ | 10% | 20% | 18% | 13% | 12.5% | 5.5% | 24% | 7% | 73% |
| Marital Status | | | | | | | | | |
| Married | 57% | 49% | 52% | 54% | 51% | 58% | 49% | 47% ²⁷ | N/R |
| Civil Partnership | 6% | 4% | 2% | 1% | 1% | 9% | 0% | | N/R |
| Single, never married | 17% | 16% | 15% | 10% | 12% | 9% | 7.5% | 38% | N/R |
| Divorced | 4% | 6% | 6% | 7% | 6% | 4% | 6% | 9% | N/R |
| Widowed | 1% | 2% | 1% | 2% | 2% | 2% | 6% | 6% | N/R |
| Cohabiting | N/R | N/R | N/R | 14% | 15% | 14.5% | 9% | N/R | N/R |
| Other | 6% | 7% | 5% | 2% | 1% | 4% | 0% | N/R | N/R |

²³ Prefer not to say or not declared/supplied

²⁴ GOsC register data was extracted on 13 June for sexual orientation and marital status. Total osteopaths on the register was 5497.

²⁵ KPMG, Census 2021 and 2016 to 2021 samples used Other rather than prefer to self-describe.

²⁶ Prefer not to say or not declared/supplied.

²⁷ Census data combines Married and Civil Partnership variables into 'Married or in a registered civil partnership (including separated)

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| Equality Impact Assessment information | Register data from KPMG (267) ² | 2016-17 sample (358) | 2017-18 sample (518) | 2018-19 sample (464) | 2020-21 sample (350) | EDI Pilot 2022 (57) | 2023-2024 sample (53) ³ | ONS Census 2021 | GOsC Register ⁴ (5497 ⁵ -5508 ⁶) |
|--|--|----------------------|----------------------|----------------------|----------------------|---------------------|------------------------------------|-------------------|--|
| Prefer not to say | 8% | 17% | 19% | 11% | 12% | 0% | 23% | N/R | N/R |
| Equality Impact Assessment information | Register data from KPMG | 2016-17 Sample | 2017-18 sample | 2018-19 sample | 2020-21 sample | EDI Pilot 2022 | 2023-2024 sample | Census 2021 | GOsC Register |
| Pregnancy and maternity | | | | | | | | | |
| Yes | N/R | N/R | N/R | N/R | N/R | 2% | 7.5% | N/S ²⁸ | N/R |
| No | N/R | N/R | N/R | N/R | N/R | 94% | 70% | N/S | N/R |
| Prefer not to say | N/R | N/R | N/R | N/R | N/R | 4% | 22% | N/S | N/R |
| Current Working Pattern | | | | | | | | | |
| Full-time | N/R | N/R | N/R | N/R | 55% | 56% | 34% | 76% | N/R |
| Part-time | N/R | N/R | N/R | N/R | 40% | 36% | 41% | 24% ²⁹ | N/R |
| Non-practising | N/R | N/R | N/R | N/R | 2% | 2% | 0% | N/R | N/R |
| Maternity leave, paternity leave, parental leave, adoption leave or leave due to caring responsibilities | N/R | N/R | N/R | N/R | 0.6% | 0% | 2% | N/S | N/R |
| Other ³⁰ | N/R | N/R | N/R | N/R | N/R | 6% | 2% | N/S | N/R |

²⁸ N/S= Not Suitable statistic to supply here. Labour Force Survey, Annual Population Survey and Time Use Survey all draw on this theme, but don't directly record maternity leave for example.

²⁹ Of working aged people: 16- 64 that were in employment.

³⁰ For the EDI Pilot Other also includes unpaid carer

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| Equality Impact Assessment information | Register data from KPMG (267)² | 2016-17 sample (358) | 2017-18 sample (518) | 2018-19 sample (464) | 2020-21 sample (350) | EDI Pilot 2022 (57) | 2023-2024 sample (53)³ | ONS Census 2021 | GOsC Register⁴ (5497⁵-5508⁶) |
|---|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|--|------------------------|--|
| Prefer not to say | N/R | N/R | N/R | N/R | 3% | 4% | 21% | N/R | N/R |

Cross tabulations: Specific findings based on minority protected characteristics.

