



Council
2 November 2016
CPD scheme implementation update

Classification Public

Purpose For decision

Issue This paper provides an update on the implementation of the CPD scheme. It also asks Council to consider and agree waiving the procurement requirements in relation to the development of the CPD resources website.

Recommendations

1. To note the progress of the implementation of the CPD scheme.
2. To agree to waive the tender requirements for the development of the CPD Resource website.

Financial and resourcing implications Council have set aside reserves of £100,000 for the implementation of the CPD scheme.

Equality and diversity implications None from this paper. The impact of the scheme is being monitored from a variety of perspectives as part of our evaluation.

Communications implications Communications about the implementation of the new CPD scheme are ongoing.

Annexes

- A. Table summarising advice and decision making within Project Work streams for the implementation of the new CPD Scheme
- B. Summary of the CPD Governance Framework
- C. Indicative costs for the implementation of the CPD scheme.

Author Fiona Browne

Background

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

6 FULL CONSULTATION

Figure 1
Structure of the CPD Scheme



- Council also agreed a staged approach to implementation and they agreed an outline timetable recognising that this will be reviewed at regular stages as part of the implementation plan.
- The outline timetable agreed by Council is set out below:

Activity	Timeline
Agree CPD model for introduction .	February 2016
Establish governance structure, including Delivery Board, to oversee the further development and implementation of the CPD scheme.	April 2016
Update and publish resources to support learning – particularly in the area of communication and consent.	September 2016
Introduce scheme for those interested in early adoption.	November 2016

Review scheme and decide on introduction of mandatory elements for all.	March 2017
Publish updated CPD Guidance and resources.	March 2017
Communications and engagement activities to support and promote the implementation of a new CPD scheme for osteopaths.	All year 2016-2017
Ensure a robust, web-based infrastructure that can support the CPD scheme.	All year 2017

4. In February 2016, Council agreed to allocate £100,000 from reserves to support the implementation of the CPD scheme.
5. In May 2016, Council considered and agreed the governance structure for oversight of the implementation of the new scheme which included
 - the terms of reference for the SMT Task Group, the CPD Partnership Group and the CPD Reference Group.
 - the table summarising advice and decision making within the project work streams. This is attached at Annex A.
 - the flow chart describing the CPD Project Governance Structure. The flow chart is outlined at Annex B.
6. Council decision making in relation to the CPD scheme is focussed on the mandatory implementation of the scheme (including legislative change) and regular review of evaluation, finance and risk.
7. On 16 June 2016, the Policy Advisory Committee noted the general update on the CPD scheme and considered further detail about the indicative budget, the risk matrix and the evaluation framework.
8. On 22 September 2016, the first meeting of the CPD Partnership Group (comprising key stakeholders including patients, osteopaths and osteopathic groups and chaired by the Chief Executive) took place. At this meeting, the Partnership Group considered the revised CPD Guidance and revised Resources, Examples and Case studies to help osteopaths to undertake the new features of the scheme. They also undertook a structured analysis of their roles in implementation which will feed into the development of an action plan ahead of the next meeting which will take place in early 2017.
9. On 13 October 2016, the Policy Advisory Committee considered a general update on the implementation of the CPD scheme which included consideration of the consultation analysis and the updated CPD Guidelines, the development of the CPD Resources website, the specification for the Early Adopters and the progress with the early adopters and the Evaluation survey. The Committee also noted the work being undertaken to update the Equality Impact Assessment. At this meeting, the Committee suggested that the executive explore the need for

additional resource in the budget for the development of further peer discussion review support materials. The Committee also suggested that further work on the scrutiny of risk should be undertaken under the auspices of the SMT Task Group and again with the CPD Partnership Group in particular, the risks should be divided into risks to the project and risks in the implementation of the scheme itself.

10. This paper provides a general update on the implementation of the CPD scheme, highlights forthcoming decisions for the Council and asks Council to make a decision to waive the requirements of the procurement policy in relation to the CPD resources website.

