

Continuing professional development scheme: draft evaluation strategy

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Summary

A new CPD scheme was launched by GOsC in October 2018. It builds on the previous scheme and aims to strengthen it with the intention of improving patient care and safety. The immediate goal for implementation of the CPD scheme is that osteopaths engage with the three-year CPD scheme and complete the required activities at the end of their three-year CPD cycle, in order to enhance practice in accordance with the Osteopathic Practice Standards (OPS).

The overall aim of the CPD scheme is that osteopathic practice is relationally informed by the revised OPS. Areas of particular emphasis in the OPS are communication and partnership working with patients. CPD activity covering reflective practice, peer discussion review and objective activity all aim to improve osteopathic care in the areas of communication and patient partnership. These are areas where new knowledge about osteopathic practice will be developed.

An evaluation strategy is needed to establish the risks and benefits of the scheme, indicators and methods of assessment. As well as key performance indicators which focus on outcomes, it is important to identify process and context indicators with a view to gaining an understanding of mechanisms and feedback into organisational learning. The methodology for this evaluation strategy is informed by Pawson and Tilley's 'realistic evaluation' approach.

This strategy considers available data sources, both internal and external, sets out a framework of indicators, and makes suggestions for further strategic research to inform future evaluation.

Background

Continuing professional development (CPD) in the context of health care is a necessary part of professional practice. CPD involves documenting skills, knowledge and experience gained formally and informally, objective feedback, reflective practice, and peer discussion. This means that osteopaths, as health professionals, keep their practice up to date, e.g. through learning new techniques, and will continually strengthen their professional practice, e.g. through reflection on work with patients. Evidence of CPD is usually required when qualified health professionals periodically register with their regulator. A new CPD strategy started on 1 October 2018. All osteopaths are due to move onto the scheme on a rolling basis by 30 September 2019. At their annual registration during this period they will begin a three-year CPD cycle. All existing osteopaths will have completed at least one year of the new three-year CPD scheme by 30 September 2020.

The new CPD scheme builds on the previous one, adding new requirements around reflection and peer discussion review of osteopathic practice. It also requires osteopaths to get feedback on their practice through objective activity. This can be through a range of activities including case-based discussion, patient feedback, and clinical audit. The emphasis on reflection is in line with policy in other health professions where it is increasingly viewed as an effective way of developing learning about patient centred care and professional practice.

The CPD scheme aims to support osteopaths to ensure that their CPD shows breadth of practice as set out in the OPS. The OPS have been updated and publicised to osteopaths and stakeholders in September 2018. They formally come into force on 1 September 2019. In the past osteopaths have tended to do more CPD in the area of skills, knowledge and performance than other areas. The new CPD scheme aims to encourage a rebalancing of activity so that all four areas are covered. A key element of the new scheme is communication and consent as this is an important aspect of patient centred care and the area in which half of all patient complaints are made. The new scheme has five main features:

- Breadth of practice and the four OPS themes
 - Communication and patient partnership
 - Knowledge, skills and performance
 - Safety and quality
 - Professionalism
- Communication and consent
 - Demonstrate that CPD benefits patients and includes at least one CPD activity in the areas of communication and consent
- Objective activity
 - Include at least one objective activity that informs your practice and quality of care – such as peer observation, patient feedback, clinical audit or case-based discussion
- Peer discussion review
 - Hold a structured conversation towards the end of the 3-year cycle with an osteopath or other registered health professional to confirm that all the scheme's elements have been completed
- Keeping a record
 - Keep a record of your CPD that shows you have completed a 3-year cycle of 90 hours. This must comprise a minimum of 45 hours 'learning with others'.

There is a need to provide assurance that the new CPD scheme is being implemented as intended and to assess its impact, including the benefits of the scheme over time. In the short term it is important to know that osteopaths are engaging with the new scheme and understand what they are required to do. Short and long-term objectives are needed to guide activity to be reviewed. In October 2018 the Policy Advisory Committee (PAC) noted that the assurance and evaluation of the new CPD scheme would benefit from a wider consideration of data sources to inform it, as well as the annual CPD Evaluation Survey.

The aims of the 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 evidence that professional isolation can increase the chances of complaints being made).

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.

The risk log for the new CPD scheme (see CPD risk log 5/10/18) incorporates risks to successful implementation of the scheme, and also the risks that may prevent delivery of the anticipated benefits over time, and provides a useful way of thinking about the areas that might be explored using a variety of data sources.

A CPD evaluation strategy is needed that:

- Will allow understanding of how the implementation of the CPD scheme affects patterns of CPD over time
- Identifies data sources that will provide assurance to GOsC and the profession that osteopaths are engaging with the new scheme and are actively planning and undertaking their CPD over the course of the three-year period
- Identifies a range of performance indicators (context, process and outcome) and links to data sources
- Identifies ways of capturing the benefits and risks of the new CPD scheme for osteopaths

- Identifies areas for further strategic research to inform future development and evaluation

Aim of this paper

The remit has been to design a longer-term evaluation strategy and specify data sources. This includes providing an outline for an evaluation strategy that makes it possible to articulate the benefits of the new CPD scheme and how to measure these over time, plus provide a methodology for data collection and an analysis plan. The paper is informed by discussions with external stakeholders, including Dr Kerstin Rolfe, (British College of Osteopathic Medicine/Chair of the Council of OEIs), Matthew Rogers (Institute of Osteopathy), and Dawn Carnes (NCOR), and GOsC staff, including: Fiona Browne, Liz Niman, Matthew Redford, Hannah Doherty, Stacey Clift, and Steven Bettles.

This paper sets out a draft strategy for evaluating the new CPD scheme, including a framework of context, process and outcome indicators, and sources of available data. It also considers areas for future research that may be used to inform the CPD strategy as it moves forward. It is set out as follows:

- Methodological framework
- Review of data sources
- Identification of a range of indicators linked to data sources
- Recommendations for future research

Methodological framework

The CPD scheme aims for the OPS to become part of osteopathic professional practice in a relational way. Research with osteopaths on their views and experiences of regulation and the OPS supported this approach, finding that osteopaths valued the effort made to reach out and personally engage with them. (McGivern et al, 2015) This approach was found to have improved their understanding of OPS and belief in the legitimacy of OPS.

As stated above, the CPD scheme requires registered osteopaths to undertake activity in a range of areas, with particular emphasis on: reflective practice, peer discussion review, objective activity, learning with others and communication and consent. This entails a shift in emphasis to a more patient centred model of care involving a patient partnership approach and is seen to require behaviour change for many osteopaths. This model of care is embedded in the updated OPS which draws on Michie et al's behaviour change wheel (Michie et al, 2011) as a theoretical framework.

