



Council
2 May 2017

Amendments to The General Osteopathic Council (Continuing Professional Development) Rules Order of Council 2006: a consultation

Classification	Public
Purpose	For decision
Issue	A consultation on amendments to The General Osteopathic Council (Continuing Professional Development) Rules Order of Council 2006 to fully implement the new CPD scheme agreed by Council.
Recommendation	To publish the consultation on amendments to The General Osteopathic Council (Continuing Professional Development) Rules Order of Council 2006.
Financial and resourcing implications	The budget for the implementation of the CPD scheme is £100,000 over a period of three years allocated from the reserves by Council.
Equality and diversity implications	None from this paper.
Communications implications	Communications about the implementation of the new CPD scheme are ongoing.
Annexes	A. Legislation Consultation B. Consolidated CPD Rules (to follow)
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Background

1. The GOsC Corporate Strategy 2016-19 has includes the following strategic objective:

'to promote public and patient safety through patient-centred, proportionate, targeted and effective regulatory activity.'

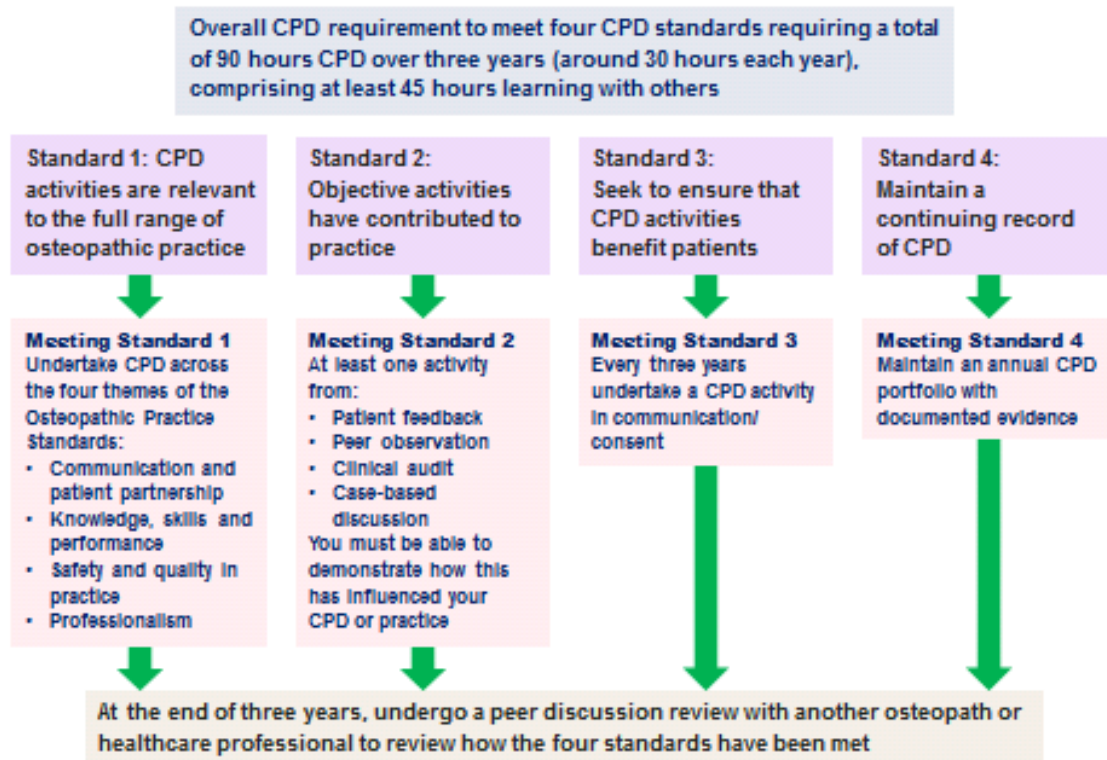
2. Our goals include:

'to ensure that osteopaths keep their knowledge and skills up to date, and continually enhance and improve their practice'.

3. We stated that we would do this as follows:

'We will implement a new CPD scheme that supports and encourages practitioner reflection, peer learning and peer review. We will provide resources to support learning in key areas such as communication and consent. We will monitor implementation and impact of our new CPD scheme using a proportionate and risk based approach.'

