

CPD Evaluation Survey Report – 2020-21

April 2021

Background

1. The CPD Evaluation for 2020 comprises of a total of forty- two questions. Each of these questions relate to specific aspects of the CPD scheme.

Sample Profile

2. The survey was sent to all osteopaths with an email address on the Register. A total of 350 osteopaths completed the CPD Evaluation (114 less responses than in 2019, and 33 more than in 2016, this is 6% of the osteopathic population (5,437 osteopaths were on the Register).
3. The CPD Evaluation sample consists of the following:
 - A total of 350 osteopaths completed the CPD Evaluation, this is approximately (6% of the Register¹)
 - 96% currently practising as an osteopath in private practice
 - 2% currently practising as an osteopath in the NHS or seeing NHS patients
 - 17% currently provide other health services (dry needling, acupuncture, ultrasound treatment, sports massage, orthotic description, naturopath, herbal medicine, nutritionist)
 - 4% currently working in a field unrelated to osteopathy
 - 11% working in education
 - 3% work in research
 - 5% working as a contact tracer/NHS Clinical Contact Caseworker
 - 47% sole practitioners
 - 12% were currently registered with another health and social care regulator or other professional body in the UK or international.
 - 1% have been practising for less than a year
 - 79% were in Year 2 of the scheme, while 12% were in Year 1 and 4% had entered into Year 3 and 4% were unsure which year they were in on their three- year cycle
4. The geographical location of these osteopaths was primarily concentrated in South East England (23%) and Greater London (19%) regions. The CPD evaluation shows strong correlations with the regional data collected as part of the KPMG (2011) research on "*How do osteopaths practise.*" Both the CPD evaluation samples show slightly higher representation in the South West and Central England and Eastern and Home Counties (see Table 1 below).

¹ 5,437 total number of osteopaths on the GOsC Register as of 25 February 2021

| Region | CPD Evaluation 2020 -21 Percentage (%) | CPD Evaluation 2019 Percentage (%) | CPD Evaluation 2017-18 Percentage (%) | CPD Evaluation 2016-17 Percentage (%) | KPMG Comparative data |
|---------------------------|--|------------------------------------|---------------------------------------|---------------------------------------|-----------------------|
| South East England | 23% | 28% | 30% | 24% | 25% |
| Greater London | 19% | 22% | 21% | 19% | 20% |
| South West England | 13% | 11% | 13% | 13% | 9% |
| Central England | 10% | 7% | 9% | 11% | 6% |
| Northern England | 11% | 10% | 9% | 10% | 10% |
| Eastern and Home Counties | 7% | 6% | 5% | 8% | 2% |
| Europe | 3% | 6% | 4% | 6% | 6% |
| Wales | 2% | 2% | 2% | 3% | 2% |
| Scotland | 5% | 4% | 4% | 3% | 3% |
| Elsewhere in the World | 3% | 4% | 3% | 2.5% | Not recorded |
| Northern Ireland | 0.3% | Too small to be recognised | 0.2% | 0.5% | 0.5% |

Table 1: Regional distribution of sample compared against KPMG Research

- On a typical week before COVID-19 the majority of osteopaths practise between 25-34 hours (26%) a week and 35-44 hours (24%), with a further 13% working in practice for 45-55+ hours a week. In a typical week before COVID-19 the majority of osteopaths see between 21-40 patients (47%), with a further 23% seeing 41+ patients a week. In contrast, 22% will see between 11-20 patients in a week. In terms of who is being treated in a typical week, 26% of osteopaths in the sample were currently treating adults only, 35% were treating babies, 57%

were treating toddlers/children, and 7% were treating animals, in addition to treating adults (18 years old and above) as well.²

6. Since COVID-19 practitioners have been seeing far fewer patients per week. A typical week for the majority of osteopaths practise between 5-24 hours (46%) a week and 25-34 hours (18%), with a further 11% working in practice for 0-4 hours a week. In a typical week since COVID-19 the majority of osteopaths see between 1-20 patients (52%), with a further 21% seeing 21-30 patients a week. 28% of respondents reported not treating certain patient groups as a result of measures they had put in place as a result of COVID-19. This involved the following groups not being treated (from the 28%)³

- Adults/Children in the extremely vulnerable category (62%)
- Adults/Children in the, clinically vulnerable category (44%)
- Over 70 (28%)
- Babies (10%)
- Toddlers/ children (9%)
- Animals (4%)

8% also reported here that they were not currently seeing any patients

7. Osteopaths who completed the CPD evaluation reported hearing about it first via receiving a personal e-mail (56%), followed by the GOsC Osteopath Magazine (12%), the GOsC e-bulletin (11%) social media platforms, Facebook and Twitter (5%). 6% also reported having completed the evaluation due to it being passed on to them by a colleague.⁴

Equality Impact Assessment Information

Equality impact of the scheme

8. We have a commitment to inclusive scheme which does not discriminate against people because of particular protected characteristics. Overall, the 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

² Questions (1d) How many hours do you practice in a typical week?, (1e) How many patients do you see in a typical week? and (1f) Who do you currently treat?

³ Questions (1d) Since COVID-19 How many hours do you practice in a typical week?, (1e) Since COVID-19 how many patients do you see in a typical week? and (1i) Are you currently not treating any particular patient groups as part of any measures you have put in place as a result of COVID-19?

⁴ Q41: Where did you first hear about completing this questionnaire?

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.

9. Overall, there is little correlation with the findings from 2019 so it is difficult to make any conclusions on equality impact from the survey findings.
10. In the 2020-21 CPD survey we asked respondents whether they would be prepared to complete the demographic information, with just 11% saying no (2% more than in 2019).
11. Comparative analysis with the KPMG data set (2011) reveals that the CPD evaluation sample is largely representative in terms of gender, but over representative of those aged over 60 by 10% and under-represented of those aged 31-50 by approximately 10% (see Tables 2 and 3). 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 in terms of ethnicity, sexuality, religion, marital status and disability.

| Equality Impact Assessment Information | Register Data (from KPMG) | 2016-17 Sample | 2017-18 Sample | 2018-19 Sample ⁵ | 2020-21 Sample | GOsC Register ⁶ |
|---|----------------------------------|-----------------------|-----------------------|------------------------------------|-----------------------|-----------------------------------|
| Gender | | | | | | |
| Male | 49% | 42% | 38% | 39% | 43% | 2,647 |
| Female | 51% | 51% | 56% | 58% | 55% | 2,790 |
| Prefer not to answer | N/A | 7% | 6% | 2% | 2% | N/A |
| Is your gender identity the same as the sex you were assigned at birth? | Not recorded | Not recorded | Not recorded | Not recorded | | Not recorded |
| Yes | | | | | 97% | |
| | | | | | 0.3% | |

⁵ Survey section 9 Demographic Information Q42a- Q42j

⁶ 5,437 on register on 25.02.219, showing an increase of 70 osteopaths since the closure of the CPD evaluation survey

ANNEX B TO 14

| | | | | | | |
|-------------------|--------------|-----|-----|-----|-----|-------|
| No | | | | | | |
| Age | | | | | | |
| 30 or under | 12% | 11% | 7% | 9% | 8% | 769 |
| 31-40 | 27% | 14% | 17% | 19% | 12% | 1,192 |
| 41- 50 | 37% | 25% | 23% | 26% | 20% | 1,438 |
| 51-60 | 17% | 32% | 33% | 32% | 36% | 1,444 |
| 61+ | 6% | 11% | 13% | 12% | 21% | 594 |
| Prefer not to say | Not recorded | 4% | 6% | 3% | 3% | N/A |

Table 2: Equality and Diversity Data Part 1

| <i>Equality Impact Assessment Information</i> | <i>KPMG</i> | <i>2016-17 Sample</i> | <i>2017-18 Sample</i> | <i>2018-19 Sample</i> | <i>2020-21 Sample</i> |
|--|--------------------|------------------------------|------------------------------|------------------------------|--|
| Ethnicity | | | | | |
| White | 82% | 81% | 78% | 86% | 87% |
| Mixed Ethnic Background | 1% | 3% | 2% | 3% | 2% |
| Asian or Asian British | 5% | 3% | 4% | 3% | 4% |
| Black or Black British | 1% | 1% | 0.8% | 2% | 2% |
| Chinese | - | - | 0.2% | 0.5% | Now included in Asian or Asian British |
| Other | 1% | 2% | 1% | 1% | |
| Prefer not to say | 8% | 11% | 13% | 4.5% | 1% |
| | | | | | 4% |
| Sexuality | | | | | |
| Heterosexual | 86% | 73% | 77% | 82% | 82% |
| Gay/Lesbian/Homosexual | 3% | 3% | 3% | 4% | 3% |
| Bisexual | 0.5% | 2% | 1% | 1% | 1% |
| Transsexual | - | - | - | - | - |
| Other | 0.5% | 1% | 1% | 0.5% | 2% |
| Prefer not to say | 10% | 20% | 18% | 13% | 12.5% |
| Religion | | | | | |
| Christian | 51% | 35% | 32% | 35% | 32.5% |
| Muslim | 2% | 1% | 0.8% | 1% | 1% |
| Hindu | 2% | 0.7% | 1% | 0.7% | 1% |
| Buddhist | 1% | 2.5% | 3% | 2% | 3% |

ANNEX B TO 14

| | | | | | |
|---|-----|------|-----|------|-------|
| Sikh | - | 0.4% | 2% | 0.2% | 0% |
| Jewish | 1% | 2.5% | 3% | 4% | 3% |
| None | 41% | 31% | 31% | 40% | 44% |
| Other | 3% | 7% | 6% | 5% | 3.5% |
| Prefer not to say | 10% | 20% | 20% | 13% | 12.5% |
| Marital Status | | | | | |
| Married | 57% | 49% | 52% | 54% | 51% |
| Civil Partnership | 6% | 4% | 2% | 1% | 1% |
| Single, never married | 17% | 16% | 15% | 10% | 12% |
| Separated/divorced | 4% | 6% | 6% | 7% | 6% |
| Widowed | 1% | 2% | 1% | 2% | 2% |
| Unmarried and living with a partner | - | - | - | 14% | 15% |
| Other | 6% | 7% | 5% | 2% | 1% |
| Prefer not to say | 8% | 17% | 19% | 11% | 12% |
| Disability | 3% | 3% | 2% | 2% | 5.5% |
| Prefer not to say | - | 9% | 7% | 3% | 3% |
| Physical impairment or mobility issue | - | - | - | - | 23.5% |
| Blind or visual impairment | - | - | - | - | 18% |
| Deaf or hearing impairment | - | - | - | - | 6% |
| Speech impairment | - | - | - | - | 0 |
| Mental Health condition | - | - | - | - | 0 |
| Learning difficulties/disability | - | - | - | - | 23.5% |
| Long-term illness or medical condition | - | - | - | - | 23.5% |
| Impairment, health condition learning difficulty that is not listed | - | - | - | - | 6% |
| Prefer not to say | - | - | - | - | 18% |

Table 3: Equality and Diversity data Part 2⁷

Cross tabulations: Specific barriers to participation in the scheme

12. The CPD evaluation survey responses themselves largely confirm the CPD consultation findings that the proposals in the scheme would have no impact on people because of gender, race, disability, age, religion or belief, sexual

⁷ Survey section 9 Demographic Information Q42a- Q42j

orientation or any other aspects of equality.⁸ However, when cross – tabulating responses between specific different questions, 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) but these do not correlate to findings last year.

13. By filtering⁹ the CPD evaluation survey data according to the key protected characteristics above the following tendencies can perhaps be inferred according to core aspects of the scheme. No figures are contained in these tables to protect the identity of respondents given the small numbers concerned in these groups. 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. However, the cross-tabulation analysis does indicate areas for further monitoring and exploration to ensure we continue to develop resources that translate the CPD scheme accessibly for all.

14. Analysis against protected characteristics shows the following:

- Males are slightly more likely to relate their communication and consent-based activity with their objective activity than females
- Younger age groups (20-24) were more likely to map CPD to OPS, record activities which both solely focussed or featured communication and consent as an element and PROMs and peer observation were popular objective activities among this group.
- Older age groups (60-64) less likely to map CPD to standards (different to last year), more likely to prefer face to face or CPD events to complete their communication and consent- based activity.
- The likelihood of never having undertaken an objective activity is more prevalent with 45-49 and 30-34 age groups (different pattern to last year which seemed to provide that older people were less likely to have undertaken an objective activity)
- Both younger (20-24) and older age groups (65+) have a higher tendency to feel comfortable about reporting their reflections or report not having any barriers to reflection
- The likelihood of completing the PDR section by section (e.g. as they go along) appears to increase from the age of 50+
- Use of patient stories and case studies as a communication and consent-based activity were popular with key age groups: 25-29, 35-39 and 40-44

⁸ 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.

⁹ Specific CPD evaluation survey questions looked at include Q7, Q8, Q10, Q10b, Q10c, Q10d, Q11, Q12, Q14, Q14a, Q20 and Q25

- Certain sexual orientations were more likely to not have related their communication and consent- based activity to their objective activity, report other barriers to reflection, and have a higher tendency to complete the PDR section by section
- Certain ethnicities were more likely when reporting barriers to reflection to cite 'not sure how to', 'not sure what it means' and 'I don't know why I should do this'
- Certain religions reported slightly higher tendency to try the PDR early on in their cycle to familiarise themselves with the template.

15. The CPD consultation¹⁰ 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 and some were more difficult to do so. A separate analysis in relation to these specific aspects from the CPD Evaluation Survey 2020-21 is outlined below.

Registrants based outside the UK

16. The data show that registrants identifying themselves as working outside of the UK were more likely to show the following tendencies:
- Less likely to have undertaken a communication and consent-based activity yet.
 - Less likely to have undertaken an objective activity
 - Concerns about not being sure how to or not being really sure what reflection means

Registrants who are not IT literate

17. 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. The pandemic does make this particularly difficult as activities are predominately digital at the moment.

Registrants with dyslexia, learning disabilities or visual disabilities

18. Those respondents who identified themselves as having a disability show the following:
- Slightly more worried about recording things like this, when asked about their barriers to reflection.

¹⁰ See CPD Consultation, 2015, above.

