



Council

25 November 2021

Continuing Professional Development: Assurance and Evaluation

Classification	Public
Purpose	For discussion
Issue	<p>To provide assurance about the implementation of the Continuing Professional Development (CPD) scheme as the first osteopaths are due to complete their first three-year cycle in 2021.</p> <p>The paper provides an update since May 2021 on the ongoing evaluation, and assurance about the implementation of the current CPD scheme</p>
Recommendation	To consider the progress of the implementation of the CPD scheme.
Financial and resourcing implications	All data sources are collected and analysed in house and so there is no budget cost internally beyond staff time. The cost of survey software to support the evaluation analysis is c£1,000.
Equality and diversity implications	<p>The CPD Evaluation Survey 2020-21 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 of this were highlighted in the May 2021 paper.</p> <p>There continues to be no definitive evidence of an adverse impact of the scheme for those with particular protected characteristics. But 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.</p> <p>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.</p>



**Communications
implications**

Communications about the implementation of the new CPD scheme are ongoing and progress is reflected in this paper.

Annexes

- A. Summary of CPD self-declaration data 1 October 2018-10 January 2021
- B. Summary of Verification and Assurance activity as of 5 October 2021
- C. Webinar activity 2019-21 and potential reach
- D. Live webinars key information January – June 2021
- E. Example of increased quality of care through case-based discussions

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Key messages

- This paper draws on a number of sources, to provide assurance to Council about the implementation of the CPD scheme and also its impact.
- The scheme is being well implemented.
- Osteopaths are practising in accordance with the Osteopathic Practice Standards (OPS) and overall, concerns and complaints have reduced, although concerns around Theme D: Professionalism and sexual impropriety remain a concern.
- Webinar activities in particular give us assurance that osteopaths are engaged in discussing CPD and practice and getting support for themselves and their practice through a community and gaining different perspectives, therefore increasing quality of care because fewer osteopaths are professionally isolated.
- There are still gaps in osteopaths recording of reflections, along with some internal challenges concerning data extraction issues and the possible need to consider extra resourcing to tackle a backlog of verification and assurance checks.
- We are continuing to undertake activities to signpost existing resources and preparing more online videos to support osteopaths to undertake the CPD scheme successfully (particularly in areas of objective activity and PDR) and to realise the benefits of the scheme.

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 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 and will now be in either year 2 or year 3. The first tranche of osteopaths will have completed their first three year cycle in September 2021.
2. This paper provides an update on the progress of the implementation of the CPD scheme, since last reporting period May 2021 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.

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 CPD 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. This paper uses a range of sources of data to inform understanding about the implementation of the CPD scheme and we are collecting longitudinal data which helps to show the impact over time.
 7. In the last paper to Council in May 2021 we reported our next steps were in the following four key areas:
 - a. data insight
 - b. verification and assurance
 - c. continued engagement and collaboration
 - d. qualitative approaches with particular groups
 8. This paper will examine the progress made in these areas to further provide assurances that the CPD scheme is being well implemented

Discussion

Data Insight

9. We collect, analyse and report on data about activities undertaken by registrants in their CPD and take appropriate actions based on the evidence. We have been doing this by systematically reviewing CPD data sources as shown in both the October 2020 PEC paper and May 2021 Council paper. The registration and renewal CPD data has been analysed according to CPD themes up until January 2021 (15 months, total of 5,185 osteopaths). **Annex A** details this analysis.
10. Unfortunately, we have experienced some technical issues with extracting the data from our Integra database, due to a systems update, so our updated picture will follow in due course.