Discussion

Update on the implementation of the CPD scheme

Guidance and resources

11. The CPD Guidelines have been updated and are in place for the early adopters. Council will be asked to agree a final version of the CPD Guidelines when the scheme comes fully into force. The supporting Resources, examples and case studies supporting osteopaths to undertake the new features of the CPD schemes, continue to be shared with stakeholders and updated in line with consultation feedback (for example, additional examples of patient feedback, clearer instructions for use) and ongoing feedback from early adopters and others to aid the successful implementation of the scheme for all.
12. At its meetings in February 2016, May 2016 and July 2016, Council noted that it was planned that the resources, examples and case studies would be more accessible hosted on a dedicated public website rather than in a hard copy booklet. This work is being led by our Communications Team and further information about this is set out later in this paper.
13. In relation to the Peer Discussion Review Guidelines, on 22 September 2016 the CPD Partnership Group and on 13 October, the Policy Advisory Committee considered the feedback from the CPD consultation in relation to the Peer Discussion Review Guidelines and noted the particular feedback needed to enhance these guidelines. Feedback centred around the support available when concerns were raised, clarity about the pass/fail line, training and choice of peer discussion reviewer.
14. In relation to the feedback on the peer discussion review, we are pleased that some of the early adopter groups are working closely with us specifically on the development of the peer discussion review guidelines and particularly the examples responding to the feedback from the consultation. We will be exploring the development of case examples of peer discussion reviews exploring trust and setting expectations and using hypothetical cases and exploring cases where concerns are raised locally and where they are reported. We are also working on

exploring options for a confidential helpline for osteopaths. The resources costs of this work will be incorporated into our existing budgets.

15. This work is being developed throughout 2016 and 2017 and so we will bring back updated Peer Discussion Review Guidelines to the CPD Partnership Group and the Policy Advisory Committee in due course.
16. In the meantime, the early adopters will focus on the other new features of the CPD scheme with an emphasis on discussing practice with peers as part of a structured conversation.
17. Council will be asked to finalise the final versions of the CPD Guidance and the Peer Discussion Review Guidance ahead of the mandatory implementation of the scheme for all.

Communications and engagement

18. We continue to ensure a regular flow of information regarding the development of the new CPD scheme in GOsC and Institute of Osteopathy (iO) print media and e-bulletins, to maintain a high level of awareness and engagement.
19. Since the Council meeting on 11 July 2016, we have:
 - Engaged with CPD providers about the CPD Scheme and meetings with CPD providers are planned.
 - Planned for a series of face to face and webinar launch meetings with Early Adopters to introduce the scheme and the support available to the early adopters which will take place in November.
 - Held a briefing meeting for our patient and public representatives in relation to the CPD scheme ahead of the CPD Partnership Group meeting on 22 September 2016.
 - Held a Peer Discussion Review group meeting in Carlisle.
 - Held a further series of three webinars to support regional group members to deliver the new features of the CPD scheme to other osteopaths.
 - Attended regional group meetings to support the leads to deliver aspects of the new CPD scheme to their members.
 - Discussed our CPD scheme with the educational institutions.
 - Launched our CPD Evaluation Survey to develop a baseline for the implementation of the CPD scheme to all registered osteopaths.

Process

20. We are working together with the Institute of Osteopathy on an e-portfolio. The purpose of the e-portfolio is to support early adopter osteopaths to plan, record, reflect and share their CPD with others contributing towards the aims of the CPD scheme. We are exploring whether the provision enhances the ability of osteopaths to engage with the new CPD scheme.

21. The e-portfolio will be online from November to April 2017. During this time, we will be evaluating its effectiveness as a tool to support the implementation of the CPD scheme and agreeing next steps (which may include an extension of time).
22. Meetings of the SMT Task Group continue to take place every three weeks to support the ongoing project management.
23. The first meeting of the CPD Partnership Board took place on 22 September 2016. Part of this meeting comprised an interactive workshop with members exploring a structured approach to developing organisational roles in the implementation process and also risks and concerns to supplement our own risk register. The next meeting of the CPD Partnership Group will take place in early 2017. We will discuss risk later on in the paper.
24. We continue to work across teams to develop appropriate processes ensuring links between the early adopters and the existing CPD scheme to ensure a streamlined approach.

