



General
Osteopathic
Council

CPD Evaluation Survey Report

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1. Aims

To assess the impact of the CPD scheme, in terms of the three strategic objectives of the scheme and to see whether osteopaths are:

- Engaging with the scheme and using the Osteopathic Practice Standards (OPS)
- Getting support from colleagues as part of the CPD scheme
- Creating networks of support and building a professional community

To examine the role of the peer reviewer and osteopaths' experiences of the Peer Discussion Review (PDR) process.

2. Method

About the sample

A stratified sample to gain rich and useful responses, rather than trying to collect this information from all registrants, was applied, so as to avoid 'survey fatigue' with respondents, as we were also collecting data for the Registrants Perceptions Survey at the same time. The criteria for the sample were as follows:

- a) Sex (Female, Male)
- b) Age (20–29, 30–39, 40–49, 50–59, 60–69, 70–79, 80+)
- c) Region (England, Scotland, Wales, Northern Ireland, EU and Rest of the World)
- d) Length of time spent on the Register (Less than a year, 1–2 years, 3–4 years, 5–6 years, 7–10 years, 11–15 years, 16–20 years, and 20+ years)

A complete excel sheet of the entire GOsC Register was downloaded (as of January 2024) and every 8th osteopath was selected until a quota of 551 (10% of the total figure) had been reached. This proved to be broadly representative of all criteria, except for length of time on the register (1–2 years and 3–4 years), so an additional 50 osteopaths were over sampled to ensure representativeness of this particular element.

The sample comparisons with the Register were as follows:

	Respondents	Sample	Register
Total	53 (9%) ¹	601 (11%) ²	5514 ³
Sex			
Female	21 (40%)	309 (51%)	2860 (52%)
Male	21 (40%)	292 (48%)	2654 (48%)
Did not answer	11 (21%)		

¹ 9% of selected sample

² 11% of Register

³ As of December 2023

Region			
England	Not asked in survey	513 (85%)	4747 (86%)
Scotland	Not asked in survey	20 (3%)	162 (3%)
Wales	Not asked in survey	18 (3%)	161 (3%)
Northern Ireland	Not asked in survey	3 (0.5%)	30 (0.54%)
EU	Not asked in survey	23 (4%)	245 (4%)
Rest of the World	Not asked in survey	24 (4%)	169 (3%)
Age			
20–29	3 (6%)	84 (14%)	610 (11%)
30–39	7 (13%)	134 (22%)	1212 (22%)
40–49	10 (19%)	147 (24%)	1381 (25%)
50–59	12 (23%)	146 (24%)	1456 (26%)
60–69	10 ⁴ (19%)	75 (12%)	745 (13.5%)
70–79	N/A	10 (2%)	101 (2%)
80+	N/A	5 (0.83%)	9 (0.16%)
Did not answer	11 (21%)		
Length of time on the Register			
< 1 Year	Not asked in survey	24 (4%)	266 (5%)
1–2 Years	Not asked in survey	53 (9%)	482 (9%)
3–4 Years	Not asked in survey	40 (7%)	456 (8%)
5–6 Years	Not asked in survey	53 (9%)	388 (7%)
7–10 Years	Not asked in survey	95 (16%)	783 (14%)
11–15 Years	Not asked in survey	100 (17%)	844 (15%)
16–20 Years	Not asked in survey	83 (14%)	693 (12.5%)
20 Years+	Not asked in survey	153 (25%)	1602 (29%)

A total of 53 osteopaths completed the survey (see column A above), 9% of the selected sample (see column B above), which should give us some confidence that these responses are typical of osteopaths on the entire Register (see column C above).

⁴ The CPD Evaluation Survey asked age 60–64 then 65+, so 70–80+ will be included in that figure.

3. About the survey

The CPD Evaluation Survey consisted of a total of 25 questions.

Sample respondents were sent an individualised email asking them to take part in the survey on the 14 January 2024. This detailed the benefits of completing the survey, such as giving them the opportunity to:

- tell us whether the CPD scheme has been worth it for them.
- consider whether they have been able to easily engage with and complete the CPD scheme, get support from colleagues or build professional networks, as a result of the scheme.
- claim up to 2 hours of CPD by completing the survey, along with any additional time spent reflecting on the content and what that means for you either individually, or collectively with a colleague.
- help the GOsC further understand the impact of the CPD scheme, which will help us to continue offering tailored support and resources to osteopaths and review anything that might not be working for osteopaths.

In addition, we sent reminder emails to the selected sample every two weeks that the survey was open. The sample was boosted with telephone calls from our Information Officer to understand barriers to completion of the survey and to answer any questions about completion. Barriers were typically reported as not having got round to it, not having the time or that they didn't think it was compulsory and this approach boosted the response rate by almost 10%.

The focus of the survey was to examine the impact the strategic aims of the CPD scheme had, had on practising osteopaths. Consequently, the survey consisted of the following key areas:

- Section 1: Overall thoughts on the CPD scheme (Q1 and Q2)
- Section 2: Engaging with the CPD Scheme using the Osteopathic Practice Standards (OPS) (Q3–Q11)
- Section 3: Getting support from colleagues as part of the CPD scheme (Q12–Q15)
- Section 4: Peer Discussion Review (PDR) experience (Q16–Q20)
- Section 5: Creating networks of support as part of the CPD scheme (Q21–Q25)

The survey closed on 12 April 2024

4. Equality, Diversity and Inclusion and CPD

We have a commitment to an inclusive scheme which does not discriminate against people because of particular protected characteristics. We reported about the completion of scheme by people with particular characteristics in the last CPD survey 2021.

Overall, this analysis found that the proposals in the scheme did not appear to impact as a result of particular protected characteristics. However, when drilling down into particular questions and cross-tabulating responses against each protected characteristic, we could see that there may be potential differences in responses from different groups, although, numbers were too small to be definitive at this stage and we could not be sure of a causative link between the protected characteristic and being less likely to have completed a particular element of the scheme. For example, those who were of particular ethnicities or particular sexual orientations were less likely to have undertaken an activity in communication and consent; the likelihood of never having undertaken an objective activity appeared to increase with age, 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.

Overall, there is little correlation with the findings from 2021, (particularly given the survey shift from engagement to impact of the scheme), so it is difficult to make any conclusions on equality impact from the survey findings. Further detail is set out below.

In the 2024 CPD survey we asked respondents whether they would be prepared to complete the demographic information, with 21% saying no.

Comparative analysis with EDI data sets collected between 2011–2024 (see Table 1 below), reveals that the CPD evaluation respondents' sample is representative in terms of gender and broadly representative of age groups under 30 to 61+.⁵ GOSc cannot require osteopaths to provide equality and diversity information, therefore it is less clear as to whether the profile of the osteopathic profession reflects the diversity within society when compared to the Census 2021 in terms of ethnicity, sexuality, religion, marital status and disability. However, it is important to note that we did capture more views of osteopaths with minority protected characteristics in our EDI Pilot 2022 (see Table 1), particularly in relation to disability, ethnicity and race, religion, and sexual orientation than in the CPD survey 2024.

⁵ Differences between 3–9%, equivalent to 1–5 osteopaths

Table 1: Comparative EDI data sources

Equality Impact Assessment information	Register data from KPMG (267) ⁶	2016–17 sample (358)	2017–18 sample (518)	2018–19 sample (464)	2020–21 sample (350)	EDI Pilot 2022 (57)	2023–2024 sample (53) ⁷	ONS Census 2021	GOsC Register ⁸ (5497 ⁹ –5508 ¹⁰)
Sex and gender identity									
Male	49%	42%	38%	39%	43%	42%	40%	49%	48%
Female	51%	51%	56%	58%	55%	53%	40%	51%	52%
Prefer not to answer	N/A	7%	6%	2%	2%	5%	21%	0%	0%
<i>Is your gender identity the same as the sex you were assigned at birth?</i>	N/R ¹¹	N/R	N/R	N/R	N/R				N/R
Yes						93%	79%	93.5%	
No						2%	0%	0.5%	
Prefer not to say						5.5%	21%	6%	
Age									
30 or under	12%	11%	7%	9%	8%	7%	6%	29% ¹²	13%
31–40	27%	14%	17%	19%	12%	11%	13%	20% ¹³	22%
41–50	37%	25%	23%	26%	20%	23.5%	19%	26% ¹⁴	25%
51–60	17%	32%	33%	32%	36%	40%	23%		26%
61+	6%	11%	13%	12%	21%	15%	19%	24% ¹⁵	14%
Prefer not to say	N/R	4%	6%	3%	3%	4%	21%	0%	0%

⁶ KPMG in 2011 received 267 responses to a survey that was sent out to a total of 940 osteopaths that closely resembled the profession.
⁷ Stratified sample was applied for the CPD Evaluation Survey 2023–24 ie, osteopaths were selected to represent Register in terms of key criteria. Percentages are based on the total survey sample (53), with 11 (21%) preferring not to answer any EDI questions.
⁸ GOsC Register data was extracted on 28 May 2024 for sex and age. The total osteopaths on the Register was 5508
⁹ 5497 osteopaths were on the GOsC Register on 13 June 2024
¹⁰ 5508 osteopaths were on the GOsC Register on 28 May 2024
¹¹ N/R = Not Recorded
¹² The Census uses slightly different age ranges – Under 25
¹³ The Census uses slightly different age ranges – 25–39.
¹⁴ The Census uses slightly different age ranges – 40–59.
¹⁵ The Census uses slightly different age ranges – 60+