Verification and assurance

11. When we last reported in May 2021, we had carried out around 37 verification and assurance activities, 19 of which have been completed. Two members of the Registration team have been carrying out verification and assurance checks one day a week from December 2020. These focus on requesting the evidence for self-declared CPD (for example, the four themes of the OPS, the objective activity and communication and consent and the peer discussion review if this has been completed) on the registration form. This enables us to understand how evidence of compliance with the scheme is tallying with the self-declarations, to understand whether the scheme is understood and to ensure that we are providing the right advice and guidance to support osteopaths.
12. The Registration team randomly looks at 10% per month. From November 2020 to May 2021 177 are due to be verified, with 68 (38%) of those fully completed as of 5 October 2021. Of the 68 that have been completed, 7 had to be resubmitted by osteopaths before being acceptable or acceptable with advice (10% of completed). There are still a large number that have yet to be started for this reporting period (83, 47%) as well as a large number of verifications, which are outstanding from osteopaths as more information has been requested from them (109, 62%) – See **Annex B**. We could also assume based on those completed so far, that 10% of the not yet started and possibly (to a lesser extent), the outstanding may require resubmission from osteopaths.
13. Given the large numbers that are outstanding and that this is only up to the reporting period May 2021, we may need to look at additional resource to meet the backlog.
14. We have found that osteopaths are submitting evidence of CPD on request to us. Lorraine Palmer, Registration and International Applications Officer produced the blog entitled: How are osteopaths responding to the CPD scheme so far. This blog can be viewed here: <https://cpd.osteopathy.org.uk/learn-from->

[others/thought-pieces/how-osteopaths-are-responding-to-the-cpd-scheme-so-far/](https://cpd.osteopathy.org.uk/learn-from-others/thought-pieces/what-counts-as-evidence-of-your-cpd-activities/)

15. This blog identifies three broad groups that osteopaths tend to identify with when entering into the verification and assurance process:
 - Some osteopaths appear confident with the CPD scheme
 - Others feel less confident with the CPD scheme
 - Third group don't feel that they understand the CPD scheme
16. To give an indication of its reach so far, this blog has had 264 page views on the CPD website.
17. The following themes have emerged through the verification and assurance process:
 - A number of osteopaths reported as part of this process that they would like more information about what counts as evidence and what they should be keeping in their CPD records. In response to this, Lorraine Palmer, Registration and International Applications Officer produced the blog entitled: What counts as evidence of your CPD activities. The blog can be viewed here: <https://cpd.osteopathy.org.uk/learn-from-others/thought-pieces/what-counts-as-evidence-of-your-cpd-activities/>

This blog has had 264 page views on the CPD website so far and included details on:

- Top tips on keeping CPD records
- Details osteopaths should include (practical details about the activity, their reflections, which OPS themes are covered)
- Types of evidence they need to keep
- Using CPD records for other roles
- Methods to consider for recording CPD
- Templates that osteopaths can use to help
- Osteopaths are checking what information they need to submit, for example, what format and they are checking what evidence they need to submit to demonstrate the four themes of the OPS, the objective activity or communication and consent.
- Previously we reported that some osteopaths had declared a complete Peer Discussion Review when they had actually completed a case-based discussion or started a PDR, but not completed it, in its entirety.

Consequently, we changed the wording of the V&A request letter in March 2021 which is sent out to osteopaths to include explanations of what a case-based discussion and PDR are. Feedback from osteopaths has been positive and that the letter has helped osteopaths to clarify these activities, and in some cases to realise they haven't in fact done these activities. The letter has also prompted osteopaths to talk with a colleague about these activities and begin to complete them.

- Frequently, Registration team staff are asked by the selected osteopaths:
 - how much information do they need to submit and it is explained to them that it is a sample and that they need to send in one piece of evidence for each item they have declared on their renewal form.
 - Whether learning with other has to be face-to-face and these osteopaths are prompted to look at the virtual sections of the CPD website, webinars and other options that are available
- The resources needed to explain aspects of the scheme are available on the website and Registration team staff undertaking the verification and assurance checks report signposting osteopaths, in particular, to the following on the CPD website - key resources, events page, and home page for virtual CPD, as well as reminding osteopaths to check the ebulletin for key updates. If the selected osteopaths haven't declared that they have identified a peer for their Peer Discussion Review, Registration staff are prompting them to do so and pointing them to the relevant resources in this area.
- Written reflection is still an area to be developed. Many osteopaths are submitting pre-recorded reflections provided by CPD providers, such as the Academy of Physical Medicine. This is acceptable, but we are encouraging osteopaths to also add their own written reflections, (these verifications will often be coded as a B, acceptable with advice). Once osteopaths are directed to examples of reflections and completed examples on the websites, they are able to submit good reflections as part of the verification and assurance process and understand and respond positively to the thinking behind the scheme. There is anecdotal evidence that difficulties/challenges with reflection might be related to the protected characteristic: age.
- Some osteopaths also struggle with some of the language/ terminology being used such as objective activity, case-based discussion, Peer Discussion Review, external feedback, reflection.
- Osteopaths that have been asked to resubmit their CPD evidence as part of the verification and assurance process tend to involve the following:
 - Have not identified clearly what activity relates to which OPS themes
 - Have not considered sending a copy of their CPD Diary