The new CPD scheme, informed by the OPS, provides a framework which may prompt osteopaths to change practice. For example, giving and receiving feedback through the peer discussion review process may start off being viewed as a challenge for some osteopaths, but after becoming familiar and confident in doing this activity it is hoped that osteopaths will see the value of adopting a patient

partnership approach and behave differently, improving their communication skills, and consequently patient outcomes. Research on professional communication and patient centred care has shown that attitude change needs to come before behaviour change. (Joseph-Williams, 2017) In undertaking the new CPD scheme over a period of three years in the first instance, it is expected that there will be a process whereby levels of understanding of key elements of CPD (such as seeking feedback, and reflective practice) will increase, leading to a change in attitudes and ultimately behaviour.

The evaluation strategy aims to cover activity and outcomes over time. It is important to collect data on context and processes as well as outcomes. An understanding of process is needed to explore and better understand mechanisms, or how things work. This can feed into organisational and stakeholder learning making evaluation dynamic and responsive. It is also important to have information about the wider context in which osteopathic practice takes place and to take account of factors that may affect it, including changes in regulation and education. It could include factors such as stakeholder engagement activity by GOsC, changes in musculoskeletal care commissioning in the NHS, changes in educational provision, or developments in the allied health professional (AHP) role.

Pawson and Tilley's 'realistic evaluation' model incorporates three elements: context, mechanism and outcome. (Pawson and Tilley, 1997) The realistic evaluation approach was a response to the limitations of traditional programme change models which focus primarily on outcomes, using the randomised controlled trial as the gold standard approach, without collecting data on mechanisms, how interventions work in practice, and how they may be influenced by context. They suggest collecting data that allows us to examine how the 'context-mechanism-outcome' pattern is configured. This pattern forms the basis for their model of realistic evaluation and it is argued that it will enable 'transferable and cumulative lessons' to be learned from research. (Pawson and Tilley, 1997: p217) Pawson and Tilley (2004) define mechanisms, context and outcomes as follows:

- Mechanisms - describe what it is about programmes and interventions that bring about effects. They are often hidden, so realist evaluation begins with identifying the potential process through which a programme or intervention may work.
- Context - describes features of the conditions that are relevant to the programme mechanisms. Contextual thinking addresses the issues of 'for whom' and 'in what circumstances' a programme will work.
- Outcomes - are the intended and unintended consequences of programmes or interventions, resulting from the activation of different mechanisms in different contexts.

The realistic evaluation model therefore includes data on all three elements so that a detailed understanding of how an intervention works in practice (here the new CPD scheme) can be gained. This approach provides more detailed insight into what may be contributing to or blocking change. Data on short and mid-term outcomes

address process and therefore should support greater understanding of mechanisms. This data can be collected and interpreted in order to understand how the CPD scheme is working.

Research has highlighted the need for culture change at all levels (e.g. patient, practitioner, organisation, policy, regulation) in order for patient centred care to work as intended. (Fix et al, 2018) Arguably therefore, reflection needs to happen at all levels and be part of the evaluation process. In considering process data GOsC can reflect on how the CPD scheme is working and review and adapt their activity e.g. communications, if necessary.

Evaluation design

Indicators are central to evaluation and are used to set out a working framework of assessment criteria related to the project or policy aims at different stages. Types of indicator used in evaluation vary depending upon need but commonly used indicators (Kelly 2004) are:

- Informative/strategic – describe the social system and changes taking place in it
- Process – describe what happens in the course of policy and programme implementation
- Outcome – measure the results achieved by interventions
- Impact – long-term use of outcome measures to assess the impact of intervention programmes on a given population (what happens *after* the intervention has finished, e.g. are the results maintained?)

Policy makers often identify key performance indicators that will show whether an intervention has worked or not. Here, drawing upon Pawson and Tilley's context-mechanism-outcome model a range of indicators have been identified linked to available data sources. Indicators are categorised as: process, outcome, context and impact as these are most relevant to the CPD scheme. Process indicators provide information about mechanisms. A set of indicators linked to data sources can be seen in Appendix 1. A review of data sources can be seen in Appendix 2. Key data sources include:

Key data sources

- GOsC annual CPD survey
- GOsC annual registration data
- GOsC regulation team data
- GOsC engagement with stakeholders
- GOsC communication team data
- Institute of Osteopathy census
- PROMs (NCOR)

Key performance indicators (KPIs) have been identified by GOsC that aim to pick up on the impact and benefits of the scheme.

Key performance indicators

- Reduction in fitness to practise complaints over time.
- Reduction in proportion of fitness to practice complaints in area of communication and consent.
- Increases in numbers of osteopaths who report working with other health professionals (building community with other health professionals as well as within osteopathy).
- Changes to the YouGov survey over time (and in particular, the CARE measure question).

This evaluation strategy focuses on the three key areas identified in the Council paper of 6/2/19. Core data sources are set out, but they may be complemented by other data sources.

Osteopaths to do CPD in the four themes of the OPS

This will demonstrate engagement with the five aspects of the CPD scheme: range of practice; objective activity; peer discussion review; communication and consent; and keeping CPD records.

Data sources:

- Annual CPD survey (tracking)
- PROMs (NCOR)
- Annual registration data
- CPD portfolios (when submitted)
- Complaints, concerns and fitness to practice determinations
- GOsC communication team data
- YouGov survey

Strategic research

Strategic research needs to be undertaken to develop indicators that can assess the long-term impact of CPD in the areas of communication and consent and patient partnership (reflective practice, objective activity and peer discussion review) on areas such as: osteopathic practice; job satisfaction; patient outcomes (including satisfaction with care); and impact on the work of the wider osteopathic community including the Institute of Osteopathy (iO) and osteopathic educational institutions (OEs).

Reflection on practice is viewed as an important way of developing learning and is a key element of CPD for many professional staff working in healthcare. It is considered to be particularly valuable in developing patient centred care and improving patient safety. The CPD scheme promotes communication and patient partnership as set out in the OPS. Reflection is a requirement of the new CPD scheme and questions about it are included in the CPD survey. Further research is warranted into osteopaths' experiences of reflection, the quality of their reflection, their learning from it, recording it and challenges they face in doing it. In recent years there has been some controversy about the status of reflection by health

professionals. In particular the case of Dr Bawa-Garba has raised concerns about how it may be used against health professionals. (Dyer and Cohen, 2018) This is less of a concern for osteopaths as relatively small numbers work in the NHS, however, it would be useful to explore and monitor concerns about reflection as well as benefits. There may be value in collaborative research with other health professions and the development of indicators.

