



Council
5 May 2016
CPD Implementation Groups' Terms of Reference

Classification	Public
Purpose	For decision
Issue	The governance structures for the implementation of the CPD Project.
Recommendations	<ol style="list-style-type: none">1. To agree the terms of reference for the SMT Task Group.2. To agree the terms of reference for the CPD Partnership Board.3. To note the table summarising advice and decision making within the project work streams.4. To note the flow chart describing the CPD Project Governance Structure.
Financial and resourcing implications	Council has allocated up to £100,000 from reserves to support the implementation of the CPD scheme. A more detailed budget will be considered by the Osteopathic Practice Committee at its next meeting alongside the risk matrix.
Equality and diversity implications	None from this paper.
Communications implications	The proposals for the governance of the delivery of the new CPD scheme are being discussed with our key stakeholders and will be published when agreed.
Annexes	<ol style="list-style-type: none">A. Terms of Reference for the SMT Task GroupB. Terms of Reference for the CPD Partnership BoardC. Terms of Reference for the CPD Implementation Reference GroupD. Table summarising advice and decision making within Project Work streams for the implementation of the new CPD SchemeE. Summary Approach to Governance (including Flow Chart)
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Background

1. This item will commence with a short presentation about the development and introduction of our new CPD scheme. Further information about our CPD scheme is available on our website at: <http://cpd.osteopathy.org.uk/>.

The CPD Scheme

2. Our Corporate Strategy 2016-19 contains a key goal:
 - 'To ensure that osteopaths keep their knowledge and skills up to date, and continually enhance and improve their practice.'

In relation to our CPD scheme, we state that we will do this by

 - Implementing a new CPD scheme that supports and encourages practitioner reflection, peer learning and peer review
 - Providing resources to support learning in key areas such as communication and consent.
 - Monitoring implementation and impact of our new CPD scheme using a proportionate and risk-based approach.
3. The Corporate Strategy also provides that 'Partnership is at the heart of delivering our objectives; a regulator is not synonymous with the profession it regulates and we believe strongly that, where appropriate, we should work with others to achieve them.'
4. The effective implementation of our CPD scheme to achieve our strategic objectives is a key area where partnership working has been integral to success so far and is a necessary component of continued success as we move to implement the scheme with the osteopathic profession.
5. The Business Plan for 2016-17 has a range of activities outlined in relation to the implementation of the CPD scheme as follows:
 - Establish a strategy for the further development and implementation of a revised CPD scheme for osteopaths, working in partnership with all osteopathic stakeholders while ensuring appropriate governance oversight.
 - Recruit registrants and groups willing to work as 'early adopters' to test and refine the CPD scheme and its resources.
 - Update and publish learning resources that support the new CPD scheme – particularly in relation to communication and consent.
 - Review progress and legislative requirements, and consider timescales for introduction of compulsory elements of the CPD scheme.
 - Publish new CPD Guidance and related resources.
 - Scope and undertake osteopathic continuing professional development evaluation to feed into 'State of Osteopathic Continuing Professional Development' report.
 - Conduct communications and engagement activities to support and promote the implementation of a new CPD scheme for osteopaths.

6. At its meeting on 4 February 2016, the Council agreed the CPD model to be implemented as outlined at Figure 1 below.

6 FULL CONSULTATION

Figure 1
Structure of
the CPD Scheme



Approach to governance and implementation

7. At the meeting on 4 February 2016, Council also agreed an approach to governance which noted:
- That development and delivery of the CPD scheme with the osteopathic profession can only be undertaken successfully across the sector with partners.
 - That a Delivery Board involving a range of partners should oversee a programme of implementation of the new CPD scheme.
 - That Council was accountable for ensuring that osteopaths practised in accordance with the *Osteopathic Practice Standards* along with patient safety and the enhancement of the quality of care.
 - That Council would wish to regularly review the financial and reputational risks arising from the implementation of the new CPD scheme and will oversee the evaluation of the scheme.
 - That Council would need to make decisions about when elements of the new CPD scheme became mandatory for osteopaths, including any required legislative changes.