- Forgotten to send evidence usually related to objective activity or Peer Discussion Review
 - Communication and consent-based activity is missing from osteopaths' evidence and the connection between communication and consent-based activity and Theme A: Communication and patient partnership need to be checked and explored, as in many cases the communication and consent -based activity has been completed and evidenced under Theme A.
 - Require a phone call to talk through explanations and clarify what evidence is required for what activity
18. Overall, these findings tally with the feedback from our webinar engagement with osteopaths where we are finding that osteopaths are doing the activities but are still learning about effective recording and reflection and learning about the Peer Discussion Review which is a new concept.
19. We can take assurance that the required resources are on the website to support osteopaths, however, additional support around recording and reflection and peer discussion review is continued to be provided in this business year.

Continued engagement and collaboration (particularly in relation to PDR)

20. We continue to empower osteopaths to engage with the scheme and collaborate with osteopathic groups and organisations, so that they too can continue to support osteopaths to undertake the CPD scheme including the Peer Discussion Review.
21. We have continued to facilitate webinars and have begun to record these. This move to more online webinars and larger webinar activities has increased participation and reach in the GOsC activities, providing assurance that more osteopaths are undertaking CPD activities in relation to objective activity and their PDR (see **Annex C**).
22. As a result of this online engagement, we have listened to these osteopaths and developed further resources to support them to comply with the scheme:

Osteopaths told us	We did
Difficulties with sharing PDR template with their peer	Editable PDF
CPD Evaluation Survey 2020-21– concerns about giving and receiving feedback	Produced video Included guidance in objective activity webinar slides
Hard to find stuff on CPD website	Communications team created landing pages for each aspect of the CPD scheme

Osteopaths told us	We did
	(including PDR) so that all guidance and resources were easier to navigate and accessible
Don't know where to start/confused	PDR Animation to dispel myths
Unsure how much information is needed in PDR	Produced two completed template examples
Not sure how to go about selecting a peer	Selecting a Peer Decision Tree and detailed slides in PDR webinars
Not sure what to do if collaborative relationship between peer and osteopath is not working	Decision tree on establishing the right relationship with your peer and guidance on setting expectations
What counts as evidence	Lorraine Palmer's Blogs

Table 1: Summary of what osteopaths have told us and what we have done

(a) PDR webinars

23. Large scale PDR webinars took place in January and March 2021. These webinars particularly focussed on how osteopaths can complete sections of their PDR template with their chosen peer as they go along e.g. Standards 2 and 3 of the CPD scheme, and included sharing with osteopaths two completed PDR templates examples, showing osteopaths how this could be done.
24. We were able to learn from the January 2021 session and implement in the March 2021 webinar some of that learning, which included the following:
 - pre-prepared answers to FAQs from January webinar
 - social media support – shared polls from webinar via Twitter which included links to resources on CPD website
 - shared resources via handouts section in case participants had IT difficulties
 - produced completed PDR templates to support with reflection
25. The total reach for these webinars was 1919 osteopaths (which includes 711¹ YouTube recording views of webinar) and as can be seen from **Annex D**, osteopaths changed their thought processes from unsure and anxious to one of clarity and assurance about what was required of them as part of this process, as a direct result of attendance. In addition, to some of the qualitative comments from osteopaths that are illustrated in **Annex D**, 83% reported

¹ YouTube views as of 25/10/21

understanding the PDR much better after attendance. Attendance according to protected characteristics revealed that the majority of participants, were female (62%) and had been on the register for 16+ years (54%-65%) or 11-15 years, (16%-18%) (see **Annex D**), indicating experienced osteopaths are engaging with the scheme and seeking the personal and professional support they need to complete their CPD. It might also indicate that these osteopaths had the most concerns about the PDR process to begin with.

