



Council
12 November 2015
CPD scheme consultation analysis and implementation plan

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| Classification | Public |
| Purpose | For discussion |
| Issue | A report on the 16-week public consultation on proposals for a revised scheme of continuing professional development for osteopaths, conducted by the GOsC between 9 February and 31 May 2015, and an indication of next steps. |
| Recommendation | To consider the findings of the 2015 CPD consultation and the further development of a new CPD scheme for osteopaths. |
| Financial and resourcing implications | The costs of commissioning an independent analysis of consultation data was contained within the budget for this project. No costings have yet been developed for the implementation phase of the new scheme. |
| Equality and diversity implications | The analysis of the consultation feedback sought to identify any gaps in information from key stakeholders and potential impact on specific groups. These will be addressed in further development plans. |
| Communications implications | The independent report on the findings of the GOsC 2015 CPD consultation will be published in full on the GOsC websites, and its implications for the further development of a new CPD scheme for osteopaths will be highlighted to the osteopathic profession and other interested parties. |
| Annex | Analysis of consultation data on a new scheme of CPD for osteopaths. Abi Masterson Consulting Ltd, September 2015. |
| Author | Brigid Tucker |

Background

1. In November 2014 Council approved plans to consult widely on proposals for a new continuing professional development (CPD) scheme for osteopaths. The proposed scheme has been developed over a number of years in close consultation with all our stakeholders. The primary aim of the scheme is to satisfy public expectations that osteopaths remain up to date and fit to practise.
2. An extensive 16-week public consultation on the CPD proposals was conducted by the GOsC between 9 February and 31 May 2015. A report on the CPD consultation strategy was considered by the Council at its meeting in July 2015.
3. The communication and engagement strategy underpinning the consultation recognised the need to present a large volume of information, adequately adapted for a range of professional and lay audiences. A wide range of materials and media, including online videos, comprehensive consultation documents, case studies, and questions and answers, were produced to inform the consultation and published on a bespoke microsite linked to the GOsC websites.
4. Feedback was collected in a variety of ways, using several different formats and approaches. An online response mechanism was supplemented by options for submitting feedback by post or email. In addition, views were gathered through GOsC regional 'listening events' and meetings with undergraduate and post-graduate education providers.
5. An independent agency with appropriate experience of consultation analysis, Abi Masterson Consulting Ltd, was appointed to analyse the consultation feedback, provide a fresh perspective, and produce for the GOsC a report on the findings, along with recommendations for further consideration. The report was considered by the Osteopathic Practice Committee at its October 2015 meeting and can be found at the Annex.
6. In line with our commitment to transparency, the consultation report has been published in full on the GOsC website and will be highlighted in the professional media. The report has also been shared with osteopathic organisations, the osteopathic education and CPD providers, and with our network of regional osteopathic groups, a number of which played a central role in developing and testing key elements of the proposed scheme. This report, including plans for further development, has also been shared with the GOsC Public and Patient Involvement Group.
7. This paper asks Council to note the consultation feedback, note that the level of support indicated by respondents provides a mandate for the GOsC to proceed with the proposed new CPD scheme for osteopaths, and consider the range and nature of activities identified for the further development and implementation of the scheme.

Discussion

CPD consultation overview

8. Responses to the 2015 CPD consultation were received from a wide range of stakeholders, including osteopaths, patients and the public, health regulators, osteopathic education providers and osteopathic professional bodies. This meets the GOsC's aim of drawing on the views of all sectors in shaping a system that has the support of the profession and the confidence of the public.
9. Overall, there was broad support for the proposals across all key stakeholder groups, with more than two-thirds agreement for that proposed. A clear majority welcomed the changes as introducing into the existing CPD scheme a clearer structure and purpose. Many welcomed the scheme's potential for supporting the osteopathic community, promoting and increasing interaction between osteopaths, a factor widely considered likely to strengthen and consolidate the osteopathic profession.
10. Although the volume of information provided for consultation was for some overwhelming, respondents who attended 'listening events' were strongly positive in their responses, observing that the opportunity to discuss the proposals with colleagues and the GOsC dispelled anxiety.
11. Against this, the qualitative feedback summarised in the consultation report will be crucial to refining and further developing the proposed CPD scheme, providing useful insight into attitudes and opinions, and highlighting for the GOsC areas of concern, confusion and need for support.
12. More work with the profession is needed to build confidence that the system will enhance the quality of patient care, reassure patients, and increase public protection.
13. Opinion is divided on the Peer Discussion Review element with regard to its desirability and feasibility and who can/should be a reviewer, training, role of the regional groups, appeals/complaints, the audit process, and charging. This aspect of the scheme, above all, will benefit from the development of more, detailed information that is accessible and osteopath-led.
14. The GOsC should be aware that there are subgroups within the profession that are likely to require particular attention and support with implementation, including those who do not use IT, part-time practitioners and those practising abroad, those who are on more than one professional register, and those with dyslexia. Geography and its impact on availability of CPD events, high-speed broadband, etc, should also be taken into account.
15. We need to ensure that all supporting information is concise, accessible, jargon-free and relevant. The use of video material and Q&As as communication methods would be welcomed.