- 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

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

- Less likely to link communication and consent- based activity to objective activity
- Not being sure how to reflect on practice is a significant barrier
- More likely to try the PDR early on in their CPD cycle to familiarise themselves template

Practitioners with ill health

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

21. 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 opportunity to participate in the CPD scheme. There has been no direct feedback to this effect through our webinars this year. We will continue to explore and follow up on these aspects as part of our engagement to ensure that resources are available to support all to participate in the CPD scheme whilst being alert to exploring any barriers to participate in the scheme

New Graduates

22. Part of our business plan approach this year has required us to explore the transition of new graduates into practice. Those respondents who identified themselves as having been practising for less than a year show the following:

- Mapping to standards is routine for this group
- CPD activities that solely focussed on an area of communication and consent most popular

- Most typically communication and consent- based activity is achieved by face- to face group discussions, reading and patient stories or case studies for this group.
- Patient feedback and peer observation more popular with this group, than case- based discussions
- Higher tendency to feel comfortable about reporting their reflections or report not having any barriers to reflection
- More likely to use own reflective diary in conjunction with GOsC Online diary to record and reflect on their CPD activities

Discussion

Activities that involve Learning with Others

23. This year we see much fewer osteopaths recording CPD which involves learning with others, which may be a direct result of the COVID-19 pandemic, 21% recorded between 6-15 hours learning with others. Just 35% reported recording 16-30 hours learning with others (a 26% decrease on 2019 figures), whilst 24% reported recording 30+ CPD hours that involved learning with others¹¹ (a 5% decrease on 2019 figures). 10% reported undertaking between 0-5 hours of CPD which involved learning with others over the past 12 months.

How do people learn with others?

24. In terms of CPD activities, which involved learning with others the osteopathic sample were more likely to undertake e-learning based activities (79%), and group practice meetings (62%) and taught courses (60%) regularly or sometimes. This is followed by communication and consent- based activity (56%), bespoke group meeting (55%), objective activity (48%), conference attendance (35%), and teaching and mentoring (31%). 93% had also never or rarely undertaken a higher education qualification as part of their CPD. Working with others on research and publication activities was also a rare CPD activity with 94% never or rarely having done this as CPD.

Who do people do learning with others with?¹²

25. In terms of reporting how many CPD hours were undertaken in association with key osteopathic organisations (e.g. regional group, UK osteopathic educational institutions, shared interest groups or other healthcare professionals), the sample reported:

¹¹ Q2: Approximately how many of your CPD hours over the past 12 months were undertaken with others? Learning with others refers to any relevant learning activity that involves interaction with osteopaths, healthcare practitioners or other professionals

¹² Q3: When thinking about your CPD activities which involve learning with others. Approximately how many of your CPD hours over the past 12 months were in association with the following: one of the UK, osteopathic education providers, group in your local area, shared interest group, the Institute of Osteopathy or other healthcare professionals

- Recording the majority of their CPD hours in association with either a other professionals outside of osteopathy e.g. NHS, surgeons, physiotherapists, orthotists, acupuncturists, nutritionists, homeopaths etc. or regional or local group.
 - 55% reported recording 1-15 hours with other professionals, with a further 13% recording 16+ hours with other such professionals.
 - 52% reported recording 1-15 hours with a regional or local group, with a further 9% recording 16+ hours with regional/local groups
 - 42% reported recording 1-10 CPD hours that were carried out with one of the regional society CPD groups, local practices or linking with colleagues in their own practice (a 7% decrease on 2019 figures)
 - 49% reported recording 1-10 hours CPD in association with the iO (15% increase on 2019 figures).
 - 35% reported recording 1-10 hours CPD in association with one of the UK accredited osteopathic educational institutions (5% increase on 2019 figures) and 34% reported recording 1-10 hours CPD with a shared interest group e.g. Osteopathic Alliance, Osteopathic Sports Care Association, a 5% increase on 2019 figures.
26. In fact, it was more likely for the osteopathic sample to report recording no CPD activities in association with shared interest groups (56%, 6% drop on 2019 figures), the iO (48%, 13% drop on 2019 figures) and UK accredited osteopathic educational institutions (44%, 5% increase on 2019 figures), suggesting osteopaths are seeing the need to join up with these groups, institutions and organisations as part of the new CPD scheme and have done this more with the iO and shared interest groups this year, than previously.
27. The key messages here are that more osteopaths have undertaken learning with others activities with providers that have made online CPD provision possible this year and an obvious pull in this direction was the need for CPD on enhanced infection control guidance during the pandemic and perhaps in some ways a greater need for building community amongst the profession to support each other during unprecedented times. This shows that both other professionals and regional or local groups have diversified their delivery of CPD, and the iO and shared interest groups are beginning to show a similar pattern as more osteopaths begin to use these groups more to undertake their CPD. Table 4 below shows learning with others based CPD activities.

| | Regularly | | | Sometimes | | | Rarely | | | Never | | |
|---|-----------|-------|-------|-----------|------|------|--------|------|------|-------|------|-------|
| | 2020 | 2019 | 2018 | 2020 | 2019 | 2018 | 2020 | 2019 | 2018 | 2020 | 2019 | 2018 |
| Learning with Others activity | | | | | | | | | | | | |
| Taught course or sessions | 21% | 39% | 51% | 39% | 34% | 28% | 14% | 10% | 7.5% | 26% | 17% | 13% |
| Group practice meeting | 27% | 36% | 42.5% | 35% | 34% | 35% | 15% | 16% | 15% | 23% | 14% | 8% |
| Bespoke group meeting to discuss clinical issues and share experiences for problem solving purposes | 17% | - | - | 38% | - | - | 20% | - | - | 25% | - | - |
| Case based discussion | - | 23.5% | 24% | - | 38% | 48% | - | 22% | 16% | - | 17% | 11% |
| Interactive e-learning based activities | 43% | 20.5% | 23% | 36% | 35% | 33% | 10% | 21% | 22% | 10% | 23% | 21% |
| Shadowing/ observation | | 7% | 8.5% | | 22% | 28% | | 29% | 25% | | 42% | 38% |
| Teaching, mentoring or tutorials | 12% | 17% | 16% | 19% | 23% | 24% | 13% | 17% | 20% | 56% | 43% | 40.5% |
| HE qualification | 3% | 6% | 6% | 5% | 7% | 6% | 7% | 10% | 13% | 86% | 77% | 75% |
| Working with others on research and publication activities | 2% | 5% | 4% | 5% | 6% | 9% | 11% | 10% | 15% | 83% | 79% | 73% |
| Patient feedback | - | 10% | - | - | 25% | - | - | 29% | - | - | 37% | - |
| Clinical audit | - | 4% | - | - | 14% | - | - | 23% | - | - | 60% | - |
| PROMs | - | 5% | - | - | 9% | - | - | 20% | - | - | 66% | - |
| Conference attendance | 10% | 23% | - | 25% | 36% | - | 17% | 18% | - | 48% | 23% | - |
| Group meeting on communication and consent | 12% | 9% | - | 44% | 28% | - | 27% | 33% | - | 17% | 31% | - |
| Objective activity ¹³ | 11% | - | - | 37% | - | - | 27% | - | - | 24% | - | - |

Table 4: Learning with others based CPD activities¹⁴

¹³ Objective activity includes case- based discussion, clinical audit, patient feedback, peer observation or PROMs

¹⁴ Q4: When thinking about your CPD activities which involve learning with others, which of the following types of CPD activities did you do over the past 12 months?

Standard 1: CPD activities are relevant to the full range of osteopathic practice

28. 70% of osteopaths report they have used the four themes of the *Osteopathic Practice Standards* (OPS) to identify their learning needs, a 19% increase on 2019 figures, suggesting it is becoming routine for osteopaths to use the OPS when planning and recording their CPD¹⁵ (see Table 5 below).

29. This year 84% of the sample reported linking their CPD activities during their last 12 months to the four themes of the OPS, which is a 41% increase on 2019 figures (see Table 8). Of those osteopaths that linked their CPD to the OPS, most commonly osteopaths went about linking or mapping their CPD to the four themes of the OPS by:

- (1) Map routine-I do it as I go (68%),
- (2) Map my CPD at the end of the year (29%),
- (3) look for CPD providers to identify and tell me which Osteopathic Practice Standards themes would be covered (35%, 14% increase on 2019 figures),
- (4) Other (1%)

| OPS | 2020-21 | | 2018-19 | | 2017-18 | | 2016-17 | |
|---|---------|-----|---------|-----|---------|-----|---------|-----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| <i>Have you used the four themes of the OPS to identify your learning needs during over the last 12 months?</i> | 70% | 30% | 51% | 49% | 43% | 57% | 30% | 70% |
| <i>Have you linked your CPD activities during the last 12 months to the four themes of the OPS?</i> | 84% | 16% | 43% | 57% | 39% | 61% | - | - |

Table 5: Using the OPS to identify learning needs or link CPD activities¹⁶

30. Respondents were asked to estimate how many hours of CPD on average they spent on each of the four themes of the OPS during their last CPD year. The pattern here remains largely unchanged, with most CPD being undertaken in the area, of knowledge, skills and performance. Knowledge skills and performance ranked highest amongst the sample group with 11% undertaking

¹⁵ Osteopaths in the sample have also cited key CPD activities relating to Themes A, C, D of the Standards, which we will use to put together a resource for osteopaths to see what others are doing in relation to mapping to the standards

¹⁶ Q11. Have you used the four themes of the Osteopathic Practice Standards to identify your learning needs over the past 12 months? and Q12 have you linked your CPD over the past 12 months to the four themes of the Osteopathic Practice Standards?

30+ hours of CPD in this area, followed by a further 26% undertaking 11-20 hours¹⁷ (see Figure 1).

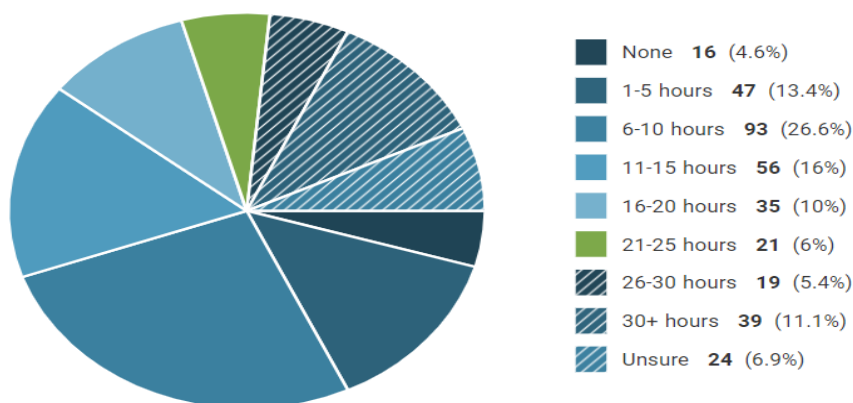


Figure 1: CPD hours spent on knowledge, skills and performance¹⁸

31. CPD hours undertaken in the remaining three standards – communication and patient partnership, safety and quality in practice and professionalism each followed a broadly similar pattern as last year with the majority of the sample, spending 1-5 CPD hours on each of these themes of the Osteopathic Practice Standards, Theme A: Communication patient partnership being the highest (41%). This is then followed by a smaller proportion recording 6-10 CPD hours in both safety and quality in practice (25%) and communication and patient partnership (25%), the latter showing a 3% increase on 2019 figures. Under professionalism there was still a greater prevalence for osteopaths to estimate that they had undertaken no CPD hours on these standards at all (9%), although this is a 6% decrease on 2019 figures. With professionalism osteopaths were also more likely to be unsure if they had undertaken CPD in this area (8%), but this is 10% drop on 2017-18 figures.

32. It would seem from this that osteopaths are getting steadily more confident with the OPS themes and what activities can be undertaken under each of the Osteopathic Practice Standards themes, but are more likely to be unsure (8%) about what counts as CPD under Theme D and are therefore more likely not to have undertaken any CPD (9%) in this area, this is closely followed by Theme C. (see Figures 2-4).

¹⁷ Q13 during the past 12 months please estimate how many hours of CPD on average you have spent on each of the four themes of the Osteopathic Practice Standards?

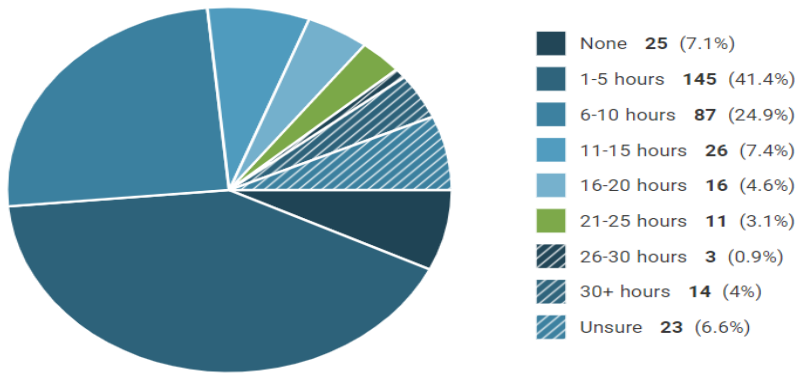


Figure 2: CPD hours spent in the area of communication and patient partnership¹⁹

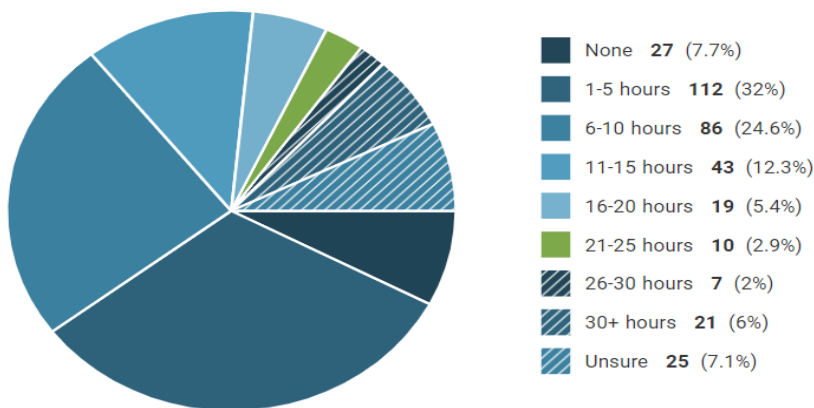


Figure 3: CPD hours spent in the area of safety and quality in practice

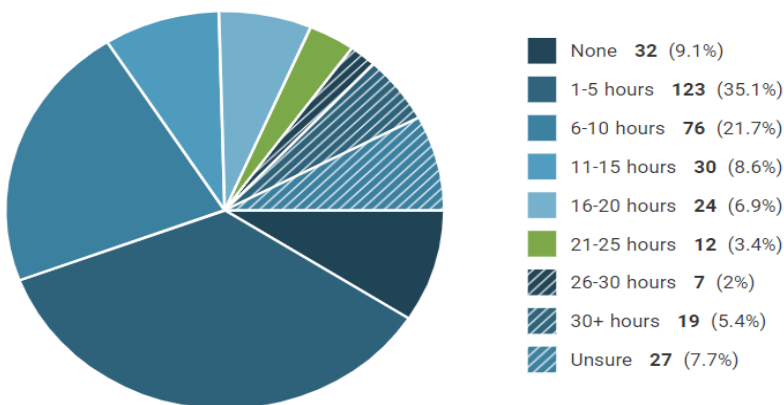


Figure 4: CPD hours spent in the area of professionalism

¹⁹ Q13 During the past 12 months please estimate how many hours of CPD on average you have spent on each of the four Osteopathic Practice Standards

Standard 2: Objective activities have contributed to practice

33.35% of the sample had undertaken a CPD activity aimed at receiving objective feedback on their practice as part of their CPD (11% increase on 2019 figures and in line with first six months registration and renewal data). The most popular objective activities that have been undertaken are detailed in Table 6 below. This has been a multi answer question for the last two years, indicating many osteopaths in the sample are undertaking more than the required one objective activity. This suggests if osteopaths try out an objective activity, they are more likely to see the benefit of doing so to their practice and try another type of objective activity as a result. Instances of case- based discussion have increased by 11% and patient feedback appears to be increasingly popular this year among osteopaths. Understandably, we see a drop in peer observations this year as a direct result of the pandemic, indicating that we need to do more to promote the peer observation through role-play exercise that we have devised specifically for the current climate

| Objective Activity Type | 2020-21 Percentage (%)²⁰ | 2018-19 Percentage (%) | 2017-18 Percentage (%) |
|---|--|-------------------------------|-------------------------------|
| Case based discussion | 70% | 59% | 30% |
| Peer observation | 24% | 40% | 20% |
| Patient feedback | 32% | 35.5% | 23% |
| Patient Reported Outcome Measures (PROMS) | 24% | 29% | 12% |
| Clinical audit | 18% | 20% | 11% |
| Other | 3% | 4.5% | 3% |

Table 5: Types of objective activity

* *Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)*

34. This year we asked respondents whether they were concerned about giving or receiving feedback as part of their objective activity. The majority were not concerned (86-87%), but those that were, tended to be slightly more

²⁰ Q14a If yes, which objective activities have you undertaken as part of your CPD during the past year?

concerned about receiving (14%) than actually having to give (13%) feedback (although this a small percentage change).