Disability									
Yes	3%	3%	2%	2%	5.5%	16%	0%	18%	0.3%
No	97%	88%	91%	95%	91.5%	78%	79%	82%	99%
Prefer not to say	N/R	9%	7%	3%	3%	5.5%	21%	N/R	N/R
<i>Type of disability, impairment, or difference</i>									
Dyslexia, dyscalculia dyspraxia	N/R	N/R	N/R	N/R	N/R	18%	0%	E/N/R ¹⁶	0.072%
Neurodiverse (e.g., autism, ADHD)	N/R	N/R	N/R	N/R	N/R	6%	0%	E/N/R	N/R
Mobility impairment or musculoskeletal condition	N/R	N/R	N/R	N/R	23.5%	4%	0%	43% ¹⁷	N/R
Deaf or hearing impairment	N/R	N/R	N/R	N/R	6%	4%	0%	5% ¹⁸	0.018%
Speech impairment	N/R	N/R	N/R	N/R	0%	2%	0%	E/N/R	N/R
Mental health condition	N/R	N/R	N/R	N/R	0%	4%	0%	44% ¹⁹	N/R
Learning difficulty/disability	N/R	N/R	N/R	N/R	23.5%	R/D ²⁰	0%	15% ²¹	N/R
Long-term/chronic physical health condition	N/R	N/R	N/R	N/R	23.5%	12%	0%	E/N/R	N/R
<i>Type of disability, impairment, or difference continued</i>									
Disability, impairment, health condition, or learning difficulty that is not listed	N/R	N/R	N/R	N/R	6%	0%	0%	N/R	0.16%
Prefer not to say ²²	N/R	N/R	N/R	N/R	18%	N/R	0%	N/R	99%

¹⁶ E/N/R = Equivalent not recorded. Full categories for disabled people of working age were: mobility (43%), stamina/breathing/fatigue (34%), mental health (44%), dexterity (23%), memory (13%), learning (15%), social/behavioural (10%), hearing (5%), vision (7%) and other (20%). Source: House of Commons Library (2023) UK Disability Statistics: Prevalence and Life Experiences

¹⁷ Impairment types reported by disabled people of working age 2021/22 reported in House of Commons Library (2023) UK Disability Statistics: Prevalence and Life Experiences

¹⁸ Impairment types reported by disabled people of working age 2021/22 reported in House of Commons Library (2023) UK Disability Statistics: Prevalence and Life Experiences

¹⁹ Impairment types reported by disabled people of working age 2021/22 reported in House of Commons Library (2023) UK Disability Statistics: Prevalence and Life Experiences

²⁰ R/D= recorded differently

²¹ Impairment types reported by disabled people of working age 2021/22 reported in House of Commons Library (2023) UK Disability Statistics: Prevalence and Life Experiences

²² Prefer not to say or not declared/supplied.

Ethnicity and Race									
Asian or Asian British	5%	3%	4%	3.5%	4%	9%	2%	9%	3%
Black or Black British	1%	1%	0.8%	2%	2%	2%	2%	4%	1%
Mixed ethnic background	1%	3%	2%	3%	2%	2%	0%	3%	9%
White or White British	82%	81%	78%	86%	87%	80%	72%	82%	29%
Other ethnic group	1%	2%	1%	1%	1%	2%	2%	2%	0%
Prefer not to say	8%	11%	13%	4.5%	4%	6%	22%	N/R	58%
Religion									
Agnostic	N/R	N/R	N/R	N/R	N/R	N/R	4%	N/R	N/R
Atheist	N/R	N/R	N/R	N/R	N/R	18.5%	15%	N/R	N/R
Buddhist	1%	2.5%	3%	2%	3%	2%	2%	0.5%	0.63%
Christian	51%	35%	32%	35%	32.5%	28%	21%	46%	11%
Hindu	2%	0.7%	1%	0.7%	1%	2%	2%	2%	0.70%
Humanism/Humanist	N/R	N/R	N/R	N/R	N/R	6%	2%	N/R	N/R
Jewish	1%	2.5%	3%	4%	3%	0%	4%	0.5%	0.45%
Muslim	2%	1%	0.8%	1%	1%	4%	0%	6.5%	0.74%
No religion or belief	41%	31%	31%	40%	44%	N/R	19%	37%	15%
Pagan	N/R	N/R	N/R	N/R	N/R	2%	0%	N/R	N/R
Sikh	0%	0.4%	2%	0.2%	0%	4%	0%	0.9%	0.32%
Spiritual	N/R	N/R	N/R	N/R	N/R	13%	6%	N/R	N/R
Any other religion or belief	3%	7%	6%	5%	3.5%	6%	0%	0.6%	0.23%
Religion continued									
Prefer not to say ²³	10%	20%	20%	13%	12.5%	17%	26%	6%	71%

²³ Prefer not to say or not declared/supplied.

Sexual Orientation									
Asexual	N/R	N/R	N/R	N/R	N/R	0%	0%	N/R	N/R
Bi/Bisexual	0.5%	2%	1%	1%	1%	4%	0%	1%	0.40%
Gay/Lesbian	3%	3%	3%	4%	3%	11%	6%	1.5%	0.74%
Heterosexual/straight	86%	73%	77%	82%	82%	78%	70%	89%	26%
Pansexual	N/R	N/R	N/R	N/R	N/R	2%	0%	N/R	N/R
Queer	N/R	N/R	N/R	N/R	N/R	0%	0%	N/R	N/R
Prefer to self-describe or other ²⁴	0.5%	1%	1%	0.5%	2%	0%	0%	0.3%	N/R
Prefer not to say ²⁵	10%	20%	18%	13%	12.5%	5.5%	24%	7%	73%
Marital Status									
Married	57%	49%	52%	54%	51%	58%	49%	47% ²⁶	N/R
Civil Partnership	6%	4%	2%	1%	1%	9%	0%		N/R
Single, never married	17%	16%	15%	10%	12%	9%	7.5%	38%	N/R
Divorced	4%	6%	6%	7%	6%	4%	6%	9%	N/R
Widowed	1%	2%	1%	2%	2%	2%	6%	6%	N/R
Cohabiting	N/R	N/R	N/R	14%	15%	14.5%	9%	N/R	N/R
Other	6%	7%	5%	2%	1%	4%	0%	N/R	N/R
Prefer not to say	8%	17%	19%	11%	12%	0%	23%	N/R	N/R

²⁴ KPMG, Census 2021 and 2016 to 2021 samples used Other rather than prefer to self-describe.

²⁵ Prefer not to say or not declared/supplied.

²⁶ Census data combines Married and Civil Partnership variables into 'Married or in a registered civil partnership (including separated)

Pregnancy and maternity									
Yes	N/R	N/R	N/R	N/R	N/R	2%	7.5%	N/S ²⁷	N/R
No	N/R	N/R	N/R	N/R	N/R	94%	70%	N/S	N/R
Prefer not to say	N/R	N/R	N/R	N/R	N/R	4%	22%	N/S	N/R
Current Working Pattern									
Full-time	N/R	N/R	N/R	N/R	55%	56%	34%	76%	N/R
Part-time	N/R	N/R	N/R	N/R	40%	36%	41%	24% ²⁸	N/R
Non-practising	N/R	N/R	N/R	N/R	2%	2%	0%	N/R	N/R
Maternity leave, paternity leave, parental leave, adoption leave or leave due to caring responsibilities	N/R	N/R	N/R	N/R	0.6%	0%	2%	N/S	N/R
Other ²⁹	N/R	N/R	N/R	N/R	N/R	6%	2%	N/S	N/R
Prefer not to say	N/R	N/R	N/R	N/R	3%	4%	21%	N/R	N/R

²⁷ N/S= Not Suitable statistic to supply here. Labour Force Survey, Annual Population Survey and Time Use Survey all draw on this theme, but don't directly record maternity leave for example.

²⁸ Of working aged people: 16–64 that were in employment.

²⁹ For the EDI Pilot Other also included unpaid carer

Cross tabulations: Specific findings based on minority protected characteristics.

The CPD evaluation survey responses themselves largely confirm the CPD consultation findings that the scheme would have no impact on people because of gender, race, age, religion or belief, sexual orientation or any other aspects of equality.³⁰ However, when cross-tabulating responses between specific different questions in the CPD Survey 2024, we can see that there are potential differences in responses from different groups (although numbers continue to remain too small to be definitive at this stage).

The specific questions in the CPD Evaluation Survey 2024 that were chosen to be cross tabulated according to protected characteristics were:

- **Q3:** Overall, how easy or difficult has it been for you to do the main components³¹ of the CPD Scheme (Scale 1–5)? – **Engagement**
- **Q5:** What have been the most beneficial or rewarding components³² of the CPD scheme for you (Select no more than 3)? – **Engagement**
- **Q12:** How strongly would you agree or disagree with the following statements (Scale 1–5)? – **Support**
 - Increased the number of discussions you have had on CPD and your practice with others.
 - Made you feel less isolated as a professional
 - Increased your confidence to practice CPD with others or discuss clinical practice with others.
 - Helped you to gain different perspectives on your own practice more frequently.
- **Q17:** Thinking about your colleague who acted as your peer reviewer, to what extent do you agree or disagree with the following statements when thinking about your peer reviewer (Scale 1–5) – **PDR Experience**
 - They acted as an independent critical friend.
 - They made it feel like a test that I would either pass or fail.
 - They acted as a sounding board to support me through my thought process with my CPD requirements.
 - They insisted on validating my entire CPD record.
 - They offered non-judgemental support.
 - They provided feedback that upset me.
 - They asked me questions, rather than dictating or telling me what to do.
 - They overloaded me with too much feedback.
 - They signposted me to other useful CPD related resources.
 - They had a different osteopathic healthcare approach to me.