Early adopters

25. At the time of writing this paper, we had almost 240 osteopaths who have expressed interest in being an early adopter and almost 150 who have signed up and committed to participating as an early adopter.
26. Early adopter launch sessions are being planned during November as follows:
 - Face to face sessions (2 hours) – Sessions are planned in London, Coventry, Exeter, Haywards Heath, York and at the iO Convention in Windsor, during November and early December.
 - Online webinar sessions are being planned during November. The webinar sessions have proved very popular with over half of respondents opting to attend a webinar rather than a face to face event.
27. The purpose of the launch sessions is to:
 - Introduce the new features of the CPD scheme.
 - Enable osteopaths to get a taster of the early adopter scheme.
 - Help osteopaths to decide which features of the new scheme they would like to try out and when.
28. We hope that the launch sessions will provide reassurance about the new CPD scheme and support the development of new communities.
29. After the launch sessions, osteopaths will be able to consider more detailed information about the CPD programmes being offered with a view to signing up and commencing those in early 2017.
30. It is planned that early adopters will have the opportunity to sign up for dedicated free 'programmes' which will be delivered by the Professional Standards team. Each programme will be accessed primarily online in groups of no more than 10 people. Each will comprise of three or four 'bite-size' sessions

each no longer than an hour delivered over a period of three to four months. We hope to supplement the programmes with short videos which capture the essence of the sessions. Programmes are planned include:

- Communication and consent
- Case based discussion
- Patient feedback
- Peer observation
- Clinical audit

31. The purpose of the early adopter programmes is to:
 - Support osteopaths to undertake the new features of the CPD scheme to support the continual enhancement of patient care and patient safety. (Engagement)
 - Encourage osteopaths to reflect on their practice with others to get professional and personal support to continually enhance patient care and patient safety (Support)
 - Stimulate osteopaths to reach out to build broader networks with osteopaths and others to continually enhance patient care and patient safety (Community)
32. In relation to the early adopters – and the evaluation more generally – the Policy Advisory Committee suggested that we consider whether there are other profession based indicators that might indicate the success of the CPD scheme – for example, a reduction in fitness to practise cases. We will reflect on this in relation to the evaluation later in this paper.
33. We will evaluate the effectiveness of the programmes by seeking feedback from osteopaths who have participated in the programmes. Over time, we hope that those participating as early adopters will be able to support other members of the profession to participate in the CPD scheme. The early adopters characteristics forms will also help us to identify whether there are particular groups of osteopaths who are under-represented in the early adopters, thus enabling us to target support to these groups.
34. The implementation of the scheme with the early adopters will help us to ensure the availability and feasibility of the scheme for all osteopaths and this information will be considered by Council to help it to make decisions about the implementation of the mandatory scheme for all osteopaths.

Legislation

35. Potential changes to legislation have been discussed and agreed with the SMT Task Group. The Department of Health Resources Board has indicated that they are willing to consider our request for minor changes to the legislation to implement the full three year cycle. The SMT Task group have considered options for change and are exploring these with the Department of Health. A meeting will take place with the Department of Health on 14 November 2016. Once we have discussed these options with the Department of Health, we will be

able to finalise our instructions and the subsequent public consultation for consideration by Committee and Council.

36. We anticipate that Council will be asked to agree the timetable for implementation and legislative change in early 2017. Current estimates are that the legislation to implement the full three year cycle should be in place from Autumn 2018.

Equality and diversity

37. The equality impact assessment is in place and will continue to be updated during the early adopter phase. All osteopaths who are early adopters have been asked to provide information about themselves and their practice to help us to make sure that the scheme can be implemented fairly for all osteopaths.

Evaluation and impact assessment, finance and risk

Finance

38. A summary of updated project budgets and costs is outlined at Annex C. So far, indicative costs are contained within the overall budget of £100,000 agreed by Council to support the implementation of the scheme over the three year period.
39. There are still some aspects which need to be scoped, for example, the costs of additional resources (animations, videos etc) to support the peer discussion review and the costs of an additional confidential helpline, the costs of amending the online renewal form when implementation becomes mandatory for all osteopaths. The overall estimated budget outlined to Council will be closely monitored by the SMT Task Group and Council will be advised if in the course of further development any significant variations are anticipated.
40. However, one aspect of the implementation of the CPD scheme in relation to the development of the web resources does require a Council decision to waive the procurement rules in relation to this particular aspect.
41. As previously reported to Council, integral to the development of the new CPD scheme is the development of web-based information and resources for osteopaths which are accessible, current and engaging. The resources and case studies continue to be developed, following on from the 2015 consultation and have been assessed by stakeholders and the CPD Partnership Group. Alongside this, we have also been working on the planning of the web-based infrastructure to support the accessibility of these resources for all.
42. A comprehensive and interactive CPD microsite, integrated into the GOsC public website, will serve the needs of our registrants in meeting our CPD requirements, promoting communities of learning professional development as a central tenet of everyday professional practice. Such a website will also convey publicly the scope and nature of osteopathic CPD, and even potentially encourage inter-professional learning.