(b) Objective activity webinars

26. In April and June, we ran a two-part large scale webinar in patient feedback (Part 1 and 2) and a single largescale webinar on case-based discussion in June 2021. Here we saw slightly more males (53%) undertaking the case-based discussion webinar and substantially more females (67%) taking part in the two-part webinar series on patient feedback, which might indicate osteopaths' preferences in type of objective activity according to the protected characteristic of gender,² particularly given we saw a similar picture with the smaller scale webinars when we reported on these in May 2021. Again, we also saw a large proportion of attendance at both the case-based discussion and patient feedback webinars from osteopaths who had been on the register for 16+ years (65% and 68% respectively) or 11-15 years (12% and 9% respectively), illustrating again that experienced osteopaths are engaging with the CPD scheme and seeking the personal and professional support that they need to complete their CPD (see **Annex D**).
27. In the case-based discussion large scale webinar, this included 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. There were 53 participants at the webinar and so far, 195 YouTube recording views ³ (see **Annex D**)
28. The majority of participants, at the case- based discussion webinar reported planning to conduct their case-based discussion with either (a) an osteopath they work with (49%), (b) an osteopath they studied osteopathy with (19%) or (c) an osteopath that they do not work with directly (14%).
29. Osteopaths also reported at this webinar that what was most important to them in creating the right environment was that the discussion was viewed as an opportunity for learning (53%) or trust in their peer (38%).
30. The patient feedback webinar Part 1 has had 202 YouTube recording views and Part 2 has had 65 views so far ⁴

² It should be noted this is based on registration details for the webinar rather than how osteopaths may choose to self- describe in terms of gender and gender identity

³ YouTube views as of 25/10/21

⁴ YouTube views as of 25/10/21

31. The majority of osteopaths, who attended used a hard copy survey to administer to their patients (56%) and the CARE Measure ⁵(64%) and GOsC templates ⁶(21%) were the most popular to use among participants. 72% of participants reported feeling either very confident or confident in analysing their patient feedback surveys, with a further 22% having no strong views (i.e., neither confident nor unconfident). 76% of osteopaths that attended the webinars reported understanding patient feedback much better after attendance. (see **Annex D**).
32. We received feedback from osteopaths (who attended the webinars) that it was difficult to find items on the CPD website. Consequently, the Communications team created landing pages for each aspect of the CPD scheme (including PDR), so that all guidance and resources were easier to navigate and were more accessible (see Point 21).
33. The PDR and objective activity revamped landing pages have had the following impact:
 - Since launching on 11 June 2021, the PDR landing page has had 1,136 page views compared to the old page which had 930 page views between 1 January – 11 June 2021. This revamped landing page can be viewed here: <https://cpd.osteopathy.org.uk/peer-discussion-review/>
 - Since launching on 23 April 2021, the objective activity landing page has had 958 page views compared to 630 page views between 1 Jan – 23 April 2021. This revamped landing page can be viewed here: <https://cpd.osteopathy.org.uk/getting-started/objective-activity/>

Regional and local group CPD PDR sessions (both routine and bespoke engagements)

34. We are presenting at the iO Convention on 12 November 2021 on the Peer Discussion Review. This is to continue to meet the needs of those osteopaths that have signed up to the Institute of Osteopathy (iO) 'Peer 2 Peer' matching platform, as we know anecdotally from this, that osteopaths are beginning to sign up to 'Peer 2 Peer,' but are unsure what to do or how to go about conducting their Peer Discussion Reviews.
35. We have edited our PDR material based on the information shared by the iO about osteopaths concerns to include:

⁵ CARE Measure template: <https://cpd.osteopathy.org.uk/wp-content/uploads/2019/05/CARE-Measure-Patient-feedback-survey-template.pdf>

⁶ GOsC template: <https://cpd.osteopathy.org.uk/resources/patient-feedback-workbook/>

- How to make the collaborative relationship work between osteopath and peer
- Setting expectations with your peer
- How to agree/disagree to avoid conflict
- What communication style and questioning to adopt, including how to use open questions to encourage reflection
- Decision tree based on what to do if: (a) An osteopath doesn't think their peer has done enough to meet the CPD requirements, (b) An osteopath and peer still don't agree and (c) The relationship with your peer isn't working.