35. Those respondents that reported being concerned about receiving feedback (14%) cited their key concerns being about finding a suitable peer with the desired skill set, and specific concerns about asking patients for feedback, essentially not wanting to bother them with this. Other main concerns were about its intrusive nature, fear of feeling judged and lacking experience in this area (see Table 6).

| Theme | No. | Example quotes |
|---|------------|--|
| Finding a suitable peer with the desired skills | 10 | <p>'Finding someone suitable who has the right skills.'</p> <p>'I don't work with anyone who is capable of doing this appropriately'</p> <p>'Finding someone qualified to comment'</p> <p>'That the feedback comes from a colleague suitably skilled and experienced.'</p> <p>'Finding someone suitable to give feedback'</p> |
| Patient feedback specific concerns | 7 | <p>'A concern about asking patients for a favour when it should be you helping them.'</p> <p>'Don't want to 'bother' the patient'</p> <p>'Worries about asking patients for feedback as they have come to me for help and I feel it's not my place to ask them for help when they are paying me.'</p> <p>'Patients sometimes give contradictory feedback e.g. about the practice set up, so implementing changes does not necessarily benefit all. i.e. concerns about what one does with the feedback'.</p> |
| Intrusive | 6 | <p>'Sounds intrusive. Feels like exposure.'</p> <p>'Feels uncomfortable'</p> <p>'Find it very anxiety provoking'</p> <p>'Feel nervous about my own response to the feedback and whether it will affect my confidence as a practitioner.'</p> |
| Lack experience | 5 | <p>'I don't know how to do this'</p> <p>'Lack of experience in this area.'</p> <p>'I am more used to giving feedback to students and have received feedback from colleagues within</p> |

| | | |
|------------------------------------|-----------|--|
| | | my OEI but it has been many years since I received feedback on my clinical practice.' |
| Feeling judged | 5 | 'Might be easy to take it as a criticism' 'I may not agree with the person(s) giving feedback. They may be too "petty". They may lack tact and diplomacy in how they give the feedback. Basically, they may be overcritical of the way and how I work.' |
| Peer observation specific concerns | 2 | 'Being observed by a peer I find terrifying!' 'Initial discomfort about senior colleague observing and giving feedback' |
| Time | 2 | 'The time it will take.' |
| Isolation | 2 | 'I have limited access to other practitioners both personally and geographically.' |
| Cost | 2 | 'It's too expensive' |
| COVID | 2 | 'It's difficult to ask patients considering everything else that is going on (mid lockdown).' |
| GOSC | 2 | 'Concerned the person doing it will be seen a void by GOSC.' 'I would like honest feedback with open discussion that the GOSC would not be privy to as I am not confident that the GOSC has my personal interests at heart.' |
| Other | 4 | 'Fairness' |
| Total | 49 | |

Table 6: Concerns about receiving feedback as part of an objective activity²¹

36. Those respondents that reported being concerned about giving feedback (13%) cited their key concerns as being worried about upsetting their peer and feeling unskilled or inexperienced at giving feedback (see Table 7).

| Theme | No. | Example quotes |
|-------------------------------|------------|---|
| Worried about upsetting peers | 16 | 'Disrupting relationships with colleagues (them being resistant to receiving feedback)' 'I am concerned that the feedback will be poorly received' 'Concerns about upsetting a colleague, or not knowing enough to give useful feedback.' 'I worry about causing offence if I give constructive feedback.' |

²¹ Q15: Do you have any concerns about receiving feedback as part of the objective activity?

| | | |
|---|-----------|--|
| | | 'I am concerned how constructive criticism will be taken by my peer if I feel that there are elements and requirements that haven't been met. It can be very frustrating at times.' |
| Don't have the skills to provide feedback | 14 | 'It could be an uncomfortable conversation, especially as we have had no training on how to do this.' 'That I'm untrained and inexperienced to do this.' 'Not sure I can reflect on someone else's work' 'Not feeling qualified enough to do so' 'I don't feel qualified to give valid feedback' |
| Fairness | 4 | 'Being fair and consistent with other osteopaths and their feedback' |
| Intrusive | 3 | 'Sounds unnecessary and intrusive' |
| GOSc | 1 | 'I do not believe that "WE" should be used as a form of policing. If whoever has a problem, should talk directly to the GOSc.' |
| Other | 6 | 'That if they are more experienced than I am, how valid is my feedback' 'You need a colleague you feel comfortable with and can trust. I'm lucky enough to have this, but there will be many solitary osteopaths in practice that do not.' |
| Total | 44 | |

Table 7: Concerns about giving feedback as part of an objective activity²²

37. We also asked respondents this year whether they had used any of the GOSc workbooks to help them with their objective activity, the top three workbooks used were case based discussion (49%), Keeping CPD records (29%) and patient feedback (24%). There was also 30% that had not used any, so hopefully through doing the survey we may see click through analytics rise for the downloads of individual workbooks.

²² Q16: Do you have any concerns about giving feedback to a colleague as part of the objective activity?

| Workbooks to support objective activity | 2020-21 Percentage (%)²³ |
|--|--|
| Case based discussion | 49% |
| Keeping CPD Records | 29% |
| Patient feedback | 24% |
| Planning your CPD | 22% |
| Peer observation | 20% |
| Communication and consent | 20% |
| None | 30% |

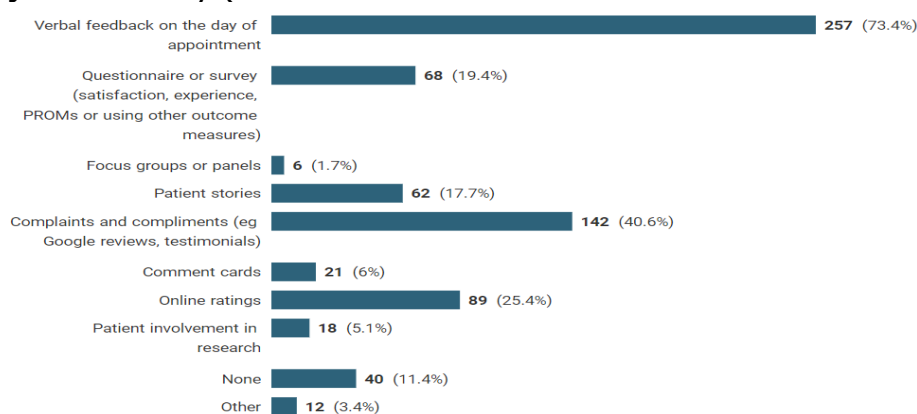
Table 8: GOsC workbook usage for objective activity

Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

38. The most popular mechanisms to give patients the opportunity to feedback being used in osteopathic practices was verbal feedback on the day of the appointment (73%), followed by complaints and compliments, e.g. Google reviews or testimonials (41%) and online ratings (25%). 19% reported undertaking questionnaires or surveys, with their patients to gauge their satisfaction, experience or outcome of treatment, which largely corresponds with the numbers reporting that they had undertaken, patient feedback, as their

²³ Q14.b If yes, have you used any of the following workbooks to help you with your objective activity?

objective activity (32%)



Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

).

Figure 5: feedback mechanisms reported being used in osteopathic practice²⁴

39. When we examine patient feedback in more detail, we see 34% report making changes to the way they practise as a direct result of comments made to them by a patient (consistent with 2019 figures and 7% increase on 2017-18 figures) (See Table 12 below). The types of changes implemented as a direct result of patient feedback tend to be around communication skills, changes to treatment techniques, changes to bookings and appointment structure, and infection control measures (see Table 10)

| | 2020 | | 2019 | | 2017-18 | | 2016-17 | |
|--|------|-----|------|-----|---------|-----|---------|-----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| During your last 12 months have you made any changes to the way in which you practise as a direct result of comment(s) made to you by a patient? | | | | | | | | |
| Percentage (%) | 34% | 66% | 35% | 65% | 27% | 73% | 36% | 64% |

Table 9: Collecting feedback from patients²⁵

²⁴ Q17 Do you currently use any of the following mechanisms to give patients an opportunity to feedback?

²⁵ Q18 and Q18a During the past 12 months have you made any changes to the way in which you practice as a direct result of comment(s) made to you by a patient?

| Theme | No. | Example quotes |
|----------------------------------|------------|---|
| Communication and consent | 28 | <p>'How to approach patients being late for appointments with sympathy rather than annoyance'</p> <p>'Speaking slower, adapting for different patients and their abilities. Asking more their expectations and their preferences'</p> <p>'Emphasis on explaining what is going to happen next in every consultation and continually reminding patients to ask questions about their treatment and treatment plan.'</p> <p>'I usually explain to patients that they may feel some reaction to treatment over the first two days but expect that to ease over days 3,4,5. One patient took that to mean cured by day 3. I now say if you do experience any reaction post treatment expect that reaction to diminish on day 3,4,5.'</p> <p>'A young patient reported back that she was really happy with the explanation I had given her as to what was causing her pain. I have made extra effort to not just give an explanation but make sure it is understood'</p> <p>'I give patients more time to tell their story during their appointment, to facilitate this I have spaced out my appointments to give more time with each patient making appointments less rushed'</p> <p>'Contact the patient on the following day'</p> <p>'Changed some of my phraseology around communicating with patients to make it more straightforward.'</p> <p>'I always aim to communicate clearly, now I routinely ask if I'm being clear & whether what I have said has made sense during the course of the consultation giving ample opportunity for further questions as a direct result a miscommunication'</p> <p>'More accurate recording of consent and communication'</p> |

| | | |
|--------------------------------------|----|--|
| | | 'Get more specified consent' |
| Treatment technique | 16 | <p>'Being more firmer, if asked'</p> <p>'Building a condition or treatment pattern? After a patient says a technique felt particularly good or they improved well then I will try and use that technique more often'</p> <p>'A few patients have been older than I am used to treating coming from a sports clinic in Australia. I was a little heavy handed with them and needed to lighten my touch'</p> <p>'One of my patients said she felt that one of my techniques was particularly effective in treating her condition, and she asked for more of it. I now ask all patients about which of my technique they find most effective/ ineffective and build this into my management plan'</p> <p>'I treat people in a side lying position more often than not now.'</p> |
| COVID-19 ad infection control | 13 | <p>'Discussed and implemented hygiene procedures'</p> <p>'We have had to learn to be very strict with all covid protocols and really put our foot down with patients who resist masking. We have always been on the gentle side so this has been a good learning.'</p> <p>'Risk assessment undertaken to ensure safety for patient and practitioner in order to comply with current regulations and guidelines for safe practice during the Covid pandemic.'</p> <p>'Increased sensitivity regarding patient's COVID concerns'</p> <p>Hygiene levels with regards to COVID. A patient asked that I wash hands with them present. I have adopted that as standard and now wash my hands in front of each patient</p> <p>'Patients who feel vulnerable are the first to be seen on a day's list'</p> |

| | | |
|--|----|--|
| | | <p>'Due to COVID I have made sure patients can contact me more readily so have given them access to my mobile number and e-mail so they can text any queries as well as being able to contact me more easily than just on a landline.'</p> |
| Changes to bookings/appointment structure | 13 | <p>'Length of appointment time increased'</p> <p>'I try to run more to time!'</p> <p>'Online bookings'</p> <p>'It was suggested that I increase the speed that I could see new patients (PROM result). I do not want to increase the days I work so I now name another Osteopath that they could phone and give out their phone number.'</p> <p>'Adjusted booking systems'</p> |
| Changes to clinic environment | 12 | <p>'Changed my clinic layout to make the treatment room feel less crowded.'</p> <p>'Changed some of my clinic documentation to make things clearer.'</p> <p>'Installed a waiting room, accepted card payments, installed a mirror in the waiting area'</p> <p>'I have tried to adjust the clinic room temperature to suit different patient's needs.'</p> |
| Aftercare | 9 | <p>'Spend more time giving aftercare advice'</p> <p>'Started to send patient exercises using a rehab package following findings from patient feedback survey'</p> <p>'Increased use of short videos for patient exercises as several patients said how useful they are.'</p> <p>I noticed from a CARE questionnaire that I was short on helping patients with self-management. Now I discuss this in more detail and point patients to online resources as appropriate.'</p> |

| | | |
|--|------------|---|
| Changes made to documentation/information | 7 | <p>'Changed some of my clinic documentation to make things clearer'</p> <p>'I have given a little more information at the beginning of the appointment, so patients know exactly what to expect as we go through the appointment'</p> <p>'Using resources to explain my clinical reasoning better.'</p> <p>'I have changed initial information sheet sent to patients to include more information on attendance at the clinic'</p> <p>'Additional questions in the case history relating to mental health issues'</p> |
| Implementation of patient feedback tool | 3 | <p>'Added chance for patients to raise comments and concerned about practice in feedback email.'</p> <p>'Developed a patient feedback form'</p> |
| Other | 11 | <p>'If a patient expresses that they do/don't like any aspect of their visit to the clinic I try to tailor to their needs.'</p> <p>'My approach to group mailshots'</p> |
| Total | 118 | |