³⁰ 77% of respondents to the CPD consultation reported this. See Abi Masterson Consulting Ltd, 2015, [Analysis of consultation data on a new scheme of CPD for osteopaths](#), Accessed on 22 September 2019.

³¹ Main components of the CPD scheme that respondents were asked about: total hours (90 hours), 45 hours of learning with others, understanding how my practice aligns with the Osteopathic Practice Standards (OPS), communication and consent-based activity, objective activity, Peer Discussion Review (PDR), planning CPD across the three-year period, recording my CPD and reflecting on my CPD.

³² Main components of the CPD scheme that respondents were asked about: total hours (90 hours), 45 hours of learning with others, understanding how my practice aligns with the Osteopathic Practice Standards (OPS), communication and consent-based activity, objective activity, Peer Discussion Review (PDR), planning CPD across the three-year period, recording my CPD and reflecting on my CPD, none of them and other.

- They were unsure that I'd done enough to meet a specific CPD standard.
 - They gave feedback that was generalised and not related to specific facts or observations.
 - They used open questions to encourage my reflection (e.g., why, what, when or how).
 - They gave me feedback without any guidance on how to rectify issues identified.
 - They had a similar osteopathic healthcare approach to me.
- **Q20:** The following statements are taken from the PDR guidance. Which of these statements match your experience of the Peer Discussion Review (PDR)? Please tick the statements that apply to your experience – **PDR Experience**
 - The PDR was carried out in a supportive way.
 - The PDR helped us learn from each other.
 - The value of the peer discussion was in the discussion itself.
 - The PDR conversation was situated in the context where uncertainty or mistakes were regarded as an opportunity for learning.
 - I did not feel judged by my peer.
 - My peer was able to support and provide assurance.
 - During my PDR, we discussed interesting, difficult, or unusual cases and supported each other by exchanging ideas about ways to handle such cases.
 - During my PDR I discussed my CPD and how it impacted my practice
 - I was able to give and receive constructive and helpful feedback.
 - None of the statements taken from the PDR guidance match my experience.
 - Other
 - **Q21:** On a scale of 1–5, how strongly would you agree or disagree with the following statements that the CPD scheme has: – **Community.**
 - Increased your professional network, for example, the number of other osteopaths or other healthcare providers that you talk to.
 - Created greater opportunities for you to get support from others within a professional community.
 - Enhance your practice with your patients.
 - Enhance your practice with other osteopaths.
 - Enhance your practice with other healthcare professionals.
 - Helped you to feel part of the professional community.
 - Lessen the risk of professional isolation
 - Lessen the risk of concerns and complaints being made against me.

These questions were selected because these were the most appropriate questions to reflect all three of the strategic aims of the CPD Scheme (engagement, support, community) and the PDR experience.

Indicative demographic patterns are observable rather than significant findings, given the small numbers involved causation cannot be certain. The summary of impact on the CPD scheme on people with particular characteristics in Table 2, provides further detail and key aspects are also highlighted below.

Table 2: Cross Tabulation – CPD Scheme and EDI Impact

CPD scheme theme ³³	Majority total sample	Gender		Age		Working Pattern
Engaging with scheme (Q3 and Q5)		Female	Male	20–44	45–65+	Part-time
Hours requirement	Easiest component	Easiest	Easiest	Easiest	Easiest	Easiest
Aligning practice with OPS	Second most difficult component	2 nd easiest	2 nd most difficult	2 nd easiest	2 nd most difficult	
Communication & consent	Second easiest component and third most rewarding component		2 nd easiest	2 nd easiest	2 nd easiest 2 nd most rewarding	Easiest 2 nd most rewarding
Objective activity	Second most difficult component	2 nd most difficult	Most difficult	Easiest 3 rd most rewarding	Most difficult	
PDR	Most difficult component, but second most rewarding	Most difficult, 2 nd most rewarding	Most difficult 3 rd most rewarding	Easy/Difficult- Evenly split 2 nd most rewarding	3 rd easiest 3 rd most rewarding	3 rd most rewarding
Planning across 3-year cycle	Most difficult component	Most difficult, but 3 rd most rewarding	Most difficult Least rewarding	Most difficult	2 nd most difficult	
Recording CPD	Third easiest component Least rewarding component	2 nd most difficult Least rewarding	2 nd most difficult	Least rewarding	2 nd easiest and 2 nd most difficult Least rewarding	2 nd easiest Least rewarding
Reflecting CPD	Most rewarding component	Most rewarding 3 rd easiest	Most rewarding	Most rewarding	3 rd easiest Most rewarding	2 nd easiest most rewarding

³³ Colour coded key: Blue = consistent with majority total sample. Green = Differences in responses related to protected characteristic compared to majority total sample

CPD scheme theme	Majority total sample	Gender		Age		Working Pattern
		Female	Male	20–44	45–65+	Part-time
Getting Support (Q12)						
	CPD scheme has helped osteopaths gain different perspectives on their practice more frequently and increased the number of discussions they have had with others about their CPD.	✓	✓	✓	✓	✓
	For just under a third the scheme has increased osteopaths' confidence to discuss and practice CPD with others	✓ + ³⁴	✓ – ³⁵	✓	✓ +	✓
	For most it has not made them feel less isolated as a professional.	X ³⁶	✓	✓	X	✓ =

³⁴ ✓ + Greater than a third

³⁵ ✓ – Increased, but less than a third

³⁶ X Majority in a protected characteristic feel differently to the majority total sample

CPD scheme theme	Majority total sample	Gender		Age		Working Pattern
		Female	Male	20–44	45–65+	Part-time
PDR (Q17)	Majority agreed that their peer had:					
	Provided non-judgemental support	✓	✓	✓	✓	✓
	Acted as an independent critical friend	✓	✓	✓	✓	✓
	Asked questions rather than dictating or telling them what to do	✓	✓	✓	✓	✓
	Acted as a sounding board to support them through their thought process with the CPD requirements	✓	✓	✓	✓	✓
	Used open questions to encourage my reflection	✓	✓	✓	✓	✓
	Had a similar osteopathic healthcare approach to them	✓	✓	✓	✓	✓
	Other areas significant to protected characteristic, that general population had no strong view.	N/A	Insisted on validating their entire CPD record slightly more significant	They signposted me to other useful CPD resources more significant	N/A	They signposted me to other useful CPD resources more significant.

CPD scheme theme	Majority total sample	Gender		Age		Working Pattern
		Female	Male	20–44	45–65+	Part-time
PDR (Q20)	Majority agreed that					
	Did not feel judged by their peer	✓	✓	✓	✓	✓ Equally important was Helped us learn from each other
	The PDR was carried out in a supportive way	✓	✓	✓	✓	✓ Equally important was Helped us learn from each other
	Able to give and receive constructive and helpful feedback	✓	✓	✓	✓	✓ Equally important was Helped us learn from each other
	Able to discuss my CPD and how it impacted on my practice	X PDR helped us learn from each other	X My peer was able to support and provide assurance	= Equal to also My peer was able to support and provide assurance	X PDR helped us learn from each other	✓ Equally important was Helped us learn from each other
	The value was in the discussion itself	✓	✓	= Equal to also PDR helped us learn from each other	✓	✓ Equally important was Helped us learn from each other

CPD scheme theme	Majority total sample	Gender		Age		Working Pattern
		Female	Male	20–44	45–65+	Part-time
Creating networks (Q21)	For over a third scheme has been successful at					
	Enhanced osteopath's practice with their patients	✓	✓	✓	✓	✓
	Created greater opportunities for osteopaths to get support from others within a professional community	✓	✓	X	✓	✓
	For half or just under the scheme has not					
	Increased osteopaths' professional networks	✓	✓	✓	✓	✓
	Helped osteopaths feel part of a professional community	✓ = ³⁷	✓	✓	✓	X? ³⁸
	Lessened the risk of professional isolation.	X	✓	✓	✓ =	X?

³⁷ ✓ = Equal/ Mixed views some feel less isolated other do not in equal measure

³⁸ X? Majority had no strong view

CPD scheme theme	Majority total sample	Ethnicity and race (Minority Ethnic) ³⁹	Religion (Non-Christian or Atheist)	Pregnancy or maternity	Sexual Orientation (LGBTQIA+)
Engaging with scheme					
Hours requirement	Easiest component	Easiest	Easiest	Easiest	Easiest
Aligning practice with OPS	Second most difficult component		2nd most difficult		Easy/Difficult-Evenly split
Communication & consent	Second easiest component and third most rewarding component	Most difficult	2 nd most difficult Second most rewarding	2 nd most difficult and second most rewarding	Easy/Difficult-Evenly split and most rewarding
Objective activity	Second most difficult component	Most difficult	2nd most difficult	2nd most rewarding	Most difficult
PDR	Most difficult component, but second most rewarding	Most difficult, but most rewarding	Most difficult, but 2 nd most rewarding	Most difficult	Easy/Difficult-Evenly split and most rewarding
Planning across 3-year cycle	Most difficult component	Easiest and most rewarding	Most difficult	2nd most difficult	Easy/Difficult-Evenly split
Recording CPD	Third easiest component Least rewarding component		2 nd easiest		Most rewarding
Reflecting CPD	Most rewarding component	Most rewarding	3rd easiest. Most rewarding	Easy/Difficult-evenly split, Most rewarding	Most rewarding

³⁹ Asian or Asian British, Black or Black British, Mixed Ethnic Background, Other (e.g., all ethnic groups except White British).