43. We are now in a position to suggest that the estimated cost of developing the CPD microsite is likely to be in the region of £22K.
44. For project costs in excess of £5K, our Procurement Policy requires us to conduct a tendering exercise involving a minimum of three suppliers to identify a suitable and cost-effective provider, except where Council waives this requirement.
45. We propose that Council should agree a waiver to the procurement rules in this case for the reasons outlined below.
46. In 2015, the GOsC undertook a tender to develop the CPD consultation website. The successful company was Design to Communicate Ltd (dctstudio.co.uk). The resulting website structure and consultation provided a comprehensive overview of the proposed scheme. We received positive feedback from respondents on the accessible presentation of this complex and extensive information.
47. Design to Communicate (DTC) is now familiar with the aims and challenges of this complex CPD project. Their expertise and experience potentially offers the GOsC some creative solutions to establishing a rich online CPD hub for our registrants and partner organisations. We would like to continue to work with DTC, as an extension of our earlier collaboration, because we have confidence in their understanding of the project and in the quality of their work. We are satisfied that the estimated costs of this further web development in relation to our current specification is reasonable, is manageable, and represents value for money. As the new microsite will be building on online facilities already developed for the earlier CPD consultation process, we do not need to allow time for the development of this structure from scratch, which would be the case if we elect to work with an alternative service provider.
48. The alternative option is to invite other tenders to explore the market to establish whether an alternative provider can provide us with a cheaper website of the same quality. This approach would require delaying the implementation of the Early Adopter phase of the CPD project to allow for a tender process to be developed and agreed, to brief new potential suppliers, for commissioning, and development work on the new website infrastructure. On balance, we consider that this delay and the potential new risks introduced into the process, would be undesirable at this stage of the CPD implementation, causing an unnecessary loss of momentum and impact on other elements of the project.
49. Council is therefore asked to agree to waive the procurement requirements for the development of the CPD Resource website.

Risk

50. One of Council's key roles in the implementation of the CPD scheme is to oversee and monitor risk. The updated risk log (taking into account the feedback from the Policy Advisory Committee and the feedback from the CPD Partnership Group) is due to be considered by the SMT Task Group on 4 November 2016.

The Policy Committee will be asked to consider the risk log at its next meeting in March 2016 and this will be considered by Council subsequently.

Evaluation

51. The evaluation is proceeding in accordance with the timeline noted by the Council at their meeting on 11 July 2016 and in accordance with the research questions and methodology originally noted by the Osteopathic Practice Committee in March 2015 and 2016. The research questions are:
- a. How much CPD is undertaken in all domains of the *Osteopathic Practice Standards* under the current scheme in 2014/15?
 - b. What are the main reasons for selecting/undertaking CPD?
 - c. How much CPD is undertaken which involves learning with other?
 - d. How much CPD is undertaken which involves learning by oneself?
 - e. How much CPD is planned or unplanned?
 - f. How much CPD is undertaken in the areas of consent and communication?
 - g. Are osteopaths collecting feedback about their practice from external sources?
 - h. Are osteopaths discussing the practice of CPD with others to support their practice?
 - i. Are concerns about practice being managed appropriately?
 - j. Do osteopaths have access to people with whom they can discuss their practice (including areas of skill and development)?
 - k. Do osteopaths feel that their CPD enhances their practice?
52. Data analysis of the data that we hold from the CPD Annual Summary forms and CPD folders has been completed. Gaps in the information required for the research questions have led to the design and launch of the CPD evaluation questionnaire. The CPD evaluation questionnaire was launched for all osteopaths on 21 October 2016. Prior to launch it was tested with a range of registrants, CPD Partnership Board Members, GOsC Registration Assessors and internally within GOsC amongst Professional Standards, Registration and Resources and Communication Teams.
53. As the new CPD scheme is centred on 'reflective learning', completion of the evaluation survey is of itself a 'reflective learning activity' which osteopaths can use towards their annual CPD hours upon completion. We anticipate that reflecting on their learning in this way will enable osteopaths to link their professional development to practical outcomes and widen the definition of what

counts as useful activity to them. We want osteopaths, to keep asking themselves 'what did I get out of this?'