Recommendations:

- Work with NCOR to increase osteopath engagement with PROMs (NCOR) and develop the data set available on patient reported outcomes. Over time this will provide valuable information on patient outcomes which can be analysed in relation to demographic factors e.g. gender, location, type of osteopathic practice.
- Add the CARE questionnaire (see Mercer, 2004) to PROMs.
- Develop qualitative research on reflective practice to include perceived benefits, challenges and concerns. This could be conducted collaboratively with other regulators and/or OEIs.
- Undertake qualitative research with OEIs to identify criteria for assessing the quality of reflective accounts.
- To work with OEIs to assess the preparedness of newly qualified osteopaths for CPD. A review of educational curricula in the areas of reflection, objective activity, peer review and feedback could be undertaken. Work could be undertaken to track a group of newly qualified osteopaths to assess the way they engage with CPD and how they engage with life-long learning.

Osteopaths to get professional and personal support from colleagues

As with many areas of healthcare it is considered beneficial that osteopaths work with peers to provide opportunities for shared learning and support.

Data sources:

- Annual CPD survey (tracking)
- Annual registration data
- CPD portfolios (when submitted)
- GOsC communications data
- Institute of Osteopathy census
- OEI curricula

Recommendations:

- Focus groups with leaders of regional societies to identify key issues arising for osteopaths and to gain intelligence of issues of interest and concern to osteopaths.
- Investigate peer mentoring and review how it could support mentees and motivations for becoming a mentor. This can be tracked over time.
- Investigate needs for personal support by osteopaths.

- Investigate experiences of giving and receiving feedback and learning needs (potentially collaborate with another regulator and/or OEIs). This would include a focus on the quality of feedback and the impact of feedback. In the scoping work for the evaluation a representative from osteopathic education (Dr Kerstin Rolfe) commented that tutors are experienced in receiving feedback and students at OEIs like to receive it. However, on the whole people are less comfortable with giving feedback. Webinars and workbooks are available on giving and receiving feedback. How can osteopaths be supported to undertake constructive peer feedback?
- Explore ways of assessing whether job satisfaction of osteopaths changes over time. This could be through an additional question in the CPD survey. One possibility is to commission a tracking survey of newly qualified osteopaths to assess career paths, decision making, motivations and support needs. See BMA Junior doctors survey. (BMA, 2019)

To increase involvement of osteopaths in the community

A key element of the CPD scheme is for osteopaths to do a minimum of 50% **45 hours** of their CPD as learning with others. This can be through formal training, seminars and conferences. However, it can also include participation in regional group activity and special interest groups. These groups and networks may be referred to as 'communities of practice'. (Wenger, 1998) It is considered that more active engagement with peers can contribute to improved quality of care and patient safety. Reducing professional isolation is likely to reduce chances of complaints.

Data sources:

- Annual CPD survey (tracking)
- Annual registration data
- CPD portfolios (when submitted)
- GOsC communication team data
- Institute of Osteopathy census
- OEI activity

Strategic research

It would be useful to review the different types of group and peer activity osteopaths engage in e.g. regular peer meet-ups to discuss cases and other issues, specific topics such as sport, paediatric care, animal care, cranial, visceral, engagement with peers through digital technologies. Information could be collected from regional groups including: areas of interest; participant characteristics; topics addressed.

Given the emphasis on 'learning with others' in the new CPD scheme it would be useful to track activity and see whether there is increased group and network activity over time and what form that activity takes. The use of digital technologies in communities of practice could also be recorded and tracked over time. The GOsC communications team keeps a record of regional groups and activities. The forms of

data collected and how it is used could be reviewed. Data on attendance and content of sessions may be collected from regional leads. The iO also collects data on group membership and activity in its census of osteopaths. Data is available for 2017 and the next census will take place in 2020.

Now that osteopathy is an allied health profession (AHP), **in England**, there may be changes in how osteopaths undertake CPD. It would be useful to monitor this. For example, osteopaths working in the NHS may be more likely to undertake a proportion of their CPD in activities provided by the NHS and with health professionals who are not osteopaths such as physiotherapists. This could involve collaboration with the iO.

Recommendations:

- Review of regional society meeting agendas to compare content and track changes over time. This will be useful information for regional societies too.
- Focus groups with leaders of regional societies to identify key issues arising and to gain feedback on how GOsC can support community involvement e.g. through articles in The Osteopath.
- Targeted qualitative research with osteopaths not involved in peer networks to identify their needs and how they can be addressed.
- Research on what factors support resilience on part of osteopaths. This is a focus in undergraduate healthcare education and in NHS workforce support. There is potential for collaboration with other regulators.

Discussion and areas for possible development

Measuring longer term objectives is a challenge across healthcare professions and regular review, reflection and discussion between stakeholders is important. The healthcare environment is constantly changing and intelligence systems need to be in place that are sensitive to change that may have an impact on the profession of osteopathy (risks and opportunities). One example is the potential for change in the work that osteopaths undertake. Given the ageing population in the UK, osteopaths are likely to see more patients with complex and long-term conditions meaning that treatment protocols and delivery may become more demanding. Undergraduate education and CPD may need to target this area. Linked to this, the role of osteopathy as an allied health profession in care for chronic musculoskeletal conditions in the NHS may expand. Integrated care models currently being developed and commissioned in primary care potentially increase the scope for osteopaths to work in the NHS. Although the number of osteopaths working in the NHS is currently small, should this increase there may be implications for CPD. There may also be opportunities for mutual learning to take place.

There has been limited contact with OEIs for this review but there is scope for developing projects including small-scale exploratory studies in areas such as reflection. Dr Rolfe mentioned that staff appraisals are beginning to involve reflective

practice. There is potential for mutual learning here and potential for involving masters' students.

Reflection and peer discussion review are linked areas which need further work across the health professions. Evaluation work commissioned by the Nursing and Midwifery Council (NMC) has found that reflective discussion is considered to be one of the most beneficial aspects of revalidation. (NMC, 2018) However, there was anxiety and uncertainty regarding taking on the responsibility of being a reflective discussion partner. It was also found that the quality of reflective accounts varied. A sample of CPD submissions can be analysed at the end of the first three-year CPD cycle and quality assessed. Prior to this work could be undertaken to develop criteria for assessing the quality of reflective accounts, perhaps with OEIs as mentioned above.

An additional area it would be useful to assess is the burden of the new CPD scheme on osteopaths in terms of resources such as time and money.

It would be useful over time to explore the impact of the new CPD scheme on registrant and patient diversity. Are there differences to be found in osteopath characteristics and the patient populations they see?

A further area for research that is linked to CPD is career development in osteopathy. It would be useful to explore possibilities for research in this area with the iO and NCOR.