6. The CPD evaluation survey responses themselves largely confirm the CPD consultation findings that the scheme would have no impact on people because of gender, race, age, religion or belief, sexual orientation or any other aspects of equality.³¹ 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).
7. 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 components³² of the CPD Scheme (Scale 1-5)? – **Engagement**
 - **Q5:** What have been the most beneficial or rewarding components³³ 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.

³¹ 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.

³² 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.

³³ 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.

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- **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.
 - 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

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- **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.

- 8. 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.

- 9. 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 Table 2, provides further detail and key aspects are also highlighted below.

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Table 2: Cross Tabulation – CPD Scheme and EDI Impact

| CPD scheme theme ³⁴ | Majority total sample | Gender | | Age | | Working Pattern |
|---|---|--|---|---|---|--|
| | | Female | Male | 20-44 | 45-65+ | |
| Engaging with scheme (Q3 and Q5) | | | | | | Part-time |
| Hours requirement | Easiest component | Easiest | Easiest | Easiest | Easiest | Easiest |
| Aligning practice with OPS | Second most difficult component | 2 nd easiest | 2 nd most difficult | 2 nd easiest | 2 nd most difficult | |
| Communication & consent | Second easiest component and third most rewarding component | | 2 nd easiest | 2 nd easiest | 2 nd easiest 2 nd most rewarding | Easiest 2 nd most rewarding |
| Objective activity | Second most difficult component | 2 nd most difficult | Most difficult | Easiest 3 rd most rewarding | Most difficult | |
| PDR | Most difficult component, but second most rewarding | Most difficult, 2 nd most rewarding | Most difficult 3 rd most rewarding | Easy/Difficult- Evenly split 2 nd most rewarding | 3 rd easiest 3 rd most rewarding | 3 rd most rewarding |
| Planning across 3-year cycle | Most difficult component | Most difficult, but 3 rd most rewarding | Most difficult Least rewarding | Most difficult | 2 nd most difficult | |
| Recording CPD | Third easiest component Least rewarding component | 2 nd most difficult Least rewarding | 2 nd most difficult | Least rewarding | 2 nd easiest and 2 nd most difficult Least rewarding | 2 nd easiest Least rewarding |
| Reflecting CPD | Most rewarding component | Most rewarding 3 rd easiest | Most rewarding | Most rewarding | 3 rd easiest Most rewarding | 2 nd easiest most rewarding |

³⁴ Colour coded key: Blue = consistent with majority total sample. Green = Differences in responses related to protected characteristic compared to majority total sample

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| CPD scheme theme | Majority total sample | Gender | | Age | | Working Pattern |
|------------------------------|---|-------------------|-------------------|-------|--------|-----------------|
| | | Female | Male | 20-44 | 45-65+ | Part-time |
| Getting Support (Q12) | | | | | | |
| | CPD scheme has helped osteopaths gain different perspectives on their practice more frequently and increased the number of discussions they have had with others about their CPD. | ✓ | ✓ | ✓ | ✓ | ✓ |
| | For just under a third the scheme has increased osteopaths' confidence to discuss and practice CPD with others | ✓ + ³⁵ | ✓ - ³⁶ | ✓ | ✓ + | ✓ |
| | For most it has not made them feel less isolated as a professional. | X ³⁷ | ✓ | ✓ | X | ✓ = |

³⁵ ✓ + Greater than a third

³⁶ ✓ - Increased, but less than a third

³⁷ X Majority in a protected characteristic feel differently to the majority total sample

