



Council
21 November 2019
Continuing Professional Development assurance and evaluation

Classification	Public
Purpose	For decision
Issue	Ongoing evaluation and assurance about the implementation of the CPD scheme
Recommendation	To consider the progress of the implementation of the CPD scheme.
Financial and resourcing implications	Council had previously agreed to allocate £100,000 from reserves for the implementation of the CPD scheme. On 1 April 2019, £32k remained in the budget and this is being spent in financial year 2019-20. As at the end of September 2019, this had reduced further to £14k.
Equality and diversity implications	The CPD Evaluation Survey 2019 findings have been cross tabulated against protected characteristics to check whether there are indications of any barriers to completion of the CPD scheme which may be linked to particular protected or other characteristics. Findings are outlined in this paper. We will continue to track completion of the elements of the CPD scheme against protected characteristics and undertake specific qualitative work to ensure that there are no unintended barriers emerging for osteopaths to participate in the scheme. We will also continue to work with a diverse range of osteopaths to continue to translate the scheme into a range of accessible resources for all.
Communications implications	Communications about the implementation of the new CPD scheme are ongoing and progress is reflected in this paper.
Annexes	<ul style="list-style-type: none">A. Continuing professional development scheme: draft evaluation strategyB. Illustrative modelling of numbers of osteopaths entering the three-year CPD scheme, completing the CPD scheme, and key dates for understanding how osteopaths are complying with the CPD scheme and opportunities to take mitigating actions including



communications and response to communications (at November 2019)

- C. Feedback from webinars – Key questions and issues of concern
- D. Summary of the findings from the CPD Evaluation Survey 2019

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Background

1. The first osteopaths started to enter the new CPD scheme from 1 October 2018 and as of 1 October 2019, all osteopaths on the Register have now entered the new scheme. Therefore, all existing osteopaths will have completed at least one year of the three-year CPD scheme by 30 September 2020.
2. This paper provides an update on the progress of the implementation of the CPD scheme and is designed to inform Council's assurance about the scheme's implementation and evaluation.
3. Council is asked to consider the progress of the implementation of the scheme.

Discussion

Independent Continuing Professional Development scheme: draft evaluation strategy

4. The aims of the CPD scheme are:
 - For osteopaths to engage with (to do) the scheme, meaning osteopaths do CPD in the four themes of the OPS (not just knowledge, skills and performance) and that reflects the breadth of their practice; CPD in the area of communication and consent (because we know this is an area featuring high in concerns reported by patients); an objective activity (self-assessment can be unreliable and is better informed by external objective evidence); maintaining a record of CPD and a peer discussion review (again reducing isolation).
 - To get professional and personal support from colleagues by participating in the CPD scheme – reducing fears about professional isolation and increasing confidence to share CPD and practice with colleagues.
 - To increase community – again reducing professional isolation and reducing the chances of individuals heading along the wrong trajectory (there is some evidence that professional isolation can increase the chances of complaints being made).
5. In the long term, the objectives for the new CPD scheme are:
 - Osteopaths to practice in accordance with the OPS.
 - Increased quality of care because fewer osteopaths will be professionally isolated. Osteopaths will be engaged in discussing CPD and practice, getting support for themselves and their practice within a community and gaining different perspectives.
 - Reduced concerns and complaints. Enhanced communication between osteopaths and patients should lead to fewer concerns, or osteopaths will be

able to manage appropriate complaints locally, rather than these being unnecessarily escalated to GOsC.

6. In May 2018, we commissioned an independent draft evaluation strategy of the CPD scheme, which was undertaken by Dr Moira Kelly, a researcher at Queen Mary University, London. The purpose of the evaluation strategy was to ensure that our planned approach to seeking assurance about the implementation and long-term realisation of the benefits of the scheme was rigorous, but also took account of the sector wide context within which the CPD scheme was being implemented.
7. The independent Continuing professional development scheme: draft evaluation strategy report is at Annex A.
8. In essence, the report shows that we are using a range of sources of data to inform our understanding about the implementation of the CPD scheme and we are collecting longitudinal data which helps to show the impact over time. Dr Kelly engaged with other organisations in the sector during the development of the report including the Institute of Osteopathy (iO), the Council of Osteopathic Educational Institutions (COEI) and the National Council for Osteopathic Research (NCOR) which helped to develop a more holistic as well as theoretically informed evaluation strategy.
9. Appendix 1 of the report at Annex A includes the following key points of note:
 - a. We have, and are using, a range of sources of data collected by GOsC to inform our evaluation of the CPD scheme and assurance that the scheme is being implemented effectively. These sources include:
 - The CPD Evaluation Survey – this is conducted annually, and provides a good source of data in relation to context, process and outcomes which are all important domains in the holistic evaluation strategy.
 - Registration renewal data (when this starts to come in from December 2019 to December 2020 and onwards) will also provide a useful source of data in relation to context, process and outcome.
 - Verification and assurance data and information based on examination of CPD undertaken of a small proportion of registrants both during and at completion of the three year cycle.
 - Fitness to practise data – currently reported and collected but not yet analysed in relation to the CPD scheme. We will explore this as part of our evaluation in 2020.
 - NCOR complaints and concerns data – this currently shows some potential impact from the CPD scheme as first point of contact reported concerns from patients are at their lowest rate since data began to be collected in 2012/13. However, concerns still relate predominantly to communication and consent showing that our continued focus in this area is important.