Osteopaths in Waltham Forest, OsteoOwl, Bedfordshire and KESO

36. In early 2021, we hosted a series of three two-hour long CPD webinars for the Waltham Forest regional group to enable osteopaths to feel more confident and reassured about completing their Peer Discussion Review element and helping them meet the objective activity requirement of the scheme. Each webinar was attended by more than 40 participants and over the course of the series we covered case-based discussion, with the regional lead pairing up members of the group to carry out a discussion in the 6-week period between webinar 2 and webinar. Peers then acted as each other's peers, so they could complete Standard 2 of their Peer Discussion Review template. The aspects of the webinars they said they found most helpful was going through the completed PDR template example, recording templates for case-based discussion and the opportunity to ask questions throughout the series.
37. In January 2021 we also ran a bespoke online session for the OsteoOwl CPD group on mapping to standards. This session focussed on:
 - Helping to answer common questions members might have in relation to mapping to standards.
 - Signposting registrants to useful resources that they can pick up and use such as completed reflective templates that are organised around the four themes of the OPS (eg CPD record template, CPD activity record template and CPD reflection form).
 - Example CPD activities that could be undertaken under each of the four themes of the OPS and particularly professionalism.
 - Illustrative example of mapping against standards - Kent and East Sussex case study.
 - Infographic on CPD activities osteopaths have reported doing in relation to Themes A, C and D generated from CPD evaluation survey data.

38. Over the summer we delivered two sessions for the Osteopath in Bedfordshire group, which also covered case-based discussion, and Peer Discussion Review. Following feedback from osteopaths in our live webinars we compiled the most frequently asked questions about PDR and went through those with participants.
39. Earlier this month we hosted a Peer Discussion Review webinar for the Kent and East Sussex Osteopaths (KESO) CPD group. They requested a presentation on Peer Discussion Review to help reassure members about the process and were particularly interested in having a question-and-answer session at the end of the presentation. The content of the session itself has been refined according to feedback. The group appreciated the detail around giving and receiving of feedback and questions related mostly to administrative aspects of the scheme.

Commission PDR animations and videos

40. In June 2021 a PDR animation was produced which used feedback and questions from the live PDR webinars to inform its content. The animation can be viewed here: <https://cpd.osteopathy.org.uk/peer-discussion-review/> and so far, it has had 828⁷ YouTube recording views. This video included dispelling myths such as:
 - PDR doesn't have to be done face to face
 - It is not a test – not a pass/fail exercise
 - Doesn't involve a peer observing your practice
 - As a peer, you are not expected to validate an osteopath's entire CPD record
 - A case-based discussion is an objective activity not a Peer Discussion Review
 - The animation also gave examples of how osteopaths might select a peer, including promotion of iO peer matching platform.
41. Osteopaths expressed concerns about giving and receiving feedback in the CPD evaluation survey 2020-21, so in addition to including guidance on this in our case-based discussion and peer observation webinars, we produced a bespoke video which was launched via the ebulletin during October 2021. The video can be viewed here and in just two weeks it has had 33⁸ YouTube recording views: <https://www.youtube.com/watch?v=hPgOI9Weo14>
42. We have also produced a series of videos on the findings of the CPD evaluation 2020-21 and key elements of the CPD scheme:
 - PDR
 - Objective activity
 - Communication and consent
 - Standards
 - Reflection

⁷ YouTube views as of 25/10/21

⁸ YouTube views as of 25/10/21

43. The intention for these videos was to communicate the findings of the survey to the osteopathic profession (previously we would have done this through the magazine), and act as a sense check for osteopaths as to where they are with their own CPD in comparison to the overall profession. As well as offer helpful tips and point them towards useful resources if they haven't already done that component of the CPD scheme. These videos will be launched via the ebulletin from November 2021 onwards.