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| CPD scheme theme | Majority total sample | Gender | | Age | | Working Pattern |
|------------------|---|--------|--|---|--------|--|
| | | Female | Male | 20-44 | 45-65+ | Part-time |
| PDR (Q17) | Majority agreed that their peer had: | | | | | |
| | Provided non-judgemental support | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Acted as an independent critical friend | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Asked questions rather than dictating or telling them what to do | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Acted as a sounding board to support them through their thought process with the CPD requirements | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Used open questions to encourage my reflection | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Had a similar osteopathic healthcare approach to them | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Other areas significant to protected characteristic, that general population had no strong view. | N/A | Insisted on validating their entire CPD record slightly more significant | They signposted me to other useful CPD resources more significant | N/A | They signposted me to other useful CPD resources more significant. |

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| CPD scheme theme | Majority total sample | Gender | | Age | | Working Pattern |
|------------------|--|---------------------------------------|---|--|---------------------------------------|---|
| | | Female | Male | 20-44 | 45-65+ | Part-time |
| PDR (Q20) | Did not feel judged by their peer | ✓ | ✓ | ✓ | ✓ | ✓ Equally important was Helped us learn from each other |
| | The PDR was carried out in a supportive way | ✓ | ✓ | ✓ | ✓ | ✓ Equally important was Helped us learn from each other |
| | Able to give and receive constructive and helpful feedback | ✓ | ✓ | ✓ | ✓ | ✓ Equally important was Helped us learn from each other |
| | Able to discuss my CPD and how it impacted on my practice | X PDR helped us learn from each other | X My peer was able to support and provide assurance | = Equal to also My peer was able to support and provide assurance | X PDR helped us learn from each other | ✓ Equally important was Helped us learn from each other |
| | The value was in the discussion itself | ✓ | ✓ | = Equal to also PDR helped us learn from each other | ✓ | ✓ Equally important was Helped us learn from each other |

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| CPD scheme theme | Majority total sample | Gender | | Age | | Working Pattern |
|--------------------------------|---|-------------------|------|-------|--------|------------------|
| | | Female | Male | 20-44 | 45-65+ | Part-time |
| Creating networks (Q21) | For over a third scheme has been successful at | | | | | |
| | Enhanced osteopath's practice with their patients | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Created greater opportunities for osteopaths to get support from others within a professional community | ✓ | ✓ | X | ✓ | ✓ |
| | For half or just under the scheme has not | | | | | |
| | Increased osteopaths' professional networks | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Helped osteopaths feel part of a professional community | ✓ = ³⁸ | ✓ | ✓ | ✓ | X? ³⁹ |
| | Lessened the risk of professional isolation. | X | ✓ | ✓ | ✓ = | X? |

³⁸ ✓ = Equal/ Mixed views some feel less isolated other do not in equal measure

³⁹ X? Majority had no strong view

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| CPD scheme theme | Majority total sample | Ethnicity and race (Minority Ethnic) ⁴⁰ | Religion Non-Christian or Atheist | Pregnancy or maternity | Sexual Orientation LBGTQIA+ |
|------------------------------|---|--|---|--|---|
| Engaging with scheme | | | | | |
| Hours requirement | Easiest component | Easiest | Easiest | Easiest | Easiest |
| Aligning practice with OPS | Second most difficult component | | 2nd most difficult | | Easy/Difficult- Evenly split |
| Communication & consent | Second easiest component and third most rewarding component | Most difficult | 2 nd most difficult Second most rewarding | 2 nd most difficult and second most rewarding | Easy/Difficult- Evenly split and most rewarding |
| Objective activity | Second most difficult component | Most difficult | 2nd most difficult | 2nd most rewarding | Most difficult |
| PDR | Most difficult component, but second most rewarding | Most difficult, but most rewarding | Most difficult, but 2 nd most rewarding | Most difficult | Easy/Difficult- Evenly split and most rewarding |
| Planning across 3-year cycle | Most difficult component | Easiest and most rewarding | Most difficult | 2nd most difficult | Easy/Difficult- Evenly split |
| Recording CPD | Third easiest component Least rewarding component | | 2 nd easiest | | Most rewarding |
| Reflecting CPD | Most rewarding component | Most rewarding | 3rd easiest. Most rewarding | Easy/Difficult - evenly split, Most rewarding | Most rewarding |

⁴⁰ Asian or Asian British, Black or Black British, Mixed Ethnic Background, Other (e.g., all ethnic groups except White British).

