

Annex A to 16

Summary of CPD self -declaration data 1 October 2018- 10 January 2021

OPS Themes

- Osteopaths are getting much more confident with the OPS themes and what activities can be undertaken under each of the Osteopathic Practice Standards themes, with the majority of osteopaths declaring that they have undertaken CPD across all four OPS themes (86%-76%)
- We are still seeing that most CPD is undertaken in Theme B of the OPS: Knowledge, skills and performance (4450 osteopaths or 86%), but reassuringly this is now much more balanced compared to the other themes suggesting that the other themes are featuring in reflecting on and recording CPD.
- CPD declared on Theme D: Professionalism is the lowest recorded (3930 osteopaths or 76%) compared to the other three standards. Although, it is still significantly high. This finding has prompted us further opportunity to highlight potential CPD in professionalism (see Point 43).

Objective activity

- Almost half of the osteopaths declared that they had undertaken their objective activity in their first year of the CPD cycle (2446 osteopaths or 47%)
- A significant proportion of osteopaths (2205 osteopaths or 43%) have completed in the first year of their three-year CPD cycle both their objective and communication and consent-based activity.

Communication and Consent

- The majority of osteopaths declared they had undertaken a communication and consent-based activity (3503 osteopaths or 68%), demonstrating this activity has been cemented into osteopaths' practice.
- The connection between Communication and consent-based activities and Theme A: Communication and patient partnership could be stronger, given that 19% of osteopaths have declared CPD in Theme A, but do not see that as their communication and consent -based activity CPD requirement. We see a similar finding in our verification and assurance checks (see Point 16)

PDR

- A small proportion of osteopaths have declared that they have completed their Peer Discussion Review (PDR) in their first year of their CPD cycle (565 osteopaths or 11% - although we know that in reality, this is completion of particular sections rather than the whole thing)

Annex A to 16

CPD hours declared and CPD elements:

- In the majority of cases osteopaths self-declared their total CPD hours as between 11- 50 hours
- When we look at key components of the CPD scheme according to the year osteopaths are into their three- year CPD cycle, we see the majority of osteopaths will tend to declare:
 - a. CPD across the four themes in Year 1
 - b. Objective activity in Year 2
 - c. Communication and consent- based activities are declared in high numbers across both Year 1 and 2
 - d. Highest OPS themes for osteopaths in Year 2 are Theme D followed by C, suggesting osteopaths appear to be checking what they are missing in terms of mapping to the standards, so as to ensure a breadth of practice.

Annex B to 16

Summary of Verification and Assurance activity as of 5 October 2021

Month	Verifications due	Fully completed	Awaiting registrant response	Not yet started ¹	Outstanding verification ²
November 2020	11	10	1	0	1
December 2020	8	7	1	0	1
January 2021	11	8	3	0	3
February 2021	7	4	3	0	3
March 2021	5	3	2	0	2
April	5	2	3	0	3
May	130	34	13	83	96
Total	177	68³	26	83	109

¹ Not yet started – osteopath has been emailed and evidence may have been received, but Registration have not yet got to their email or post to go through it.

² Outstanding – Registration have started to look at evidence and more information has been requested from osteopath, so not been resubmitted by osteopath yet

³ 10% of completed (or 7 osteopaths) had to be resubmitted before being acceptable or acceptable with advice

Annex C to 16

Webinar activity 2019-21 and potential reach

	2019	2020	2021 (Jan-Aug)
Overall total of events	29	52	19
No. of face-to-face events	15	1	N/A
No. of small-scale objective activity/PDR webinars	11	41	8
No. of regional lead webinars^{1,2}	3	2	N/A
No. of regional group webinars	N/A	8	6
No. of large-scale live webinars	N/A	N/A	5
Total no. of participants	590	350	693
No. of YouTube views for recorded webinars³	N/A	N/A	1181
Potential reach of events per year	¹900 osteopaths approx. (Please note the regional lead webinar participants collectively represented 300 plus osteopaths)	²1050 osteopaths approx. (Please note the regional lead webinar participants collectively represented 700 plus osteopaths)	³1874 osteopaths approx. (Please note this represents a combined total of webinar participants and YouTube Views)

Annex D to 16

Live CPD webinars: key information January - June 2021

	Peer Discussion Review ⁴		Patient Feedback		Case-based Discussion	
Participants	403		57		53	
Gender	Female: 251 (62%)	Male:152 (38%)	Female: 38 (67%)	Male 19 (33%)	Female: 25 (47%)	Male: 28 (53%)
Year of registration	<ul style="list-style-type: none"> Between 54%- 65% of participants had been on the register 16+ years Between 16%-18% of participants had been on the register for 11-15 years Between 9%-13% of participants had been on the register for 6-10 years Between 9.5%- 13% of participants had been on the register for 1-5 years Between 0.5%-2% of participants had been on the register for less than a year 		<ul style="list-style-type: none"> 68% of participants had been on the register 16+ years 9% of participants had been on the register for 11-15 years 11% of participants had been on the register for 6-10 years 10% of participants have been on the register for 1-5 years 2% have been on the register for less than a year 		<ul style="list-style-type: none"> 65% of participants had been on the register for 16+ years 12% of participants had been on the register for 11-15 years 8% of participants had been on the register for 6-10 years 11% of participants have been on the register for 1-5 years 4% of participants have been on the register for less than a year 	
YouTube views	1544 ⁵ (719 views of webinar recording plus 828 views of PDR animation)		267 ⁶		195 ⁷	

⁴ Year of registration for PDR are in ranges due to percentages being calculated separately for the January and March 2021 webinars