Work on professionalism and Standards

44. From the analysis of both self-declared CPD data as part of the registration and renewal process, the CPD evaluation survey 2020-21 and some of the concerns coming through our fitness to practise data, it was clear that osteopaths needed additional materials and online resources as to how they might address professionalism as part of their CPD activities. To address this, we have an overarching project plan in relation to boundaries led by our Policy Manager and our Head of Communications, Engagement and Insight. This has included:
- produced a series of blogs to help support osteopaths in the application of the OPS in practice when it comes to professional boundaries. For more details please see: <https://www.osteopathy.org.uk/news-and-resources/blogs/thinking-about-professional-boundaries-what-would-you-do/>
 - A separate research project commissioned on boundaries is being conducted by Julie Stone. Although, this is focussing on good practice in boundaries in education there will be learning points for osteopaths too.

Qualitative approaches with key groups

45. We are about to begin qualitative research (semi-structured interviews) with a cross section of osteopaths (protected characteristics - gender, age and others – location, length of time on register) from November 2021 onwards, who have attended our webinars, so as to be in a position to:
- Answer some of the questions which the more detailed analysis of the responses to the CPD survey has raised.
 - Update and review CPD equality impact assessment through the implementation period.
 - Support registrants with key protected characteristics to overcome barriers to participation to the scheme.
 - Support new graduates (UK and Internationally qualified) making the transition into practice through better understanding of the barriers and enablers to building communities, including the development of appropriate resources.

46. The questions osteopaths will be asked include:

- i. What were your initial thoughts about the CPD scheme before you started on it? [If needed: Did you have any concerns about it?]
- ii. Have your thoughts on the CPD scheme changed now that you are xxx way through?
- iii. What objective activity did you undertake and how did you find the experience?
- iv. What did you find most rewarding/positive? And what did you find most challenging?
- v. Have you enjoyed any elements of the scheme? If so, which ones?
- vi. Are there any elements of the scheme that you have found particularly challenging? If so, how did you overcome those challenges [if they did!]?]
- vii. Have you selected your peer? If so, have you discussed how you will undertake your Peer Discussion Review?
- viii. What advice would you give to other osteopaths who may be worried about the CPD scheme?

47. This qualitative interviewing will help form the basis for a profession wide CPD evaluation survey during 2022. This is due to take place when all osteopaths have completed one CPD cycle. The CPD Evaluation Survey 2022 will aim to focus on the:

- Benefits osteopaths have identified having undertaken the CPD scheme and whether these match with the short term and long term aims of the scheme.
- Components of the scheme osteopaths have found most challenging or difficult. The reasons for this and how they managed to overcome these challenges with their CPD.
- Impact the CPD scheme has had on osteopaths' practise
- Experiences of undertaking a PDR – what worked well, what worked less well, what they would do differently next time.
- Granular details about CPD activities undertaken, particularly in Theme D: Professionalism, objective activity and communication and consent

Conclusions

48. This paper has used a range of activities and sources to provide assurance to Council about the implementation of the CPD scheme and has shown the scheme is being well implemented.
49. When we begin to think about beyond implementation of the CPD scheme and towards considering the impact the scheme is having in relation to the longer term aims of the CPD scheme. We can see that:
 - Osteopaths are practising in accordance with the OPS, with both the self-declaration data and the CPD evaluation survey 2020-21 demonstrating osteopaths are undertaking CPD across all 4 themes with a more balanced approach.
 - Webinar activity has given us assurance that osteopaths are engaged in discussing CPD and practice, getting support for themselves and their practice within a community and gaining different perspectives. Common areas of practice that osteopaths seek different perspectives and support on in the case-based discussion webinars are:
 - Dealing with new patients that present with a condition they are less familiar with
 - Patients experiencing more pain after treatment
 - Patient- practitioner interaction differences or misunderstandings
 - Preventing further injury with sports/ athletes
 - Patient or guardian picks up on practitioner's uncertainty
 - Patient not getting any better after treatment(s), which can result in patient either not returning or non- payment
 - Incorrect working diagnosis
 - Consent issues
 - **Annex E** illustrates some of supportive tips and suggestions provided by other osteopaths within a community, as to how the osteopath facing these challenges could potentially do things differently. This supportive approach has increased the quality of care these osteopaths have been able to provide to their patients as a result of these discussions. Many of these osteopaths also continue to meet regularly as they see the benefit in doing so for their practice.
 - Similarly, increased quality of care as a result of completing the peer observation webinars included the following examples:
 - Exploring the use of different techniques and why you might use those
 - Different approaches to prescription of exercises