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| CPD scheme theme | Majority total sample | Ethnicity and race (Minority Ethnic) ⁴¹ | Religion Non-Christian or Atheist | Pregnancy or maternity | Sexual Orientation LBGTQIA+ |
|------------------------------|---|--|-----------------------------------|------------------------|-----------------------------|
| Getting Support (Q12) | | | | | |
| | CPD scheme has helped osteopaths gain different perspectives on their practice more frequently and increased the number of discussions they have had with others about their CPD. | ✓ | ✓ | ✓ | ✓ |
| | For just under a third the scheme has increased osteopaths' confidence to discuss and practice CPD with others | ✓+ | ✓ - | ✓ | ✓ |
| | For most it has not made them feel less isolated as a professional. | X | ✓ = ⁴² | ✓ | X |

⁴¹ Asian or Asian British, Black or Black British, Mixed Ethnic Background, Other (e.g., all ethnic groups except White British).

⁴² ✓ = Equal/ Mixed views some feel less isolated other do not in equal measure

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| CPD scheme theme | Majority CPD sample | Ethnicity and race (Minority Ethnic ⁴³) | Religion Non-Christian or Atheist | Pregnancy or maternity | Sexual Orientation LBGTQIA+ |
|------------------|---|---|---|---|-----------------------------------|
| PDR (Q17) | Majority agreed that their peer had: | | | | |
| | Provided non-judgemental support | ✓ | ✓ | ✓ | ✓ |
| | Acted as an independent critical friend | ✓ | ✓ | ✓ | ✓ |
| | Asked questions rather than dictating or telling them what to do | ✓ | ✓ | ✓ | ✓ |
| | Acted as a sounding board to support them through their thought process with the CPD requirements | ✓ | ✓ | ✓ | ✓ |
| | Used open questions to encourage my reflection | ✓ | ✓ | X No strong view more significant | ✓ |
| | Had a similar osteopathic healthcare approach to them | ✓ | ✓ | ✓ | X |
| | Other areas significant to protected characteristic, that general population had no strong view. | They signposted me to other useful CPD resources more significant | N/A | They signposted me to other useful CPD resources more significant | N/A |

⁴³ Asian or Asian British, Black or Black British, Mixed Ethnic Background, Other (e.g., all ethnic groups except White British).

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| CPD scheme theme | Majority CPD sample | Ethnicity & Race (Minority Ethnic) | Religion Non-Christian or Atheist | Pregnancy & Maternity | Sexual Orientation LBGTQIA+ |
|------------------|--|--|---|---|--|
| PDR (Q20) | Majority agreed that | | | | |
| | Did not feel judged by their peer | = Equal to My peer was able to support and provide assurance | ✓ | ✓ Equally important was Helped us learn from each other and My peer was able to support and provide assurance | ✓ |
| | The PDR was carried out in a supportive way | ✓ | ✓ | ✓ Equally important was Helped us learn from each other and My peer was able to support and provide assurance | ✓ |
| | Able to give and receive constructive and helpful feedback | ✓ | ✓ | ✓ Equally important was Helped us learn from each other and My peer was able to support and provide assurance | X the PDR conversation was situated in the context where uncertainty mistakes were regarded as an opportunity for learning |