16. Elements of the CPD proposals that received significant praise and are thought likely to work well and be beneficial to patients and the profession, include:
- The 3-year cycle and more flexibility around the hours
 - More structure in the CPD scheme
 - Compulsory components of CPD
 - Focus on reflective practice
 - Encouragement to seek patient feedback
 - Use of videos and online learning materials.
17. Implementation should include facility for regular evaluation of the process to assess impact, including resource implications for the GOsC and individual osteopaths, CPD provision, operational demands on regional societies and other osteopathic organisations. Plans should be in place for periodic review of the system, including the compulsory elements of CPD.

Mandate for further development

18. It is evident from the consultation that broadly the proposals for enhancing the CPD scheme for osteopaths are supported, by the osteopathic profession and by those representing patients and the public interest. This signifies for the Council a mandate to progress the development of a new CPD scheme along the lines of the proposed model.
19. The consultation sought also to identify potential weaknesses or areas for improvement in the proposed model and its operation, to understand the concerns of registrants, who will be expected to comply with the scheme's requirements, and to encourage thinking about resources and support that will help the scheme over time to flourish and enrich the quality of osteopathic practice and care. The consultation report has captured a large quantity of very specific feedback (see, for example, Appendix 2: 'Detailed suggestions for improvement – regarding the CPD scheme itself' and 'Perceived areas of contradiction/ambiguity'). This information is crucial to the further development of the scheme and a CPD Scheme Issues Log will be created to ensure that all matters identified through the consultation, or become apparent as the project progresses, are captured and systematically addressed.
20. The emerging new CPD scheme has benefited greatly from the input of stakeholders at every stage, particularly individual osteopaths, osteopathic organisations, and osteopathic regional groups, who have developed and tested key elements of the proposed scheme. Continuing this close collaborative approach will be essential to ensuring a workable scheme that is considered by all to add value. For osteopaths and those using their services, attitudes to continuing professional development are closely linked to perceptions of professionalism. It is important for a maturing profession, therefore, to 'take ownership' of its CPD scheme, embracing and promoting this as the central force driving up professional standards. As such, we will continue to evolve our underpinning communications and engagement strategy, as a vital strand of this project. It is important that information exchange is continuous, current and

applies all the channels we have available to us. The consultation report identified consultation mechanisms that have worked well in the process to date – including videos, online Q&As, and face-to-face meetings – and it is proposed we continue to apply these mechanisms in the post-consultation development phase.

Further development of the CPD scheme

21. A GOsC Senior Management task group has conducted a preliminary review of the consultation feedback and existing CPD administration infrastructure to formulate a project plan for the next stage of development. A high level overview of the key elements of the project is described in the table below. These include a series of initial propositions in relation to the requirements of the scheme and its administration, all of which will be subject to further detailed consideration and Council agreement.
22. The consultation feedback indicates wide support for the core concepts of the proposed CPD scheme, broadly welcoming the more structured system (including compulsory components), and the focus on reflective practice. The Peer Discussion Review process is the most novel element of the proposed scheme and, not surprisingly, has generated most concern, questions and anxiety, views possibly coloured by experience of earlier assessment and mentoring processes. It has also generated most interest, particularly from those who recognise this as an opportunity for osteopaths to assume more autonomy around professional development.
23. The current proposals allow the practitioner own choice of their reviewer, promoting the principle of independence from the GOsC. The 'listening events' that formed an important part of the consultation exercise served also as an opportunity for attendees to actively test out in pairs and groups the peer review process. It is evident from feedback that this did much to address fears about the process and concerns about the need for training. The GOsC will give particular attention to our strategy for developing and familiarising osteopaths with the peer review process, to promote confidence and understanding of the opportunity for consolidating the profession by this means.