- f. That Council would need to make decisions about any changes to legislation necessary.
- g. That a two wave approach to implementation would be necessary with Wave 1 comprising osteopaths who wish to engage in 'early adoption' – who wanted to begin the new scheme now and Wave 2 – those osteopaths who did not engage with the 'early adoption' – who required mandatory elements of the scheme to be in force before they began to comply.
- h. That further development of a suite of resources developed for the consultation was necessary to support all osteopaths to undertake the mandatory elements of the scheme was necessary.
8. Council also agreed a staged approach to implementation and they agreed an outline timetable recognising that this will be reviewed at regular stages as part of the implementation plan.
9. The outline timetable agreed by Council is set out below:

Activity	Timeline
Agree CPD model for introduction .	February 2016
Establish governance structure, including Delivery Board, to oversee the further development and implementation of the CPD scheme.	April 2016
Update and publish resources to support learning – particularly in the area of communication and consent.	September 2016
Introduce scheme for those interested in early adoption.	November 2016
Review scheme and decide on introduction of mandatory elements for all.	March 2017
Publish updated CPD Guidance and resources.	March 2017
Communications and engagement activities to support and promote the implementation of a new CPD scheme for osteopaths.	All year 2016-2017
Ensure a robust, web-based infrastructure that can support the CPD scheme.	All year 2017

10. On 3 March 2016, the Osteopathic Practice Committee considered the framework set out by council and considered draft terms of reference for a Delivery Board and an SMT CPD Task Group or project board. The Committee's attention was brought to how the governance structure was expected to function highlighting the fine balance of keeping the structure simple, supportive

and allowing for flexibility. The Committee's attention was also drawn to the levels of decision making from the SMT Task Group through to Council.

11. Suggestions from the Osteopathic Practice Committee included:
 - a. The terms of reference should also include mention of the time limited nature of the project
 - b. The need for clarification of the tension between ensuring that Council remained accountable for delivery of the scheme and that this accountability could not be delegated versus the need to have buy-in from all our osteopathic stakeholders and a commitment to deliver the scheme.
 - c. The need for clarification on the reference in the ToR about financial and risk management and how this fits with the advice and decision making table for the scheme.
 - d. Including teaching faculty, rather than members of COEI, in the membership of the Delivery Board.
 - e. Developing a visual representation of the governance structure for the CPD scheme.

Discussion

The revised terms of reference

12. The advice of the Osteopathic Practice Committee has been largely incorporated in in the revised terms of reference of the SMT Task Group and the CPD Partnership Board attached at Annexes A and B.
13. We have also proposed a CPD Reference Group to ensure greater coverage of CPD providers without associated burdens of attending physical meetings. A description of the CPD Reference Group is now incorporated at Annex C. This CPD Reference group is designed to ensure that all CPD providers form part of the formal advisory structures feeding into the governance structure for the delivery of the CPD scheme.
14. A flow chart describing the relationship between the governance structures is attached at Annex D.
15. A number of key points were identified both as part of the discussion with the Osteopathic Practice Committee and subsequently in discussion with the SMT CPD Task Group. We have outlined these issues below along with our proposed response for consideration.

Financial oversight and risk matrix

16. The Osteopathic Practice Committee asked for further detail about the financial oversight and risk matrix and assurance the Council would be accountable for this and for decision making, whereas other bodies would review and advise Council. The Osteopathic Practice Committee also requested that a further and detailed budget drawn from the reserves allocated by Council would be brought back at the earliest opportunity. We have amended the terms of reference for the financial and risk matrix to make clear the responsibilities as outlined by the Osteopathic Practice Committee and plan to bring drafts of both the financial and risk matrix and budgets to the next proposed Policy Advisory Committee meeting for early consideration ahead of Council's next meeting.

The membership of the CPD Partnership Board

17. It is important to provide clarity about the purpose of the CPD Partnership Board and the role and purpose of the members of the Board. In doing so, we have set out below the thinking that has fed in to the terms of reference for the Partnership Board and also a description of a broader reference board.
18. The purpose of the CPD Partnership Board is to provide advice to the SMT Task Group about delivery of the new CPD scheme. The members of the Partnership Board also commit to undertaking the roles necessary within constituent organisations to support the successful delivery of the CPD Scheme. It therefore follows that members of the CPD Partnership Board should not be the 'usual suspects' but should be people who have more of an operational role. Members of the CPD Partnership Board should:
- a. Have knowledge, experience and understanding of how CPD is delivered and received in the profession.
 - b. Be able to provide advice on the best way to integrate delivery of our requirements within what is already being delivered in the profession.
19. With this in mind, we have set out below a rationale for the membership of the CPD Partnership Board to support agreement to the terms of reference.
- The Institute of Osteopathy – the Institute of Osteopathy delivers a range of CPD activities in different themes of the *Osteopathic Practice Standards*. The people attending the Partnership Board would ideally be involved in the development of the CPD programme, delivery and marketing. There should be a maximum of one person from the IO.
 - Osteopathic educational institutions – most osteopathic educational institutions deliver a range of CPD courses to osteopaths which cover different themes of the *Osteopathic Practice Standards*. The people attending the partnership board should be involved in the development of the CPD programme, delivery and marketing to a number of osteopaths. Although there are 10 osteopathic educational institutions, the Partnership Board itself