⁵ YouTube views as of 25/10/21

⁶ YouTube views as of 25/10/21

⁷ YouTube views as of 25/10/21

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	Peer Discussion Review ⁴	Patient Feedback	Case-based Discussion
Reach	1947	324	248
Thoughts before webinar	<p>Unsure what was involved and the level of complexity</p> <p>Understanding what I had to do as a peer</p> <p>I was a bit apprehensive about it and although I had read through the relevant material, I still wasn't very clear about what was required.</p>	N/A (Didn't ask this question)	N/A (Didn't ask this question)
Thoughts after webinar	<ul style="list-style-type: none"> • I now have greater clarity and I am feeling less anxious • Good to know I have a choice of other peers if needed. • I will have to ask someone to be my Peer reviewer asap now, as nearly starting the 3rd year, or maybe join in a group session. Will have to look into this. Doing this over the phone or online will obviously help with minimising travel and face to face contact. I had not realised that the Peer Discussion Review could be done piecemeal. 	<ul style="list-style-type: none"> • It just made it clearer as to what I need to do regarding gaining valuable information regarding my clinic and how I can use that information to improve things • It has helped me to focus on this aspect of my CPD and get my decision-making processes going as to which objective activity to undertake. I don't feel uncertain about doing it now. • Helpful to have lots of templates to mix and match instead of trying to design one by myself. 	<ul style="list-style-type: none"> • Yes, it is a lot clearer now! • What I liked about this one is that it was more focused, and that the Peer Discussion Review was also incorporated giving me better understanding of the process.

Annex D to 16

	Peer Discussion Review ⁴	Patient Feedback	Case-based Discussion
		<ul style="list-style-type: none"> Glad I attended. Learnt what I needed to know and now feel very confident I can fulfil this task for my CPD 	
Would you recommend this webinar to another osteopath?	98% of survey respondents said yes	100% of survey respondents said yes	100% of survey respondents said yes
Social media	https://twitter.com/gosc_uk/status/1367465157895553024r	https://twitter.com/gosc_uk/status/1400776848536125445 https://twitter.com/gosc_uk/status/1397860271910232064	https://twitter.com/gosc_uk/status/1408036886388543490 https://twitter.com/gosc_uk/status/1408054406298456064

Annex E to 16

Examples of increased quality of care through case- based discussions

Case based discussion themes	Support identified within community
New patients with condition less familiar with	<ul style="list-style-type: none"> • Review anatomy • Talk to colleagues who have experience • Do more research to find out more • Keep up to date with current guidelines and referral processes for certain conditions • Communicate to patient the possible need to refer • Develop contacts with other healthcare professionals who specialised in this area.
Patient experienced more pain after treatment	<ul style="list-style-type: none"> • Exploring different ways to communicate to patients that they may experience more pain in first 48 hours after treatment • Ensure communication is clear around the next 24 hours to take it easy and extend this to include certain activities that patient frequently does • Reflect on: Did I communicate that right? • Attempt to see it from the patient's perspective – they are still in pain and it's not what they expected • Spend more time on explaining to the patient -. This is the diagnosis... What are their expectations from treatment and where to go from here • Provide the patient with some options/choices • Explore whether the practice is right for the patient
Patient- practitioner interaction differences or misunderstandings	<ul style="list-style-type: none"> • Importance of listening to the patient's story • Communicate to the patient 'the what and the why.' • Setting expectations around treatment (e.g. providing comfort or pain management) • Importance of follow ups with patient • Consider having a list of key questions to hand for telehealth appointments. • Introduce patient pre-screening to avoid language barriers • Communicate with the patient that if they don't feel up to the appointment that they have made, they haven't got to come to the appointment it can be cancelled-rescheduled.

Annex E to 16

Preventing further injury with sports/ athletes	<ul style="list-style-type: none"> • Convey to patient that they are trying to do something to their body that it is not ready for (i.e. overdoing it and causing flare ups)
Uncertainties being picked up by patient or guardian	<ul style="list-style-type: none"> • Talk to colleague – it's okay to do this before proceeding when unsure • Seek other healthcare professionals' advice and guidance where applicable
<p>Patient not getting any better after treatment(s)</p> <p>This can result in patients either not returning or not paying for treatment</p>	<ul style="list-style-type: none"> • Set expectations in terms of the patient's diagnosis and how much effort the patient is going to need to put in to see improvements • Be more thorough with symptoms • Telephone patients between appointments to see how getting on, especially those that are relapsing • Convey to patient that they may be trying to do something to their body that it is not ready for (i.e. overdoing it and causing flare ups) • Talk to patient about their feelings of not getting any better and relapsing, when physical improvements can be seen/ felt. • How to manage challenging patients that present as super negative. • Need for candour • Possible need of further tests and/or referral • Possible conversation around discharge
Incorrect working diagnosis	<ul style="list-style-type: none"> • Talk cases through with colleagues more often • Develop differential diagnosis skills and identification of possible red flags • Explore cluster diagnosis • Review diagnosis process, including working posture • Consider further CPD in key area • Keeping treatment on a more formal basis and not becoming complacent with patients that you are familiar with and being aware of the patients that you become comfortable with. Treat these patients with new sets of symptoms as you would with a new patient with no preconceived ideas, suggesting the possible need for further investigations much earlier on, (and in writing), rather than just saying to the patient - See how you go...
Communication and consent issues	<ul style="list-style-type: none"> • Look to gain more consent from the patient throughout treatment

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	<ul style="list-style-type: none">• Engage patient's level of understanding in terms of what's going on, what they're going home to do and what they're going to tell others that they live with -using more closed questions and adapting communication• Consider capacity issues• Reflect in the moment and delve a little deeper at the time.
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