- YouGov survey and patient feedback – These data show high levels of satisfaction but slightly lower ratings in areas including making a plan of action with you; helping you to take control; fully understanding your concerns and explaining things clearly. Promoting a more values-based approach to care may support these particular areas to be rated more highly when we repeat this survey in due course.
 - Feedback from engagement – both face to face and online.
 - Website use and ebulletin analytics showing click through rates and any changes over time.
- b. In addition to these data sources, the report also identifies other external sources of data which may be useful to collect over the longer term to inform our evaluation. These include:
- The report of the Institute of Osteopathy (iO) census. The last census was issued in 2017 and the next census is planned for 2020. This may give some insights particularly around our aim of building communities of practice and working with other health professionals as part of the patient journey.
 - NCOR PROMs and PREMs data. It is suggested that exploring the potential for incorporating the CARE measure criteria into or alongside PROMs could provide a good way of measuring patient centred care over time (potentially contributing to a reduction of concerns in relation to communication and consent over time)
 - Mechanisms for collecting data about regional group CPD provision and attendance and potentially also changing provision from CPD providers (for example, whether this CPD provision supports osteopaths to explicitly meet the requirements of the CPD scheme) over time. We currently collect some of this data as part of the CPD survey, the question is would it be possible and valuable to our stakeholders to review CPD provision independently of that reported from osteopaths.
 - Additional research is also mentioned, for example, research with new graduates to better understand preparedness to practise and preparation for participation in the new CPD scheme as well as measuring skills such as reflection and giving and receiving feedback as part of the undergraduate education.
- c. We have inserted a column to the table at Appendix 1 which indicates the progress with the performance indicators suggested by the independent draft evaluation report. Main findings so far include:
- The most recent NCOR concerns and complaints report 2018 (submitted in 2019) shows a reduction in complaints to its lowest level since data collection began. However, concerns about communication and consent still represent a high proportion of concerns indicating that a continued focus in this area is important.
 - The CPD Survey 2019 shows that activities in the area of communication and consent have increased.

- The CPD Survey 2019 shows that only c20% of osteopaths said that they never undertook CPD with 'Other healthcare professionals (e.g. NHS, surgeons, physiotherapists, orthotists, acupuncturists, nutritionists, homeopaths etc)'
 - The CPD Survey 2019 shows that more osteopaths are doing CPD locally than with specialist groups or professional associations. (Both these points perhaps suggesting an emphasis on building communities of practice.)
 - The YouGov 2018 survey data shows that there are high levels of patient satisfaction with osteopathic care, but slightly lower ratings in areas such as making a plan of action with you; helping you to take control; fully understanding your concerns and explaining things clearly. This provides a baseline and it will be helpful to repeat this survey in due course to see if there are any changes towards even more patient centred care.
 - Ongoing engagement with osteopaths is very positive and questions raised are addressed at sessions and translated into articles for The Osteopath magazine or other website resources where necessary or appropriate. (Although, mostly, we find that questions are not new, and our priority is to highlight the resources already available on the website.)
 - The CPD Survey 2019 shows that ongoing levels of understanding about the CPD scheme are high. (75%, showing a 12% increase on the previous year.)
 - The CPD Survey 2019 shows that osteopaths report fewer barriers to reflection but are concerned that it will take time that they don't have.
 - The CPD Survey 2019 shows that more than half of the osteopaths responding have identified their peer. But also, that peer discussion review and the objective activity are the least well understood aspects of the scheme.
 - The CPD Survey 2019 shows that one in four osteopaths have undertaken an objective activity and those that do one are more likely to do more than one.
- d. There is also further work to do on the evaluation key performance indicators over time including:
- Feeding in a longitudinal analysis of fitness to practise data (from Council reports) so that we can see whether complaints to GOsC are increasing, reducing or staying at the same level and what matters of concern are arising from the determinations.
 - Beginning to collect and analyse registration data from every osteopath as they complete their first and subsequent years in the CPD scheme to provide evidence of compliance with all aspects of the CPD scheme including hours undertaken, the themes of the OPS, objective activities, CPD in communication and consent and completion of the peer discussion review. Records of CPD will be verified from a small sample of registrants through our verification and assurance processes. These processes will begin from December 2019 onwards as the first

osteopaths complete their first year of the new CPD scheme. All osteopaths will have completed the first year of the new CPD scheme by December 2020.