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| CPD scheme theme | Majority CPD sample | Ethnicity and race (Minority Ethnic ⁴⁴) | Religion Non-Christian or Atheist | Pregnancy or maternity | Sexual Orientation LBGTQIA+ |
|--------------------------------|---|--|---|---|---|
| | Able to discuss my CPD and how it impacted on my practice | X PDR helped us learn from each other | X PDR helped us learn from each other | ✓ Equally important was Helped us learn from each other and My peer was able to support and provide assurance | X my peer was able to support and provide assurance |
| | The value was in the discussion itself | = Equal to Able to discuss my CPD and how it impacted on my practice | ✓ | ✓ Equally important was Helped us learn from each other and My peer was able to support and provide assurance | ✓ |
| Creating Networks (Q21) | | | | | |
| | For over a third scheme has been successful at | | | | |
| | Enhanced osteopath's practice with their patients | ✓ | ✓ | ✓ | ✓ |
| | Created greater opportunities for osteopaths to get support from others within a professional community | ✓ | ✓ | ✓ = | ✓ |

⁴⁴ Asian or Asian British, Black or Black British, Mixed Ethnic Background, Other (e.g., all ethnic groups except White British).

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| CPD scheme theme | Majority CPD sample | Ethnicity and race (Minority Ethnic ⁴⁵) | Religion Non-Christian or Atheist | Pregnancy or maternity | Sexual Orientation LBGTQIA+ |
|------------------|--|--|---|---------------------------|-----------------------------------|
| | For half or just under the scheme has not | | | | |
| | Increased osteopaths' professional networks | ✓ | ✓ | X? ⁴⁶ | X |
| | Helped osteopaths feel part of a professional community | ✓ | X | X | X |
| | Lessened the risk of professional isolation | X | X | X | X |

⁴⁵ Asian or Asian British, Black or Black British, Mixed Ethnic Background, Other (e.g., all ethnic groups except White British).

⁴⁶ X?= Majority had no strong view

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10. By filtering⁴⁷ the CPD evaluation survey data according to the key protected characteristics⁴⁸ 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).
11. 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.
12. 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.
13. Analysis against protected characteristics shows the following. 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.

Sex

14. 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.

⁴⁷ Specific CPD evaluation survey questions looked at include Q3, Q5, Q12, Q17, Q20 and Q21

⁴⁸ 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.

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- 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

15. Here we see younger osteopaths apparently more at 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)

16. 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.

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- 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 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 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)

17. Here we see those osteopaths identifying in minority protected characteristics for ethnicity and race⁴⁹, religion⁵⁰ or pregnancy and maternity are all more likely to report finding the communication and consent-based activity most difficult. The scheme has had a 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) ⁵¹

- 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.
- 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) ⁵²

- More likely to report finding the communication and consent-based activity difficult but rewarding.

⁴⁹ Asian or Asian British, Black or Black British, Mixed Ethnic Background, Other

⁵⁰ Agnostic, Buddhist, Hindu, Humanism/Humanist, Jewish, Muslim, Pagan, Sikh, Spiritual, Any other religion or belief

⁵¹ Asian or Asian British, Black or Black British, Mixed ethnic Background, Other

⁵² Agnostic, Buddhist, Hindu, Humanism/Humanist, Jewish, Muslim, Pagan, Sikh, Spiritual, Any other religion or belief

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- 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

18. The CPD consultation⁵³ 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 2024 is outlined below (and detailed further in Table 2, for part-time osteopaths).

Registrants based outside the UK

19. 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.

⁵³ See CPD Consultation, 2015, above.

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Registrants who are not IT literate

20. 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.

21. 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, 0.3% of the GOsC register has declared a disability.
22. 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 this 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)

23. 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

24. 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,

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this could come through more substantially via the verification and assurance processes.

25. 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)

26. 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.

27. 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.

Additional conclusions as a result of the Equality Impact analysis

28. In updating and enhancing the CPD guidance, we must be sure that we retain the benefits of the scheme as particularly received by those with specific protected characteristics.
29. However, also, we need to make sure that we particularly take action to ensure no ongoing disadvantages. For example:
 - 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

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the CPD scheme to obtain evidence that the benefits of the CPD scheme are being realised for this group and supporting their practice.