Table 10: Changes made as a direct result of patient feedback

Standard 3: Seek to ensure that CPD activities benefit patients

40. The majority (75%) of the respondents undertook an activity in the area of communication and consent during their last CPD year (an increase of 10%) Interestingly, CPD activities where communication and consent was an element or part of the activity have increased on last year's figures (75%), increase of 38% on 2019 figures. We can also see that osteopaths are seeking CPD activities that solely focussed on the area of communication and consent (46%). We can also see that osteopaths are seeking alternative CPD activities to complete this CPD requirement, rather than undertaking a taught course, with the most popular being an online activity (e.g. webinar or group discussion), reading activity (e.g. Osteopathic Practice Standards, journals, GOsC guidance:

obtaining patient capacity to consent) and face-to-face group discussions (e.g. practice meeting or local/ regional group).²⁶

41. For over half (51%) their communication and consent- based activity related to their objective activity (e.g., case- based discussion, patient feedback peer observation, clinical audit)

| <i>If yes, which of the following communication and/or consent based activities have you undertaken in the last 12 months?</i> | <i>2020</i> | <i>2019</i> | <i>2018</i> | <i>2017</i> |
|--|-------------|-------------|-------------|-------------|
| Yes - Not a course | - | 37% | 19% | 24% |
| Yes - A course or CPD activity which featured | 75% | 45% | 27% | 20% |
| Yes - A course or CPD activity which solely focussed | 46% | 29.5% | 14% | 16% |
| A taught course | 28% | - | - | - |
| CPD Event | 32% | - | - | - |
| A face to face group discussion | 38% | - | - | - |
| An online activity | 47% | - | - | - |
| Patient stories or case studies | 30% | - | - | - |
| Reading activity | 39% | - | - | - |
| NCOR Research | 7% | - | - | - |
| Other | 2% | - | - | - |

Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

Table 11: CPD in the area of communication and/or consent ²⁷

Standard 4: Maintaining a continual Record of CPD

42. 79% of the survey sample reported being in Year 2 of the CPD Scheme at the time of completing the survey, while 12% were in Year 1 and 4% were in Year 3 and a further 4% were unsure which year of the CPD scheme they were in. Osteopaths were asked to indicate how many hours of CPD they were planning to do this year of their cycle. 52% stated that they would undertake between 21- 40 hours indicating that osteopaths were taking account of the CPD guidance that their CPD should be undertaken at regular intervals throughout the CPD cycle and are taking note of the example in the guidance given of 30 hours, including 15 hours learning with others per year.

²⁶ Communication and consent- based activities which have been frequently cited by respondents will be used to develop a resource for osteopaths to see what others are doing for CPD in this area.

²⁷ Q10c. If yes, was your communication and/or consent based activities a ...?

43. Reassuringly, only 5% reported that they would not undertake any CPD in their first year and 4% in their second year. From this we could predict that 14% of the register may complete between 1-20 hours in their first CPD year and that the GOsC's verification and assurance processes should focus on the 4% that indicate completing between 1-10 hours of CPD, so as to support these osteopaths further with their transition into the three- year CPD cycle and encourage a higher rate of hours to be completed per year to keep them on track.

| <i>How many hours of CPD are you planning to do in this year of your cycle first year of the three-year CPD cycle?</i> | Total Percentage (%) | Year 1 only (%) | Year 2 only (%) |
|--|----------------------|-----------------|-----------------|
| None | 4 | 5 | 4 |
| 1-10 hours | 4 | 5 | 4 |
| 11-20 hours | 10 | 10 | 9 |
| 21-30 hours | 30 | 24 | 31 |
| 31-40 hours | 22 | 19 | 24 |
| 41-50 hours | 8 | 14 | 6 |
| 51-60 hours | 3 | 2 | 3 |
| 61-70 hours | 2 | 2 | 2 |
| 71-80 hours | 1 | 2 | 1 |
| 81-90 hours | 2 | 7 | 1 |
| Other | 1 | 0 | 1 |
| Unsure | 13 | 10 | 13 |

Table 12: Planning CPD hours across a CPD cycle²⁸

44. When selecting CPD activities what tends to motivate them to plan their CPD most of the time is themselves (51%, a 2% decrease on 2018-19 figures) and around skill development or practise (e.g. developing and keeping up to date with clinical practise (44%) and courses that are available (43%) (1% decrease compared to 2019 figures). Osteopaths reported report more this year than they did last year that they occasionally plan CPD around their learning needs that they have identified after talking with a colleague (61% - a 4% increase on

²⁸ Q9 Which year of the CPD scheme are you in? Q9a. If yes, approximately how many hours of CPD are you planning to this year of your CPD cycle?

2019 figures). Osteopaths reported planning activities provided occasionally by either their colleagues (49%, just a 1% decrease on 2019 figures), practice development (49%), such as developing their practice, including business skills, developing a client base, introducing new technology to book appointments and record case histories and improvements to the customer journey/experience), and activities provided by specific providers e.g. GOsC, OEIs, iO, shared interest groups, local or regional groups, or commercial providers (44%)

45. Interestingly we see 41% report that their selection of CPD activities is most of the time nothing specific, to take advantage of good learning opportunities as they arise, with a further 32% doing this occasionally and a further 20% always selecting CPD activities in this unplanned and ad hoc manner (a 14% increase on 2018-19 figures).
46. Rather positively osteopaths in the sample plan their CPD activities to incorporate specific activities that are requirements of the CPD scheme, with 92% doing this to some extent whether that is always, most of the time or occasionally. Interestingly, some 75% of the sample, plan their CPD to varying degrees (occasionally, most of the time, or always), because of the evidence that is provided by the activity organisers e.g. certificates and proof of attendance²⁹ (a 18% increase 2018-19 figures). Suggesting osteopaths look out for providers that will issue certificates, and that those CPD providers that have begun to document which of the standards have been covered on their proof of attendance certificates are most popular.
47. When asked to think about their capabilities and opportunities to reflect on their practice in line with the new CPD schemes aims and objectives osteopaths generally felt confident in their ability to reflect on their practice (86%) and had access to a trusted colleague that they could discuss reflections with (66%) either always or most of the time, both of which is consistent with 2019 figures. More osteopaths this year had sought training and/or advice in order to develop their skills in reflection (44%, a 10% increase on 2019 figures) or reported when they reflect they record their experiences and reflect on their learning either always or most of the time (46%, a 15% increase on 2019 figures). Interestingly, 61% found reflection with others valuable in developing their learning, a 3% increase on 2019 figures, but 33% reported this only occasionally (a 4% decline on 2019 figures, with a further 6%, never finding reflection valuable (2% increase on 2019 figures).
48. Difficulty in undertaking reflective practice does not appear to be a concern, with 43% of the sample stating that they felt comfortable about reporting their reflections and a further 30% did not have a barrier to reflective practice (18% decline on 2019 figures) Those that did concede to facing difficulties in reflecting on their practice cite the main barriers as: 'I find allocating time to

²⁹ Q5: What motivates you to plan your CPD activities? (Please tick each of the statements according to the rating scale below)

reflect and record my reflections difficult, because it gets in the way of actual practise.’ Being ‘worried about recording things like this’ was also a significant barrier (12%, a 3% increase on 2019 figures). In contrast, ‘not sure how to’ has declined as a barrier to reflective practice (10%), a 3% drop on 2019 figures.

49. It would seem that the majority are now clearer on how to reflect, which may be possible to attribute to the vast resources available via the CPD website and the webinar provision. Similarly, these resources and online sessions may also be the reason that there has been a decline (18%) in those feeling that they don’t feel they have a barrier to reflective practice, given that those that do take part in activities often realise they could do this more effectively, particularly when it comes to recording their reflections.
50. However, as we saw last year, there is a significant proportion reporting that allocating time to do so is difficult, because it gets in the way of their actual practice. There is still a significant number of osteopaths in the sample that report being either worried about recording things like this, unsure how to reflect on their practice, or not sure what it means to reflect. This is also supported to a limited extent by our verification and assurance data which shows that the recording of the reflection does not always reflect the actual reflection.
51. In terms of recording and reflecting on CPD activities osteopaths report recording their CPD primarily by using the GOsC online diary (76%), a 65% increase on 2019 figures, thus indicating that more osteopaths are taking steps to record their CPD. A greater number of osteopaths also reported using a hard copy folder containing CPD evidence (52%), a 2% increase on 2019 figures. Less this year were using an electronic folder containing CPD evidence (24%), a 10% decline on 2019 figures, in fact ‘My own reflective diary’ (26%), was a more popular means of recording CPD than keeping electronic records.

| <i>What are the barriers that you face in reflecting on your practice?</i> | 2020* | 2019* | 2017-18 | 2016-17 |
|--|-------|-------|----------------------------|---------|
| I feel comfortable about reporting my reflections | 43% | N/A | N/A | N/A |
| I don’t have a barrier to reflective practice | 30% | 48% | 54% | 56% |
| I find allocating time to reflect a record my | N/A | 47% | - Highly reported in Other | - |

| | | | | |
|--|-----|-----|------|-----|
| reflections difficult | | | | |
| It gets in the way of actual practice | N/A | 16% | 12% | 14% |
| I find allocating time to reflect a record my reflections difficult, because it gets in the way of actual practise | 41% | N/A | N/A | N/A |
| I'm not sure how to | 10% | 13% | 16% | 12% |
| I'm worried about recording things like this | 12% | 9% | 7% | 6% |
| I'm not really sure what this means | 10% | N/A | N/A | N/A |
| Other | 8% | 6% | 9% | 9% |
| I don't consider this necessary for me and my practice | 4% | 3% | 0.4% | 2% |
| I don't understand why I should | 6% | 2% | 1% | 1% |

* Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

Table 13: Barriers to reflective practice³⁰

52. When respondents were asked to provide further details about any barriers that they face in reflecting on their practise, the main challenges cited were around time, recording, COVID-19 and having the confidence to express reflections and understanding requirements. In contrast a considerable number of osteopaths reported seeing reflection as part of everyday practise or reported having no barriers to reflection

| Theme | No. | Example quotes |
|-------|-----|---|
| Time | 22 | 'Finding time to stop and think and finding the time to fit this into a busy family life and other commitments other than work and earning a living. Not always easy and it is a constant challenge.' |

³⁰ Q7. What are the barriers that you face in reflecting on your practice?

| | | |
|-----------|----|---|
| | | <p>'Dedicating time to reflect on my practice basically means not earning for however long that it takes to do that, so that time always seems to get pushed to the bottom of the to do list even though I appreciate its importance to my practice.'</p> <p>'Time is the main one, juggling what we do with how we do it'</p> |
| Recording | 17 | <p>'I don't systematically record my discussions with my colleagues as I have them often and it would get in the way of my time.'</p> <p>'I will always reflect on things I just do not see the need to write this down. I tend to reflect with others in my clinic, but do not then record this generally.'</p> <p>'I reflect on my practice constantly, it is a daily occurrence, however I rarely record this process. Recording these reflections are cumbersome & lack nuance to be helpful however this does not mean that this process does not inform best practice.'</p> <p>'Where exactly do I record these reflections. I think about my practice all the time but don't write things down.'</p> |
| COVID-19 | 16 | Effects on practice |
| | | <p>'My practice has all but collapsed due to COVID and so reflecting upon it is not inspiring'</p> <p>'One has to have patients to reflect upon since COVID-19 my practice has dwindled away to nothing.'</p> |
| COVID-19 | | Effects on patients |
| | | <p>'Non osteo clinic time now taken up with contact tracing'</p> <p>'With the current pandemic patient care is even more in focus. There is increased anxiety from the majority of patients and their frustrations at not being able to consult as easily face to face with healthcare professionals (colleagues concur with this reality).'</p> |
| COVID-19 | | Effects on CPD and Learning with others based activities |
| | | <p>'During COVID I have not been able to attend any of the live conferences I plan or interact with others - I think there need to be an extension of the 3-year plan to 4 or 5 years to accommodate the global pandemic and impact on income, patients, face to face contact and ability to keep up with CPD requirements.</p> <p>'I am finding it really hard to attend 90 hours of courses, as a result of COVID and feel strongly that more help should be offered. The registration fee should be waived for two years and the time for doing ones CPD should be extended to five years.'</p> <p>'Pandemic unable to attend courses'</p> |

| | | |
|-----------------------------------|---|--|
| Confidence to express reflections | 7 | <p>'I sometimes find it difficult to find different ways to express the things I have taken from my learning experience.'</p> <p>'I think a lot about my practice and CPD activities but struggle to find the words to reflect(!) this'</p> <p>'I don't feel confident in reporting any reflections.'</p> <p>'I think you need to have a certain amount of self assurance to reflect objectively, some days it is hard to look at what you may not have done well'</p> |
| Understanding of Reflection | 7 | <p>'Never been taught how to do this'</p> <p>'I find the 3- year phasing harder than annual. I don't fully understand the required competences.'</p> <p>'I was uncertain whether written reflections counted as CPD hours so, if I did find time to write my reflections down, I didn't think to include it.'</p> <p>'It is not a practice I am used to and sometimes struggle to write relevant reflection.'</p> |
| GOsC and regulation | 5 | <p>'We're all always worried about getting in trouble with the register!'</p> <p>'Big Brother GOsC looking to catch me out on anything I may say!'</p> <p>'Anxiety about the scrutiny of the GOsC divides my actual and reported CPD. Mistrust in the regulator as representing and supporting the osteopathy and range of osteopathic approaches that I value in myself and others.'</p> <p>'The GOSC has developed a stick to beat the profession with and we really do not know what is defined a adequate. So we find ourselves in a-position we will always be able to be punished for and sanctioned as we fear what we are doing is never sufficient or adequate. I have never felt so vulnerable and distrusting in my whole career. The Regulator can at any time find fault and failure as we have no idea what is adequate. Fear of sanction, punishment and reprimand are the only language the profession uses to gain compliance and standards. You know whatever you now do is really about generating control through fear of sanction.'</p> |
| Fear of being judged | 3 | <p>'I feel reflecting on a difficult situation in clinic with another osteopath could lead to you being judged.'</p> <p>'I worry what others will think of my reflections.'</p> |
| Isolation | 3 | <p>'I am the sole practitioner and sometimes would like the opportunity to discuss with a fellow Osteopath.'</p> |

| | | |
|---------------------------|------------|---|
| | | 'Current isolation from others has led to reduced peer discussion' |
| Practising Abroad | 3 | 'I am working in Canada and the osteopaths and the other health professionals I work with don't understand reflective practice so it is difficult to do. We practice very differently.' 'I don't have any regional CPD group because I live outside of the U.K. and how can I join in the CPD regional group?' |
| Mentorship and privacy | 3 | 'I think this needs to be done with the help of a professional. I pay for supervision/psychotherapy this has helped me address more difficult emotions and situations provoked through work' 'We should all reflect however I consider these reflections personal and private.' |
| Woolly and Waffle | 2 | 'I feel it's just waffly and self- congratulatory we as osteopaths are listening and reassessing the patient all the time.' 'I still find [reflection] very confusing and woolly. I have done my best to get to grips with it - but I wish there was a more rigid structure that would give me more reassurance.' |
| Pointless | 2 | 'Utterly pointless. It has just complicated our CPD and is totally unnecessary.' 'I do find reflection bit of a chore. Another 'hoop' to jump through.' |
| Part of everyday practise | 10 | 'My own personal reflections I don't write because I think and talk about it on an almost daily basis. I don't consider this as CPD that I write down. I consider it part of my life and how I attend to all aspects of my work life.' 'Daily practice is a constant process of reflection so to devote specific time to reflecting and recording the reflection does not enhance my practice but is a paper exercise which once completed I don't look at again.' 'A good practitioner will reflect on every treatment they perform but not record them.' 'Reflecting practice is continuous, with every patient and every day' |
| None | 8 | |
| Total | 108 | |