4. At its meeting on 4 February 2016, Council agreed the CPD model to be implemented as outlined at below. This diagram has been designed to be more accessible and clear.



5. Council supported a staged approach to implementation of a new CPD scheme for osteopaths and agreed an outline timetable, recognising the need to review this at regular stages as part of the implementation plan.
6. The table below sets out some key milestones and progress:

Milestone	Progress
Agree the CPD model for introduction	This was agreed by Council in February 2016.
Agree the governance structure to oversee the further development and implementation of the scheme, recognising that implementation relied on partnership and capacity of others in the osteopathic sector	This was agreed by Council in May 2016 and scrutiny over the implementation of the CPD scheme has been undertaken by the SMT Task Group, the CPD Partnership Group, the Policy Advisory Committee and Council.
Introduce the scheme for those interested in early adoption.	The CPD microsite has been launched containing resources for all osteopaths to access and participate in the new features of the CPD scheme. Launch events and webinars have been held for over 150 osteopaths and all of these osteopaths have been able to participate in a webinar helping them to undertake one of the new features of the CPD scheme.
Make a decision on introducing the mandatory elements of the scheme for all osteopaths.	This paper will ask Council to make a decision on introducing the mandatory elements of the scheme for all osteopaths.
Publish updated CPD guidance and learning resources	Updated CPD guidance, peer discussion review guidance and learning resources have been published on the CPD microsite at http://cpd.osteopathy.org.uk
Ongoing communications and engagement (both with partners and individual osteopaths).	Communications and engagement are ongoing throughout our usual channels – the osteopath, the e-bulletin and the CPD microsite. We are also liaising regularly with other organisations to support communications.

Milestone	Progress
Develop a robust CPD infrastructure to support the new CPD scheme.	<p>There are three parts to this:</p> <ol style="list-style-type: none"> 1. The CPD Microsite 2. The amendments required to the current GOsC online CPD system to take account of the new features of the CPD scheme – in progress 3. The e-portfolio.

7. Scrutiny of the progress of implementation of the new CPD scheme has been undertaken by the SMT Task Group, the CPD Partnership Group, the Policy Advisory Committee and by Council. Updates are monitored in relation to the following key work-streams:
- Guidance and resources
 - Communications and engagement
 - Process
 - Early adopters
 - Equality and diversity
 - Evaluation and impact assessment (including finance and risk).
8. Council has also received regular updates about the implementation of the new CPD scheme. Implementation of the scheme is on track.
9. The governance structure agreed by Council in May 2016 provides that Council reserves the right to make decisions about implementation of the scheme for all osteopaths. A necessary component to fully implement the new CPD scheme is some minor changes to our current rules: The General Osteopathic Council (Continuing Professional Development) Rules Order of Council 2006 (the CPD Rules). Before we make any changes to our CPD rules we must consult on them.
10. Our 2017-18 Business Plan states that we will 'Consult on amended CPD rules, analyse consultation and agree new CPD Rules.'
11. At its meeting on 1 February 2017, Council noted the timetable for amendment to the CPD rules to fully implement the CPD Scheme. This timetable has been agreed with the Department of Health which has made legal resources available to facilitate the consultation. The timetable is outlined below:

Process/Step	Dates	Notes
DH agreement to proceed	January 2017	
GOsC to provide draft rules, amending order, draft consultation document and equality impact assessment approved by GOsC lawyer	March 2017	
DH Legal Services to be instructed to	March 2017	DH Legal review

Process/Step	Dates	Notes
review draft documentation		anticipated no more than half a day
Agree draft rules and consultation document with GOsC. GOsC Council agree to publish consultation.	May 2017	
GOsC Consultation	Summer 2017	
GOsC undertake consultation analysis	Autumn 2017	
Final rules presented to DH	Autumn 2017	
Rules finalised	Early 2018	
GOsC Council meeting – final rules are sealed	February 2018	
Approval	February/March 2018	
Final rules sent to Privy Council for approval	March 2018	Rules to come into effect from October 2018
DH Officials advise Privy Council that rules can be approved.	May 2018	
Privy Council approves rules	By September 2018	
Coming into force date	By October 2018	