CPD scheme theme	Majority total sample	Ethnicity and race (Minority Ethnic) ⁴⁰	Religion (Non-Christian or Atheist)	Pregnancy or maternity	Sexual Orientation (LBGTQIA+)
Getting Support (Q12)					
	CPD scheme has helped osteopaths gain different perspectives on their practice more frequently and increased the number of discussions they have had with others about their CPD.	✓	✓	✓	✓
	For just under a third the scheme has increased osteopaths' confidence to discuss and practice CPD with others	✓+	✓ -	✓	✓
	For most it has not made them feel less isolated as a professional.	X	✓ = ⁴¹	✓	X

⁴⁰ Asian or Asian British, Black or Black British, Mixed Ethnic Background, Other (e.g., all ethnic groups except White British).

⁴¹ ✓ = Equal/ Mixed views some feel less isolated other do not in equal measure

CPD scheme theme	Majority CPD sample	Ethnicity and race (Minority Ethnic ⁴²)	Religion (Non-Christian or Atheist)	Pregnancy or maternity	Sexual Orientation (LBGTQIA+)
PDR (Q17)	Majority agreed that their peer had:				
	Provided non-judgemental support	✓	✓	✓	✓
	Acted as an independent critical friend	✓	✓	✓	✓
	Asked questions rather than dictating or telling them what to do	✓	✓	✓	✓
	Acted as a sounding board to support them through their thought process with the CPD requirements	✓	✓	✓	✓
	Used open questions to encourage my reflection	✓	✓	X No strong view more significant	✓
	Had a similar osteopathic healthcare approach to them	✓	✓	✓	X
	Other areas significant to protected characteristic, that general population had no strong view.	They signposted me to other useful CPD resources more significant.	N/A	They signposted me to other useful CPD resources more significant	N/A

⁴² Asian or Asian British, Black or Black British, Mixed Ethnic Background, Other (e.g., all ethnic groups except White British).

CPD scheme theme	Majority CPD sample	Ethnicity & Race (Minority Ethnic)	Religion (Non-Christian or Atheist)	Pregnancy & Maternity	Sexual Orientation (LBGTQIA+)
PDR (Q20)	Majority agreed that				
	Did not feel judged by their peer	= Equal to My peer was able to support and provide assurance	✓	✓ Equally important was Helped us learn from each other and My peer was able to support and provide assurance	✓
	The PDR was carried out in a supportive way	✓	✓	✓ Equally important was Helped us learn from each other and My peer was able to support and provide assurance	✓
	Able to give and receive constructive and helpful feedback	✓	✓	✓ Equally important was Helped us learn from each other and My peer was able to support and provide assurance	X The PDR conversation was situated in the context where uncertainty mistakes were regards as an opportunity for learning
	Able to discuss my CPD and how it impacted on my practice	X PDR helped us learn from each other	X PDR helped us learn from each other	✓ Equally important was Helped us learn from each other and My peer was able to support and provide assurance	X My peer was able to support and provide assurance
	The value was in the discussion itself	= Equal to Able to discuss my CPD and how it impacted on my practice	✓	✓ Equally important was Helped us learn from each other and My peer was able to support and provide assurance	✓

CPD scheme theme	Majority CPD sample	Ethnicity and race (Minority Ethnic ⁴³)	Religion (Non-Christian or Atheist)	Pregnancy or maternity	Sexual Orientation (LGBTQIA+)
Creating Networks (Q21)					
	For over a third scheme has been successful at				
	Enhanced osteopath's practice with their patients	✓	✓	✓	✓
	Created greater opportunities for osteopaths to get support from others within a professional community	✓	✓	✓ =	✓
	For half or just under the scheme has not				
	Increased osteopaths' professional networks	✓	✓	X? ⁴⁴	X
	Helped osteopaths feel part of a professional community	✓	X	X	X
	Lessened the risk of professional isolation	X	X	X	X

⁴³ Asian or Asian British, Black or Black British, Mixed Ethnic Background, Other (e.g., all ethnic groups except White British).

⁴⁴ X?= Majority had no strong view

By filtering⁴⁵ the CPD evaluation survey data according to the key protected characteristics⁴⁶ the following tendencies can perhaps be inferred according to the three core strategic aims of the scheme (engaging with the scheme, getting the support osteopaths need and creating networks) and experiences of the PDR (see Tables 2).

No figures are contained in these tables to protect the identity of respondents given the small numbers concerned in these groups. This has also been done because, data containing less than ten responses is considered personal data and therefore not publishable.

It should be noted that due to the small numbers, it is, again, not possible to confirm a causative effect between the protected characteristic and the ability to comply or otherwise with the CPD scheme. Therefore, we are not suggesting that the scheme is more difficult for those with a particular characteristic to comply with or that it has had a negative impact on some groups. However, the cross-tabulation analysis does indicate areas for continued further monitoring and exploration to ensure we continue to develop resources that translate the CPD scheme accessibly for all. It also provides a thematic approach of consistency and differences in responses related or based on minority protected characteristics.

Analysis against protected characteristics shows the following. Below we use the phrases 'more or less likely' or 'higher or lower tendencies' to denote differences between a particular protected characteristic and the overall survey sample. This merely provides subtle nuances in responses for respondents of certain protected characteristics rather than a drastic shift or completely opposed view from the overall survey sample.

Sex

Here we see differences in learning styles coming to the fore according to sex and that the scheme has had more of an impact on females in terms of getting the support they need and creating networks.

Females (Total 21)

- More likely to report finding it easier to reflect and align their CPD to the OPS, and to find planning across a three-year cycle rewarding.
- More likely to report that the PDR helped them learn from each other.
- More likely to report the CPD scheme had increased their confidence to discuss and practice CPD with others and had made them feel less isolated as a profession, in terms of getting the support they need.
- More likely to report that the CPD scheme has lessened the risk of professional isolation and for some helped them feel part of the professional community.

⁴⁵ Specific CPD evaluation survey questions looked at include Q3, Q5, Q12, Q17, Q20 and Q21

⁴⁶ Table 2 distinguishes between the following protected characteristics sex (female/male) and age (20–44/45–65+), LGBTQIA+, Ethnicity and race (minority ethnic), Religion (Non-Christian or non-atheist) and Pregnancy and maternity.

Males (Total 21)

- More likely to report finding planning across a three-year cycle the least rewarding, find the objective activity the most difficult and held mixed views in terms of ease/difficulty of the PDR.
- Slightly more likely to report that their peer had insisted on validating their entire CPD record.
- More likely to report that their peer was able to support and provide assurance.

Age

Here we see younger osteopaths apparently more at ease with the newer aspects of the scheme and the sharing of resources and the older osteopaths seeing the benefit of communication and consent and discussing CPD with others and the CPD scheme perhaps having more impact on them in terms of getting the support they need and reducing isolation.

Osteopaths aged 20–44 (Total 14)

- More likely to report finding aligning their CPD to the OPS and the objective activity as both being easy to undertake and found the objective activity the most rewarding. These osteopaths held mixed views in terms of ease/difficulty of the PDR.
- More likely to report that their peer had signposted them to other useful CPD resources.
- More likely to report that the scheme has not created greater opportunities for them to get the support from others within a professional community.

Osteopaths aged 45–61+ (Total 28)

- More likely to report finding the communication and consent-based activity and the PDR easy to complete and the most rewarding. These osteopaths had mixed views on recording CPD.
- More likely to report that the PDR helped them learn from each other.
- More likely to report the CPD scheme had increased their confidence to discuss and practice CPD with others and had made them feel less isolated as a profession, in terms of getting the support they need.
- More likely to report that the CPD scheme has lessened the risk of professional isolation.

LBGTQIA+ community (Less than 10)

Here we see that scheme has had more of an impact on the LBGTQIA+ community in terms of getting the support they need and creating networks.

- More likely to report finding recording CPD and the communication and consent-based activity particularly rewarding,
- Peer for the PDR was less likely to have a similar osteopathic approach to them.
- More likely to report that the PDR conversation was situated in the context where uncertainty or mistakes were regarded as an opportunity learning and that their peer was able to support and provide assurance.

- These osteopaths held mixed views in terms of ease/difficulty of aligning practice with OPS, the communication and consent-based activity, PDR and planning across a three-year cycle.
- More likely to report the scheme had made them feel less isolated as a profession.
- More likely to report that the CPD scheme has helped increase their professional networks, feel part of the professional community, and lessened the risk of professional isolation.

Ethnicity and race (Less than 10), religion (Total 13) and pregnancy and maternity (Less than 10)

Here we see those osteopaths identifying in minority protected characteristics for ethnicity and race⁴⁷, religion⁴⁸ or pregnancy and maternity are all more likely to report finding the communication and consent-based activity most difficult. The scheme has had more of an impact on those osteopaths identifying with these groups in terms of getting the support they need and creating networks.