may become unbalanced if there were 10 people from educational institutions compared to just one from the IO. Therefore we propose to suggest two people from the OEIs with the remaining OEIs represented on a broader Reference Group.

- Teaching faculty in osteopathic undergraduate education – while our current resources and case studies have some examples of how the scheme would apply to an osteopathic educator, this is an area which requires further development both in terms of our own examples, but also in terms of CPD provision more broadly. We therefore suggest that specific focus on CPD for osteopathic educators would be an important constituency for the CPD Partnership Board. Such faculty should have experience of undertaking and ideally delivering dedicated CPD for educators and a reasonable knowledge of what is out there for osteopathic educators. Again, we suggest that this constituency should be limited to no more than two attendees. Other representatives of OEIs should be represented on a larger delivery board.
- Representatives of regional groups or other CPD delivery networks – a significant proportion of CPD is delivered through small regional groups some of which are more formal than others. There are also a range of other networks that we are not so 'plugged in' to, for example social networks – linked in groups, Facebook groups – all of which may provide an opportunity for osteopaths to undertake CPD. Representatives of two of the regional groups should have experience of undertaking and delivering CPD to smaller and larger groups and should be aware of the implications of design, delivery and marketing across a larger sector. We should also take steps to make contact with wider CPD groups, to learn about them and to work in partnership with them to develop appropriate and helpful resources and case studies for them.
- The Osteopathic Alliance – the OA comprises a range of societies, colleges and groups delivering postgraduate and post-registration CPD in various areas of the *Osteopathic Practice Standards*. The members representing these groups should also be involved in the development, delivery and marketing of advanced CPD provision. Again, there are a number of societies, colleges and groups. So we would propose that a maximum of two groups attended on behalf of the Osteopathic Alliance with a wider number being a part of the broader Reference Group.
- The National Council of Osteopathic Research – NCOR provides a considerable number of resources to support CPD and also participate in regional research hubs which can comprise CPD. Also, NCOR can provide patient feedback analysis to participants through the PROMs work. This means that they are a key component of delivery of our CPD scheme – involving objective feedback – but also CPD in osteopathic research - and should be represented on the Partnership Board. The individual representing NCOR should have a good knowledge of the research hubs and the PROMs work.

- Public and patient reference group – as public and patients are the key outcome of CPD and enhanced osteopathic care, we believe that they should be represented on the delivery group. Part of our CPD scheme involves feedback on care from patients and as such, we feel that those completing these questionnaires should be integrally involved in the partnership board. We also think that public and patients may have a useful moderating voice in discussions about how CPD can be integrated into the provision already out there and will challenge any possibility of group think in Delivery Board discussions.
- Newly qualified osteopaths – newly qualified osteopaths are making the transition from student to practitioner and as such represent an area of CPD which is also under-represented. We know from our recent surveys and research that this group still have particular CPD needs in relation to business development and the consolidation of care for patients where prognosis does not proceed as planned. Consequently, as a key consumer in these areas of CPD, we think that newly qualified graduates will provide a further and different perspective on discussions in the Delivery Board.

Next steps

20. If Council is content, we propose to establish the governance structures at the earliest opportunity and to commence the project plan.

Recommendations:

1. To agree the terms of reference for the SMT Task Group.
2. To agree the terms of reference for the CPD Partnership Board.
3. To note the table summarising advice and decision making within the project work streams.
4. To note the flow chart describing the CPD Project Governance Structure.

Terms of Reference Senior Management Team Task Group

Purpose and role

The purpose of Senior Management Team CPD Task Group is to ensure the delivery of the CPD implementation scheme. The Group will act as a Project Board overseeing the day to day management of the project ensuring that the right engagement takes place with the right bodies at the right times – preparing regular updates with the CPD Partnership Board, and for the Osteopathic Practice Committee and Council and undertaking project stream work with partners.