54. There is an article in the October/November 2016 issue of the *osteopath magazine* on the CPD evaluation questionnaire and reflective learning entitled 'How do you do your CPD?'. This article explains the CPD Evaluation Survey and how it can contribute to existing CPD.
55. This evaluation process will confirm a baseline for the evaluation of the implementation of the CPD scheme. Information will be tracked with the cohort of early adopters and those who are not to explore the impact of the CPD scheme on patterns of practice. At their meeting on 13 October 2016, the Policy Advisory Committee suggested that we may also wish to consider impact in other measures, for example, reduction in fitness to practise cases. We will consider this further as the evaluation is tracked over time and develop this thinking further within the SMT Task Group and the Policy Advisory Committee.

Recommendations:

1. To note the progress of the implementation of the CPD scheme.
2. To agree to waive the tender requirements for the development of the CPD Resource website.

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

Introduction

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

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

Reporting to Council

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

- Decisions about the implementation of mandatory elements of the scheme
- Decisions about legislation
- Decisions about evaluation
- Regular monitoring of risk and financial impact.
- Council will receive strategic updates at its meetings about the implementation of the CPD scheme.

The role of the proposed Policy Advisory Committee

- The Policy Advisory Committee has an important oversight role on behalf of Council and will advise, in accordance with its current terms of reference about all matters relating to standards of osteopathic practice including, where appropriate, post-registration education and training, and the requirements for continuing professional development under Section 17 of the Act and any other matters relating to the continuing fitness to practise of registrants (including revalidation).
- To do this, the Policy Advisory Committee will receive reports at each meeting about the progress of the work of the SMT Task Group and CPD Partnership Board and will be able to flag up any issues that it wishes to bring to the attention of Council.

Summary Approach to Governance

Purpose of the governance structure

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

Function of the governance structure

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

Form of the governance structure

3. As indicated above, the governance structure will comprise our own Council – as the key decision making body in relation to strategic decisions over introducing mandatory elements of the scheme, legislation and oversight of risk and evaluation but will also include partners to deliver the scheme (including the provision of advice, doing activities and making decisions) recognising that the inclusion of our stakeholders into the scheme is important..

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

Annex A to 13

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

Annex A to 13

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

Annex A to 13

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

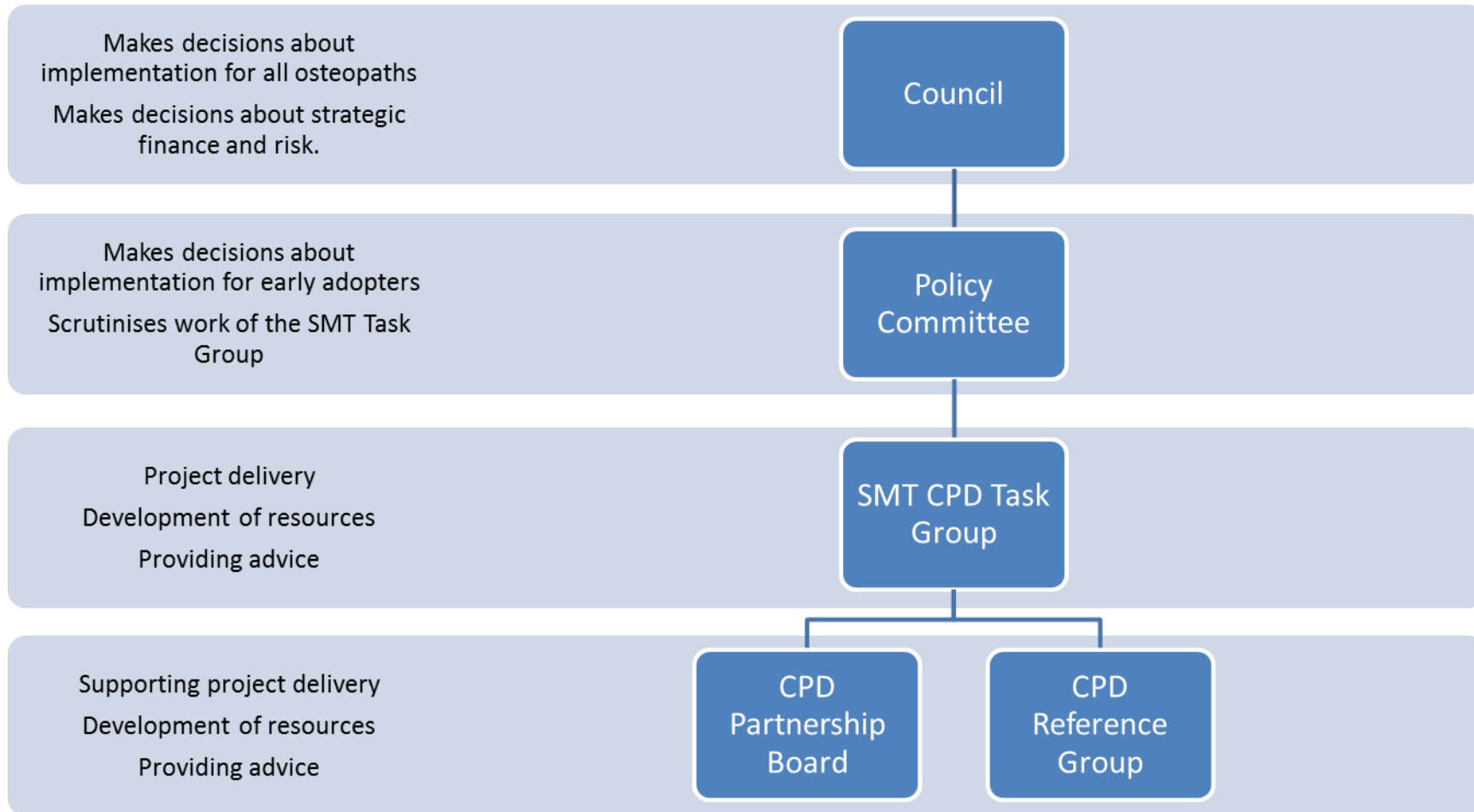
Workstream	Function	SMT Task Group	PB	PAC	Council
help us to ensure that the Guidelines, Resources and Case Studies developed work across all aspects of osteopathy in practice.					
<i>4. Early adopters:</i> to recruit and support early adopters representing osteopaths across the different organisations,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