- Tips and suggestions about what should/shouldn't say to a patient about booking follow-up appointments (i.e. rebooking)
- Emailing patients a summary of their case history which included details of prescribed exercises and a treatment plan going forward for the patient, which helped the osteopath to follow up with patients more easily and gave patients something to refer to if they needed to discuss it with another practitioner, such as their GP etc.
- Revised and reviewed case history notes to ensure that practitioners in the same practice are working to the same notetaking goals
- Communication in terms of presenting treatment options to patients i.e. thinking more about what you say, whether it's clear and the language used, so as to improve the patients experiences. This has led to a practitioner considering whether to look at patient feedback
- Communication: osteopaths said they ask more open questions, rather than closed questions when talking to the patient about their symptoms.
- Considering psychosocial elements to a patient's presentations and discussing these with patients
- As a result of building communities of practice, fewer osteopaths are professionally isolated. For example, sole practitioners have engaged more than any other practitioner based on our objective activity webinar data and represented a significant proportion of the CPD evaluation 2020-21 respondents.⁹ These sole practitioners have frequently commented that constructive criticism is useful, especially for them because they don't always get the opportunity to communicate with others so much, one even went as far as to say that he felt that he was in his own bubble, which he reported can lead to becoming set in your ways. Osteopaths who have built a community report that it:
 - Gives them reassurance and guidance that they are working to the Standards
 - Provides a confidence booster, particularly when sharing cases where the patient is not improving
 - Peers with different levels of experience, backgrounds and locations were considered beneficial
 - Many osteopaths from the webinars continue to work together to discuss cases or peer observation roleplays and report they would not have connected had it not been for the webinar.

⁹ 47% or 166 osteopaths reported being sole practitioners in the CPD evaluation survey 2020-21 out of a total of 350 osteopaths. 31% of these sole practitioners reported having completed their objective activity and were more likely to report that they had completed a case- based discussion (75%) than the rest of the survey population (+5%)

- Aggregate concerns and complaints have decreased. For example, Theme C: Safety and quality in practice is the area where we see most concerns and complaints over the last 7 years, but they have reduced in the last 3 years in line with other OPS themes, which is encouraging.¹⁰ For example, safety in clinical practice was lowest ever recorded at 51 (mean 2013-18 =81.5, range 54-115), quality of clinical practice in 2019 was lower than last 6 years at 19 (mean 2013-18 = 21.8, range 17-32) ¹¹ However, despite the overall decline in complaints what we have seen recently is an increase in complaints around Theme D: Professionalism and in particular complaints concerning sexual impropriety which remains a concern, with 17 complaints about this in 2019, highest ever recorded¹² (compared to previous 6 year mean of 11.5, range 7-14)¹³ (see also Point 43)

50. There are still gaps in relation to the following:

- There are some data extraction issues with the self-declaration data, which will be reported on at next reporting period in February 2022.
- Verification and assurance is progressing from when last reported in May 2021, but we may need to consider extra resourcing to tackle the backlog.
- The verification and assurance process demonstrates there are still gaps in recording of reflections for some osteopaths.
- We will continue to undertake activities to signpost existing resources and preparing more online videos to support osteopaths to undertake the CPD scheme successfully.

¹⁰ NCOR Concerns and complaints report 2013-2019, p20

¹¹ NCOR Concerns and complaints report 2013-2019, p10

¹² NCOR Concerns and complaints report 2013-2019, p16

¹³ NCOR Concerns and complaints report 2013-2019, p11