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GOsC papers

GOsC Council paper 6/2/19

https://generalosteopathiccouncil.sharepoint.com/:w:/r/Governance/_layouts/15/doc

[2.aspx?sourcedoc=%7B50D86E04-DAFF-45CE-8C39-3804587F309F%7D&file=Public%20Item%209%20%20CPD%20update%20FINAL.docx&action=default&mobileredirect=true](https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-october-2018-item-3b-annex-b-master-cpd-project-risk-log/?preview=true)

Risk log for the CPD scheme. <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-october-2018-item-3b-annex-b-master-cpd-project-risk-log/?preview=true>

Appendix 1 - process for developing the strategy and stakeholders

Key performance indicators/ outcome	Indicator	Indicator: detail	Data	Timeline	Notes and progress as at 30 October 2019 as updated by GOsC <i>Next steps are identified in italics</i>	Context Process Outcome
	Reduction in fitness to practise complaints over time	FtP cases – number of complaints	Quantitative data on FtP complaints held by regulation team (analysis and tracking)	Annual review and summary of data	FtP reports provided to Council on a regular basis. NCOR complaints and concerns data also being collected. <i>Analysis to be completed to feed into CPD Evaluation during 2020.</i>	Outcome
	Reduction in proportion of fitness to practise complaints in the area of communication and consent	FtP cases – number and type of complaints in the area of communication and consent CPD undertaken in area of communication and consent	FtP cases – content analysis of FtP complaints in the area of communication and consent Annual CPD survey	FtP determinations – annual reports Reported CPD undertaken in area of communication and consent	NCOR complaints and concerns reports show overall reduction in complaints but still increased proportion related to communication and consent. See draft 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 CPD Survey 2019 shows that communication and / or consent activities undertaken by osteopaths have increased. See p27 at: https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-october-2019-item-5a-annex-a-cpd-evaluation-survey-report/?preview=true	Outcome Process

Key performance indicators/ outcome	Indicator	Indicator: detail	Data	Timeline	Notes and progress as at 30 October 2019 as updated by GOsC <i>Next steps are identified in italics</i>	Context Process Outcome
			(membership)*		<i>groups and whether this requires a different source or whether this can be done in the CPD survey.</i>	
	Changes in the YouGov survey – particularly CARE measure questions	Tracking ratings about	YouGov survey with patients and public		<p>Yougov survey shows high rates of satisfaction, 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. See Q17 at: https://www.osteopathy.org.uk/news-and-resources/document-library/research-and-surveys/public-perceptions-study/</p> <p><i>Yougov survey took place in 2018. Next yougov survey to be undertaken in 3 to 4 years (perhaps at the end of the next CPD cycle)</i></p>	Outcome Process
Short-term/processes (by October 2019)	GOsC engagement activity with stakeholders about CPD	<p>Record of events organised by GOsC and external events attended where CPD scheme (or key elements of it) is presented pre- and post-registration</p> <p>Feedback to GOsC from stakeholders</p>	Review of GOsC engagement activity with stakeholders that covers CPD (directly or indirectly)	Descriptive data on GOsC activity	<p>Frequent and ongoing engagement with osteopaths both online and in person has been undertaken during 2019. This includes: iO workshops and convention (Coventry, Bristol, Perth, Manchester, Maidstone and Heathrow), ongoing regional groups including: Cheshire CPD Group (Lymm), Norwich CPD group, Seaford CPD Group, Online webinars include: regional lead webinars, case based discussion webinars, peer observation webinars, online webinar for Midland CPD group etc. Feedback from stakeholders from engagement is very positive and well received. Overall findings suggest that participants understand more about the CPD scheme and the standards at the end of the sessions than at the beginning.</p> <p>We also undertake regular engagement with students in OEIs both at the beginning of their studies and towards the end which is also well received and generates interesting learning points and debates.</p>	Context Process

Annex A to 15

Key performance indicators/ outcome	Indicator	Indicator: detail	Data	Timeline	Notes and progress as at 30 October 2019 as updated by GOsC <i>Next steps are identified in italics</i>	Context Process Outcome
					<i>Moving forward we will continue to undertake engagement with osteopaths and will continue to analyse findings and to reflect on our ongoing communications.</i>	
	Osteopaths' understanding the requirements of the new CPD scheme	Osteopaths understanding the new CPD scheme	CPD survey 2019	CPD survey analysis Autumn 2019	<p>The CPD survey 2019 found that 'Reassuringly, 75% of osteopaths in the sample felt that they adequately understand the new CPD scheme and its four key elements, (12% increase on 2017-18 figures).' This suggesting that our communications and engagement are having an impact on understanding and indeed preparedness. See p10 of the CPD Survey at: https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-october-2019-item-5a-annex-a-cpd-evaluation-survey-report/?preview=true</p> <p><i>We will continue to focus on translating the scheme into a range of accessible resources which suit different individuals to support them to understand and participate successfully in the scheme.</i></p>	Process
	Osteopaths' engagement with CPD scheme	30 hours of CPD undertaken in year 1	Annual registration - CPD records	Audit of CPD hours in first year (from October 2019)	<i>The first registration renewals are due in December 2019. Analysis will commence at this point.</i>	Process
	CPD in area of communication and consent	Osteopaths undertaking CPD in the area of communication	CPD survey 2019	CPD survey analysis Autumn 2019	<p>As above CPD Survey 2019 shows that communication and / or consent activities undertaken by osteopaths have increased. See p27 at: https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-october-</p>	Process

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Key performance indicators/ outcome	Indicator	Indicator: detail	Data	Timeline	Notes and progress as at 30 October 2019 as updated by GOsC	Context Process Outcome
		and consent	Annual registration data	Summary data at annual registration	<p><i>Next steps are identified in italics</i></p> <p>2019-item-5a-annex-a-cpd-evaluation-survey-report/?preview=true</p> <p><i>The first registration renewals are due in December 2019. Analysis will commence at this point.</i></p>	
	Reflective activity by osteopaths	Confidence in undertaking reflective practice Types of reflective activity undertaken	CPD survey 2019	OEIs	<p>Researcher notes: 'Develop qualitative research on reflection (with a focus on improving quality) in conjunction with regional groups/peer networks</p> <p>Review of training/materials offered by external providers</p> <p>Collaborations with other regulators on developing and supporting reflective practice'</p> <p>See p32 of the CPD survey 2019 at https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-october-2019-item-5a-annex-a-cpd-evaluation-survey-report/?preview=true which shows that osteopaths are clearer on how to reflect (perhaps due to the resources on the CPD website and that there has been a reported decline in barriers to reflection. But more osteopaths are saying that they don't have the time to do so.</p> <p><i>Further qualitative work with particular groups, for example new graduates and regional leads, is planned for 2020 with a renewed focus on reflection and feedback.</i></p>	Process