Minority Ethnic Group (including Asian, Black, Mixed or Other Ethnic Group) ⁴⁹

- More likely to report that they found the communication and consent-based activity most difficult and found the planning across a three year cycle the easiest and most rewarding.
- More likely to report that their peer had signposted them to other useful CPD resources.
- More likely to report that the PDR helped them learn from each other.
- For some, the scheme has increased confidence to discuss and practice CPD with others.
- More likely to report that the CPD scheme has lessened the risk of professional isolation.

Non dominant religion (non-Christian or non-atheist) ⁵⁰

- More likely to report finding the communication and consent-based activity difficult but rewarding.
- More likely to report that the PDR helped them learn from each other.
- For some, the scheme has made them feel less isolated as a professional
- More likely to report the scheme has helped them feel part of a professional community and lessened the risk of professional isolation.

⁴⁷ Asian or Asian British, Black or Black British, Mixed Ethnic Background, Other

⁴⁸ Agnostic, Buddhist, Hindu, Humanism/Humanist, Jewish, Muslim, Pagan, Sikh, Spiritual, Any other religion or belief

⁴⁹ Asian or Asian British, Black or Black British, Mixed ethnic Background, Other

⁵⁰ Agnostic, Buddhist, Hindu, Humanism/Humanist, Jewish, Muslim, Pagan, Sikh, Spiritual, Any other religion or belief

Pregnancy and Maternity

- More likely to report that they found the communication and consent-based activity difficult, but most rewarding. These osteopaths were also more likely to report finding the objective activity rewarding.
- More likely to report that their peer had signposted them to other useful CPD resources.
- These osteopaths tended to find equally important that their peer helped them learn from each other and support and provide assurance.
- These osteopaths tended to hold mixed views as to whether the CPD scheme had created greater opportunities for them to get support from others within a professional community and that their peer had used open questions to encourage reflection.
- More likely to have no strong view regarding whether the scheme has increased their professional networks, helped them feel part of a professional community or lessened the risk of professional isolation.

Other identifiers

The CPD consultation⁵¹ and Equality Impact Assessment also identified that possible areas of impact might be to the following groups: (1) registrants based outside the UK, (2) those who are not IT literate, (3) those with dyslexia, learning disabilities or visual disabilities, (4) part-time practitioners and (5) practitioners with ill-health. Some of these areas were explored as part of the CPD evaluation survey 2024 and some were more difficult to do so. A separate analysis in relation to these specific aspects from the CPD Evaluation Survey 2024 is outlined below (and detailed further in Table 2, for part-time osteopaths).

Registrants based outside the UK

Registrants based outside of the UK were identified by their qualitative comments within the survey. These registrants identifying themselves as working outside of the UK were more likely to show the following tendencies:

- More likely to report finding it difficult to complete the 45 hours learning with others requirement, because these osteopaths report it was not so easy to do things needing others, having to rely on video calls, which was not always convenient.

Registrants who are not IT literate

It could perhaps be inferred that a proportion of non-responses are a direct result of not being IT literate, given that the CPD evaluation is an online survey.

Registrants with dyslexia, learning disabilities or visual disabilities.

No respondents identified themselves as having a disability in this survey, which is obviously a concern, as we do not have representation from this group to judge experiences/impact. The stratified sample for this year's CPD survey was based on sex, age, region, and length of time on the Register and not disability and as you will see from Table 1, 0.3% of the GOsC Register has declared a disability.

⁵¹ See CPD Consultation, 2015, above.

What we do know about this group from 2021, were predominately around challenges with recording and reflecting and how they planned to undertake their PDR. For example, this group were:

- Slightly more worried about recording CPD, when asked about their barriers to reflection.
- Concerned about recording reflections – worried or not sure what it meant or how to record reflections, as well as not understanding why this should have to be done.
- More likely to plan on completing their Peer Discussion Review on a piecemeal basis, section by section, as they met the different elements of the scheme.

Part time practitioners (Total 22)

Those respondents who identified themselves as practising part-time showed the following:

- For some, it has made them feel less isolated as a professional
- More likely to report that their peer had signposted them to other useful CPD resources.
- Less clear as to whether the CPD scheme has helped part-time osteopaths feel part of the professional community or lessened the risk of professional isolation, as the majority had no strong view on these aspects of the scheme.

Practitioners with ill health

We did not ask respondents about ill health in the survey. The scheme itself should be more flexible for registrants with ill health now, in that removal of the mandatory annual requirements enables all registrants to be empowered to undertake their CPD in a way that meets their needs in a way that works for them, and the requirements of the Osteopathic Practice Standards. However, this could come through more substantially via the verification and assurance processes.

In relation to the equality impact and implications of the scheme, our numbers are still small and so it is difficult to know if there is direct causation between specific protected characteristics and impact of the CPD scheme.

New Graduates (Less than 10)

Part of our business plan approach this year has required us to explore the transition of new graduates into practice. Length of time on the Register was part of the stratified sample criteria. Those respondents who identified themselves as having been practising for less than a year through their qualitative comments in the survey, show the following:

- More likely to report finding aligning their CPD to the OPS and the objective activity as both being easy to undertake and found these activities most rewarding. These osteopaths held no strong views in terms of ease/difficulty of the PDR, reflecting and recording, probably because they reported they had yet to complete their PDR.

- More likely to report the CPD scheme had increased their confidence to discuss and practice CPD with others and had made them feel less isolated as a profession, in terms of getting the support they need.
- More likely to report the scheme helped them feel part of a professional community and lessened the risk of professional isolation.

In summary, when looking at the CPD Evaluation Survey 2024 in relation to EDI, the numbers are too small to make any definitive relationship between protected characteristics and barriers or benefits of the scheme. However, as we have seen above, there is an increased proportion of people with specific protected characteristics who obtain more benefits to the scheme than respondents in general.

5. Results

Section 1: Overall Thoughts on the scheme

Respondents were asked to think back to their first 6 months of starting the CPD scheme and their perceptions of it (see Table 3). This revealed that the majority of osteopaths thought the changes to the scheme were burdensome and a waste of time (58%), found it confusing to get to grips with (57%), were anxious about it (57%) and just over half reported struggling with the changes made to the scheme (51%). However, this did not mean that they didn't understand (38%) what they had to do as part of the scheme, with high numbers seeking out online webinars or events to learn more about it (77%). Conversely, respondents reported that they thought it appropriate to review the CPD scheme periodically (77%) and could see the benefits of gaining support from others (72%). Over a third reported seeing the benefits the CPD scheme could bring to their practice (38%).

Table 3: Q1 Initial thoughts on the CPD Scheme

	Strongly Agree/ Agree	No Strong View	Strongly Disagree/ Disagree
Negatively based statements			
I didn't understand the CPD scheme	20 (38%)	7 (13%)	26 (49%)
I was anxious about CPD scheme, and the changes made	30 (57%)	8 (15%)	15 (28%)
I struggled with the changes to the CPD scheme	27 (51%)	12 (23%)	14 (26%)
I thought the changes to the CPD scheme were burdensome and a wasted effort	31 (58%)	10 (19%)	12 (23%)
I found the CPD scheme confusing to get to grips with	30 (57%)	7 (13%)	16 (30%)

Positively based statements			
I could see the benefits CPD scheme would bring to my practice	20 (38%)	17 (32%)	16 (30%)
I attended online webinars and/or events to learn more	41 (77%)	2 (4%)	8% (15%)
I could see the benefit of gaining support from others	38 (72%)	9 (17%)	6 (11%)
I wanted to increase my professional networks	21 (40%)	20 (38%)	11 (21%)
I think it was appropriate to review the CPD scheme periodically	41 (77%)	9 (17%)	2 (4%)

When osteopaths were asked about how they felt now about the CPD scheme (see Table 4 for full results), it was reported that it was appropriate to review the CPD scheme (81%, 4% increase on when they started) and that attending webinars/events had built confidence to complete the CPD requirements, 55%, again 4% more than before). A set of positive, neutral, and negative impacts of the CPD scheme can be identified (see Table 5). Rather positively over a third of respondents reported that:

- Their professional networks had increased as a result of the CPD scheme (41.5%)
- Their practice has benefitted from the CPD scheme (34%)
- They had gained support from others, as a result of the CPD scheme which has benefitted their practice (34%)

However, we need to be concerned that a significant proportion of osteopaths still find the scheme.

