

Summary of the findings from the CPD Evaluation Surveys 2016 – 2019

Introduction

1. This paper sets out a summary of the findings from the CPD Evaluation Survey which was promoted to all osteopaths annually in 2016/17, 2017/18 and in 2019. The purpose of the survey is to understand how patterns of CPD changed over time as the CPD scheme is implemented as part of a mechanism to contribute to our understanding of the impact of the CPD scheme.
2. Each of the surveys was open for 3 months and response rates ranged from 7% to 10% which is a good response rate for a survey of this type from the regulator.

The first CPD Evaluation Survey – 2016-17

3. In March 2017, the Policy Advisory Committee considered the findings from the first baseline CPD Evaluation survey providing a picture of patterns of CPD prior to the implementation of the CPD scheme which took place between November 2016 and January 2017. This paper is available at:
<http://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-march-2017-item-3-continuing-professional-development-cpd/?preview=true>.
4. The Committee noted that the aim of the 'State of CPD' evaluation report was to provide a baseline against which the implementation of our CPD scheme can be measured. The Committee also noted key findings from the 2016-17 baseline which included:
 - High numbers of osteopaths were not undertaking feedback on their practice from external sources (the objective activity element of the CPD scheme should influence this finding over time).
 - More than half of osteopaths responding to the survey undertook CPD in the area of communication and consent. (The communication and consent element of the CPD scheme should influence this finding over time).
 - In terms of planning CPD and identifying learning needs, the survey identified that there is high confidence in the ability to reflect on CPD, although some challenges are identified and, particularly, recording CPD was reported as a challenge (as the scheme rolls out and further templates to support reflection and recording are used, we hope that this finding will be improved over time).
 - A high percentage of osteopaths reported having a peer with whom they can discuss a case.

The second CPD Evaluation survey – 2017-18

5. The second CPD Evaluation was live from November 2017 to January 2018. A CPD update paper was presented to the Policy Advisory Committee in March 2018. This paper is available at: (<https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-march-2018-item-3-cpd-update/?preview=true>). This paper outlined the second CPD evaluation survey findings and the communications response to assist with effective implementation of the new CPD scheme.
6. Key findings included:
 - Increased response rate to the 2017/18 survey (up from 7% to 10%)
 - Increased use of the four themes of the OPS to identify CPD needs or record CPD (up 13%)
 - Increased reporting of using feedback from external sources (objective activity) to feed into practice (up 3%). Of these we also saw
 - Lower levels of feedback collected from patients (down 4%)
 - High levels of case based discussion activity (30% of respondents)
 - Levels of CPD in communication and consent have remained consistent (58%) and more courses featured in this area (up 6%)
 - Barriers to reflective practice reduced (down 2%)
 - Increase in numbers of people reporting that they have a colleague who they can discuss their CPD with (up 5%)
 - A reduction in people reporting that they have a trusted colleague that they can discuss concerns with (down 2%)
 - A greater level of detail about the questions that people have about the CPD scheme compared to the previous survey.

The third CPD Evaluation survey – 2019

7. The third CPD Evaluation survey was live from March 2019 to June 2019. It ran slightly later to capture more osteopaths on the new CPD scheme whilst also providing a sense check about how the scheme was being implemented before the first registration renewal data comes in in late 2019 / early 2020. At the time of the survey about 2/3 of all osteopaths on the register had entered the first year of their new CPD scheme and about 2/3 of the respondents to the survey had also entered the first year of their new CPD cycle. Some of the key findings of the CPD evaluation survey 2019 include:
 - Decreased response rate to the 2019 survey (down from 10% to 9%)
 - 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%)
 - 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 reduced (down 6%)
- Slight decrease in undertaking objective feedback as part of CPD (down 2%). But of those that did undertake objective feedback we found that:
 - Increased levels of feedback collected from patients (up 8%)
 - High levels of case based discussion activity (59% of respondents)
- Slight decrease in numbers of people reporting that they have a colleague who they can discuss their CPD with (down 1%)
- Increase in people reporting that they have a trusted colleague that they can discuss concerns with (up 2%)
- Increase in the use of GOsC resources to plan CPD e.g. CPD guidelines (up 18%), The Osteopath (up 2%), and the e-bulletin (up 8%)

8. Further detail about the findings from the CPD Evaluation Survey 2019 is outlined below.

About the CPD Scheme

9. Overall, the survey findings show greater understanding of the CPD scheme and reassuring although varied levels of preparedness. The majority of osteopaths (75%) in the sample felt that they adequately understand the new CPD scheme and its four key elements (+12%), while less respondents (33%) were inclined to report that they felt prepared (this was only asked of the Early Adopters in the 2017-18 survey as a qualitative open question, so it is difficult to make comparisons based on that specific question).