- Discussions with the iO about how to draw on their data reports, particularly around working with other health professionals and communities of practice will be important.
 - A focus on continuing to translate the CPD scheme into accessible resources for all osteopaths is important.
 - More communications about supporting quicker and easier reflective practice are needed.
 - Further work on peer discussion review about the experience, benefits and challenges of this, and ongoing engagement and development of resources.
9. The purpose of this section of the report is to demonstrate that when measured against a set of draft key performance indicators developed by an independent researcher, there is evidence of successful implementation of the CPD scheme in terms of meeting its goals. However, as one would expect at this stage of the implementation, there remains more to do.
10. The remainder of this report provides further detail about the different aspects of our work to enable Council to consider and respond to this report about the progress of the implementation of the CPD scheme and to enable Council to identify any gaps in the assurance that it requires.

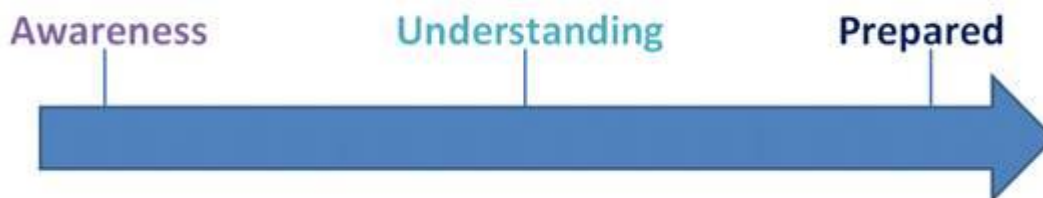
Communications strategy

11. The overarching aim of our communications and engagement strategy for the new CPD scheme, as set out in the January 2018 Council paper was to inform osteopaths about the requirements of the scheme and to give them the confidence and resources, they needed to meet its requirements. The strategy built on the communications work that had been done previously, including creating a network of Early Adopters, awareness raising across GOsC channels, creation of a dedicated CPD microsite and the production of multiple resources.
12. The strategy took three key approaches:
- **Reassurance:** about the scale of the changes and the size of the task in hand for osteopaths.
 - **Support:** providing guidance and resources to help osteopaths who should also be giving and getting support from each other.
 - **Responsive and Listening:** we continue to engage and listen to the concerns and/or information needs of osteopaths and respond by developing messages, advice and resources to meet those needs.

13. The strategy had three main aims:

- a. To raise awareness among osteopaths about the new requirements. We continued to do this via regular promotion and content through all our social media, print and digital channels; face-to-face events; utilising influential/highly engaged osteopaths: leaders, regional groups, participants in webinars and utilising stakeholder channels.
- b. To increase understanding of the requirements. To achieve this, we continued to produce guidance and advice in a variety of formats including in-depth features in The Osteopath magazine; running online workshops/webinars; identifying needs and producing resources to meet those needs and monitoring levels of understanding and adjusting accordingly.
- c. To help prepare osteopaths. We did this specifically by engaging to discover where there is uncertainty or unpreparedness and providing resources to ameliorate. We examined feedback from events, surveys, plus anecdotal concerns to continually identify and respond to information and communication needs.

14. We were aware that registrants were at different stages in relation to the scheme:



Therefore, we continued to raise awareness and explain the requirements of the new scheme as well as producing in depth information for those further along the line.

15. Our strategic approach made (and continues to make) significant use of insight. To be responsive to needs we need to continually seek and analyse feedback and learn more about our target audience through regular surveys, including the rich CPD Evaluation Survey, questionnaires and feedback from events, visits by our staff to regional groups, analysis of requests made to GOsC directly by osteopaths and anecdotal concerns so that we can continually identify and respond to information and communication needs.

16. We have been using a range of approaches including:

- Regularly driving stakeholders and osteopaths to the refreshed and redesigned cpd.osteopathy.org.uk
- Producing and promoting relevant new and existing resources

- Encouraging engaged osteopaths to share their experiences through blogs, quotes, case studies and videos
- Reviewing, enhancing and updating, as appropriate, existing resources
- Providing advice/support to osteopaths reporting professional isolation
- Updating and publishing learning resources for the Peer Discussion Review
- Encouraging influential/highly engaged osteopaths: leaders, regional groups, early adopters to become our 'CPD scheme champions'

For launch of the scheme

17. To present the features of the scheme in a simple and easily accessible way, we developed a jigsaw graphic visual (see Figure 1 below). The aim was to reassure the majority by presenting the new scheme so that it could be understood as a simple number of achievable elements and to do this in a format that would appeal to those with a more visual sense. This jigsaw graphic continues to be used across our materials to help registrants understand, identify and navigate the different elements of the scheme and the key aim is to show that it is accessible and easy to achieve.



Figure 1: Jigsaw graphic

18. A full example of the communications that were sent to or available to osteopaths is outlined at Table 2 of Annex B (Illustrative modelling of numbers of osteopaths entering the three-year CPD scheme, completing the CPD scheme, and key dates for understanding how osteopaths are complying with the CPD

scheme and opportunities to take mitigating actions including communications and response to communications (at November 2019)).