- Burdensome and a wasted effort (53%)
- Worry whether they have met the requirements correctly (51%)
- Some find it difficult and confusing to get to grips with (38%)

Table 4: Q2 Current views on the CPD scheme at time of completion

	Strongly Agree/ Agree	No Strong View	Strongly Disagree/ Disagree
Negatively based statements			
I don't understand the CPD scheme	11 (21%)	9 (17%)	33 (62%)
I worry about whether I've met the requirements of the CPD scheme correctly	27 (51%)	4 (7.5%)	22 (41%)
I find it confusing to get to grips with the CPD scheme	20 (38%)	10 (19%)	23 (43%)
I struggle with the changes made to the CPD scheme	17 (32%)	12 (23%)	17 (32%)
The CPD scheme has made no difference to the way I practice	27 (51%)	6 (11%)	20 (38%)
The CPD scheme has had a negative impact on the way I practice	4 (7.5%)	14 (26%)	35 (66%)
I think the changes to the CPD scheme were burdensome and wasted effort	28 (53%)	7 (13%)	18 (34%)
Positively based statements			
My practice has benefited from the CPD scheme	18 (34%)	17 (32%)	18 (34%)
Through attending online webinars and/or events I feel more confident to complete my CPD in accordance to the CPD scheme requirements	29 (55%)	17 (32%)	7 (13%)
I have gained support from others as a result of the CPD scheme which has benefited me in my practice	18 (34%)	8 (15%)	27 (51%)
I have increased my professional networks as a result of the CPD scheme	22 (41.5%)	7 (13%)	31 (58%)
CPD scheme has had a positive impact on the way I practice	16 (30%)	17 (32%)	20 (38%)
I think it is appropriate for GOsC to have reviewed the CPD scheme periodically	43 (81%)	8 (15%)	2 (4%)

Table 5: Positive and negative impacts of the CPD Scheme

Positive	Neutral	Negative
Now		
Osteopaths think it was appropriate for GOsC to have reviewed the CPD scheme periodically (81%)	The CPD scheme has made no difference to the way osteopaths practice (51%)	Osteopaths thought the changes to the CPD scheme were burdensome and wasted effort (53%)
Attending online webinars and/or events has built confidence to complete their CPD in accordance to the CPD scheme requirements (55%)		Osteopaths worry about whether they have met the CPD scheme requirements correctly (51%)
Osteopaths' professional networks have increased as a result of the CPD scheme (41.5%)		Osteopaths find it confusing to get to grips with the CPD scheme (38%)
Osteopaths practice has benefitted from CPD scheme (34%)		
Osteopaths gained support from others, as a result of the CPD scheme which has benefitted their practice (34%)		
Before		
Osteopaths thought it was appropriate for GOsC to have reviewed the CPD scheme periodically (77%)		Osteopaths thought the changes to the CPD scheme were burdensome and wasted effort (58%)
Osteopaths attended online webinars and/or events to learn more (77%)		Osteopaths were anxious about CPD scheme, and the changes made (57%)
Osteopaths could see the benefit of gaining support from others (72%)		Osteopaths find it confusing to get to grips with the CPD scheme (57%)
Osteopaths wanted to increase their professional networks (40%)	Osteopaths wanted to increase their professional networks (38%)	Osteopaths struggled with the changes to the CPD scheme (51%)
Osteopaths could see the benefits CPD scheme would bring to their practice (38%)	Osteopaths could see the benefits CPD scheme would bring to their practice (32%)	

Section 2: Engaging with the scheme and using the Osteopathic Practice Standards

Respondents were asked how easy or difficult they found the main components of the CPD scheme (see Table 6).

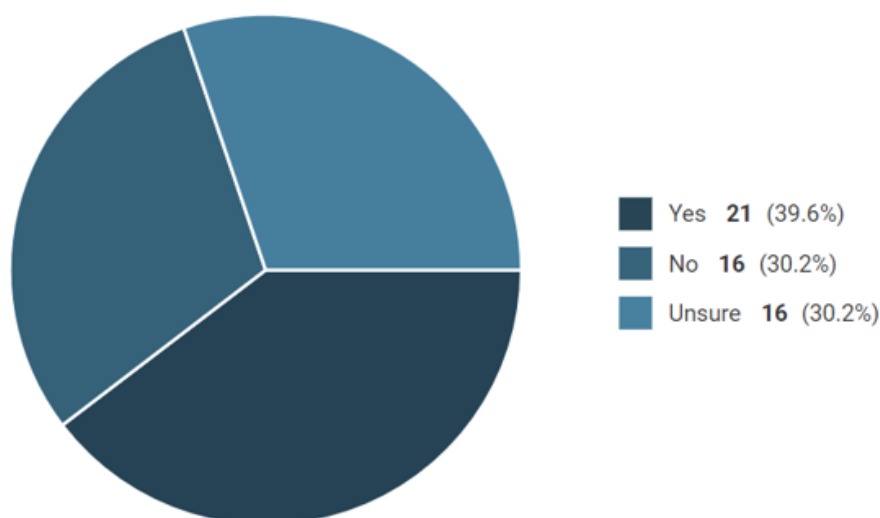
Table 6: Q3: Levels of difficulty with components of the scheme

Components of scheme	Easy	Neither	Difficult
Total hours (90 hours)	32 (60%)	10 (19%)	11 (21%)
45 hours learning with others	31 (58%)	11 (21%)	11 (21%)
Understanding how my practice aligns with the OPS	23 (43%)	14 (26%)	16 (30%)
Communication and consent-based activity	27 (51%)	15 (28%)	11 (21%)
Objective activity	21 (40%)	16 (30%)	16 (30%)
Peer Discussion Review (PDR)	25 (47%)	8 (15%)	20 (38%)
Planning across the three-year period	17 (32%)	16 (30%)	20 (38%)
Recording my CPD	26 (49%)	14 (26%)	13 (24.5%)
Reflecting on my CPD	25 (47%)	22 (41.5%)	6 (11%)

This revealed that osteopaths tended to find the hours required of the scheme (60% and 58%), communication and consent-based activity (51%) and recording CPD (49%) the easiest components. They found planning across a three-year period (38%), the PDR (38%) and the objective activity (30%) or understanding how their practice aligns with the OPS (30%) the most difficult components.

However, the majority of respondents (40%) reported experiencing benefits from completing the CPD Scheme, with a further 30% unsure (see Figure 1).

Figure 1: Q4 Have you experienced any benefits from completing the CPD scheme?



Those osteopaths that reported benefits from having completed the scheme mentioned mostly the PDR, collaborative reflection, and the structured approach to the scheme as key benefits (see Box 1).

Box 1: Q4a: Benefits of the scheme

The PDR

'The peer discussion was a really useful way to reflect. I think you reflect differently when you are discussing it with someone else (or perhaps just another layer of reflection because you've already reflected, and you revisit it)'

'The Peer'

'Being able to reflect on my practise in a structured manner. Having the Peer Discussion Review at the end of the cycle helped me to identify areas for improvement.'

'The Peer Discussion Review was particularly helpful to have a colleague's different perspective to critique my practice. I felt that before the discussion that the discussion itself would be my colleague ensuring that I was practicing safely and appropriately. However, the discussion was more on how I could improve my practice. Therefore, less judgemental than I had originally had thought.'

Collaborative reflection

'Notice how much collaboration, reading, sharing, reflecting I naturally do as a professional'

'Growth as an individual & osteopath, reflection, increased networking'

'Engagement, education. Enlightenment'

'Liaising, chatting, comparing with local colleagues.'

'The reflection on my practice.'

'Learning new skills and refining old ones.'

Structured approach

'I am a new grad, so I would have been doing these courses anyway, but can see CPD scheme provides structure for professional review and development'

'Made me try and plan my CPD a bit more than I usually do.'

'It has made me think about different CPD and undertaking certain activities to ensure I align it with OPS.'

For those that reported that they had not experienced any benefits from having completed the scheme, mainly reported the time pressures the scheme has created for them or added layers of bureaucracy compared to the annual scheme or that they would be doing reflective practice anyway (see Box 2).

Box 2: Q4b: Views on why have not experienced benefits from the scheme.

Time pressures

It's the similar things just in a more long-winded manner and more time-consuming way when running a business and having a family means it eats into time that really is not there all the time. And really has made it more awkward in comparison to the old method.'

'Because I would do & reflect on courses regardless of the CPD scheme & peer reviews, for e.g., which I think are the most time wasting, take up an enormous amount of time I could otherwise use going on courses and learning new techniques etc'.

'It has made zero benefit to my practice but taken a ridiculous amount of time and effort to get to grips with... its not terrible in principle, but the mechanics are tedious, time consuming and add no value.'

'It is such a hassle to record all the CPD I do informally each day after practice – like discussing a case with a fellow osteopath, looking up a condition, medication – it is 15min here and there and to enter this in a meaningful way to the CPD records and justify is difficult. Fortunately, I do lots of extra hours keeping my standards of practice high, and I can see how some osteopaths who are slacking will benefit from a rigorous scheme. But for me it is a burden.'

'Other than reflecting, it has made it a burden, finding a partner to undergo a peer discussion review was incredibly difficult until the online system allowed us to do that'.

Reflective practice already happens.

'I do CPD anyway, the scheme just adds unnecessary pressure.'

'I was already doing all the things required in the new scheme, including yearly reflection with a fellow practitioner, running audits and other.'

'Reflective practice is what an Osteopath does. If you are not asking patients how they respond to your treatments, then what are you doing? If you are not thoroughly interrogating a patients' medical social psychological condition to understand their Total lesson, you are not doing Osteopathy.'

'I was already studying with others and reflecting on my practice so having to fill in forms to meet GOsC targets was a waste of my time'.

'Because I would do the courses I do with or without the CPD scheme.'

'You have put in a step of reflective practice; a normal person should do this anyway'.

Bureaucracy of scheme and comparisons with annual scheme

'More hoops to jump through for a profession that is already struggling.'

'Referring to the new scheme, I would find 30 hrs per year easier than 90 hrs across 3 years. Covid made face to face CPD difficult and I'm now catching up my hours in the third year.'