12. In March 2017, the Policy Advisory Committee noted a general update on the implementation of the new CPD scheme. As part of this they also considered the draft consultation on changes to the CPD rules.
13. In relation to the draft consultation, the Committee considered the following points:
- The Department of Health has made resources available and had agreed our draft timetable for legislative change.
 - References in the amended rules should be amended so as to be gender neutral if possible.
 - The new graduate CPD exemption – members questioned the use of the word anomaly but accepted that no other examples of CPD exemptions for new graduates could be found.
 - Osteopaths returning to practice after more than two years off the register and the timing of the introduction of the three year cycle – It was confirmed that as now, those osteopaths would be continue to be invited to discuss their CPD with experienced reviewers to support their return back to practice. Their CPD cycle would start on the date that they re-joined the

register and would conclude before their registration date as now. Those who re-joined the register before the three year cycle was in force would continue on an annual cycle until their next renewal date. Those who re-joined after the three year cycle came into force would continue on the three year cycle. As now, osteopaths were encouraged to remain up to date so that they were up to date at the point of joining the register, and as now they discussed their plan for doing this with the return to practise assessors.

- The Committee were content for the legislation consultation to proceed to Council for agreement.

14. This paper asks the Council to agree to publish a consultation on amendments to The General Osteopathic Council (Continuing Professional Development) Rules Order of Council 2006 in order to fully implement them.

Discussion

15. Analysis of legislation has shown that the new CPD scheme can be fully implemented with minor amendments to our existing CPD rules. Amendments are required to:

- Include with the rules reference to statutory CPD guidance (including a requirement for consultation on such guidance).
- Fully implement a move from an annual to a three-year CPD cycle to enable the incorporation of the new requirements.
- Removal of an anomaly whereby new graduates have an initial exemption from CPD.

16. Much of the policy supporting the legislative change was consulted on during 2015 and the subsequent policy changes agreed by Council in February 2016. The only exception to this is the removal of the CPD exemption for new graduates if they register with the GOsC within three months of graduation.

17. The purpose of the consultation on amendments to the CPD rules is to ensure that the legislation gives effect to the policy changes already agreed and to seek agreement to the removal of the CPD exemption as indicated above. The consultation will comprise:

- Overarching consultation document setting out the consultation questions
- Consolidated version of the new rules
- Proposed statutory CPD Guidelines incorporating the Peer Discussion Review guidelines
- Equality Impact Assessment.

18. A copy of the full consultation is attached at the Annex.

19. Council is asked to consider the consultation to the amendments to the CPD Rules.

Recommendation: to publish the consultation on amendments to The General Osteopathic Council (Continuing Professional Development) Rules Order of Council 2006.

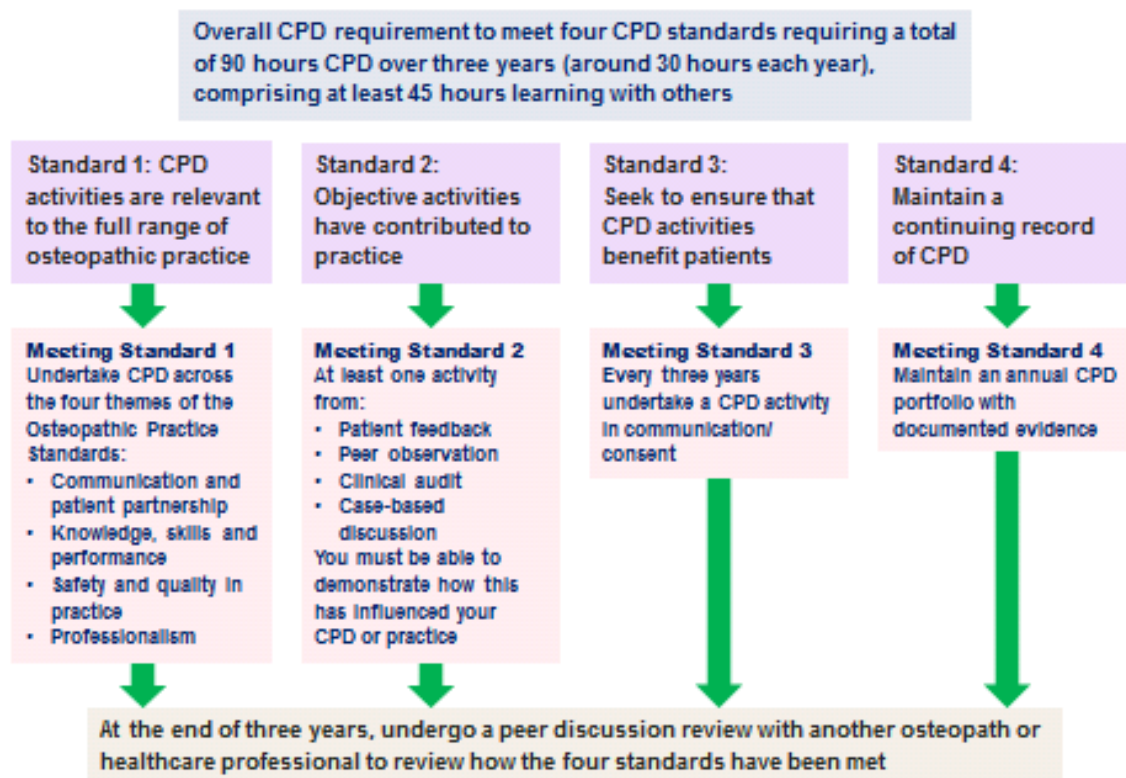
Continuing Professional Development rules consultation document