19. We produced a special launch issue of The Osteopath magazine printed and mailed out to arrive just before the scheme launched (c.26 September 2018). On the day of the launch, 1 October 2018, we published a news story, posted social media and distributed the monthly news ebulletin (which was rescheduled so that it would also go out on this date) and this had a special focus on the scheme. We also informed key stakeholders confirming the scheme had launched.
20. Throughout the month of launch we used social media to promote the news story, the magazine, and promote the updated CPD microsite.
21. The dedicated CPD microsite was also promoted regularly (again see Table 2 of Annex B for detailed CPD site statistics).

Launch follow up

22. With the aim of reassuring and informing osteopaths about the new scheme, from January 2019, we initiated a monthly mail out of CPD scheme materials to all registered osteopaths as they began their first 3-year cycle. This mail out contained information about how registrants could plan and structure their CPD as well as signposting them to the CPD site for further help and resources. The messaging and content focused on guidance and useful tips as well as aiming to ensure – through the use of an eye-catching design – that registrants definitely understood that they were now on the new scheme.
23. These mailings continue on a monthly basis and will last for 12 months until all existing osteopaths receive a mail out. Currently about 5000 osteopaths have received the mailing with the final mail-out due to take place in December 2019. The mail out includes a practical and accessible A5 booklet explaining the scheme plus a concertina folded pocket guide (see below) designed with a CPD scheme identity that was used across the CPD site and other CPD materials. (In addition, we developed a very similar A5 booklet on the scheme for new osteopaths which is being added to their new registrant packs.)



24. The timing of the CPD mailings was carefully thought out to arrive early enough to be useful and reassuring, but not too early to potentially confuse and/or distract registrants from the previous scheme they were completing. The mail out was timed to arrive three months after each registrant started on the new scheme but was supplemented by an earlier email flagging its arrival and a follow up email providing links to online versions of materials and advice.

Progress of the implementation of the new CPD scheme: Are osteopaths engaging with the CPD scheme and doing the required activities, or on track to do so, over the three-year period?

25. The immediate goal for implementation of the CPD scheme is that osteopaths engage with the three-year CPD scheme, and complete the required activities including the Peer Discussion Review before the end of their three-year CPD cycle.
26. The illustrative modelling at Annex B (updated from the version noted by Council in February 2019) sets out the data to show us whether osteopaths are on track to participate in the scheme. In short, this is a combination of:
- Data about registration renewal received annually from all osteopaths which will include a self-declaration of compliance with the elements of the CPD scheme from December 2019 onwards.
 - Ongoing ad hoc feedback from registrants received in response to, for example, personalised communications, ebulletins, The Osteopath magazine and face-to-face or online engagement.
 - Feedback from the CPD Evaluation survey and supplementary telephone interviews received periodically outlining compliance with the CPD scheme
 - Information about CPD undertaken, received as part of the verification and assurance process.

However, as noted in the first part of this report, we will be working across 2020 to incorporate other sources of data.

27. The illustrative modelling shows the number of osteopaths entering the CPD scheme as at 1 November 2019 (see Table 1 of Annex B). All registrants have

now entered the new CPD scheme. The first registration renewals will be starting to come through towards the end of 2019.

28. See Table 2 to Annex B which describes in more detail the communications with osteopaths and the responses we have received so far from osteopaths. Our communications are intended to ensure that osteopaths are aware of the scheme and its requirements, and also, that they know where they can access help and resources. The table includes personalised postal communications to osteopaths, ebulletin coverage sent to all osteopaths with an email address and also selected face-to-face or online engagements (offered to all osteopaths) to provide an overview of the mechanisms we are using to engage with osteopaths.
29. Matters to highlight in relation to this table include the following:
 - a. We are still not receiving large numbers of email or telephone queries about the CPD scheme at the present time. There had been some concerns that a potential perception of such a major change to the scheme would have prompted a good deal of uncertainty and an influx of queries. However, this has not manifested at this time. We had primed staff to expect to be dealing with more calls or emails during March 2019 onwards, but as already noted this increase in queries has not (as yet) arisen.
 - b. Queries that we are receiving are typically about individual start dates, and around particular elements of the scheme and in particular, the objective activity elements, how to link CPD to OPS and the Peer Discussion Review. We are not receiving queries on topics that have not been asked before.
 - c. Online engagement through webinars: Webinars are a useful way for osteopaths to share their experiences of positive and successful CPD with each other, focussing on the benefits to practice and patients and encouraging osteopaths to try out activities, rather than focusing on needing to meet the requirements of the CPD scheme. Key questions have included how to record communication and consent, how to record CPD so that it meets GOsC requirements, how to do a case-based discussion and ensure patients' details are kept confidential, how to do a Peer Discussion Review and how to do CPD that falls under the OPS theme of Professionalism. Further detailed feedback from the webinars – key questions and issues of concern arising – is outlined in Annex C.
 - d. Face-to-face engagement is extensive and remains generally positive and characterised by osteopaths feeling reassured once they have tried out or gained a fuller understanding of the new elements of the scheme. Similar questions and queries arise to those outlined above in our webinars and as outlined at Annexes B and C. We have focussed our key messages this year on preparedness and planning to undertake the CPD scheme supplemented with activities about how to do objective activities, communication and consent, Peer Discussion Review and a focus for those in education.