'The CPD scheme restricts and dictates where I do my CPD and I feel a system that leads with opportunities would be better, how are we verifying the quality of the courses out there. Providing evidence is difficult.'

'I found it incredibly stressful, the annual review was easier for me.'

'I feel that the GOsC seems to have a punitive attitude towards us. And this after 40 years in practice! I have always studied many more than the thirty hours per year, and made all my training relevant to my practice, and this exercise just made me, and many of my colleagues much more anxious. This micromanagement of Osteopathy has led me to consider retiring earlier than I might otherwise have done.'

Figure 2 illustrates which components of the CPD scheme had been the most beneficial or rewarding for osteopaths. The top three being reflection (39.6%), the PDR (28.3%) and communication and consent-based activity (24.5%). Interestingly, the least beneficial was recording CPD (11.3%)

Figure 2: Q5 What have been the most beneficial or rewarding components of the CPD scheme for you? (Please select no more than 3)

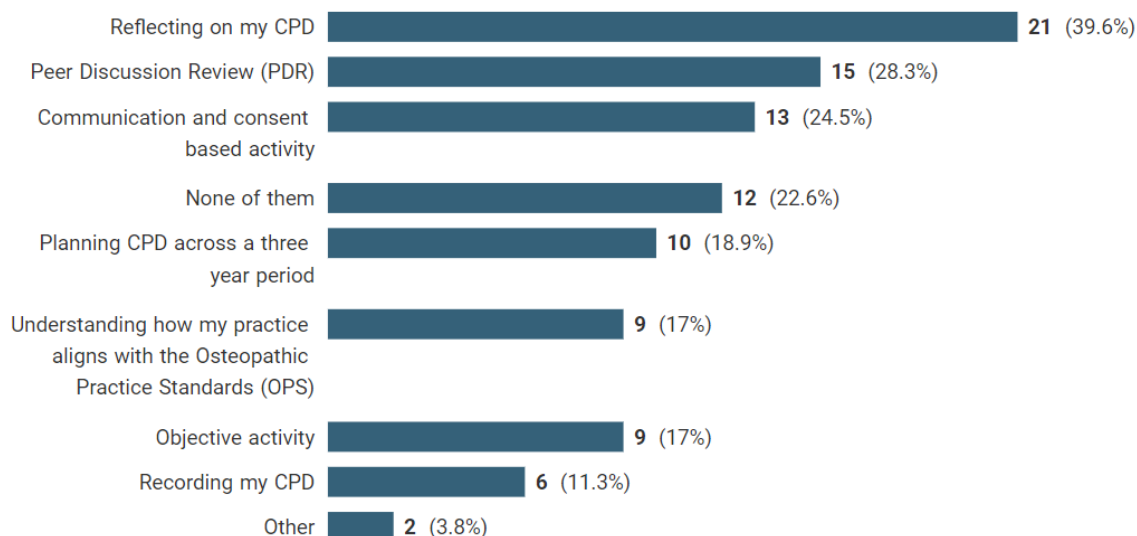
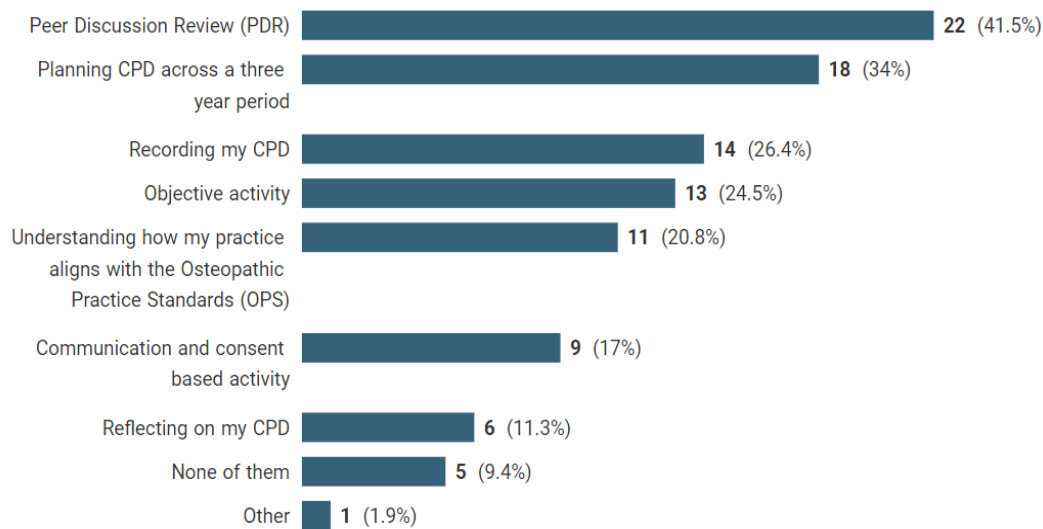


Figure 3 illustrates which components of the CPD scheme that had been most difficult for osteopaths. The top three here were slightly different PDR (41.5%), Planning CPD across a three-year period (34%) and recording CPD (26.4%). Interestingly, only 11% reported difficulties with reflection and 9.4% saw no difficulties with any of the CPD components.

Figure 3: Q6 Which components of the CPD scheme have you found most difficult? For example, those you may have found confusing, burdensome, or unclear. Please select no more than 3.



Respondents reported the following reasons for these components being most difficult.

PDR:

- Logistical difficulty of meeting with another osteopath – time to meet up at least once and length of time this session took.
- Living in remote locations made activities with others difficult.
- Time consuming activity
- Difficulty getting anything out of a peer discussion as it was reported by one respondent that ‘most osteopaths have no idea what it is.’
- Finding a suitable qualified peer was difficult. One participant even went as far to say:

‘The PDR just made me realise how limiting Osteopathy is for what I wanted to achieve, and how divided the profession is. I was lucky that my peer was of a similar mindset to me, otherwise I think the discussion would have turned into an argument.’

Planning over a three-year cycle:

- It was considered a long time to plan a CPD cycle.
- This was considered unrealistic in practical terms, it was felt that CPD opportunities arose in 3-month windows, and they shouldn’t have to justify or write about planning it (in the planning CPD section of the PDR).
- It was felt the cycle encouraged postponement of CPD rather than plan it.
- It was considered much easier to plan when it was a 1-year cycle, and the annual deadline kept osteopaths on time. It was considered easy to get behind with the 90hrs, and 45 hours of learning with others.

Recording CPD:

- Respondents mentioned the GOsC Diary not working, impacting on this as well as the PDR form.
- Difficulties in knowing how much information is enough to demonstrate reflection.
- Recording CPD was considered laborious and time consuming.
- Reflection was felt to be a very personal thing that can be difficult to put into words, let alone write it down.

Objective activity:

- Some found this difficult now in their second CPD cycle in terms of what to do.
- Other examples of clinic audit were expressed (not just case notes)

Those osteopaths that experienced challenges with aspects of their CPD, reported managing to overcome these challenges by the following ways:

- time, effort, hard work, and persistence.
- planning and organising better.
- being strict about recording the CPD undertaken and detailing longer descriptions of activities in CPD Diary (to remind why undertaken)
- worked with others to plan better and work through it.
- Incorporated video call/zoom calls with others.
- talking to other osteopaths that were struggling with aspects of the scheme.
- attending webinars and using available resources

Osteopaths here also commented about aspects of the scheme in particular the objective activity and the PDR and their thoughts about the GOsC in relation to the scheme more generally and the time it takes (see Box 3).

Box 3: Challenging aspects of the scheme and thoughts on the GOsC

'I have had to develop strategies to get around a system created by you. Why do we not create a system where we all work together.'

'By managing my expectations and trying not to feel like this is an exercise in ticking boxes, so that an entity like the GOsC can exist.'

'The changes created unnecessary more paperwork etc than really needed. It really is more of a hindrance, and I don't feel it has been a positive change. Almost feels like the GOsC had to find ways to make them look like what they charge us osteopaths is being spent. But it's not streamlined things which is what they should have done it's created more stress and annoyance.'

'I feel I am spending more time to plan what to do rather than doing it and actually get any benefit – I do not see any point in doing any so-called objective activity.'

'We are all very capable of doing it, but the time it takes is a burden rather than a positive experience. Get rid of the objective activity and peer review.'

Respondents were asked whether they felt the CPD scheme had enhanced their practice. Broadly from Table 7 we see very mixed views, over a third agree that it had (34%), while 26% held no strong view either way and 40% thought the CPD scheme hadn't enhanced their practice.