Summary

1. In line with the expectations set out in the Government Policy Paper *Enabling Excellence* (see <https://www.gov.uk/government/publications/enabling-excellence-autonomy-and-accountability-for-health-and-social-care-staff>), the General Osteopathic Council has been developing an evidence base for a proportionate approach to continuing fitness to practise, supported by academic research and engagement. Our new CPD scheme builds on the existing GOsC CPD scheme and Rules, and provides mechanisms to mitigate the impact of professional isolation with a focus on high ensuring standards for patients whilst also ensuring a proportionate approach to regulation with no additional burden because no additional CPD is expected.
2. Osteopaths work mostly without teams and employers. They are trained to take a case history, perform an examination, make a diagnosis and agree a treatment plan (which may include referral to a GP for appropriate symptoms and conditions). Specific risks arise in diagnosis and treatment, from the clinical context of practice and the vulnerability of patients. Effective communication and professionalism are vital for patients' positive therapeutic experience.
3. The General Osteopathic Council has developed and consulted on changes to its existing CPD scheme extensively engaging with stakeholders including osteopaths and patients. This programme of work concluded in 2015 with a wide ranging consultation on the final details of the new scheme. Detail about the consultation and the consultation findings is available at <http://www.osteopathy.org.uk/news-and-resources/document-library/consultations/cpd-consultation-analysis-report/>.
4. In February 2016, following consideration of the consultation analysis and findings, the General Osteopathic Council agreed the new CPD scheme.
5. This consultation document sets out minor changes to the GOsC CPD Rules in order to bring the scheme fully into effect.

Discussion

6. The new GOsC CPD scheme is outlined in new guidance available at: <http://cpd.osteopathy.org.uk/resource/cpd-guidelines/>.
7. The key requirements of the new CPD scheme are outlined in the figure below.
8. The new CPD scheme is greatly simplified (with a lot of unnecessary detail about what counts as CPD removed) and centres on a three year cycle and completion of a peer discussion review as part of the CPD requirement.



- The Peer Discussion Review is the central component of the scheme as it brings together the new features of the new scheme and consolidates impact on the osteopath's practice through a discussion with a peer (either an osteopath or other health professional) in order to provide assurance of practice in accordance with standards allowing the osteopath to complete one CPD cycle and to move in to the next CPD cycle.
- The Peer Discussion Review incorporates four simple standards outlined in the table below.