- e. With interest in the CPD scheme still at a high level, there was a very high open rate of the ebulletin in February with over 63% (a solid average is 50%). As predicted, the interest in the 'When do I join?' item dropped over time: Feb (315 clicks), March (118 clicks), April (124 clicks), May (68 clicks), June (59 clicks) and this item is no longer run in the ebulletin.
 - f. The webinar series were very popular items in the ebulletin with over 160 clicks in July, down from 180 in June. The CPD survey in April had over 260 clicks, May (169 clicks), June (95 clicks), with another spike in July (157 clicks) before the survey closed. In February, we promoted the PDR section on the CPD site and that had 135 clicks. We have been highlighting our practical series of CPD Workbooks in each issue of The Osteopath magazine, focusing on a different workbook each time, for example Planning your CPD, Communication and Consent, and Keeping CPD Records. We also support this in the associated monthly ebulletins.
 - g. Earlier in the year we promoted workbooks focused on Keeping CPD records and Planning your CPD, as the year progressed and more osteopaths joined the scheme, we began to focus on objective activity workbooks, for example Peer Observation and Case-based Discussion. The workbooks have consistently been popular items in the ebulletin. For example, the Patient Feedback Workbook was the top item in June with 248 clicks. And between them the workbooks in May had 172 clicks and in March 387 clicks. In February, there were 414 clicks on the Keeping CPD Records workbook.
 - h. Additionally, we have promoted the scheme via other stakeholder channels including primarily the Institute of Osteopathy with regular items e.g. promotion of the CPD Evaluation Survey.
30. The CPD Evaluation survey provides an important snapshot of progress with the required elements of the CPD scheme from the sample of registrants completing it. We are also planning to carry out further qualitative work through a telephone survey and a new registrant focus group purposively sampling those who were under-represented in the CPD evaluation survey, but also selecting from those who work on their own to help us to understand how far the findings from the CPD survey can be relied upon and how we can better support key aspects such as the Peer Discussion Review and objective activities. This work is planned for 2020. A summary of the findings from the CPD Evaluation Surveys 2016 to 2019 is set out at Annex D. Some of the findings are outlined in the first part of this report and in more detail at Annex A in relation to the key performance indicators suggested by Dr Kelly in the independent Continuing professional development scheme: draft evaluation strategy report at Annex A. However, there is a good deal of richer detail in the CPD Evaluation Survey 2019 which we have set out in Annex D and summarised below.

CPD Evaluation Survey 2019

31. Key findings from the CPD Evaluation Survey 2019 show:

- A very slightly decreased response rate to the 2019 survey (down from 10% to 9%). This is the third annual CPD Evaluation Survey and response rates are comparable to other regulatory surveys.
- An increase in understanding the new scheme and its four key elements (up 12%).
- Increased use of the four themes of the OPS to identify CPD needs (up 8%) and linking or mapping CPD content to the OPS (up 4%).
- An increase in undertaking CPD in the area of communication and/or consent (up 5%) with an increase in undertaking dedicated courses (up 15.5%) and non-course activities to meet this requirement (up 18%).
- Barriers to reflective practice are reduced (down 6%).
- A slight decrease in undertaking an objective activity as part of CPD (down 2%). Although, interestingly, those who had completed one objective activity were then more likely to try out another objective activity, suggesting that they got some benefit to their practice and/or patients as the CPD scheme only requires them to do one objective activity during the three-year cycle. This finding fits with our anecdotal experiences of objective activities, that once osteopaths try them, they find a benefit to doing them and want to keep on doing them.
- Of those that have undertaken an objective activity, increased levels of feedback collected from patients (up 8%).
- Of those that have undertaken an objective activity, high levels of case-based discussion activity (59% of respondents).
- A slight decrease in numbers of people reporting that they have a colleague who they can discuss their CPD with (down 1%).
- An increase in people reporting that they have a trusted colleague that they can discuss concerns with (up 2%).
- An increase in the use of GOsC resources to plan CPD e.g. CPD guidelines (up 18%), The Osteopath (up 2%), and the ebulletin (up 8%).

Implications of survey findings relating to specific aspects of the scheme and next steps

The four themes of the Osteopathic Practice Standards

32. The survey findings have provided us with a better idea of how osteopaths map their CPD to the OPS themes of Communication and patient partnership, Safety and quality in practice and Professionalism, which remain areas where osteopaths are less clear about how to do CPD. (See Table 1 below which we will adapt as a tool to help osteopaths who are selected as part of the GOsC verification and assurance processes.)