Project overview – development phase

24. The table below sets out an initial overview of various elements that need to be developed or commissioned to implement the new CPD scheme, and some of the proposed actions. The next steps for the Executive will be to formalise this into a project plan. Progress on this will be reported to Council at regular intervals.
25. The elements in the table are not presented in priority order and there are many interdependencies between them.

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| <p>1. Communications and engagement</p> | <ul style="list-style-type: none"> • The involvement of osteopaths and osteopathic organisations at every stage in the further development of the scheme is critical. A detailed communications and engagement strategy will be needed to underpin and shape further work. • The CPD consultation report to be published in full on the public website. The report will be shared directly with osteopathic organisations, education providers, and regional groups. • A full-day meeting of the Regional Communications Network and Osteopathic Development Group organisations is scheduled for 18 March 2016. • GOsC routine meetings with the Institute of Osteopathy and education providers will continue to provide a forum for CPD development. • The consultation report is also to be shared with the GOsC Public and Patient Involvement Group, who will be encouraged to provide direct input to further developments. • Regular progress reports will be provided via the osteopath media – magazines, e-bulletins, and a dedicated section of the o zone. • The role of the regional 'pathfinder groups' will be considered for any further developmental work. |
| <p>2. Annual CPD Declarations</p> | <ul style="list-style-type: none"> • It is proposed that under the new scheme there will be no annual summary form required from the registrant. The registrant's annual self-declaration will require them only to confirm that they have completed the requisite CPD for that year (and are making progress towards the overall three-year CPD requirement). • It is proposed that at the end of Year 3 of the CPD cycle, there will be a self-declaration that the registrant has undertaken (or is about to undertake within a specified period of time) a peer discussion review. This declaration would require identification of the peer reviewer (and their contact details), their relationship to the registrant, and the date of the peer review. |

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| <p>3. CPD portfolios and peer review forms</p> | <ul style="list-style-type: none"> • We will explore the option of providing registrants with a facility to construct and maintain an electronic CPD portfolio, which includes all necessary templates and related materials for the scheme. • We will consider whether it is desirable and feasible to integrate an e-portfolio facility with our current registrant database and the ● zone, and whether there is any need for data transfer between these facilities. This work will also require consideration of the capacity of our existing IT infrastructure and the potential impact (or not) of a new system on existing work. • IT analysis, specification and procurement will need to be an early task so this can be sourced, developed, populated and tested by user groups (i.e. regional pathfinder groups, to assess acceptability). It will be necessary for development and testing to have been completed well in advance of the scheme go-live date. |
| <p>4. CPD scheme resources</p> | <ul style="list-style-type: none"> • A suite of resources need to be identified/developed that will support the objective feedback component of the scheme (for example, patient feedback questionnaires). Some resources already exist and are available on the ● zone, including templates used in the 2012 revalidation pilot and those developed by the osteopathic pathfinding groups for the CPD consultation. All existing resources require review and overhaul. • It is proposed that we will work with osteopaths and osteopathic organisations to develop support materials to include: <ul style="list-style-type: none"> a. Template b. User guide c. Worked examples • Information will need to be developed, and provided on the ● zone to guide registrants' selection and use of CPD resources (including CPD to cover all of an individual's osteopathic practice). |

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| | <ul style="list-style-type: none"> We will consider the need or not for a standalone tool to support registrants' CPD planning, to be used at the start of the scheme and potentially at the start of each new three year cycle. |
| 5. Consent/communication | <ul style="list-style-type: none"> As a mandatory element of the proposed CPD scheme, the development of resources that support osteopaths to meet this requirement will be undertaken as a discrete project. We will undertake an audit of existing 'consent and communication' learning resources available to registrants, via the GOsC and external providers, producing also a gap analysis indicating what might be required. It is proposed that new materials should be in the form of 'active' practice-relevant 'how to' guides and e-learning materials, rather than 'passive' reference materials. These resources should include a mechanism, if possible, for evidencing when an online CPD activity has been successfully completed. Post-implementation review of the new CPD scheme will require a mechanism for the periodic review of the mandatory elements of the scheme (i.e. whether communication/ consent should continue to be the main compulsory activity). |
| 6. Peer review | <ul style="list-style-type: none"> The provisional peer review form/template (developed for consultation) should be reviewed and adjusted, to incorporate consultation feedback. The peer review form also requires: <ul style="list-style-type: none"> a. Guidance for the reviewer b. Guidance for the registrant c. FAQs d. Worked examples Drawing on consultation feedback, further consideration will be given to be given to supporting osteopaths to undertake the role of a peer discussion reviewer and, if necessary, how this might be delivered. |