CPD standard description	CPD standard	What the osteopath must do	Impact on new rules
CPD Standard 1 – Range of Practice	The osteopath demonstrates that CPD activities are relevant to the full range of practice.	Relevant CPD must include CPD activities in each of the areas of the <i>Osteopathic Practice Standards</i> related to individual professional practice <ul style="list-style-type: none"> - communication and patient partnership; - knowledge, skills and performance; - safety and quality; - professionalism. 	None

Annex A to 9

CPD standard description	CPD standard	What the osteopath must do	Impact on new rules
CPD Standard 2 – Quality of care	Demonstrate that objective activities have contributed to practice and the quality of care	CPD must include at least one objective activity that informs the overall CPD process – such as peer observation, patient feedback, clinical audit or case-based discussion	None
CPD Standard 3 – Patients	Demonstrate that the registrant has sought to ensure that CPD benefits patients	At least one CPD activity in the areas of communication and consent	None
CPD Standard 4 –Folder	Maintain a continuing record of CPD	The CPD folder should demonstrate that a three-year cycle of 90 hours of CPD, which is primarily self-directed, has been completed. This must comprise a minimum of 45 hours of CPD 'learning with others' (equivalent to an annual requirement of 30 hours of CPD, including 15 hours learning with others).	Changes required to length of CPD period. Incorporation of statutory CPD Guidance.
Sign off		A Peer Discussion Review towards the end of the three-year cycle, which provides an opportunity to discuss practice and CPD and to confirm that all the scheme's required elements have been completed and CPD Standards have been achieved. Compliance with the requirements of the three-year cycle will mean an osteopath has demonstrated the necessary CPD standards and can move into the next three-year cycle.	

Required legislative change

11. In order to fully introduce the CPD scheme, small changes are required to our current CPD rules.
12. The new features of the CPD scheme are:
 - Requiring CPD in accordance with the *Osteopathic Practice Standards* (core standards for registration).
 - Requiring objective activities (e.g. patient feedback, case based discussion) to be undertaken along with analysis and reflection on the impact on practice.
 - Requiring CPD in communication and consent (responding to research showing a significant proportion of reported patient concerns in this area).
 - Sign-off through a peer discussion review with another registered health professional.
13. The existing CPD rules (available at: <http://www.legislation.gov.uk/uksi/2006/3511/contents/made>) need minor amendments to incorporate these new features through:
 - a. A move to a three-year CPD cycle (from an annual cycle) to enable the incorporation of the new requirements.
 - b. Inclusion in rules of statutory CPD guidance (including a requirement for consultation on such guidance). Such guidance also includes guidance about the Peer Discussion Review and makes explicit the requirements to complete the CPD cycle and move into the next CPD cycle.
 - c. Removal of an anomaly whereby new graduates have an initial exemption from CPD.

A move from the annual cycle of CPD to a three year cycle of CPD

14. Currently, osteopaths are required to complete 30 hours of CPD annually with at least 15 hours of CPD as learning with others. This overall requirement of CPD will not change, but instead, will be a period of 90 hours, with at least 45 hours of learning with others) over three years. This overall requirement will also include the new features of the CPD scheme as outlined above. (The new features of the CPD scheme are a part of the 90 hours, not an addition to it). This policy intention was supported as part of our CPD consultation in 2015.
15. This longer CPD cycle remains in line with those of other regulators to date. Other regulators' CPD cycles range from five years (General Dental Council – see <https://www.gdc-uk.org/api/files/Continuing%20Professional%20Development%20for%20Dental%20Professionals.pdf>), three years see, for example, the General Optical Council - see <https://www.optical.org/en/Education/CET/>) and those registered with the Nursing and Midwifery Council - see <http://revalidation.nmc.org.uk/what-you-need-to-do/continuing-professional-development>) to annual cycles, see for example, the General Pharmaceutical Council (see [11](http://www.pharmacyregulation.org/education/continuing-</div><div data-bbox=)

[professional-development/cpd-standards](http://www.gcc-uk.org/UserFiles/Docs/Registrations/CPD%20guidance%202016%2017%20010916.pdf)) and the General Chiropractic Council (<http://www.gcc-uk.org/UserFiles/Docs/Registrations/CPD%20guidance%202016%2017%20010916.pdf>).

16. As part of our annual re-registration process, we will, as now, require osteopaths to **declare** the amount of CPD that has been undertaken during that year. We will expect (but will not require) that CPD is completed at regular intervals throughout this period. (For example, osteopaths should aim to complete around 30 hours of CPD per year, as now.) We will audit a proportion of self-declarations as we do now. We will provide feedback to osteopaths to confirm what they need to do to complete the new three year CPD cycle.
17. However, what will be different, is that currently, if osteopaths have not completed their **annual** CPD requirement they must either:
 - a. Make a statutory application to the registrar of exceptional circumstances to reduce or carry over hours to the next CPD cycle or
 - b. Be removed from the register for non-compliance.
18. Under the new legislation, it will only be the **end of the three year cycle** which requires osteopaths to:
 - a. Complete the CPD requirement
 - b. Make a statutory application to the registrar of exceptional circumstances to reduce or carry over hours to the next CPD cycle or
 - c. Be removed from the register for non-compliance.