Table 14: Challenges of reflection³¹

³¹ Q7.b: Please use this space to provide further details about any barriers that you face in reflecting on your practise:

Peer Discussion Review (PDR)

53. 73% currently discuss their CPD and the value of it to them with a colleague (1% increase on 2019 figures) and 89% have access to someone they can discuss their CPD activity with, including areas of skills and development, which is identical to 2019 figures. 91% also feel that they would be able to discuss concerns that may arise in practice with a trusted colleague (a 1% decrease in 2019 figures)³².
54. Respondents were asked whether they had identified who might be their Peer Discussion Reviewer under the scheme, 74% have identified who their peer might be³³ (a 16% increase on 2019 figures). From those that had identified their Peer Discussion Reviewer, 86% had agreed to undertake the role, and 68% had already had an initial conversation with them about their Peer Discussion Review or an aspect of their CPD.³⁴
55. Respondents that had not yet identified their peer for the PDR reported that they hoped to have agreed their peer by either the end of Year 2 (32%), soon as possible (27%) or towards the end of Year 3 (19%). 16% still reported that they didn't know when they would agree their peer. These respondents also reported that they hoped to have their initial conversation with their peer at either the end of Year 2 (37%) or towards the end of Year 3 (21%), with 23% still reporting that they didn't know when they would have their initial conversation with their peer.³⁵
56. Those respondents that had not yet identified their peer for the Peer Discussion Review reported the main things preventing them from doing so were (1) COVID-19, (2) It was too early to do so and (3) they had not got round to it yet.³⁶

³² Q19: Are you able to discuss concerns arising in practice with a trusted colleague? (eg about a clinical issue or about the way a practice is managed), Q19b: Do you currently discuss your CPD with a colleague? Q19b: Do you have access to someone you can discuss your CPD activity with (including areas of skills and development)?

³³ Q20: Have you identified who might be your peer for the Peer Discussion Review?

³⁴ Q20a: If yes, have they agreed to be your peer for the Peer Discussion Review?,
Q20b: If yes, have you had an initial conversation with them about your Peer Discussion Review or CPD?

³⁵ Q20ai If no, when do you hope to have this agreed with your chosen peer?, Q20bi: If no, when do you hope to have had an initial conversation with your peer about your Peer Discussion Review or CPD?

³⁶ Q20c: If no, what is preventing you from identifying your peer for the Peer Discussion Review?

| Theme | Number | Example quotes |
|---------------------------------------|---------------|--|
| COVID-19 | 15 | <p>'Due to covid restrictions peer review is made almost impossible. I had identified an osteopath, but they have had to leave the practice due to covid circumstances.'</p> <p>'I'm currently working alone. I should be working with a new colleague when this crisis is over, we will peer review each other.'</p> <p>'The pandemic/increased strain in clinical practice has pushed this back in priority list in all honesty.'</p> <p>'Not being in as much regular face to face contact with colleagues.'</p> <p>'No contact with peers for the foreseeable future, and dwindling funds that rule out attending professional courses to be held in London when restrictions are lifted.'</p> |
| It's too early | 14 | <p>'Because I have 2 years to go it's not an immediate concern to me.'</p> <p>'My 3- year cycle only began 16 months ago'</p> <p>'This won't be for about 2 years so, it feels too early to choose with peoples changing circumstances'</p> <p>'Don't need to do it yet'</p> <p>'It seems too early to be considering this.'</p> |
| Not got round to it yet | 10 | <p>'Haven't got around to it yet'</p> <p>'I just haven't done it yet.'</p> |
| Challenges in finding a suitable peer | 9 | <p>'Difficulty in finding someone suitable with the right skills.'</p> <p>'There's no one I feel I can trust'</p> <p>'Finding someone that will be useful for my professional development'</p> <p>'Finding someone who has time, is happy to do it and who I can get to'</p> |
| Indecision – Who to choose as a peer? | 9 | <p>'I am not sure who to choose'</p> <p>'Too much choice'</p> |

ANNEX B TO 14

| | | |
|-----------------------------------|---|---|
| | | <p>'More than one person to choose from.'</p> <p>'Colleagues I knew left the industry a few years ago'</p> <p>'Not really sure who to ask, feels too close to home to ask my clinic Principals.'</p> <p>'I don't want to ask the person I work for.'</p> |
| Challenges associated by location | 9 | <p>'Remote location, sole practitioner.'</p> <p>'Practising abroad - I am not longer in the UK now, so I am not too sure if I can do it with a colleague in Australia (if it will be valid)'</p> <p>'Being stuck in Canada means the only way I can do this is online so not sure how much benefit I am going to get from it.'</p> <p>'Do not want to use someone locally'</p> <p>'The only Osteopaths I know are either retired or on the other side of the world.'</p> <p>'I am in an isolated rural area with large distances between myself and my close colleagues.'</p> |
| Daunted by concept of PDR | 6 | <p>'Having never felt the need to discuss anything with anybody in 40 years simply because I have felt confident with my abilities and I am somewhat perplexed by this aspect of the CPD. Our 4 years of training taught me to be self- sufficient'</p> <p>'Sounds like a dreadful activity!'</p> <p>'Dislike the whole concept. Might cause me to leave the profession'</p> <p>'Please remember that some of us who have been in practice for over 20 years are used to the old CPD system and are taking time to adjust to thousands of new things you have brought in. This has already been a rather complicated year'</p> <p>'Lack of knowledge as to what is required.'</p> |
| Time | 6 | <p>'Not taken time to put it in place. I will do so within next weeks.'</p> |

| | | |
|--------------------------------|----|--|
| | | 'It is a discussion we have had within our practice but have not yet spent time identifying partners.' |
| Need to ask peer I've selected | 4 | 'Need to ask them if they will do it for me first' 'I just haven't formally spoken to my peers.' |
| Lack of contacts | 3 | 'Lack of networks, opportunities to meet other practitioners while practicing by myself.' 'I don't have the contacts.' |
| Other | 7 | 'I have annual appraisals in my committee roles which count as Peer reviews.' 'I have contacted a trusted colleague (via the IO website but he didn't reply...' 'On maternity leave and planning to sort out once I start practicing again.' |
| Total | 92 | |

Table 15: Things that are preventing selection of a peer for PDR

57. 46% report having been asked to be a Peer Discussion Reviewer for another osteopath (14% increase on 2019 figures), with 16% having undertaken the Peer Discussion Review for another osteopath (3% increase on 2019 figures). 17% report having experienced Peer Discussion Review of their own practice (which is identical to 2019 figures).³⁷

58. The most likely way that osteopaths in the sample know the practitioner that might be their Peer Discussion Reviewer is: (1) an osteopath they know, but don't work with directly (50%), (2) an osteopath that they work with (27%), (3) another healthcare professional (5%), and (4) through a local group (2%). We also see this year that shared interest groups, particularly the iO with their Peer to Peer matching software is beginning to be utilised by osteopaths (2%)³⁸

| Peer Discussion Review Questions | 2020 | | 2019 | | 2018 | | 2017 | |
|--|------|-----|------|-----|------|-----|------|-----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| <i>Do you currently discuss your CPD with a colleague?</i> | 73% | 27% | 72% | 28% | 77% | 23% | 76% | 24% |

³⁷ Q21.1. Have you been asked to be a Peer Discussion Reviewer for another osteopath?,-Q21.2. Have you ever experienced a Peer Discussion Review of your own practice?, Q21.3. Have you ever undertaken a Peer Discussion Review for another osteopath?

³⁸ Q21a: How do you know the practitioner that might be your peer for the Peer Discussion Review?

| | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|-----|
| <i>Do you have access to someone you can discuss your CPD activity with?</i> | 89% | 11% | 89% | 11% | 90% | 10% | 85% | 15% |
| <i>Are you able to discuss concerns arising in practice with a trusted colleague?</i> | 91% | 9% | 92% | 8% | 90% | 10% | 92% | 8% |
| <i>Have you identified or begun to think about who might be your Peer Discussion Reviewer under the new CPD scheme?</i> | 74% | 26% | 58% | 42% | 65% | 35% | - | - |
| <i>If yes, have they agreed to be your Peer Discussion Reviewer?</i> | 85% | 15% | 70% | 30% | - | - | - | - |
| <i>If yes, have you had an initial conversation with them about your Peer Discussion Review or CPD?</i> | 68% | 33% | 50% | 50% | - | - | - | - |

Table 16: Beginning to think about the Peer Discussion Review³⁹

| <i>How do you know the practitioner who might be your Peer Discussion Reviewer?</i> | 2020 Percentage (%) | 2019 Percentage (%) |
|---|---------------------|---------------------|
| An Osteopath I work with | 27% | 34% |
| An osteopath I know, but don't work with directly | 50% | 41% |
| Another healthcare professional | 5% | 5% |
| Through a local group | 2% | 2% |
| An osteopath not known to me | 0.3% | 0.4% |
| Through a shared interest group or the iO | 2% | 0.4% |
| Other | 3% | 1% |
| Don't know yet | 11% | 16% |

Table 17: Selecting a peer⁴⁰

59. The majority of the osteopathic sample are still unsure (39%) as to whether they feel prepared for the Peer Discussion Review process⁴¹, however this is a 17% drop on 2019 figures. A further 24% feel unprepared, which is in line with 2019 figures. More osteopaths reported this year than in 2019 that they have

³⁹ Q19-20b

⁴⁰ Q21a. How do you know the practitioner that might be your peer reviewer?

⁴¹ Q22: Do you feel prepared for the Peer Discussion Review process which is part of the new CPD scheme?

concerns about the PDR (28% - A 16% increase on 2019 figures)⁴². However, it is important to note that 72% report that they do not have any concerns about the Peer Discussion Review. Those that do have concerns (28%), the main concerns reported about the PDR process are detailed in Table 18

| Theme | No. | Example quotes |
|---|------------|--|
| Not sure | 22 | <p>'Not sure about the expectations on breadth and depth of discussion.'</p> <p>'I'm still not clear on expectations'</p> <p>'Not really sure what it entails'</p> <p>'Read the guidelines and it's still unclear.'</p> <p>'I still don't know how I do it though I have read it. It will be helpful if there is any YouTube video to explain the whole things.'</p> |
| Approaching something new | 16 | <p>'Generally concerned about something I have not done before.'</p> <p>'Whenever doing something the first time the concern for us is whether we do it well or properly.'</p> <p>'As I haven't done one before, I am anxious about getting it right the first time.'</p> <p>'Always stressful doing something new!'</p> <p>'It's a big unknown. I'm not sure how to do it correctly. Fear of failure.'</p> <p>'Not fluent with it and would like to have a check-in before sending off to make sure it is ok'</p> |
| Unnecessary bureaucracy/ Waste of time | 15 | <p>'I see this as an oblique form of policing.'</p> <p>'Waste of time. Not interested in another osteopath's opinion.'</p> <p>'Apart from ticking boxes I cannot see the value of this.'</p> <p>'Utterly, utterly, utterly pointless. Every practicing osteopathic agrees. Only those paid by GOsC or on the pay roll think this is helpful. It is beyond useless. An embarrassing waste of time.'</p> <p>'It is not as easy as people from GOsC claim. They are all jolly about this but Big Brother GOsC waiting to pounce!'</p> <p>'I don't feel that the process makes me a better osteopath. It feels like a hoop that I have to jump through in order to be able to practice.'</p> |

⁴² Q24: Do you have any concerns about the Peer Discussion Review?

| | | |
|---|----|---|
| | | <p>'Don't feel confident and feel fearful the sanctions threatened by the GOSC are inevitable to ensure control'</p> <p>'I am wary of anything being used against me and misconstrued in the future by the GOSC'</p> |
| Length of time | 15 | <p>'The length of time it will take and the amount of paperwork it will require.'</p> <p>'It relies on your peer putting in the effort to pick out and write up elements of your CPD which is very time consuming for them and would be easy to rush'</p> <p>'Seems very longwinded'</p> <p>'The time it will take and how I will fit it in'</p> <p>'Takes time out of practice'</p> <p>'I am concerned about the level of information I will need to provide and the length of time it will take.'</p> |
| Selecting a peer | 7 | <p>'Getting someone impartial to do the review that is not local to me.'</p> <p>'Whether I could find appropriate reviewer for myself - not sure where I can find them.'</p> <p>'Sole trading osteopaths work in a solitary environment and do not have peers they feel comfortable having such frank, open, private, conversations with. Also, if they have a local colleague from another practice, these osteopaths may see each other more as competition.'</p> |
| Lack of understanding or necessary skills | 6 | <p>'It's not part of my skillset to review others and I don't think many osteopaths have the training or skills to do this well.'</p> <p>'Lack of confidence'</p> <p>'Inexperience'</p> |
| COVID-19 | 5 | <p>'The current C-19 situation is not helpful. My focus is not on CPD as there are far more important issues at hand.'</p> <p>'How the current C-19 restrictions might impact meaningful face to face peer review.'</p> |
| Other | 12 | <p>'If I will be able to do it in Australia'</p> <p>'Well, this seems a lot of fun to prepare for.'</p> <p>'All CPD would ideally be as objective as possible, but osteopathy is not a solely academic discipline.'</p> <p>'Lacking a structure/format for this'</p> |

| | | |
|--------------|-----------|--|
| Total | 98 | |
|--------------|-----------|--|

Table 18: Concerns about the PDR process

60. Over half of the respondents have reviewed the PDR guidance and template (55%). Those that haven't reviewed these documents plan to review them either toward the end of Year 2 (38%) or as soon as possible (19%), but 25% still don't know when they will look at these documents on the PDR process.⁴³
61. The majority of osteopaths in the survey sample are going to find a peer to work with and discuss their CPD with them, but not complete the Peer Discussion Review until nearer the end of the three- year cycle (36%), an 18.5% increase on 2019 figures, indicating osteopaths are beginning to think about the PDR and make decisions for themselves in terms of what will work best for them and their practice. There is still a significant number that haven't made any plans yet as to how they might plan to prepare for the Peer Discussion Review (27%), but this has dropped by 25% when compared with 2019 figures. 9% also report leaving both finding a peer and completing the PDR until later.
62. 14% plan to complete the Peer Discussion Review on a piecemeal basis, section by section, as they meet the different elements of the scheme, this is double the 2019 figures.⁴⁴

⁴³ Q23: Have you reviewed the Peer Discussion Review guidance and template? Q23a: If no, when are you planning to review them?