Terms of Reference

1. *Guidance and Resources*: to oversee and deliver the development of Guidance and Resources project work streams to deliver:
 - the *CPD Guidelines* post consultation
 - the *Peer Discussion Review Guidelines* post consultation (including examples of completed peer discussion reviews)
 - more detailed and diverse templates, user guides and worked examples to support the
 - *Resources and Case Studies (Osteopathic Practice Standards)*
 - *Resources and Case Studies (Consent and Communication)*
 - *Resources and Case Studies (Objective activity)* – to include further work particularly around patient feedback using different platforms and forms to meet the needs of all osteopaths (this will include the piloting of an online resource portfolio to support learning and inform the roles of others).
2. *Communications and engagement* – to oversee and deliver the communications and engagement project including the agreement of the communications and engagement strategy for presentation to the CPD Partnership Board, regular 1:1 and group engagement with people in all stakeholder organisations (including the Institute of Osteopathy, regional groups, the osteopathic educational institutions, the Osteopathic Alliance and others), regular communications via the GOsC osteopathic media and stakeholder organisations media.
3. *Process* – to oversee and deliver the development of internal and external processes to support Wave 1 early adopters and Wave 2 – mandatory osteopaths including the audit strategy and process, staggering implementation, phasing and flexible deadlines.
4. *Early adopters* – to recruit and support early adopters representing osteopaths across the different organisations, regional groups and societies to help us to ensure that the guidelines, resources and case studies developed work across all aspects of osteopathy in practice.
5. *Legislation* – to explore the need for legislative change through learning with the early adopters.

6. *Equality and diversity* – to monitor and update the equality impact assessment as we progress implementation with the Wave 1 early adopters and as implementation rolls out for the Wave 2 osteopaths.
7. *Evaluation and impact assessment* – to oversee the State of CPD Evaluation Report and the evaluation framework for Wave 1 osteopaths and early adopters. To develop and maintain the financial and risk matrix and to report regularly on this to Council.

Method of delivery

We anticipate that the Senior Management Team Task Group will meet at least monthly and more frequently as needed until the CPD scheme is fully implemented or until the terms of reference are reviewed.

Membership

- The group will be chaired by the Chief Executive, Tim Walker.
- Members will comprise:
 - Fiona Browne – Head of Professional Standards
 - Matthew Redford – Head of Registration and Resources
 - Brigid Tucker – Head of Communications
- Other staff members will also attend as required.

Co-option

The group will be able to co-opt expertise as it sees fit.

Quorum

Three members.

Reporting and accountability

The Senior Management Team Task Group is accountable to the Council via the Chief Executive.

Terms of Reference: CPD Partnership Board

Purpose and role

The purpose of the CPD Partnership Board is to provide advice to the SMT CPD Task Group about delivery of the new CPD scheme. The members of the Partnership Board also commit to undertaking the roles necessary within constituent organisations to support the successful delivery of the CPD Scheme. The SMT CPD Task Group will support and set the agenda for the meetings in partnership with the Chair and members.

Terms of Reference

1. *Guidance and Resources* – to provide advice on and develop within their organisations the Guidance and Resources project work streams including:
 - the *CPD Guidelines* post consultation,
 - the *Peer Discussion Review Guidelines* post consultation (including examples of completed peer discussion reviews),
 - more detailed and diverse templates, user guides and worked examples to support the
 - *Resources and Case Studies (Osteopathic Practice Standards)*
 - *Resources and Case Studies (Consent and Communication)*
 - *Resources and Case Studies (Objective activity)* – to include further work particularly around patient feedback using different platforms and forms to meet the needs of all osteopaths (this will include the piloting of an online resource portfolio to support learning and inform the roles of others).
2. *Communications and engagement* – to provide advice on and develop within their organisations (and among their members) communications and engagement.
3. *Process* – to provide advice on the development of internal and external processes to support Wave 1 early adopters and Wave 2 – mandatory osteopaths including the audit strategy and process, staggering implementation, phasing and flexible deadlines.
4. *Early adopters* – to provide advice on and support recruitment of early adopters representing osteopaths across the different organisations, regional groups and societies to help to ensure that the Guidelines, Resources and Case Studies developed work across all aspects of osteopathy in practice.
5. *Legislation* – to provide advice on the need for legislative change through learning with the early adopters.
6. *Equality and diversity* – to provide advice on the equality impact assessment as we progress implementation with the Wave 1 early adopters and as implementation rolls out for the Wave 2 osteopaths.