Key performance indicators/ outcome	Indicator	Indicator: detail	Data	Timeline	Notes and progress as at 30 October 2019 as updated by GOsC <i>Next steps are identified in italics</i>	Context Process Outcome
		<p>Number of osteopaths who view reflective activity as beneficial to practice</p> <p>Osteopaths accessing GOsC training materials/courses on reflective practice</p> <p>Uptake of courses and training materials available from external providers on reflective practice</p> <p>Discussions with peers</p>	<p>Osteopaths clicking on and downloading GOsC resources</p> <p>Audit of courses and training materials available from external providers</p> <p>CPD survey Annual registration data</p>		<p>The CPD Survey 2019 shows that only 1 in 4 osteopaths have accessed the CPD website which is a decrease of 12% from figures in 2018. See p42 of the CPD Survey 2019 at: https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-october-2019-item-5a-annex-a-cpd-evaluation-survey-report/?preview=true</p> <p>On the other hand, review of the Osteopath in relation to CPD proves more popular with over 1 in 2 osteopaths reviewing this. (See p41 of the CPD Survey 2019 at: https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-october-2019-item-5a-annex-a-cpd-evaluation-survey-report/?preview=true. This finding indicates that there is further work to do in relation to encouraging osteopaths from the Osteopath magazine to the website.</p> <p>[Insert info re downloading resources]</p> <p><i>Further work may be required to explore work on reflective practice and how other CPD providers are supporting this. This could come from the verification and audit work during 2020 or work with CPD providers.</i></p>	

Key performance indicators/ outcome	Indicator	Indicator: detail	Data	Timeline	Notes and progress as at 30 October 2019 as updated by GOsC <i>Next steps are identified in italics</i>	Context Process Outcome
	Peer discussion review	<p>Identified peer reviewer</p> <p>Experience of peer discussion review</p> <p>Receiving and giving feedback</p> <p>Use of GOsC resources for undertaking peer discussion review</p> <p>Courses and training materials</p>	<p>CPD survey 2019</p> <p>Annual registration data</p> <p>CPD survey 2019</p> <p>Osteopaths clicking on and downloading GOsC resources</p>		<p>The CPD Survey 2019 shows that more than half of the osteopaths responding have identified their peer and almost 70% of these agreed to undertake the role and 50% of these have already undertaken an initial conversation. See p46 of the CPD Survey 2019 at https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-october-2019-item-5a-annex-a-cpd-evaluation-survey-report/?preview=true</p> <p>Registration renewal data will identify whether osteopaths have identified their peer and when in their CPD cycle. The first complete year of registration renewals will be due in December 2020.</p> <p>The CPD Survey 2019 shows that are some concerns about giving as well as receiving feedback identified. (see table 18 at p37 of the CPD Evaluation Survey 2019 at: https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-october-2019-item-5a-annex-a-cpd-evaluation-survey-report/?preview=true)</p> <p>[Insert info about use of resources]</p> <p><i>Further qualitative work about the experience, benefits and challenges of peer discussion review would be helpful during as well as towards the end of the first three year cycle. This may also include analysis of non-</i></p>	Process

Key performance indicators/ outcome	Indicator	Indicator: detail	Data	Timeline	Notes and progress as at 30 October 2019 as updated by GOsC <i>Next steps are identified in italics</i>	Context Process Outcome
	Increase in learning with others/communities of practice	<p>Annual CPD hours in the category of learning with others</p> <p>Osteopaths reporting working with others</p> <p>Osteopaths reporting participating in a regional group</p>	<p>Annual registration data</p> <p>CPD survey 2019</p> <p>CPD survey 2019</p> <p>CPD survey 2019</p>		<p><i>To consider analysis of registration renewal data for year 1 will come in from December 2019 to December 2020 and will provide the number of hours that are being undertaken as learning with others.</i></p> <p>In response to Q3 on the CPD Survey 2019, only c20% of osteopaths said that they never undertook CPD with 'Other healthcare professionals (eg NHS, surgeons, physiotherapists, orthotists, acupuncturists, nutritionists, homeopaths etc)' In contrast to 61% of respondents who had not undertaken CPD with the iO, or the Osteopathic Alliance and 40% who had not undertaken CPD with the osteopathic educational institutions and only 23% who had not undertaken CPD locally. The findings show that generally that osteopaths were more likely to undertake CPD locally. (See p7 of the CPD Survey 2019).</p> <p><i>We can look in the next CPD Evaluation Survey to explore developing communities of practice further and get further into the detail about which health professionals osteopaths are doing CPD with and we can monitor again the responses to this question.</i></p> <p><i>Other suggestions for further research in this area from the researcher include:</i></p> <ul style="list-style-type: none"> • <i>Review of membership of regional groups</i> • <i>Different types of groups e.g. interprofessional groups in sports medicine, headache</i> • <i>CPD groups</i> • <i>Case studies of activity (that can be shared)</i> • <i>Review of topics covered in regional group</i> 	Context Process

Key performance indicators/ outcome	Indicator	Indicator: detail	Data	Timeline	Notes and progress as at 30 October 2019 as updated by GOsC <i>Next steps are identified in italics</i>	Context Process Outcome
					<i>sessions</i>	
	Use of GOsC resources	Access to GOsC media + questions asked Mentoring toolkit on giving and receiving feedback	CPD Survey		<p>How do osteopaths access and use information?</p> <p>The CPD Survey 2019, p28, shows that GOsC guidelines and resources are frequently cited as used to undertake CPD in communication and consent and for recording and reflecting on CPD (see p32 and p42). P46 also states 'The use of the GOsC resources to plan their CPD have all significantly improved this year e.g. CPD guidelines (+18%), The Osteopath (+2%), e-bulletin (+8%), This is most likely to be a direct result of the work undertaken by the Communications team to improve access and navigate-ability to resources and increase awareness of these resources. Unfortunately, very few visit the CPD microsite (-13%), so there is still considerable room for improvement in terms of driving online traffic towards the CPD website and perhaps scope to look at access issues, reading style preferences in line with the use of The Osteopath and how that compares to click through analytics based on the links made available in The Osteopath magazine, given the survey results imply that over half use the magazine to inform their CPD, but probably don't follow-up with the links to the microsite.'</p> <p>So moving forward, further work to increase the use of the CPD website should be undertaken.</p> <p><i>The mentoring toolkit implementation plan is still to be agreed by the ODG Group. Further work to support and facilitate this is to be undertaken.</i></p>	Process
	Use of external		Audit of		It is difficult to get this kind of detailed data from CPD	Process