Learning with others activity	Theme A: Communication and Patient Partnership	Theme C: Safety and Quality in Practice	Theme D: Professionalism
Taught course or sessions	Communication and consent course GOsC workshop Cervical spine risk assessment and consent for manual therapists	First-aid (manual therapies expo) Safeguarding Acupuncture safety guidance Health and safety Fire marshal training Infection risk Cervical spine risk assessment and consent for manual therapists	Managing difficult situations/ challenging patients Cervical spine risk assessment and consent for manual therapists (educational provider)
Group practice meeting	GDPR implementation discussions Possible communication problems and how to avoid them Consent procedures and how recorded them on case notes Communication on risks of treatment Privacy policy	GDPR implementation discussions Safe handling of patients when carrying out neck manipulations/ upper cervical thrust NICE guidelines Ethos and ethics	GDPR implementation discussions Being aware of other professionals' roles Duty of candour Evaluating advertising standards Privacy policy
Objective activities	Case-based discussions PROMs (Patient Reported Outcome Measures) Peer observation and designing case history sheet that includes consent sections Clinical audit on materials on communication and consent and case note procedures Patient feedback surveys	Case based-discussions PROMs Peer observation and revision of techniques and red flags Clinical audit	Case-based discussions around boundaries, behaviour and communication skills. Clinical audit of patient records Patient feedback
Interactive e-learning based activities	GOsC webinars Internet module on equality and diversity YouTube NHS Video Webinar covering complaints	First-aid tutorial	
Teaching, mentoring or tutorials	Researching articles and developing new materials about communication and consent in order to prepare session for students or other osteopaths	Developed teaching materials on selecting appropriate techniques for use with children and red flag identification	Supporting colleagues to enhance patient care, eg through mentoring or observation, by learning about giving and receiving feedback
Working with others on research and publication activities	Patient participation and involvement in research development and practice		NCOR research group (see page 22)
Conference attendance	Institute of Osteopathy (iO) Convention 2018 sessions COPA (cross-sector event for physical therapy) communication and consent	iO Roadshow COPA communication and consent	iO Roadshow – session about learning from formal complaints against osteopaths

Table 1: Table showing the types of CPD osteopaths are doing within the OPS themes of Communication and patient partnership, Safety and quality in practice and Professionalism.

33. We are still seeing that most CPD is undertaken in the area of knowledge, skills and performance (theme B of the OPS). Over time, we would like to see more CPD in the other themes of the OPS: Communication and patient partnership, Safety and quality in practice, and Professionalism. All the CPD workbooks, which have been developed to support osteopaths in meeting particular aspects of the scheme, now contain a table illustrating the types of CPD activities which may cover one or more of the four themes of the OPS. We plan to undertake some more specific work around Professionalism and how this OPS theme might be addressed in terms of undertaking CPD activities, primarily by developing some online resources and materials and also working in conjunction with the

osteopathic educational providers via some qualitative work. This work has begun with an article in the September/October issue of The Osteopath, and a series of webinars with Regional Leads. Also, NCOR has developed a prototype e-learning module which may contribute to safety and quality in practice. We will continue work (with others in the sector where appropriate) to translate these aspects of the scheme which are more difficult for osteopaths into more accessible and designed resources for osteopaths.

Objective activity

34. Osteopaths are continuing steadily to undertake objective feedback as part of their CPD. The CPD Evaluation Survey 2019 shows that once an osteopath tries out an objective activity, they are more likely to see the benefit of doing so to their practice and to try another type of objective activity as a result. This is a positive finding because it suggests that there are specific benefits to osteopaths (and hopefully to their patients and their practice) over and above simply the requirement that it is part of the GOsC CPD scheme. With this in mind, we are continuing to encourage osteopaths to document the benefits to their practice and to share these with others through the CPD website and The Osteopath magazine. Also, we will refine the wording of our communications to focus on this (to encourage others to get started with an objective activity). We will also continue to run a variety of webinars and other engagement mechanisms to suit different learning needs, develop some bite size activities on objective activity through The Osteopath and other online media e.g. video or Camtasia driven PowerPoint e-learning modules as well as continuing to update and promote our existing workbooks and resources for objective activities.
35. More osteopaths are doing CPD locally, with groups or other health professionals and fewer osteopaths are doing CPD with professional specialist organisations. This could be an indicator that osteopaths are reaching out to their local communities to do CPD in a convenient and cost effective way. The implications of this for specialist CPD providers are that they may need to show more clearly how they can help osteopaths to meet the requirements of the CPD scheme.

Communication and Consent

36. The evidence suggests that this key area is being more clearly cemented into osteopaths' practice now and CPD providers are also beginning to meet the requirements for osteopaths to be able to fulfil this aspect of the new scheme.
37. Nevertheless, we know that we cannot be complacent and we will continue to highlight the importance of communication and consent as we can see, from the draft National Council of Osteopathic Research report (at <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-october-2019-item-6a-annex-a-types-of-concerns-raised-about/?preview=true> that this area continues to feature in patient concerns. The next issue of The Osteopath (November/December 2019) will focus on

communication and consent as a key area and will also promote the updated Communication and Consent CPD Workbook.