7. *Evaluation and impact assessment* – to provide advice on the State of CPD Evaluation Report and the evaluation framework for Wave 1 osteopaths and early adopters. To provide advice on the financial and risk matrix.

Method of delivery

We anticipate that the CPD Partnership Board will meet at quarterly, and more frequently if needed, until the CPD scheme is fully implemented or until the terms of reference are reviewed.

Membership

- The group will nominate its chair from its membership.
- Members should include representatives of:
 - The Institute of Osteopathy
 - The Council of Osteopathic Educational Institutions (including members from at least two osteopathic educational institutions)
 - Teaching faculty in undergraduate osteopathic education (including members from at least two osteopathic educational institutions who are not members of COEI)
 - Representatives of regional groups (including those working in sole practice and in group practice and from different regions in the UK)
 - The Osteopathic Alliance (including members from at least two different societies or organisations)
 - The National Council of Osteopathic Research
 - Two representatives from the GOsC Public and Patient Reference Group
 - Two newly qualified osteopaths graduating after 2015.
- GOsC staff members will also attend.

Co-option

The group will be able to co-opt expertise as it sees fit.

Quorum

Seven members

Reporting and accountability

The CPD Partnership Board will report to the Senior Management Team Task Group.

The CPD Implementation Reference Group

The purpose of the CPD Implementation Reference Group is to ensure that all those who develop and deliver osteopathic CPD have a place in the advisory structures of the governance of the delivery of the CPD scheme.

Role of the CPD Implementation Reference Group

The CPD Implementation Reference Group will provide advice and guidance on the development of additional resources for successful delivery of the CPD scheme, communications and engagement, the CPD process, the early adopters, equality and diversity and evaluation and impact of the CPD scheme.

The reference group should be seen as one channel to provide feedback to the Partnership Board and SMT Task Group about the implementation of the CPD scheme and to receive progress reports about the implementation of the scheme.

Method of delivery

We anticipate that the CPD Implementation Reference Group will operate electronically and virtually through email and online meetings. The Group will be contacted in a regular basis throughout the delivery of the CPD Scheme is implemented or until the terms of reference are reviewed.

Membership

- Members should include representatives of all osteopathic stakeholders and be open to all CPD providers

Reporting and accountability

The CPD Implementation Reference Group Board will inform the CPD Partnership Board and the Senior Management Team Task Group.

Table summarising advice and decision making within Project Work streams for the implementation of the new CPD Scheme

Introduction

The table below sets out the primary links between the work streams, the members of the governance structure including the Senior Management Team (SMT) Task Group, the (proposed) Policy Advisory Committee and the Council.

It is important to note the principle at the outset, that the governance arrangements rely on recognising that the success of delivery of the scheme will be based on people and relationships working effectively individually and as teams not simply structures. In this respect, the terms of reference and governance structure are not designed to restrict flexibility or innovation to deliver our desired outcomes.

Reporting to Council

Council retains decision making in relation to important and strategic issues including:

- Decisions about the implementation of mandatory elements of the scheme
- Decisions about legislation
- Decisions about evaluation
- Regular monitoring of risk and financial impact.

Council will receive strategic updates at its meetings about the implementation of the CPD scheme.

The role of the proposed Policy Advisory Committee

The Policy Advisory Committee (formerly the Osteopathic Practice Committee) has an important oversight role on behalf of Council and will advise, in accordance with its current terms of reference about all matters relating to standards of osteopathic practice including, where appropriate, post-registration education and training, and the requirements for continuing professional development under Section 17 of the Act and any other matters relating to the continuing fitness to practise of registrants (including revalidation).

To do this, the Policy Advisory Committee will receive reports at each meeting about the progress of the work of the SMT Task Group and CPD Partnership Board and will be able to flag up any issues that it wishes to bring to the attention of Council.