Key performance indicators/ outcome	Indicator	Indicator: detail	Data	Timeline	Notes and progress as at 30 October 2019 as updated by GOsC <i>Next steps are identified in italics</i>	Context Process Outcome
	resources		media resources available e.g. website content (related to CPD) of osteopathy institutions		providers. <i>But we could continue to engage with CPD providers to understand how their resources and being used by osteopaths.</i> Curiosity about practice	
	Undergraduate education relevant to CPD	Undergraduate education that covers: reflection, peer discussion review, objective activity, communication and consent	Survey of PPI in education (SC) Audit of activity	2019	Research on undergraduate education linked to new CPD scheme. To include reflective practice, peer review, objective activity. Anecdotal feedback from the students we have spoken to about the CPD scheme suggests that they are already undertaking reflective practice, peer review and objective activities as part of their undergraduate education. However, <i>we can explore this further as we begin the review of the Guidance for Osteopathic Pre-registration Education during 2019/20.</i>	Context
	CPD provided by educational institutions (post-graduate)	CPD courses that cover: reflection, peer discussion review, objective activity, communication and consent	Audit of activity Audit of e-learning modules (Dawn Carnes) Attendance at conferences		Researcher suggests teview of courses available for osteopaths that cover: reflection, peer review, objective activity, and communication and consent. Again it is difficult to undertake a full analysis of CPD provision from others other than through the CPD survey as providers tend to be commercial and less keen to share this kind of information. <i>To review the CPD Evaluation Survey to ensure that it is sufficiently detailed in terms of the CPD offered by postgraduate institutions.</i>	

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Key performance indicators/ outcome	Indicator	Indicator: detail	Data	Timeline	Notes and progress as at 30 October 2019 as updated by GOsC <i>Next steps are identified in italics</i>	Context Process Outcome
			Attendance at iO annual convention		<i>To explore further with NCOR about use of their resources and elearning modules.</i> <i>To explore with iO how attendance is comparing year on year.</i>	
Mid-term	Undertaking CPD in each year of the 3 year period		CPD survey 2020	CPD survey analysis	<i>To develop CPD Survey for 2020.</i>	
	Reflective activity	Types of reflective activity undertaken	CPD survey 2020		<i>To develop CPD Survey for 2020.</i>	
	Peer review	Identified peer reviewer Experience of peer discussion review Receiving feedback Giving feedback	Annual registration data CPD survey 2020 " "		<p>As noted above: The CPD Survey 2019 shows that more than half of the osteopaths responding have identified their peer and almost 70% of these agreed to undertake the role and 50% of these have already undertaken an initial conversation. See p46 of the CPD Survey 2019 at https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-october-2019-item-5a-annex-a-cpd-evaluation-survey-report/?preview=true</p> <p>Registration renewal data will identify whether osteopaths have identified their peer and when in their CPD cycle. The first complete year of registration renewals will be due in December 2020.</p> <p>The CPD Survey 2019 shows that are some concerns about giving as well as receiving feedback identified. (see table 18 at p37 of the CPD Evaluation Survey 2019 at: https://www.osteopathy.org.uk/news-and-</p>	

Key performance indicators/ outcome	Indicator	Indicator: detail	Data	Timeline	Notes and progress as at 30 October 2019 as updated by GOsC <i>Next steps are identified in italics</i>	Context Process Outcome
					<p>resources/document-library/about-the-gosc/pac-october-2019-item-5a-annex-a-cpd-evaluation-survey-report/?preview=true</p> <p>[Insert info about use of resources]</p> <p><i>Further qualitative work about the experience, benefits and challenges of peer discussion review would be helpful during as well as towards the end of the first three year cycle. This may also include analysis of non-GOsC peer discussion review resources.</i></p> <p><i>Continuing work is needed to support successful peer discussion review through continuing to facilitate peer discussion review workshops and webinars, and in particular promoting case based discussions with a trusted colleague as a good way to develop their skills in giving and receiving feedback and help them feel confident about undertaking their Peer Discussion Review.</i></p>	
	Increase in osteopaths undertaking objective activity as part of CPD	Objective activity undertaken in year 2	CPD survey 2019 Annual registration data Osteopaths registered for PROMS		<p>As above: The CPD Survey 2019 shows that c1 in 4 osteopaths had undertaken an objective activity. Of those that had done so, they were more likely to have completed more than one (suggesting that they got some benefit from that). See p24 of the CPD Survey 2019.</p> <p><i>Further work to be undertaken to continue to support those who have not undertaken an objective activity to undertake one.</i></p> <p><i>Analysis of registration data at the conclusion of year 1 for all osteopaths in December 2020 will help us to see</i></p>	

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Key performance indicators/ outcome	Indicator	Indicator: detail	Data	Timeline	Notes and progress as at 30 October 2019 as updated by GOsC <i>Next steps are identified in italics</i>	Context Process Outcome
					<p><i>the objective activities that osteopaths are undertaking as part of the CPD scheme and to share this with osteopaths..</i></p> <p>PROMS and PREMS Research led by Carol Fawkes at NCOR</p> <p><i>Ongoing dialogue with NCOR around the PROMs uptake will also help to inform understanding of undertaking an objective activity.</i></p>	
	Learning with others/communities of practice	<p>Annual CPD hours in the category of learning with others</p> <p>Osteopaths reporting working with others</p> <p>Osteopaths reporting participating in a regional group</p>	<p>Annual registration data (active membership)</p> <p>CPD survey 2020 iO census 2020</p> <p>CPD survey 2020 iO census 2020</p> <p>GOsC comms team data collected on regional groups</p>		<p>Researcher notes state: 'Contact regional group leads for attendance statistics at events'. However, we can also get this information from survey respondents.</p> <p><i>As stated above: 'To consider analysis of registration renewal data for year 1 will come in from December 2019 to December 2020 and will provide the number of hours that are being undertaken as learning with others.</i></p> <p>In response to Q3 on the CPD Survey 2019, only c20% of osteopaths said that they never undertook CPD with 'Other healthcare professionals (eg NHS, surgeons, physiotherapists, orthotists, acupuncturists, nutritionists, homeopaths etc)' In contrast to 61% of respondents who had not undertaken CPD with the iO, or the Osteopathic Alliance and 40% who had not undertaken CPD with the osteopathic educational institutions and only 23% who had not undertaken CPD locally. The findings show that generally that osteopaths were more likely to undertake CPD locally. (See p7 of the CPD Survey 2019).</p> <p><i>We can look in the next CPD Evaluation Survey to</i></p>	Context Process

Key performance indicators/ outcome	Indicator	Indicator: detail	Data	Timeline	Notes and progress as at 30 October 2019 as updated by GOsC <i>Next steps are identified in italics</i>	Context Process Outcome
					<p><i>explore developing communities of practice further and get further into the detail about which health professionals osteopaths are doing CPD with and we can monitor again the responses to this question.</i></p> <p><i>Other suggestions for further research in this area from the researcher include:</i></p> <ul style="list-style-type: none"> • <i>Review of membership of regional groups</i> • <i>Different types of groups e.g. interprofessional groups in sports medicine, headache</i> • <i>CPD groups</i> • <i>Case studies of activity (that can be shared)</i> <p><i>Review of topics covered in regional group</i></p> <p><i>Further we can explore the detail of the iO Census survey questions re CPD.</i></p>	
	Complaints		NCOR analysis of complaints and concerns		The most recent draft NCOR concerns and complaints report shows that complaints are continuing to reduce. See above.	
	Preparedness of newly qualified osteopaths to undertake CPD	GOsC presentations to undergraduates and feedback	Audit of GOsC		<p><i>A focus group for new graduates is planned for 2020.</i></p> <p><i>The revision of the Guidance for Osteopathic Pre-registration Education will explore feedback from graduates in practice and employers of graduates to feed back into the outcomes that students must demonstrate before being awarded a degree.</i></p>	
Long-term – see KPIs above	Undertaken 90 hours of CPD in the 3 year period as required	Number of osteopaths completing 90 hours of CPD	Record of CPD hours submitted at end of 3 year CPD period	October 2022 onwards (end of first 3 year block)	<i>Analysis of the first complete registration renewal cycle will be due from December 2022 onwards.</i>	Outcome