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

Annex A to 13

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

Summary of the CPD Governance Framework



Indicative costs for the implementation of the CPD scheme

(as at 21 October 2016)

Item	Budget (over a three year implementation period drawn from £100 000 reserves)	Expenditure as at October 2016	Notes
Engagement (including recruitment of early adopters)	£33,000	Small costs for venues and refreshments may be required for the face to face events along with travel expenses for staff. We anticipate that this should not exceed £4,000. We may also look at an alternative webinar provider providing more interactivity for larger groups given the take up for this form of engagement. Costs will not exceed £1500 per annum ²	Recruitment of early adopters and ongoing engagement is planned to commence during Autumn 2016. Expenditure will commence at this point and is not expected to exceed £31,000 before the end of year 2 of the implementation period.
Development of resources (for early adopters and mandatory implementation)	£31,000	The e-portfolio will cost £5,000 for developing and piloting to April 2017 with the potential for extension to £1,000 per month. The website to host the resources to support osteopaths to undertake the new features of the	Resources are currently being developed in house. Over time, we plan to develop online case resources which will require a degree of IT expertise. These costs are expected to fall towards the end of the implementation

² NB: Costs of engagement are currently estimated at around £15,000 over three years which comprise face to face meetings to support specific development of the peer discussion review resources and for those unable to attend webinars.

Annex C to 13

Item	Budget (over a three year implementation period drawn from £100 000 reserves)	Expenditure as at October 2016	Notes
		CPD scheme and the Peer Discussion Review have now been scoped and set up costs will be in the region of £22,000 ex VAT.	period. We are also considering piloting an online e-learning portfolio to support dissemination of CPD resources and materials which would be included within this overall figure.
Process development	£10,000	Costs of adapting the in house web based forms are currently being scoped. ³	The costs of process development will fall as elements of the scheme are implemented for all. Therefore these costs are likely to fall towards the end of the implementation period.
Evaluation and impact assessment	£25,000	Currently, evaluation expenditure has been contained through the use of in-house expertise. ⁴	Expenditure on setting the baseline for the evaluation will commence shortly and is expected to be consistent throughout the implementation period.

³ Costs of process development are currently being scoped. These will fall towards the end of year 3 and currently the figure of £10,000 is felt to be a reasonable assumption.

⁴ Costs for evaluation are currently being contained in-house. Additional budget for focus groups etc may be required and this is estimated at around £7,000 over the course of the three year period.