Four themes of the Osteopathic Practice Standards

10. Half the respondents reported they are using the four themes of the OPS (51%) to identify their learning needs (an 8% increase on last year), and 68% reported planning their CPD to incorporate the 4 themes of the OPS to some extent whether that was always, most of the time or occasionally. 43% of respondents reported linking their CPD activities to the four themes of the OPS, (a 4% increase on last year).

Communication and Consent

11. Almost two thirds of the respondents (65%) have undertaken a communication and/or consent based activity (an increase of 5% on last year). 45% of respondents reported having undertaken a course where communication and consent were featured as part of an activity and 37% have undertaken a communication and/or consent based activity that was not a course (both a 19% increase on last year).

Objective activity

12. A small proportion of respondents (24%) have undertaken a CPD activity aimed at receiving objective feedback on their practice (objective feedback) as part of their CPD (a decrease of 2% on last year). The most popular objective activities that have been undertaken are case based discussion and peer observation.

Annex D to 15

Many of the respondents reported undertaking more than the required one objective activity with instances of case based discussion, peer observation, clinical audit and PROMs all having doubled on last year's figures. This means if an osteopath tries out an objective activity, they are more likely to see the benefit of doing so to your practice and try another type of objective activity as a result.

13. When patient feedback is examined in more detail 35% report making changes to the way they practise as a direct result of comments made to them by a patient (increase of 8% on last year).

Keeping CPD Records

14. Over half of the respondents (58%) found reflection with others valuable in developing their learning, but 47% find allocating time to reflect and record their reflections difficult.

Peer Discussion Review

15. Almost the entire sample of respondents feel that they would be able to discuss concerns (92%) that may arise in practice with a trusted colleague (2% increase on last year).
16. Respondents were asked this year as part of the survey, whether they had identified or begun to think about who might be their peer under the new CPD scheme, 58% have begun to identify or think about who their peer might be (a 7% decrease on last year).
17. This year we asked some more detailed questions about selecting and agreeing a peer. From those that had identified their peer, 70% had agreed to undertake the role, and 50% had already had an initial conversation with them about their peer discussion review or an aspect of their CPD.
18. The most likely way that respondents know the practitioner that might be their peer is:
 - a. an osteopath they know, but don't work with directly (41%),
 - b. an osteopath that they work with (34%),
 - c. another healthcare professional (5%), and
 - d. through a local group (2%).
19. The majority of respondents haven't made any plans yet as to how they might plan to prepare for the peer discussion review (52%). Those that have begun to plan to prepare for their peer discussion review are more likely to try a peer discussion review in year one of the new CPD scheme to familiarise themselves with the template (23.5%). 17.5% report that they are going to find a peer to work with and discuss their CPD with them, but not complete the peer discussion review until nearer the end of the three year cycle. Only 7% plan to

complete the peer discussion review on a piecemeal basis, as they meet the different elements of the scheme.

20. The majority of respondents are unsure (56%) as to whether they feel prepared for the peer discussion review process, while a further 23% feel unprepared. However, 88% report that they do not have any concerns about receiving feedback, as part of the peer discussion review.
21. Respondents appear to be slightly more concerned (19%) about having to give feedback rather than receiving (12%) it as part the peer discussion review process.

Equality impact of the CPD scheme

22. For the first time, this year, we cross tabulated the findings from the survey against protected characteristics to see if there was any potentially unfair impact starting to show from the data possibly due to the implementation of the CPD scheme. The full findings are outlined in the further reading below and include:
 - 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 male or aged 60-65 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 60 and over, those of particular ethnicities or of particular sexual orientations were more likely to report not knowing how to reflect.

Annex D to 15

- 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. 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 60 and over, of particular ethnicities and particular sexual orientations were more likely to report concerns about receiving feedback than giving it.
23. Whilst none of these findings on their own necessarily indicate an unfair impact of the CPD scheme on any particular group, we will continue to monitor these findings over the course of future surveys. It continues to be important for us to ensure that participation in the CPD scheme is translated into a diverse and wide range of resources to that all are able to participate. We will continue to seek feedback about the resources that we have developed, and ideas for future resources as part of our engagement with osteopaths.

Further reading

- 24. For the October 2019 Policy Advisory Committee paper detailing the full CPD evaluation survey findings see: <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-october-2019-item-5-continuing-professional-development-cpd/?preview=true>
- 25. For the full CPD evaluation survey report 2019 see: <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>
- 26. For the CPD evaluation 2019 survey questions see: <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-october-2019-item-5b-annex-b-cpd-evaluation-survey/?preview=true>
- 27. For a summary of impact on the CPD scheme on people with particular characteristics see: <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-october-2019-item-5c-annex-c-summary-of-impact-on-the-cpd/?preview=true>