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Key performance indicators/ outcome	Indicator	Indicator: detail	Data	Timeline	Notes and progress as at 30 October 2019 as updated by GOsC <i>Next steps are identified in italics</i>	Context Process Outcome
				for all osteopaths on the register.)		
	Quality of CPD undertaken	CPD data – quality	<p>Audit of CPD data submitted</p> <p>Thematic analysis of data on: reflective practice, peer discussion review, objective activity, learning with others, CPD in the area of communication and consent</p>	October 2021	<i>Identify criteria for quality audit of CPD data. This work will be informed by ongoing verification and assurance.</i>	Outcome
	Reduction in complaints and concerns over time	Complaints and concerns	<p>NCOR analysis of complaints and concerns</p> <p>Characteristics of people subject to complaints</p>		<p>NCOR complaints and concerns data shows that first point of contact reported concerns are reducing. However, concerns are still around communication and consent.</p> <p>OPS issue on Communication and consent will be published in November / December.</p> <p><i>Continue ongoing work on communication and consent.</i></p>	Outcome Impact

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Key performance indicators/ outcome	Indicator	Indicator: detail	Data	Timeline	Notes and progress as at 30 October 2019 as updated by GOsC <i>Next steps are identified in italics</i>	Context Process Outcome
	Fitness to practice cases	As with KPI 1.			See above	Outcome
	Patient satisfaction with osteopathic care	Changes in the CARE measure Changes in PROMs	YouGov survey – CARE measure question PROMs		See above	Outcome Impact
	Learning with others				See above	
	Reflective practice		Analysis of quality sample of reflective accounts submitted at end of 3 year CPD cycle		Develop criteria for assessing quality of reflective accounts See above	
	Peer discussion review				See above	
	Objective activity				See above	

Appendix 2 – Review of data sources

GOSc annual CPD survey

The annual CPD survey is now in its third year and collects data that can track and monitor CPD activity over time. It is a voluntary online survey that incorporates questions on a range of CPD activity. It provides a baseline to understand how the implementation of the new CPD scheme affects patterns of CPD over time, as well as providing a tool which enables osteopaths to reflect on their own CPD.

The CPD survey provides a quantitative assessment of registrants' experiences of the processes of CPD and provides important snapshot of progress with the required elements of the CPD scheme from the sample completing it. The response rate increased from 7% in 2016-17 to 10% in 2017-18, meaning that the 2017-18 survey sample comprised 518 osteopaths.

After analysis of the CPD online survey data, a follow-up telephone survey is conducted to provide additional information from groups where response rates are lower. Targeted purposive sampling is undertaken in groups under-represented in the main survey. For example, in previous years response rates have been lower in osteopaths working as sole practitioners. This provides a check on the reliability of the survey responses.

The CPD survey is a key source of data from osteopaths on their experiences and practices regarding CPD. It can provide assurance that osteopaths are engaging with the CPD scheme as intended and can also identify need for further support including information and resources. (see Osteopath magazine March/April 2019). The CPD survey informs communication and engagement activities. This is line with GOSc's wish to be responsive and actively engage with registrants. Analyses of the 2019, 2020 and 2021 data will provide detailed feedback for GOSc and the profession regarding engagement with the CPD scheme.

The 2019 survey has been launched and will be open until July. The follow-up telephone survey will be carried out in the Autumn.

Process and outcome indicators

GOSc annual registration data

Data about registration renewal is received annually from all osteopaths and will include a self-declaration of compliance with the elements of the CPD scheme when osteopaths renew their registration from October 2019 onwards. The new CPD scheme requires osteopaths to submit a detailed CPD record at the end of a three-year period. Brief information is collected at the end of each registration year on:

- How many hours of CPD were undertaken
- How many hours of CPD were undertaken in the area of learning with others
- Whether CPD activity has been undertaken covering:
 - OPS theme A

- OPS theme B
- OPS theme C
- OPS theme D
- Objective activity
- Communication and consent
- Whether a peer has been identified
- Whether a peer discussion review has been completed

From 2021 when the registrants begin to submit their three-year CPD portfolios a descriptive analysis of CPD conducted can be carried out on a sample of portfolios. In particular it would be useful to assess CPD in the areas of reflective practice, peer discussion review and objective activity. The analysis could be linked to the OPS.

Process and outcome indicators

GOSc regulation team data

Two of the KPIs for the new CPD scheme are to reduce patient complaints overall, and to reduce patient complaints in the area of communication and consent. This corresponds with complaint patterns in other areas of healthcare where communication has been found to be a key reason for formal complaints about care. (for example, see Abdelrahman and Abdelmadgeed, 2017) Complaints to GOSc are often not explicitly about communication and consent but when examined in detail half of all complaints fall into this category. (see Carnes, 2018)

Data is available for analysis on:

- all complaints that are screened
- complaints progressing to the Investigative Committee (IC)
- complaints progressing to the Professional Conduct Committee (PCC)

The National Centre for Osteopathic Research (NCOR) produces a report each year on behalf of GOSc and other primary organisations in the UK that manage concerns, complaints and claims about osteopaths in the UK. Data has been collected since 2013 with the most recent report covering 2013-2017. (Carnes, 2018) It is an annual prospective audit of concerns and complaints data by osteopaths about other osteopaths, by patients, by relatives/carers, by concerned members of the public:

- complaints/concerns to insurers
- complaints/concerns to professional body (iO)
- complaints/concerns to the registrar (GOSc)

Complaints are classified into different categories: conduct, clinical care, convictions, complaints relating to adjunct therapies, and health, and are linked to osteopath characteristics including: gender, location, years of practice. Aspects of this data can provide information to inform the impact of the CPD scheme. NCOR started to report on this data in 2013 so the data can be tracked over time and linked to CPD activity.