Keeping CPD Records and reflecting on CPD

38. The CPD survey shows that around 2% of osteopaths are indicating that they anticipate completing between 1-10 hours of CPD in their first year on the scheme. The verification and assurance process will include these osteopaths so as to support them further with their transition into the three-year CPD cycle and encourage a higher rate of hours to be completed per year (if appropriate) to keep them on track. The verification and assurance process will also focus on osteopaths declaring a higher proportion of hours. Further information about this is set out below.
39. The main barriers to reflection reported were finding time to reflect and record, that it gets in the way of actual practice or that respondents are worried about recording things like this. Less are reporting that they are not sure how to reflect this year (down 3%). Due to the main barriers being essentially about time constraints of running a busy practice, very few sought training, or advice, to develop their skills in reflection or recorded their experiences or reviewed their learning.
40. We plan to develop time efficient and succinct recording tools that can be used 'on the go' in busy practices and our next set of communications should focus upon promoting reflection as something that doesn't need to be time consuming and provide resources to help osteopaths record succinctly, time efficiently and effectively.
41. Our experience of 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 what it means to 'reflect' and so this is something that we need to learn more about via our various data collection sources.
42. More osteopaths report using the articles in The Osteopath magazine when completing their CPD (52.2% of respondents) compared to osteopaths reporting using the CPD microsite to inform their CPD activities (25.6% of respondents)¹. The finding from the survey means that we can continue to encourage osteopaths to use the CPD site to inform their CPD and to find out if they have found the content on the CPD site useful. One of our challenges might be how to encourage people to move from the offline environment of the hard copy of The Osteopath magazine to access the rich resources on the online website. Once osteopaths access the site, they report finding it very helpful in meeting the requirements of the CPD scheme. The next issue of The Osteopath (November/December) will include QR codes to see if this will encourage more osteopaths to move from one source of support to another, making the

¹ Q19 stated 'Have you referred to articles in 'The Osteopath' magazine when completing your CPD this year? And Q22 stated 'Have you visited the CPD microsite to inform your CPD activities'.

transition easier, so more people might be encouraged to utilise the CPD microsite. Interestingly, the website data shows that visits to the website have increased compared to last year and so we hope to continue this trend for our registrants.

43. There is also some feedback that understanding the CPD scheme can be time-consuming and it comes across as complicated to some osteopaths. With this in mind, we developed some simple flow chart 'decision trees' to help osteopaths consolidate the key aspects of the scheme and at the same time help them to make decisions about the CPD that best suits them as individuals and their practice. For example, we have developed a prototype to help osteopaths decide which objective activity will be most suited to them to try out, taking into account their goals, their practice and their experience. We tested these decision trees at the Institute of Osteopathy Convention on 1 and 2 November 2019 and they did seem to support osteopaths to decide what objective activity might suit them as part of completing the scheme. (The decision trees are available from Stacey Clift at sclift@osteopathy.org.uk).

Peer Discussion Review

44. We learnt more this year from those that had begun to identify their peer. This finding is important in supporting the work commissioned to the Institute of Osteopathy (iO) on peer matching to support osteopaths to find a peer. 1.8% of respondents said they would like a peer who is not known to them. It is this 1.8% and the 16% who have not yet identified their peer for whom the peer matching software project will be most useful. Consequently, we could predict that up to 18% of osteopaths may use the peer matching scheme to find their peer for their Peer Discussion Review (PDR).
45. Those that have begun to make plans to prepare for their PDR are more likely to familiarise themselves with the PDR template in their first CPD cycle. Slightly more osteopaths are concerned about having to give rather than receive feedback as part of the PDR process (+7%). We intend to continue facilitating workshops and webinars on the PDR 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. This should also help osteopaths feel confident about undertaking their PDR. We are considering developing a giving and receiving resource or workbook that specifically looks at helping osteopaths develop these skills which in themselves will be good CPD for all osteopaths.

Verification and Assurance

46. As part of our strategy for assuring ourselves and others that osteopaths are completing the CPD scheme, we are also going to begin verifying the CPD declared in a sample of registration renewals.
47. All CPD must be recorded, so we anticipate seeking additional information from up to 10% of the Register across a 12-month period to confirm that the CPD declared as part of their registration renewal has been recorded. This will also

help us to see how osteopaths are recording the new features of the CPD scheme (OPS themes, objective activity and communication and consent).

48. We will be contacting a random² sample of registrants every month, to seek information about the type of CPD activities which have been declared on their registration and renewal form. This will start after October 2019 once the first osteopaths to join the scheme have submitted their first annual renewal of registration declaration. This is so that we can see how it is being recorded and whether osteopaths are using the reflective templates that we are providing to help them.
49. As part of this process, we will also be checking osteopaths' CPD records in relation to the objective activity, four themes of the OPS and communication and consent requirements. This will help us to provide advice and support to the osteopaths whose CPD is verified as well as provide us with additional insight to develop more resources and support for osteopaths generally to help them meet the requirements of the scheme.
50. In due course (after October 2021), we will also verify up to 10% of Peer Discussion Review forms and corresponding CPD records at the end of their first CPD cycle to ensure the minimum of 90 hours of CPD (45 hours of which is learning with others) has been undertaken and recorded and the Peer Discussion Review has been completed.
51. Non-compliance must result in a 28-day warning of removal from the Register in accordance with the CPD rules. However, it is our goal to use this process to support osteopaths to engage both with the scheme, and with us, with the aim of enhancing CPD and practice. We also recognise that it is a new process, and so support and enhancing CPD must be a key focus for us in order to fully realise the benefits of the new CPD scheme as outlined at the outset of this paper.
52. Finally, to ensure consistency, we have developed a consistent verification and assurance form and associated guidance. This is available on request from Lorraine Palmer at lpalmer@osteopathy.org.uk. It will also be published on our website and will be explored and promoted through our communication channels to ensure osteopaths clearly understand the process.