⁴⁴ Q25. How are you preparing for your Peer Discussion Review?

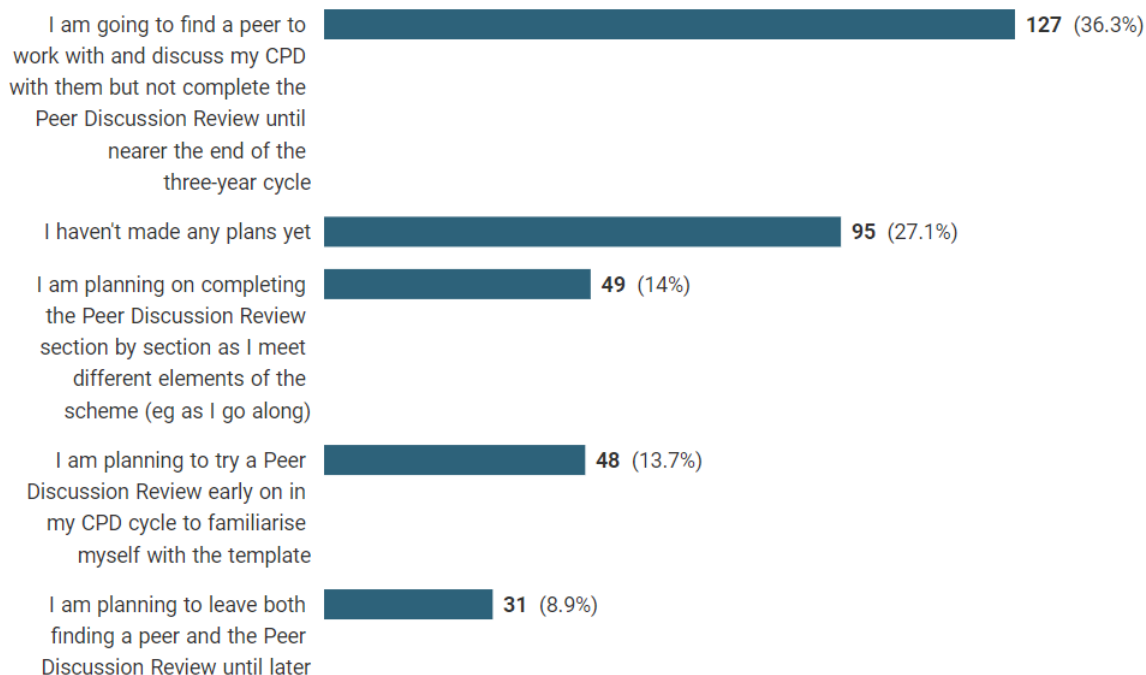


Figure 6: Preparing for the PDR

63. Table 19 indicates how helpful respondents have found individual resources relating to the Peer Discussion Review. Here we can see the articles featured in The Osteopath and CPD website were considered the most helpful resources among the respondents. The most underused resource reported by respondents were the GOsC webinars.⁴⁵

| Resource | Helpful | Unhelpful | Not used |
|--|---------|-----------|----------|
| PDR guidance and template | 54% | 6% | 31% |
| Articles in The Osteopath Magazine | 61% | 8% | 18% |
| CPD website | 57% | 5% | 27% |
| GOsC webinars | 32% | 7% | 53% |
| Meeting with peers, where you had discussed, PDR | 48% | 5% | 40% |

Table 19: PDR resources

Communication, engagement and resources

64. Although, osteopaths report that they are well aware and familiar with the current CPD Guidelines (since October 2018) (87% - a 9% increase on 2018-19 figures). From that 87% - 76% are now reporting they refer to these guidelines

⁴⁵ Q26: How helpful have you found the following resources in beginning to prepare for your Peer Discussion Review:

for osteopaths when completing their CPD activities. 88% have also looked at 'Your Guide to the CPD scheme'.⁴⁶

65. More than half the sample referred to articles in The Osteopath magazine (57%) when completing their CPD (a 4% increase on 2018-19 figures). For those that used articles in The Osteopath cited the most popular (Top 5) features as those on:

- (1) the Osteopathic Practice Standards (77%, 7% increase on 2018-19 figures)
- (2) communication and consent (70%, 6% increase on 2018-19 figures)
- (3) planning my CPD (69%, 1% increase on 2018-19 figures)
- (4) COVID updates and guidance (69%)
- (5) objective activities (55%, 2% increase on 2018-19 figures)⁴⁷

66. A small proportion refer to the GOsC e-bulletin (32%, an 14% decrease on 2018-19 figures).⁴⁸ For those that used GOsC e-bulletin cited the most popular (Top 5) features as those on:

- (1) COVID updates and guidance (69%)
- (2) Planning my CPD (61%)
- (3) the Osteopathic Practice Standards (59%)
- (4) Keeping CPD records (54%)
- (5) Objective activity (50%)

67. Under half also referred to research or peer-reviewed journals (45%) such as IJOM, NCOR or other healthcare professionals to inform their CPD (6% decrease on 2018-19 figures).⁴⁹

68. 61% reported visiting the CPD website to inform their CPD activities (a 35% increase on 2018-19 figures), but just 4% more than those using The Osteopath to complete their CPD. From those that had visited the CPD website most popular areas looked at were:

⁴⁶ Q27: Have you looked at the Continuing professional development guidance for osteopaths? Q27a: If yes, do you refer to the Continuing professional development guidance for osteopaths when completing or recording your CPD?

⁴⁷ Q29: Have you referred to articles in The Osteopath magazine when completing your CPD this year? (eg to provide you with some ideas as to how to go about a particular CPD activity, help you reflect on activities or claim reading hours) Q29a: f yes, which of the following topics in The Osteopath magazine have you found useful?

⁴⁸ Q30: Have you referred to the GOsC monthly news e-bulletin to inform your CPD? Q30a: f yes, which of the following topics in the GOsC monthly ebulletin have you found useful?

⁴⁹ Q31: Do you use specific research from peer-reviewed journals (e.g. from the International Journal of Osteopathic Medicine other research articles by NCOR, osteopathic researchers and other healthcare researchers available to all osteopaths, through the ozone) to inform your CPD?

- (1) About the scheme (79%)
- (2) How to do your CPD (66%)
- (3) COVID update and guidance (57%)
- (4) Resources (48%)
- (5) Planning your CPD (45%)⁵⁰

69. When asked about whether osteopaths would like to see any additional topics or content the key areas cited by respondents included COVID-19, the need for discussions on CPD extensions as a direct result of the pandemic, Peer Discussion Review, content relating to either practice life or specific techniques, recording and reflecting and greater use of case studies from the profession.⁵¹

| Theme | No. | Example Quotes |
|-----------------|------------|---|
| COVID-19 | 17 | <p>'COVID and the effect of being able to do CPD in the middle of a GLOBAL PANDEMIC'</p> <p>'We need a forum for discussion about the effects that COVID has had on the ability of osteopaths to complete their CPD which is mandatory in the middle of this dreadful pandemic.'</p> <p>'COVID Business support / guidance'</p> <p>'Pros and Cons of COVID-19 Vaccine? COVID-19 Vaccination (research, side effects, etc).'</p> <p>'Expanded options that do not require any face- to- face activity as a permanent pathway but instituted as a result of COVID'</p> <p>'COVID and how to get three years CPD compressed into two years.'</p> <p>'How to deal with courses that are continually cancelled due to COVID'</p> <p>'How to complete ones CPD requirements when everything you've put your name down for is cancelled'</p> <p>'How to cope with a collapsed practice, no patients lockdown covid 19 pandemic and ones inability to complete my required CPD over the three year period.'</p> |

⁵⁰ Q32: Have you visited the CPD website (cpd.osteopathy.org.uk) to inform your CPD activities?
Q32a: If yes, which of the following areas of the CPD website have you looked at?

⁵¹ Q29b: If yes, in relation to your CPD, what other topics or content would you like to see articles on in The Osteopath magazine? Q32bi: If yes, please specify the topic areas that you would like to see on the CPD microsite:

| | | |
|--|----|---|
| CPD Extension | 12 | <p>'The pandemic and why the GOsC should extend the three- year deadline'</p> <p>'We need some discussion on allowing extensions to the three- year period in which to complete our CPD programme.'</p> <p>'I am concerned that due to the pandemic I will not be able to fulfil my obligations with regards to my CPD.'</p> <p>'More options to complete CPD alone rather than with others'</p> <p>'How to resolve the fact that due to the pandemic and a collapse in my practice I will be unable without a substantial extension to be able to fulfil my CPD obligations.'</p> <p>'I would like to see osteopaths being given a substantially large extension 1 year plus to cover their CPD requirements because of COVID'</p> |
| PDR | 6 | <p>'Conversation between peer reviewer and an osteopath might be useful with a side panel of facts'</p> <p>'More examples of the Peer Discussion Reviews to refer to.'</p> <p>'Training for conducting a peer review - some practise would be useful'</p> <p>'Other Osteopaths' experiences of the Peer Discussion Review'</p> <p>'Help in finding a PDR reviewer'</p> |
| Technique/ aspects of practice life | 6 | <p>'Running a business, practice property purchases, tax and finance etc. I guess over 80% of Osteopaths must run a business. The advice on offer is almost non- existent.'</p> <p>'Marketing the lone Osteopath'</p> <p>'More technique'</p> <p>'Skill based articles'</p> <p>'Red flags in practice'</p> <p>'More articles on paediatrics and treating young people'</p> |
| Reflection and recording | 6 | <p>'The best way to organise your CPD notes. I much prefer written study and having it all together in a file. But if I was called to have my CPD reviewed, would I have to scan all the notes in and email them?'</p> <p>'How to write up CPD reflection from an academic/teaching students standpoint.'</p> |

| | | |
|------------------------------------|---|--|
| | | <p>'The best way to store your CPD notes'</p> <p>'Articles about the process of reflecting on learning.'</p> |
| Case studies | 6 | <p>'Some case studies of osteopaths who had reservations or difficulties about starting the new scheme but found interesting ways to overcome them and get engaged. This might give some ideas to others who are struggling and show not everyone is scarily efficient, it would also demonstrate osteopaths are prepared to be candid and reflective about their imperfections'</p> <p>'Case studies of other osteopaths experiences e.g. osteopaths who are also educators'</p> <p>'Case studies of osteopaths undertaking key aspects of the scheme'</p> |
| Planning CPD | 4 | <p>'Sample 3- year CPD cycle'</p> <p>'Timeline for planning the four main categories'</p> |
| Online events | 4 | <p>'More on remote, online/virtual CPD.'</p> <p>'I'd like to see more online webinars provided, as currently it's really hard to meet with others and so to get sufficient hours of CPD with others'</p> <p>'More free CPD validated and organised by GOSC.'</p> |
| Allied Health Professionals | 3 | <p>'More CPD links to closely allied Health Professions'</p> <p>'Learning with other professionals'</p> |
| Objective activity | 3 | <p>'Case based discussion'</p> <p>'Clinical audit'</p> |
| Display/Type of information | 3 | <p>'Info graphics are VERY helpful as I am dyslexic'</p> <p>'Some interesting, amusing, light- hearted and less serious articles. The only topics currently are about compliance and legalities. Not a fun read.'</p> <p>'Would like my gender, ethnicity and age reflected better'</p> |
| Too much focus on CPD | 3 | <p>'Something more interesting than the tortuous boring stuff all about CPD. GOSc should be ashamed. Each issue just serves to show GOSc are desperate to justify their existence. They have spent all our fees obsessing about CPD. And they are still obsessing and wasting money on CPD. Hence this pointless survey. Wake up. Ask 100 people in any supermarket in the UK what is an osteopath and not even 0.1% will know. Hello. Hello. We are struggling to make a living and we are paying you to obsess about peer review or our CPD. It is beyond parody.'</p> <p>'There's too much CPD in mag, would be nice to have more of a balance- there's more to life than CPD.'</p> |

| | | |
|--------------|-----------|--|
| | | 'No more CPD obsession. We are a struggling profession with qualifications that no one recognises. We are relegated to Bach flower theory specialists. Meanwhile, people can claim to practice cranial/sacral osteopathy and the general public think they are osteopaths.' |
| GOsC | 3 | 'More understanding from the governing body' 'A reduced registration fee' 'Discussion about what a load of hot air this scheme is to make you look like you're doing something' |
| OPS | 3 | 'More on communications/consent and professionalism and the safety and quality aspects of the 4 standards and CPD related activities' 'Not enough CPD Standard 3 courses - they get sold out before I know they exist.' |
| Other | 10 | 'I enjoy the revision on anatomy and differential diagnosis.' 'I would like to see group of osteopaths who are looking for another to do new CPD scheme and PDR. Also osteopaths, who live foreign countries and having the same problem.' 'Guidance for osteopath, who lives in abroad!! Web group for foreign osteopath, who are looking for someone to do virtual CPD together' 'Which are the common complaints you receive about Osteopaths in practice' 'Retirement' |
| None | 8 | 'The coverage is wide which is excellent' 'Comprehensive and helpful' 'No additional requirements needed' |
| Total | 97 | |

**Table 20: Other content would like to see communicated
Confidence about meeting the CPD requirements**

70. Reassuringly the majority of respondents feel confident about meeting the overall CPD requirements (76%)⁵². When asked about confidence levels

⁵² Q33: Do you feel confident about meeting the CPD scheme requirements?

regarding specific components of the CPD scheme, we see that osteopaths feel most confident about⁵³:

- (1) Keeping CPD records (69%)
- (2) Communication and consent (64%)
- (3) Reflection (59%)
- (4) Mapping to the Osteopathic Practice Standards (54%)
- (5) Planning CPD across a three-year cycle (52%)

71. Osteopaths were more likely to feel unconfident in meeting the following CPD requirements:

- (1) Objective activity (20%)
- (2) Peer Discussion Review (19%)
- (3) Mapping to the Osteopathic Practice Standards (18%)
- (4) Planning CPD across a three-year cycle (16%)
- (5) Reflection or Communication and consent (both 13%)

72. Osteopaths main questions about the scheme which related to feeling unconfident tended to focus on COVID related issues, the perceived complexity of the CPD scheme and the request for extensions to the CPD cycle as a direct result of the pandemic.⁵⁴

| Theme | No. | Example quotes |
|-----------------|-----|--|
| COVID-19 | 17 | <p>'It has been difficult to meet the face- to face requirements due to the current world situation'</p> <p>'The effect of the pandemic to be able to complete the scheme on time'</p> <p>'I can't get my CPD done because so much of my CPD that I have planned has been cancelled.'</p> <p>'I find it impossible to complete my CPD requirements because of the COVID situation and I want to know if the register is going to make any concessions because of the</p> |

⁵³ Q34: How confident do you feel about meeting the following elements of the CPD scheme, on a scale of 1-5?