Annex D to 14

Workstream	Function	SMT Task Group	PB	PAC	Council
<i>1. Guidance and Resources – updating the CPD Guidelines, Peer Discussion Review Guidelines and the more detailed and diverse Resources and Case Studies</i>	Providing advice	✓	✓	✓	
<i>1. Guidance and Resources – updating the CPD Guidelines, Peer Discussion Review Guidelines and the more detailed and diverse Resources and Case Studies</i>	Developing resources	✓	✓		
<i>1. Guidance and Resources – updating the CPD Guidelines, Peer Discussion Review Guidelines and the more detailed and diverse Resources and Case Studies</i>	Making decisions about agreeing documentation for Wave 1 early adopters			✓	
<i>1. Guidance and Resources – updating the CPD Guidelines, Peer Discussion Review Guidelines and the more detailed and diverse Resources and Case Studies</i>	Making decisions about agreeing documentation for Wave 2 osteopaths.				✓
<i>2. Communications and engagement: development and oversight of the communications and engagement project ensuring regular 1:1 and group engagement with people in all stakeholder organisations regular communications via the GOsC osteopathic media and stakeholder organisations media</i>	Providing advice	✓	✓	✓	
<i>2. Communications and engagement: development and oversight of the communications and</i>	Developing resources	✓	✓		

Annex D to 14

Workstream	Function	SMT Task Group	PB	PAC	Council
engagement project ensuring regular 1:1 and group engagement with people in all stakeholder organisations regular communications via the GOsC osteopathic media and stakeholder organisations media					
<i>2. Communications and engagement:</i> development and oversight of the communications and engagement project ensuring regular 1:1 and group engagement with people in all stakeholder organisations regular communications via the GOsC osteopathic media and stakeholder organisations media	Making decisions about agreeing documentation for Wave 1 early adopters	✓	✓		
<i>2. Communications and engagement:</i> development and oversight of the communications and engagement project ensuring regular 1:1 and group engagement with people in all stakeholder organisations regular communications via the GOsC osteopathic media and stakeholder organisations media	Making decisions about agreeing documentation for Wave 2 osteopaths.			✓	✓
<i>3. Process:</i> to oversee the development of internal and external processes to support Wave 1 early adopters and Wave 2 – mandatory osteopaths including the audit strategy and process, staggering implementation, phasing and flexible deadlines.	Providing advice	✓	✓		
<i>3. Process:</i> to oversee the development of internal and	Developing	✓			

Workstream	Function	SMT Task Group	PB	PAC	Council
external processes to support Wave 1 early adopters and Wave 2 – mandatory osteopaths including the audit strategy and process, staggering implementation, phasing and flexible deadlines.	resources				
<i>3. Process:</i> to oversee the development of internal and external processes to support Wave 1 early adopters and Wave 2 – mandatory osteopaths including the audit strategy and process, staggering implementation, phasing and flexible deadlines.	Making decisions about agreeing documentation for Wave 1 early adopters	✓		✓	
<i>3. Process:</i> to oversee the development of internal and external processes to support Wave 1 early adopters and Wave 2 – mandatory osteopaths including the audit strategy and process, staggering implementation, phasing and flexible deadlines.	Making decisions about agreeing documentation for Wave 2 osteopaths.				✓
<i>4. Early adopters:</i> to recruit and support early adopters representing osteopaths across the different organisations, regional groups and societies to help us to ensure that the Guidelines, Resources and Case Studies developed work across all aspects of osteopathy in practice.	Providing advice	✓	✓		
<i>4. Early adopters:</i> to recruit and support early adopters representing osteopaths across the different organisations, regional groups and societies to	Developing resources	✓	✓		

Workstream	Function	SMT Task Group	PB	PAC	Council
help us to ensure that the Guidelines, Resources and Case Studies developed work across all aspects of osteopathy in practice.					
<i>4. Early adopters:</i> to recruit and support early adopters representing osteopaths across the different organisations, regional groups and societies to help us to ensure that the Guidelines, Resources and Case Studies developed work across all aspects of osteopathy in practice.	Making decisions about agreeing documentation for Wave 1 early adopters		✓	✓	
<i>4. Early adopters:</i> to recruit and support early adopters representing osteopaths across the different organisations, regional groups and societies to help us to ensure that the Guidelines, Resources and Case Studies developed work across all aspects of osteopathy in practice.	Making decisions about agreeing documentation for Wave 2 osteopaths.				✓
<i>5. Legislation:</i> to explore the need for legislative change through learning with the early adopters.	Providing advice	✓	✓	✓	
<i>5. Legislation:</i> to explore the need for legislative change through learning with the early adopters.	Developing resources	✓			
<i>5. Legislation:</i> to explore the need for legislative change through learning with the early adopters.	Making decisions about agreeing documentation for Wave 1 early adopters	NA	NA	NA	NA