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| <p>7. GOsC CPD audit strategy</p> | <ul style="list-style-type: none"> • It is proposed that initial verification that the mandatory peer review has taken place is provided by the registrant by means of self-declaration (see declarations section above), including provision of the details of the peer reviewer. • It is proposed that the peer review form and/or the CPD portfolio is not automatically submitted to the GOsC by the registrant, but sent only when requested by the GOsC. • It is proposed that the audit is a single-stage process, in which the registrant simultaneously submits both their peer review document and CPD portfolio, rather than a two stage process in which an initial audit of the peer review is followed up with a further audit of the CPD portfolio. • It is proposed that the CPD audit should be a paperless process, whereby peer review forms and CPD portfolios are shared electronically, rather than provided as hard copy documents. • A published audit policy will be required, specifying the proportion of submissions that will be audited by the GOsC in each year, and the criteria for selection, including any risk assumptions made by the GOsC. • It is proposed that there will be an element of feedback provided to the registrant and the peer reviewer as a result of the audit. Further consideration is required as to what this will comprise, and the resource implications for its delivery. |
| <p>8. Relationship with other CPD provision and appraisals/revalidation</p> | <ul style="list-style-type: none"> • It will be necessary to re-engage with CPD providers, with a view to encouraging them to identify to their customers how their CPD relates to the <i>Osteopathic Practice Standards</i>, and to which of the four OPS themes the learning outcomes apply. • It will be necessary to engage with organisations and registrant groups to explore |

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| | <p>potential compatibility between GOSc CPD requirements and other professional appraisal systems/requirements, e.g. GP appraisal/ revalidation, other NHS appraisals, OEI appraisals etc.</p> |
| 9. Legislation | <ul style="list-style-type: none"> • Successful implementation of the new scheme is likely to require changes to current CPD rules, and a project including the following steps: <ul style="list-style-type: none"> a. Review legislative approach used by other regulators b. Application to DH for drafting approval c. Determination of timing for introduction of new rules d. Assessment of requirement for transitional provisions e. Drafting and consultation • It is assumed that unless there is substantial further change to the CPD scheme there will be no requirement for consultation on the principles underpinning the new rules, only on the rules themselves. |
| 10. Osteopathic Practice Standards review 2016 | <ul style="list-style-type: none"> • Any interdependencies that arise from the concurrent review of the <i>Osteopathic Practice Standards</i> need to be factored into project planning. |
| 11. Implementation: rollout | <ul style="list-style-type: none"> • The implementation plan needs to consider whether any or all of the three core requirements of the scheme – four themes CPD, communications/consent, and objective feedback – can be put in place on a voluntary basis in advance of the scheme going live. • The implementation of peer review is the most time critical element of the scheme and needs to be in place within a year of the scheme going live. • Major decisions are needed about scheme rollout, including: <ul style="list-style-type: none"> a. Staggering – whether it is possible to undertake the peer review after one or two years of the scheme – perhaps on a |

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| | <p>voluntary basis</p> <p>b. Phasing – introducing the requirement on the profession over a longer period, i.e. 3-6 years, through random allocation or another method</p> <p>c. Flexible deadlines – e.g. allowing the completion of the peer review in a six month window either side of the CPD date</p> <ul style="list-style-type: none"> • The implementation plans used by other regulators for similar schemes need to be reviewed, as an initial step. |
| 12. Evaluation | <ul style="list-style-type: none"> • With any regulatory intervention, it is important that we are able to demonstrate the impact. • Our State of CPD report project is currently on hold, however we plan to recommence this project during 2016. The project report will provide a picture of osteopathic CPD under the existing scheme. Establishing a 2016 baseline will help us to understand how (if at all) our new CPD model alters patterns of CPD over time. Part of our evaluation of the CPD system, this will aid our understanding of how CPD makes a contribution to safe practice and continuing enhancement of the quality of care. |

Conclusion

26. At this stage it is possible to provide only a flavour of the Executive's proposed approach.
27. The next phase of this project will focus on the development of the infrastructure, resources and information necessary to support the new CPD scheme, all of which needs to be tested and operational before the scheme can be launched. This is the most complex stage, with multiple project streams, across all GOsC functions. Progress will be managed through a Senior Management project team and a coordinated project plan, with regular reports to Council.
28. Ensuring the engagement of osteopaths and osteopathic organisations is crucial to the further development and successful implementation of the new CPD scheme. Keeping osteopaths informed and involved will be a primary aim over the coming months.

Recommendation: to consider the findings of the 2015 CPD consultation and the further development of a new CPD scheme for osteopaths.