Concerns about 'Failure to obtain valid consent' and 'No shared decision-making with the patient' went from 20 to 14 to 8 to 13 to 9 over the five years of collecting data. These data indicate a decline overall suggesting that the continued efforts in educating UK osteopaths about gaining consent is making a difference in clinical practice. (Carnes, 2018 p13)

Outcome and process indicators

GOSc engagement with stakeholders

GOSc staff actively engage with stakeholders through organised events and responding to requests to participate in activities such as presentations at OEIs and the iO roadshow. Some of these events will address CPD directly, and some indirectly. Information about GOSc engagement activity could provide useful information about the regulatory context and its impact on practice. Descriptive data could include: types of engagement event attended; undergraduate event; postgraduate event; CPD as direct or indirect focus; participant numbers; feedback given. This could be tracked annually and reported upon. It could also be fed back to the osteopathic community.

Stakeholder opinions – seek wide range of opinions through consultation/discussion/workshops? Benefits and risks (see NMC IM p71). Stakeholder consultations.

Process and context indicators

GOSc communication team data

Communications and engagement activity play a key role in GOSc. Key communication data including use of GOSc media and resources can contribute to understanding mechanisms of engagement with the new CPD scheme and use of CPD resources. Data can be collected on how many people are clicking on and downloading CPD resources e.g. which pages do people look at? For example, data on use of the CPD microsite will be particularly useful to see what resources are most accessed and when. We could expect to see the CPD diary accessed at an early stage and an upsurge in resources on peer discussion review accessed in year 3. This could be linked to communications team activity e.g. an article in The Osteopath on peer discussion review in year 3. Digital download statistics are collected on visits to media pages. Statistics can be summarised and patterns of use identified including:

- CPD webpages e.g. CPD workbooks, CPD diary
- OPS
- Ebulletin
 - Open rates at key points e.g. launch of new scheme, launch of updated OPS

- What was the January 2019 open rate? Can we draw any inference in relation to the reach of this bulletin across the profession? (from Council meeting 6/2)
- O-zone
 - Patterns of access to journal literature e.g. The Lancet, International Journal of Osteopathic Medicine

Queries to GOsC can be recorded (are they already recorded?), categorised into different types of query, and linked to key time periods and key events.

One area which is of concern to GOsC is to increase CPD activity in the areas of communication and patient partnership and professionalism. It is planned to focus communications on these areas. (see PAC CPD survey report 18/3/18) Statistics on use of the media sites and resources noted above could be described and tracked.

Process indicators

Non-GOsC media

Other websites aimed at osteopaths could provide data on access to resources. An audit of websites and content related to CPD could be carried out to assess website traffic and see what osteopaths are looking at. This could provide an indication of interests and concerns. This could include: NCOR; Institute of Osteopathy (iO); Osteopathic Alliance; Council of Osteopathic Colleges; OEIs. One area to consider is to track access to the NCOR PROMs webpages to see whether the requirement for objective activity in the new CPD scheme leads to an increase in registration for PROMs or queries about them.

Institute of Osteopathy census

A census is carried out by the iO every three years, with the next one due to take place in 2020.

Data in 2017 was collected on areas that are useful for understanding aspects of the CPD scheme:

- Access to peers and other health professionals (see excel spreadsheet tables: 24, 25, 26, 27)
- Insight into perceived isolation (table 32)
- Awareness of the new CPD scheme (table 33)
- Who osteopaths have considered contacting for peer review (table 34)
- Which regional society they are a member of (table 118)
- Linked to above question – how often they attend the regional society meetings (table 120)

The anonymised data tables from the 2017 survey have been made available to GOsC by Matthew Rogers. The data collected in the census is particularly useful for providing insight into the professional networks and collaborative activity with fellow osteopaths.

Process and outcome indicators

Patient care outcomes

At present high numbers of osteopaths are not undertaking feedback on their practice from external sources. Objective activity refers to feedback from patients on care provided. The 2017-18 CPD survey found that 29% of the sample were collecting feedback from external sources. (see PAC report, 15/3/18) Evidence of objective activity is a requirement of the new CPD scheme. Data on reported objective activity of registrants will be recorded and tracked through:

- Questions included in the annual CPD evaluation survey
- Simple reports of that objective activity has been undertaken each year at registration
- Reported objective activity at the end of each three year CPD cycle
- Analysis of portfolios at each three-year CPD submission point

It is important to assess the type of objective activity that osteopaths are undertaking with a focus on the quality of the objective activity and how it contributes to learning. Taking a sample of registrants, analysis of objective activity could be undertaken to identify:

- types of objective activity;
- amount of objective activity;
- perceived value of objective activity; and
- learning from the activity.

Patient Reported Outcome Measures (PROMs)

Considerable work has been undertaken on the use of PROMs in osteopathic practice by Dr Carol Fawkes and colleagues at NCOR. This work is funded by the Institute of Osteopathy. See the NCOR webpages for detailed information. With the emphasis given to objective activity in the CPD scheme, it is likely that the use of PROMs by osteopaths will increase.

There are several outcome measures listed on the NCOR PROMs webpages that are used in musculoskeletal practice, including:

- The Bournemouth questionnaire (BQ)
- The EuroQol (EQ5-D)
- The Oswestry Disability questionnaire (ODQ)
- The Roland Morris questionnaire (RMQ)
- The Standard McGill pain questionnaire (MPQ) (Information coming soon)
- The Short Form McGill Pain Questionnaire (SF-MPQ)
- Numerical Rating Scale (NRS) (Information coming soon)
- Global Health Question (Information coming soon)
- Patient Health Questionnaire (PHQ9)
- Likert Scale (Information coming soon)
- Chronic Pain Grade (Information coming soon)

- Hospital Anxiety and Depression questionnaire (HADS)
- MYMOP
- SF-36

PROMs are collected via an app. Osteopaths can register to have this data collected anonymously from their patients. Once data has been received from 50 patients a report is sent to the individual osteopath.

Data is collected in three stages.

1. At baseline patients are asked to complete the Bournemouth questionnaire and provide some demographic data.
2. After one week patients are asked to complete the Bournemouth questionnaire, a patient satisfaction measure, and the patient's global impression of change.
3. After six weeks patients are asked to complete the Bournemouth questionnaire, a patient satisfaction measure, a patient experience measure, and the patient's global impression of change.

Further collaborative work with NCOR could investigate the use of PROMs including: which PROMs are used by osteopaths; number of registrants registered for the PROMs application with NCOR; characteristics of registrants; analysis of PROMs data anonymously linked to registrants. This information could be fed back to registrants to promote uptake of PROMs. An increase in the use of PROMs by osteopaths will be mutually beneficial to NCOR, the iO and GOsC. It has the potential to provide a large amount of data

The CARE measure/YouGov survey

A 10-question questionnaire called the CARE measure has been developed to measure empathy in healthcare consultations. (Mercer et al, 2004) GOsC has commissioned a YouGov survey templated against the CARE measure. (YouGov, 2018) The CARE measure could be incorporated into the PROMs collected by NCOR. This would provide useful feedback data for GOsC on patient centred and could be linked with other areas of work GOsC are conducting, in particular work on values.

Outcome and impact indicators

To be developed further.