⁵⁴Q33a: If no, what questions do you have about the CPD scheme?

| | | |
|---------------------------------|----|---|
| | | <p>pandemic such as lengthening the time that one has to complete the CPD’.</p> <p>‘Achieving the necessary hours requirement for LWO due to COVID’</p> |
| Complexity of CPD scheme | 15 | <p>‘I find it far too confusing’</p> <p>‘I find all the text confusing. I read every journal and document you send cover to cover and still I don’t really follow the language you use. I think your style of writing suits a certain type of learner, which unfortunately isn’t mine.’</p> <p>‘It’s fraught with complexity and pit falls’</p> <p>It’s an absolute mine field which quite frankly... It’s like a full-time job just to keep up to date with what nonsense!!’</p> <p>‘Why is the scheme so complicated and largely unnecessary? The previous scheme was adequate for purpose and easy to understand and complete. The amount of education and information that the GOsC is having to provide around this subject is evidence of its overly complex nature.’</p> <p>‘Why does it have to be so complex, when the idea of the new CPD scheme was to simplify CPD?’</p> <p>‘There is such a huge volume of information it is hard to take it all in.’</p> <p>‘There is a lack of clarity and I have yet to speak to an osteopath who actually understands what this new CPD is about.’</p> <p>‘How much more complicated is it going to get? Every year the CPD activity is getting more complex and taking longer to do.’</p> |
| CPD extension | 14 | <p>‘Please can we extend the time to four/five years before we have to complete the CPD cycle because of the devastating effect of the pandemic.’</p> <p>‘Will the GOsC give a time extension to complete the CPD requirements?’</p> <p>‘Give us an extension, the lockdown has meant most CPD aren’t face to face’</p> <p>‘Can I extend my three- year cycle to four years because 2020 has been wiped out?’</p> |

| | | |
|--|---|---|
| | | <p>'Due to the pandemic, I have lost much time for my CPD and will be unable to comply to the three -year timescale for the completion of my CPD. What provisions has the GOsC made for the extension of this time frame as I cannot be the only one affected by the Pandemic.'</p> <p>'Meeting the learning with other is becoming more difficult. I signed up for a course recently that promised 15 hours of learning with others. The format was changed to online due to COVID restrictions and I only received 8 hours of learning with others and the remaining six hours was categorised as working alone. During COVID restrictions, I think it reasonable to reduce the learning with others component by 50%.'</p> |
| 3 Year cycle and CPD requirements | 6 | <p>'3 years - as predicted I have lost interest in the details now. Annual CPD kept me focused, directed, and felt relatable. Fed up with webinars, missing 'actual' CPD courses. 3- year cycle was going to be difficult to maintain interest, but I've definitely lost motivation.'</p> <p>'Why is it over 3 years it was better over a year I feel I was more in control'</p> <p>'I don't feel I understand the standards and I think the process is designed to work against the osteopath'</p> <p>'It's very different and more time demanding than the old scheme, it will just take a bit of getting used to'</p> <p>'The number of hours I have to complete for communication and consent'</p> |
| PDR | 6 | <p>'Unsure of peer review process and not able to attend the GOsC webinars as working at that time'</p> <p>'I am concerned about Peer Discussion Review and activities I would normally do in person'</p> <p>'Worried about getting PDR done'</p> |
| Scheme changes causing anxiety | 5 | <p>'I have anxiety that I'm going to do it wrong.'</p> <p>'feel anxious'</p> |
| OPS | 3 | <p>'It's extremely unclear how explicit we have to be recording which OPS we satisfy'</p> <p>'I'm not always confident about which OPS theme CPD falls into, occasionally even when CPD providers document this in certification.'</p> |

| | | |
|-------------------------------------|----|---|
| | | 'What's the difference between CPD Standard 1A Communication and patient partnership and CPD Standard 3?' |
| Overseas osteopaths | 3 | 'Finding it difficult due to living overseas with no other osteopaths, and no face-to-face courses due to COVID' 'Not sure about the Peer Discussion Review now that I am not in the UK' 'Overseas osteopaths may find it difficult to find CPD's relevant to GOSc standards' |
| Objective activity | 2 | 'Concern regarding satisfying objective activity' 'Generally unsure about objective activity' |
| GOSc | 2 | 'What is the point of Peer Discussion Review? Totally, pointless. We are struggling to pay GOSc fees, we don't need any more hoops to jump through.' 'I would like more input from GOSc - perhaps a video of a good peer to peer.' |
| Pointless/ tick box activity | 2 | 'I can cite only 2 courses out of what is available that have made any difference to me. I find most of what I've attended to be regurgitated material and the time and expense is for some possibly too much' 'I need to review it again, but it's not something high on my priorities at the moment, heart and soul feels it's a box ticking exercise' |
| Other | 8 | 'I will meet them, but at the moment, "confident" is not a word I would use!' 'Not confident at all' |
| Total | 83 | |

Table 21: Concerns respondents have about the CPD scheme that are affecting confidence

Impact of COVID-19 on CPD and practise

73. The majority of respondents found themselves with cancelled or postponed CPD activities, events or courses as a direct result of the pandemic (79%). Typically for the majority this involved between 6-20 CPD hours being cancelled or postponed (69%), with a further 13% losing 20+ CPD hours and a further 8%

losing 30+ CPD hours. Very few respondents reported being able to replace these cancelled or postponed events (37%).⁵⁵

74. Those that were able to replace these cancelled or postponed events found that replacement activities typically were less CPD hours than they had originally scheduled (42%) or that they had to do more online activities to equal the face-to-face events that was cancelled or postponed (24%). Only 17% had exactly the same amount of CPD hours, they had originally planned for. However, 18% did also report having more CPD hours than originally scheduled.⁵⁶

75. The extent to which COVID has affected respondents CPD in relation to the key elements of the CPD scheme seems to indicate that osteopaths are most affected either significantly or very significantly by the pandemic in relation to:

- (1) Learning with others activity (70%)
- (2) Objective activity (45%)
- (3) Peer Discussion Review (41%)
- (4) Communication and consent- based activity (41%)
- (5) Planning CPD (39%)⁵⁷

76. The majority reported that the pandemic had either not had any or had very little impact on their recording CPD (82%) and reflecting on CPD (77%).⁵⁸

77. Respondents reported that activities involving learning with others in association with key CPD providers were most affected by those activities (either completely or somewhat), which were run by:

- (1) local groups e.g. regional society CPD groups, local practices or linking with colleagues in your own practice (70%)
- (2) other healthcare professionals (58%)

⁵⁵ Q35: Have any of your CPD activities/events/courses that you had previously scheduled been cancelled or postponed as a result of COVID-19? Q35a: How many CPD hours did this cancelled or postponed event(s) involve? Q35b: Were you able to replace these cancelled or postponed event(s) with an online virtual activity instead?

⁵⁶ Q35b: If yes, did this replacement CPD activity provide you with:

⁵⁷ Q36: To what extent has COVID-19 affected your CPD in relation to the following key elements of the scheme:

⁵⁸ Q36: To what extent has COVID-19 affected your CPD in relation to the following key elements of the scheme:

(3) Osteopathic Educational Institutions (56%)⁵⁹

78. Most report not having any concerns about completing their CPD as a result of the pandemic (59%). However, from the 41% that do have concerns, the key themes of these concerns were around learning with others, fears around actually being able to complete the scheme, concerns about having to undertake online CPD, cancellation of courses/ events and being short of the required number of CPD hours.⁶⁰

| Theme | No. | Example quotes |
|---|------------|--|
| Learning with others | 29 | <p>'Feel my hours learning with others will be reduced'</p> <p>'I will struggle to complete the learning with others requirement.'</p> <p>'Learning with others is mainly consisted of webinar style activities which have more limited interaction than other face to face activities.'</p> <p>'I prefer to learn through interactive, in person experience and this has been stopped. Access to other osteopaths is now very limited.'</p> <p>'I've had to change the ratio of learning with others and learning by myself and also the type of CPD'</p> <p>'Need face to face contact to progress'</p> <p>'What now constitutes learning with others'</p> |
| Completion fear | 13 | <p>'I fear that I'm not going to be able to complete it'</p> <p>'Worried I won't be able to complete all the required hours in the time remaining of my CPD cycle'</p> <p>'I will be unable to complete my CPD cycle because of COVID'</p> <p>'Concerned about not being able to complete 90 hours'</p> |
| Concerns about online activities | 12 | <p>'I am currently carrying out most CPD online. Some of it counts as learning with others but is it good enough.'</p> |

⁵⁹ Q37: To what extent has COVID-19 affected your CPD activities which involve learning with others in association with the following CPD providers:

⁶⁰ Q38. Do you have any concerns around completing your CPD cycle as a result of COVID-19? Q38a. If yes, please provide further details about your concerns:

| | | |
|---------------------------------|----|---|
| | | <p>'I feel the quality of CPD will be affected by doing it all online.'</p> <p>'I don't enjoy online courses or CPD so I've missed out on face to face CPD.'</p> <p>'I really benefit from being in a group learning situation in real time and face to face. I find zoom stilted and unnatural as a shared experience'</p> <p>'Some CPD courses of interest are, to me, too long to be held online. It is very tiring to be online for long periods of time'</p> <p>'I like hands on courses, I feel the online ones are not as good, my temptation is to wait until after covid to attend a course, my fear is I'll run out of time to do this'</p> |
| CPD Cancellations | 11 | <p>'Most of it is cancelled!'</p> <p>'Most my planned activities were congresses and events that were cancelled due to COVID'</p> <p>'Completing hours had planned for taught course that have been cancelled'</p> <p>'As courses are cancelled, I have been trying to find resources for CPD with others another way but there are not many as far as I can see.'</p> <p>'I will not be able to complete my CPD obligation because of the number of courses cancelled due to COVID'</p> |
| Being short of CPD hours | 11 | <p>'Possibly might be short of a few hours'</p> <p>'Lack of hours'</p> <p>'This year I will struggle with the hours.'</p> <p>'Not being able to get the correct amount of hours'</p> |
| Prefer taught courses | 8 | <p>'I do prefer to do courses, but I am wary of any face- to face courses at present.'</p> <p>If COVID goes on for rest of 2021, will struggle to go on course and complete hours with others and will have to make this up with lots of webinars to complete cycle.</p> <p>'I attended a lot of courses which are not available'</p> |

| | | |
|---|----------|---|
| <p>Extension of 3 Year Cycle requests</p> | <p>7</p> | <p>'I feel I need extra time with reduced requirement of hours'</p> <p>'I have lost a year of CPD and I require more time to make up for this loss due to reasons beyond my control'</p> <p>'My obvious concern is whether I can get an extension of time with the GOsC. I find them to be "user unfriendly".'</p> <p>'Due to the impact of the pandemic my CPD obligations cannot now be met and I will require a significant extension in terms of Time probably a further 18 -24 months to complete my obligations.'</p> <p>'Unless I get an extension, I will not be able to complete my obligations'</p> |
| <p>PDR</p> | <p>6</p> | <p>'I want to perform peer review, and it involves a covid risk.'</p> <p>'Meeting others to carry out a peer review, and discussions may breach of travel and contact restrictions.'</p> <p>'Completing peer review it is necessary to be in the same room with osteopath and patient maybe more than once-this is not possible.'</p> |
| <p>Time</p> | <p>6</p> | <p>'I have not had enough time to complete my CPD because of Covid19 and lockdowns'</p> <p>'Time to complete the range of things needed as there is a big focus on COVID risk, assessments and keep the clinic going during these challenging times.'</p> |
| <p>Planning CPD</p> | <p>4</p> | <p>'I am grabbing at anything opposed to doing things that are useful and will develop me. I feel like I will paying lip service to the CPD scheme, it will be a tick box affair, where I will meet the criteria you lay out, but the experience of doing it won't be of much use to my personal growth as I can't do any courses that have value to my needs.'</p> <p>'I can probably complete the cycle, but it will be a question of doing what is on offer just to fulfil the hours rather than be able to plan ahead with those activities I really want to do'</p> <p>'I can see myself seeking out CPD in order to achieve "with others" hours as opposed to doing the "with others" courses that I would like to do.'</p> |
| <p>Technique based CPD for hands-on profession</p> | <p>3</p> | <p>'Concerns about completing CPD that I find interesting, specifically about learning new techniques which I find more engaging and learn better in person which is difficult in the current climate. I don't like the idea of completing online webinars for CPD just because I need to complete the hours.'</p> |

| | | |
|----------------------------|----|---|
| | | <p>I would rather base it around what area of OPS/CPD I need to fulfil or interests.'</p> <p>'Restrictions on being able to get together for physical technique classes and in-person learning.'</p> |
| Anxious | 3 | <p>'What do you not understand I cannot complete my CPD in the given cycle I have had courses cancelled and not replaced my practice is ruined my savings are gone I can't pay my invoices life is extremely difficult'</p> <p>'Speak with any of us! We are run off our feet, exhausted. Working with very anxious clients. Protecting our patients and ourselves to the best of our ability. Massive demands on our time to triage, clean, source and order PPE. Financial worries over reduced capacity for patient numbers. Literally no time for CPD'</p> <p>'I am hugely anxious about meeting requirements and think the prior plan of adding self- choice to activities needs to be added as a category now and in the future and each osteopath explains its relevance to practice as it was prior to the inception of the 3-year scheme and return to the old 1-year scheme.'</p> |
| Overseas osteopaths | 2 | <p>'It will be much harder to do in class CPD here in Victorian Australia as restriction are much tougher and nothing is happening. And we cannot go in another state to complete CPD'</p> <p>'I need to do courses in the UK as Canada is rubbish however I am not allowed to fly to the UK at the moment, without having to quarantine for 14 days on return. Also I do not want to travel to a country with high covid numbers from a province that currently has zero cases.'</p> |
| GOSC | 3 | <p>'Simply I don't care about GOSC and their requirements at the moment'</p> <p>'GOSC weren't very supportive with respect to renewal of registration fees considering the financial impact we as Osteopaths have endured.'</p> <p>'I fear the GOSC will use any error to sanction me'</p> |
| Other | 17 | <p>'I'm tired, fed up and concentrating on keeping everything in my Osteopathic Practise 100%. - CPD is not on my radar at the moment.'</p> <p>'My mental health has been greatly affected.'</p> |

| | | |
|--------------|-----|--|
| | | <p>'Just worried about my age being in a vulnerable group and concerns with the meeting people.'</p> <p>'I'm too stressed out about money and depts to care about CPD.'</p> <p>'My focus has been about maintaining the practice and patient care during a difficult time and not focusing on CPD requirements.'</p> |
| Total | 135 | |