Workstream	Function	SMT Task Group	PB	PAC	Council
<i>5. Legislation:</i> to explore the need for legislative change through learning with the early adopters.	Making decisions about agreeing documentation for Wave 2 osteopaths.				✓
<i>6. Equality and diversity:</i> to update the equality impact assessment as we progress implementation with the wave 1 early adopters and as implementation rolls out for the wave 2 osteopaths.	Providing advice	✓	✓	✓	
<i>6. Equality and diversity:</i> to update the equality impact assessment as we progress implementation with the wave 1 early adopters and as implementation rolls out for the wave 2 osteopaths.	Developing resources	✓	✓		
<i>6. Equality and diversity:</i> to update the equality impact assessment as we progress implementation with the wave 1 early adopters and as implementation rolls out for the wave 2 osteopaths.	Making decisions about agreeing documentation for Wave 1 early adopters	✓	✓	✓	
<i>6. Equality and diversity:</i> to update the equality impact assessment as we progress implementation with the wave 1 early adopters and as implementation rolls out for the wave 2 osteopaths.	Making decisions about agreeing documentation for Wave 2 osteopaths.				✓
<i>7. Evaluation and impact assessment:</i> to oversee the State of CPD Evaluation Report and the evaluation framework for Wave 1 osteopaths and	Providing advice	✓	✓	✓	

Annex D to 14

Workstream	Function	SMT Task Group	PB	PAC	Council
early adopters. To oversee and manage the financial and risk matrix and to report regularly on this to Council.					
<i>7. Evaluation and impact assessment:</i> to oversee the State of CPD Evaluation Report and the evaluation framework for Wave 1 osteopaths and early adopters. To oversee and manage the financial and risk matrix and to report regularly on this to Council.	Developing resources	✓			
<i>7. Evaluation and impact assessment:</i> to oversee the State of CPD Evaluation Report and the evaluation framework for Wave 1 osteopaths and early adopters. To oversee and manage the financial and risk matrix and to report regularly on this to Council.	Making decisions about agreeing documentation for Wave 1 early adopters				✓
<i>7. Evaluation and impact assessment:</i> to oversee the State of CPD Evaluation Report and the evaluation framework for Wave 1 osteopaths and early adopters. To oversee and manage the financial and risk matrix and to report regularly on this to Council.	Making decisions about agreeing documentation for Wave 2 osteopaths.				✓

Summary Approach to Governance

Purpose of the governance structure

1. The purpose of the governance structure is to ensure that the CPD scheme agreed by Council is implemented efficiently and effectively to support osteopaths to demonstrate practice in accordance with the *Osteopathic Practice Standards* and to build a community of practice where osteopaths support each other to promote patient safety and enhance the quality of care avoiding unintended consequences.

Function of the governance structure

2. The governance structure should ensure the following:
 - Strategic leadership and strategic decision making – delivering the CPD scheme agreed by Council. Ensuring that all involved understand their roles, ensuring that the right decisions involve the right people, are made at the right time and at the right level.
 - Accountability – holding the bodies in the delivery structure to account ensuring that the project delivery is successful being accountable to patients and the public and to registrants for doing so.
 - Participation, inclusion and external relations – recognising that the success of delivery of the scheme will be based on people and relationships working effectively individually and as teams not simply structures.
 - Simple and supportive – Governance structures should allow a focus on outcomes not simply process and should allow flexibility for reflection, learning and doing things better.¹

Form of the governance structure

3. As indicated above, the governance structure will comprise our own Council – as the key decision making body in relation to strategic decisions over introducing mandatory elements of the scheme, legislation and oversight of risk and evaluation but will also include partners to deliver the scheme (including the provision of advice, doing activities and making decisions) recognising that the inclusion of our stakeholders into the scheme is important.
4. Proposed terms of reference for the SMT task group, the Delivery Board and the relationship with the Osteopathic Practice Committee are outlined at Annexes A, B and C for comment.

¹ Note – these themes have been distilled from a variety of documents about Governance including the ACEVO website on Governance for Charity Leaders, the PSA Report on Board Size and Effectiveness and the Governance Principles for Agile Service Delivery from the www.gov.uk website.

Summary of the CPD Governance Framework