Question 1: Do the consolidated rules attached at Annex A reflect adequately our policy intention of moving from an annual cycle to a three year cycle?

If not, please explain why.

Inclusion in rules of statutory CPD guidance

19. The current CPD Guidelines scheme sets out very detailed expectations of what is acceptable CPD which provide detail about the current statutory requirements. However, these guidelines are not currently referred to in the CPD rules – they form part of the ‘registrar requirements’.
20. We believe that CPD Guidelines, setting out the requirements of the CPD scheme should be put onto a statutory footing with statutory requirements and safeguards to consult on the Guidance. In this way, the requirements of the CPD scheme must be clear and transparent to all.
21. An alternative approach is to set out the scheme in detail in legislation (rather than statutory CPD guidelines). We suggest that specifying statutory CPD guidance ‘futureproofs’ legislation meaning that we could change our CPD

scheme in the future without being constrained by the need to change legislation. (So for example, our new CPD scheme requires CPD benefits patients in the area of communication and consent as this is an area shown by our research to have a disproportionate amount of reported patient concerns. However, as patient concerns change, this area may be removed or changed). It would be more difficult to respond to changes in patient concerns if the detail of the scheme was on the face of the CPD rules. However, some may argue that, setting out conditions for removal in statutory Guidelines rather than law which could be perceived as less fair. However, we suggest that this step is mitigated by consultation requirements which mirror those outlined in the primary legislation in s17 of the Osteopaths Act 1993. We also note that our current legislation refers to 'Registrar requirements' which are not subject to the consultation requirements we propose above.

22. The CPD Guidelines and Peer Discussion Review Guidelines were consulted on in 2015 and were supported. (See the consultation analysis outlined in paragraph 1). Since the consultation, the CPD Guidelines have been updated to take into account feedback along with some specific development work on the peer discussion review guidelines. We have attached at appendices 2 and 3, the proposed statutory CPD Guidance, incorporating the peer discussion review guidance which show how the scheme will work and the requirements for completion of each CPD cycle.

Question 2: Do you the consolidated CPD rules attached at Appendix 1 adequately set out the requirements for consulting and publishing statutory CPD Guidance which sets out the requirements of the scheme clearly?

If not, please explain why.

Removal of an initial exemption from CPD for new graduates

23. Our current CPD rules provide that new graduates are exempted from CPD for their first CPD year if they register with us within three months of graduating. (See rule 5 of the CPD rules). However, the transition into practice is a critically intensive learning period for osteopaths and a time when they should be encouraged to integrate within their professional community undertaking CPD. New graduates, patients and osteopaths have told us that this statutory exemption does not contribute to our policy intention of supporting new graduates as they make the transition into practice.
24. The exemption was put in place at the outset of the CPD scheme because it was felt that it was helpful to allow newly graduated osteopaths time to establish themselves into practice. Osteopaths who were newly graduated were felt to be up to date. We are not aware of any similar exemptions existing in other regulators for new graduates.

25. However, given the feedback from stakeholders that this is an anomaly in the legislation, we now feel that this should be removed. We therefore suggest that this anomaly in rule 5 should be removed.

Question 3: Do you agree that the current exemption of new graduates from CPD should be removed from the CPD rules?

If not, please explain why.

Implementation timing

25. We intend the three year cycle should be brought into force with effect from autumn 2018.
26. From autumn 2018 onwards, there would in essence be a transitional period over the course of the year following introduction when existing registrants would transfer from an annual cycle to a three year cycle.
27. Once they were on the three yearly cycle, registrants would still renew their registration annually, and would self declare their CPD each year. They would receive feedback which advised them each year what they needed to do to complete their three year cycle.

Question 4: Do you agree that implementation arrangements for the CPD scheme are adequately expressed in the consolidated CPD rules at Annex A.

If not, please explain why.

[n.b. for brevity the appendixes to the consultation document have been omitted]