Equality and diversity implications of the CPD scheme

53. As part of our equality impact assessment, we are checking that there are any potential indications of any barriers to completion of the CPD scheme which may be linked to particular protected or other characteristics. We informed this summary through an examination of responses to particular questions filtered by protected characteristics. Particular areas of interest are:

² Random sample will be reviewed based on the findings from the first analysis of registration and renewal form analytics and other supporting data around CPD compliance

- a. Mapping to the Osteopathic Practice Standards:
The respondents as a whole indicated that respondents were 'more likely to use and less inclined to map'. Those who were female or older than 65 had a slightly higher tendency to map to the OPS themes.
- b. Communication and consent:
The respondents as a whole indicated that respondents were 'likely to undertake activity in a variety of ways'. Those who were of particular ethnicities or particular sexual orientations were less likely to have undertaken an activity in communication and consent.
- c. Objective activity:
The respondents as a whole indicated that if an objective activity was undertaken it was more likely that they would try other objective activities. Case based discussion was the most popular objective activity followed by peer observation. However in relation to age the likelihood of never having undertaken an objective activity appears to steadily increase with age, particularly with case based discussion, PROMs and observation. 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.
- d. Keeping a CPD record:
The respondents as a whole showed that barriers to reflection are mainly time and that it gets in the way of practice. Also people were more likely to keep a hard copy folder along with the summary form. Females and those aged over 60, those of particular ethnicities or of particular sexual orientations were more likely to report not knowing how to reflect.
- e. Peer discussion review:
The respondents as a whole showed that they were more likely to not have made plans to prepare for the peer discussion review. Those that have made plans for the peer discussion review were more likely to try it out in year 1 using the template.³ Those who were under 29, or of particular ethnicities or sexual orientations were more likely to have found a peer to work with and more likely to wait until the end of the cycle to undertake a peer discussion review.
- f. Giving and receiving feedback:
The respondents as a whole showed that they were more likely to be concerned more about giving feedback than receiving it. Those over 60, of

³ 52% have not made any plans to prepare for their peer discussion review. 23.5% have made plans to try a peer discussion review in year 1 of the new CPD scheme to familiarise themselves with the template

particular ethnicities and particular sexual orientations were more likely to report concerns about receiving feedback than giving it.

54. Numbers are small at the moment, in relation to some of these categories and so it is difficult to know if there is direct causation between specific protected characteristics and opportunity to participate in the CPD scheme. We will continue to explore and follow up on these aspects as part of our engagement to ensure that a diverse range of resources are available to support all to participate in the CPD scheme whilst being alert to exploring any barriers to participate in the scheme

Next steps

54. Key priorities moving forward for the implementation of the CPD scheme include the following:

- To keep working on **equality impact assessment areas** and consider some focus groups with people with specific characteristics to see how we can translate and support with additional resources where useful.
- Develop some resources in conjunction with key osteopathic stakeholders in terms of what might be addressed as CPD under the theme of **Professionalism**
- Promote communication around the fact that **reflection** doesn't need to be time consuming in conjunction with developing or exploring time efficient and succinct recording tools that could be used 'on the go' in busy practices.
- Provide a set of **core skills** resources to assist osteopaths with the CPD scheme, specifically around giving and receiving feedback, which will also include promoting case-based discussions with a trusted colleague as a good way to develop their skills in giving and receiving feedback and prepare them to feel more confident about undertaking their Peer Discussion Review.
- Improve online traffic to the **CPD microsite** including by trialling the use of QR codes in the magazine, given that we know just over half of the CPD Evaluation Survey respondents have referred to articles in the Osteopath when completing their CPD compared to 26% are using the microsite to inform their CPD activities.
- Develop further sources of data and analysis, but also in conjunction with others in the sector to continue to provide insight into the effectiveness of the implementation of the CPD scheme as suggested in the report at Annex A.
- Further focus on areas including objective activities and peer discussion review to promote osteopaths beginning these at the earliest opportunity in the CPD scheme.
- To continue our ongoing and extensive communications and engagement including online and face to face engagement, developing resources, case studies and articles.

55. Council is invited to consider the contents of this paper and to consider whether they are satisfied with the information provided to provide assurance about the progress of the implementation of the CPD scheme.

Recommendation: To consider the progress of the implementation of the CPD scheme.