Table 22: Concerns about CPD due to the pandemic

79. Also, very few respondents reported needing support with their CPD as a result of the pandemic (27%). The main requests for support were about needing more time and an extension to complete their CPD cycle, needing more provision of online CPD webinar activities and reductions in learning with others CPD hours or registration fees.⁶¹

| Theme | No. | Example quote |
|----------------------|------------|---|
| More time/ extension | 36 | <p>'SimpleMORE TIME . Sadly, I have already explored that avenue directly with the GOSc and they took an uncompromising stand.'</p> <p>'More time if can't make up hours by time cycle comes to end'</p> <p>'More time and for the year 2020-2021 to be written off. Make this a 4- year cycle not a 3- year cycle.'</p> <p>'I need help in the form of extending the length of time we have to complete the programme from three years to five.'</p> <p>'I believe it should be extended to a 4- years cycle'</p> <p>I asked if I could have extra time due to giving birth 3 months before lockdown. I was told no.'</p> |

⁶¹ Q39: Do you need support with your CPD as a result of the COVID-19 pandemic? Q39a: If yes, what support do you need with your CPD as a result of COVID-19?

| | | |
|--|----|--|
| | | <p>'A time extension of 1 to 2 years and more courses made available when the pandemic has passed'</p> <p>'I need a substantial time extension of 18-24 months to complete my CPD obligation'</p> <p>'Need the GOsC to agree a general extension and a significant period at that (18-24 Months) for Osteopaths to deal with the catastrophic effects of the pandemic on their practices and allowing them time to build up their practices and thus regain some semblance of normality and complete their CPD requirements.'</p> |
| More online webinar activity | 19 | <p>'Webinars or CPD events with larger number of hours accumulated, as fewer hour activities are difficult to plan.'</p> <p>'More online CPD. The January Osteopath magazine is advertising 8 webinars which is great so more of these please!'</p> <p>'Providing opportunity to cover CPD with others, possibly with not much cost as my business has been suffering'</p> <p>'Really enjoyed the webinars which got me on track with my CPD'</p> <p>'Found it so much easier to do CPD with others due to increasing use of webinar. As a northerner I never had much choice of CPD but now I have as much choice as I could ever need. I have learnt so much more which has increased my interest in doing CPD.'</p> |
| Reduction in learning with others or costs of registration fee | 10 | <p>'To have all the hours that I've not worked but have fully paid for GOsC and insurance taken into consideration so that this year's not working hour reduce CPD requirements.... otherwise, I'm done with GOsC and Osteopathy.'</p> <p>'A reduction in the ridiculous, over inflated cost of being a GOsC member. Is all GOsC do is obsess about CPD and then police it to</p> |

| | | |
|----------------------|---|---|
| | | <p>a ludicrous degree. They totally waste our money on surveys like this one'</p> <p>'A reduction in the learning with others requirement.'</p> <p>'I'd like the hours requirement to be reduced'</p> <p>'Some allowance/leeway on target hours'</p> <p>'Being able to do more learning by oneself'</p> |
| Learning with others | 4 | <p>'The GOSC hasn't been helpful on guidance on how learn with other will be considered in the CPD from March 2020'</p> <p>'Help doing CPD with others'</p> |
| GOSC | 3 | <p>'Understanding that it may not happen and a suspension of the GOSC's usual confrontational approach to osteopaths'</p> <p>Help with getting it on to the GOSC website which has malfunctioned in the past. Feeling that the GOSC is not supportive of paper based CPD'</p> <p>'I called up GOSC to ask and was told my CPD missed on one year rolled to the next...so I guess there isn't much anyone can do. Recorded webinars are ok that I can watch in my own time so that's all I can do really!'</p> |
| New Scheme | 2 | <p>'Confidence to know that extra time allowances will be provided if need; both because, this is the first time we're going through this new 3- year CDP method cycle and effects of COVID on access to courses. Additionally, COVID has been VERY wearing on many of us, both working in practice and out of practice.'</p> <p>'I feel I have done very minimal CPD as a result of COVID-19 and am unconfident that I am correctly mapping it with the GOSC four themes'</p> |

| | | |
|---------------------------------|-----------|--|
| Wont be penalised | 2 | 'Reassurance that with some much cancelled I will not be penalised as I can't do it' 'Reassurance that if I do fall short of hours that I won't be removed from the register' |
| Specific elements of CPD scheme | 2 | 'Broader availability of topics to cover all 4 OPS themes online.' 'Finding a peer' |
| Other | 15 | 'I probably need some counselling.' 'As what to do and what is expected I feel hopelessly lost' 'Motivation, direction, relevance and interest' 'I could do with a lot of help with CPD. My focus is on keeping my patients safe and continuing to practise at a very high level of competence.' 'Regular updates, examples of overcoming the restrictions of C19 and without compromising compliance' 'Someone to explain what I exactly have to do for the new scheme' 'Sharing of ideas and experiences ...to reflect the range of responses of osteopaths to the changed environment e.g. stories from the pandemic' |
| Total | 93 | |

Table 23: Areas of support reported as a result of the pandemic

80. In terms of specific resources produced, as a direct result of the pandemic, respondents reported that they found the infection control guidance, the COVID-19 updates and The Osteopath COVID-19 issues the most useful resources.⁶²

⁶² Q40: How helpful have you found the following GOsC COVID-19 resources?

| Resource | Helpful | Unhelpful | Not used |
|---------------------------------|---------|-----------|----------|
| COVID-19 updates | 70% | 20% | 5% |
| Infection control guidance | 71% | 16% | 7% |
| YouTube infection control video | 39% | 13% | 45% |
| The Osteopath COVID-19 issues | 67% | 13% | 11% |
| GOsC website COVID-19 section | 59% | 17% | 15% |
| COVID-19 mailbox | 16% | 14% | 62% |

Table 24: Useful COVID-19 resources

Conclusions

81. A number of key messages have emerged from the CPD evaluation survey 2020-21 which will inform our communication messages and resources based on data insights. Some initial thinking is outlined below.

82. The CPD Evaluation survey sample is less representative of those aged 31-40 and 41-50 years of age, (see paragraph 11). Based on these demographic findings we are beginning some qualitative research by holding a series of focus groups during February- March 2021, with both students and osteopaths who have:

- a. experienced a disadvantage because of a particular protected characteristic
- b. lived experience of disabilities or health conditions

83. These focus groups will help to inform our draft Guidance for Osteopathic Pre-registration Education and begin to enrich our understanding of some of the key differences detailed in the cross tabulations (see Points 12-15) and how best to support these key groups moving forward.

84. Most osteopaths reported feeling confident about meeting the overall CPD requirements, particular in relation to keeping CPD records, communication and consent and reflection. Areas that osteopaths feel less confident about are the objective activity and the Peer Discussion Review.

The four themes of the Osteopathic Practice Standards

85. More osteopaths are using the OPS to identify their learning needs (+19%) and linking or mapping (+41%) their CPD content to the OPS via a variety of methods (see Points 28). This is an extremely positive finding as it goes beyond

awareness to reported use of the OPS to inform practice. We have also managed to obtain from the survey sample an idea of how osteopaths map their CPD to the OPS themes (see Point 29) which will prove insightful in the GOsC verification and assurance processes.

86. We are seeing that CPD is being done across the four themes of the OPS, but slightly lower proportion still in Theme D: Professionalism, which still needs highlighting as a CPD activity. It is important to note that CPD opportunities from COVID around Safety and Quality in practice, including candour and reading up on this area to inform health and safety and risk assessment policies is likely to be something all osteopaths have done but may not have recorded.
87. We still need to undertake some work around professionalism and how this standard might be addressed in terms of undertaking CPD activities, primarily by developing some online resources and materials around this and also working in conjunction with the accredited osteopathic educational institutions via some qualitative work.

Undertaking an objective activity

88. Osteopaths are continuing steadily to undertake objective feedback as part of their CPD (+11%). We have seen evidence that once an osteopath tries out objective feedback, they are more likely to see the benefit of doing so to their practice and try another type of objective activity. Instances of case-based discussion have increased (+11%) and patient feedback appears to be increasingly popular this year among osteopaths. Understandably, we see a drop in peer observations this year as a direct result of the pandemic. More osteopaths have undertaken learning with others activities with providers that have made online CPD provision possible this year and an obvious pull in this direction was the need for CPD on enhanced infection control guidance during the pandemic and perhaps in some ways a greater need for building community amongst the profession to support each other during unprecedented times (see Point 5-27). We also see consistent with 2019 figures that feedback from patients continues to be implemented into practices, continues to show a "values based approach" being adopted to practice (See Paragraph 39).

CPD in communication and consent

89. The majority of osteopaths responding to the survey undertook CPD in the area of communication and/or consent (+10%) CPD activities where communication and consent was an element or part of the activity have increased (+38%). We can also see that osteopaths are seeking CPD activities that solely focussed on the area of communication and consent, as well as seeking alternative CPD activities to complete this CPD requirement, rather than undertaking a taught course (see Points 40 and 41). Over half have related their communication and consent-based activity with their objective activity This shows that this key area is clearly cemented into osteopaths' practice

Recording CPD and resources

90. The majority report that they will complete between 21-40 hours of CPD in their first CPD cycle, indicating that osteopaths were taking account of the CPD guidance that their CPD should be undertaken at regular intervals throughout the CPD cycle and are taking note of the example in the guidance given of 30 hours, including 15 hours learning with others per year. 4% may complete between 1-10 hours of CPD this year and it is these osteopaths that the GOSc's verification and assurance processes should focus on (see Point 42 and 43).
91. Osteopaths generally felt confident in their ability to reflect on their practice and had access to a trusted colleague that they could discuss reflections with either, both of which is consistent with 2019 figures. More osteopaths this year had sought training and/or advice in order to develop their skills in reflection (+10% increase on 2019 figures) or reported recording their reflections more often (+15%) (see Point 47).
92. Difficulty in undertaking reflective practice does not appear to be a concern, (-18%) The main barriers to reflection reported were finding allocated time to reflect and record difficult, because it gets in the way of actual practice. There is still a significant number of osteopaths in the sample that report being either worried about recording things like this, unsure how to reflect on their practice, or not sure what it means to reflect (Points 49 and 50). This is also supported to a limited extent by our verification and assurance data which shows that the recording of the reflection does not always reflect the actual reflection.
93. Our experience of webinar work with groups of osteopaths is that identifying changes in practice as a result of an objective activity can be difficult. It requires confidence and support. It may be that there is not a common understanding of 'reflect' and this is something that we need to work on as well as giving time for the GOSc recording tools/ templates that have been devised to be used in osteopaths CPD practise.

Peer Discussion Review

94. Most have identified who might be their Peer Discussion Reviewer (+16%) and increasingly more osteopaths report being asked to be a Peer Discussion Reviewer for another osteopath (+14%). Few report having experience of a Peer Discussion Review of their own practice (17%), which highlights concerns for some (see Point).
95. The most likely way that osteopaths in the sample know the practitioner that might be their Peer Discussion Reviewer is: an osteopath they know, but don't work with directly, an osteopath that they work with, another healthcare professional or through a local group. We also see this year that shared interest groups, particularly the iO with their Peer 2 Peer matching software is beginning to be utilised by osteopaths.

96. Fewer osteopaths are unsure whether they feel prepared for the Peer Discussion Review process (-17%) and the majority report that they do not have any concerns about the Peer Discussion Review. However, in line with 2019 there are still a significant number that feel unprepared and more osteopaths reported this year that they have concerns about the PDR (+16%)
97. Over half of the respondents have reviewed the PDR guidance and template, but 25% still don't know when they will look at these documents on the PDR process.
98. Those that have begun to make plans to prepare for their Peer Discussion Review are more likely to find a peer to work with and discuss their CPD with them, but not complete the Peer Discussion Review until nearer the end of the three- year cycle (+18.5%), indicating osteopaths are beginning to think about the PDR and make decisions for themselves in terms of what will work best for them and their practice. The number that haven't made any plans yet as to how they might plan to prepare for the Peer Discussion Review is still significant, but has dropped considerably (-25%).
99. More osteopaths than last year are planning to complete their Peer Discussion Review on a piecemeal basis, section by section, as they meet the different elements of the scheme (+7%), perhaps proving communications on this through webinar activity are beginning to filter through the osteopathic community.
100. We need to continue facilitating PDR and webinars on the Peer Discussion Review process, and in particular promoting case- based discussions with a trusted colleague as a good way to develop their skills in giving and receiving feedback and help them feel confident about undertaking their Peer Discussion Review.

Communication, engagement and resources

101. The use of the GOsC resources to plan their CPD have in most cases continued to improve this year e.g. CPD guidelines (+9%), The Osteopath (+4%), website (+35%), This is most likely to be a direct result of the work undertaken by the Communications team to improve access and navigate-ability to resources and increase awareness of these resources. Unfortunately, numbers reporting using the ebulletin had declined (-14%). This is clearly something we need to be aware of going forward, particularly, if we envisage the e-bulletin to be one of our main avenues to communicate messages to the profession on mass. Respondents also reported wanting to see additional topics or content in the following key areas: COVID-19, the need for discussions on CPD extensions as a direct result of the pandemic, Peer Discussion Review, content relating to either practice life or specific techniques, recording and reflecting and greater use of case studies from the profession.

Impact of COVID-19 on CPD and practise

102. Most osteopaths have found themselves with cancelled or postponed CPD activities as a direct result of the pandemic, typically affecting between 6-20 hours of CPD, but for some even substantially more.
103. Few osteopaths have been able to replace these lost CPD hours and for those that have it has resulted in less CPD hours than they had originally planned or for them needing to do more online activities to equal the face-to-face events that have been cancelled or postponed, as typically online events tend to be shorter in duration.
104. Learning with others based activities have been most affected during the pandemic with key providers such as local/regional groups, other health care professionals and OEIs being affected hardest.
105. A significant proportion (41%) also reported having concerns about completing the scheme as a direct result of the pandemic (see Point 78). However, few reported needing support with their CPD as a result of the pandemic (27%), but those that did were around needing more time or an extension to complete their CPD cycle (see Point 79), which is obviously something GOsC needs to review in light of this evidence.