Table 7: Q9: CPD Scheme and enhancement of practice beliefs

Statement	Strongly Agree/Agree	Neither	Strongly Disagree/Disagree
I believe the CPD scheme has enhanced my practice	18 (34%)	14 (26%)	21 (40%)

Some osteopaths have reported to us that when thinking about their CPD activities in terms of the Osteopathic Practice Standards that the most difficult for them has been CPD activities on [Theme D: Professionalism](#). We therefore, asked participants how they covered this theme, so as to perhaps share with others who may be struggling with this element of the scheme. We found from this that most CPD was undertaken in the following standards, D9 and D10 being the most popular (see Table 8)

Table 8: Most popular CPD undertaken in Theme D: Professionalism

Theme D Standard	Description	Some Examples	Number of examples given
D9	Support colleagues and cooperate with them to enhance patient care	<p>‘Sharing patient histories and experiences with colleagues is one example, teaching and mentoring students is another.’</p> <p>‘Discussing with other healthcare professions, supporting colleagues, understanding the contributions of others.’</p> <p>‘Group discussion with my colleagues.’</p>	17
D10	Consider the contributions of other healthcare professionals to optimise patient care	<p>‘There was a regional group meeting to help us directly refer patients for an Xray.’</p> <p>‘A case discussion with my CPD group of osteopaths. We had an example of a case where it was necessary to work alongside other healthcare professionals in order to be able to treat the patient successfully. It also emphasised the need of openness and honesty with the patient of our limitations as osteopaths.’</p> <p>‘Referral of patients to other health care disciplines. Review of information such as Nolan Principles, GDPR. Website review. Discussion with other practitioners regarding confidentiality, management of patient records and when and how they should be destroyed etc.’</p> <p>‘I have engaged with other practitioners online in numerous case-based discussions’</p>	8

Theme D Standard	Description	Some Examples	Number of examples given
D6	Treat patients fairly and recognise diversity and individual values, including complying with quality and anti-discriminatory law	<p>‘Training on EDI issues and bias’s</p> <p>‘Training in Safeguarding Disability awareness</p> <p>Female genital mutation awareness, Child protection, Vulnerable adult awareness.’</p> <p>‘I attended Pride with GOSC and promoted the profession. I imagine I will go and do some talks at schools to promote the profession.’</p> <p>‘Undertaking research on how to affirm transgender individuals in a manual therapy setting – understanding the psychological and physiological components of someone in this situation.’</p> <p>‘Workshop on treatment of the LGBTQ+ community and how to relate to gender identity issues in a professional manner’</p>	5
D4	Policy in place to manage patient complaints and respond quickly and appropriately to any that arise	<p>‘Preparation of policies for practice including complaints and EDI.’</p> <p>“Discussing complaints in the clinic with colleagues.’</p>	5
D2	Maintain clear professional boundaries with patients must not abuse your professional standing and position of trust which you have as an osteopath	<p>‘Professional boundaries. This topic was discussed in Osteopathy Today, Spring 2023, 'Thinking of setting up a new clinic'. This, together with discussion with a colleague, helped me deal with a dilemma I was having with a patient who was trying to 'push' professional boundaries.’</p> <p>‘Accessing information from PSA regarding confidentiality, boundaries and examples from fitness to practice decisions.’</p> <p>‘CPD course on boundaries with Julia Stone & Steve Vogel’</p>	3

Theme D Standard	Description	Some Examples	Number of examples given
D1	You must act with honesty and integrity in your professional practice	<p>‘How to be honest & have integrity with boundaries (for example alcoholic patient repeatedly messaging inappropriate messages) or how to relay a potentially worrisome prognosis without causing fear/worry (ie, this needs a scan for these reasons).’</p> <p>‘I did the cervical spine risk assessment course. A few days afterwards I received a phone call from a patient asking whether their father could come for treatment following a stroke. He wanted to go for a massage, but she trusted my opinion. I was able to display candour in explaining the risks and benefits to his health.’</p> <p>‘Honesty with patients and respecting their dignity in treatment and asking questions.’</p>	3

Respondents were asked to think about the CPD scheme, and what aspect of the scheme had the biggest impact on their practice. The most frequently cited were (1) increasing osteopaths’ knowledge and skills, (2) the PDR experience and (3) the 3-year cycle and structure of the scheme. However, a number of respondents reported the time pressures the scheme had created for them. There was also a significant number of respondents that reported no aspect of the scheme had had an impact on their practice, largely because they had been doing this type of CPD already, despite the CPD scheme requirements (Table 9).

Table 9: Aspects of CPD scheme that have made the biggest impact on practice.

Aspects of scheme impacted on practice	Examples	Total
Knowledge & Skills	<p>‘Knowledge, skills and performance. Updating my knowledge of pathologies and osteopathic techniques.’</p> <p>‘Knowledge, skills and performance. I like to learn new things and advance my knowledge and skills.’</p> <p>‘CPD about knowledge and osteopathic techniques.’</p>	12
None	<p>‘Same as before just being done in a different way.’</p> <p>‘None really, just putting a form on already existing practice.’</p> <p>‘None really’</p> <p>‘None, it has no impact on my practice, I am driven personally to improve my practice, I do not need a system to make me do this, it should be normal practice and is for most.’</p>	10
PDR	<p>‘Reflecting back on CPD with a colleague in the peer review discussion and considering all the areas, so that my CPD wasn't in one or two narrow fields.’</p> <p>‘The peer review was the only thing I found of benefit, as being able to reflect on your practice and the professional standards of osteopathy can only be done in discussion with others, especially a peer.’</p>	7
3-year cycle and structure of scheme	<p>‘I think the change to a 3-year cycle has definitely helped as I'm thinking further ahead when planning.’</p> <p>‘Being able to spread the hours over the 3 years is more helpful when trying to run a business and raise a family!’</p> <p>‘Making me think more about the type of CPD I do.’</p> <p>‘The requirement. I am sure I would have always continued learning and developing, but it provides a structure for me to do so.’</p> <p>‘Being able to do lots of small pieces of it online at regular intervals rather than all day face to face’.</p> <p>‘I have engaged in an even broader range of CPD than before.’</p>	6

Aspects of scheme impacted on practice	Examples	Total
Time pressures of scheme	<p>'Taking up time that I could have used to study, reflect or rest.'</p> <p>'Taking me away from work I should be doing to enhance the setting I work in.'</p> <p>'The vast amount of time it now takes, and the sheer pointlessness of the paperwork.'</p>	6
Objective activity	<p>'Objective activities reviewing efficacy'.</p> <p>'Acquiring objective feedback, and communicating with colleagues about clinical problems'</p>	5
Reflection	<p>'Encouraged me to be vulnerable with other practitioners.'</p> <p>'Reflecting on CPD'</p>	4
OPS or Communication and consent	<p>'Focussing on how OPS influence my day-to-day clinical behaviour.'</p>	4
Learning with others	<p>'Getting together with colleagues.'</p>	2

Section 3: Getting support from colleagues as part of the CPD Scheme

Respondents were asked to what extent do they agree or disagree with a set of four statements related to gaining support from others, as a result of the CPD scheme. From Table 10 we see that the majority of osteopaths agree that the CPD scheme has helped them gain different perspectives on their practice more frequently (57%) and increased the number of discussions they have had with others about their CPD (55%).

For just under a third the scheme has increased their confidence to discuss and practice CPD with others (32%). However, for most it has not made them feel less isolated as a professional, with 38% disagreeing with this statement and a further 35% holding no strong view on this either way.

Table 10: Q12 Support from colleagues as part of the CPD scheme

Statement	Strongly Agree/Agree	Neither	Strongly Disagree/Disagree
Increased the number of discussions you have had on CPD and your practice with others.	29 (55%)	12 (23%)	12 (23%)
Made you feel less isolated as a professional	14 (26%)	19 (35%)	20 (38%)
Increased your confidence to practise CPD with others or discuss clinical practice with others.	17 (32%)	20 (38%)	16 (30%)
Helped you to gain different perspectives on your own practice more frequently.	30 (57%)	13 (24.5%)	10 (19%)

Osteopaths were then asked to think about the support they got from colleagues by completing their objective activity, and the PDR as part of the CPD scheme. The larger proportion of respondents found both the PDR (53%) and the objective activity helpful (45%) and a further 28%–36% had no strong view about either the PDR or the objective activity helpfulness, despite some of the comments we saw in Box 3 earlier (see Table 11). There was a small proportion of the same osteopaths who found both the objective activity and the PDR unhelpful.

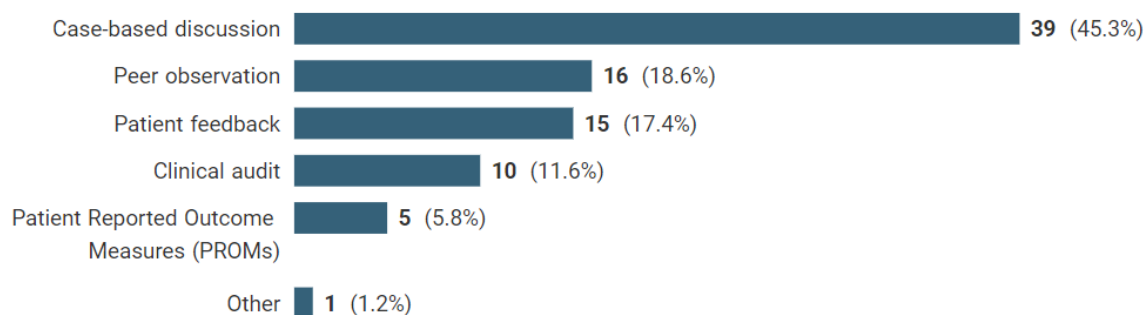
Table 11: Q13 and Q15 How would you rate your experience of completing your objective activity or PDR?

	Very helpful/Helpful	No strong view	Very unhelpful/Unhelpful
Objective activity	24 (45%)	19 (36%)	10 (19%)
PDR	28 (53%)	15 (28%)	10 (19%)

About the Objective Activity

The most popular completed objective activities among the participants were case-based discussion (45%) and peer observation (19%) (see Figure 3)

Figure 3: Q14 Which objective activity have you completed as part of your CPD:



Section 4: The PDR Experience

The majority of respondents peer for their PDR was an osteopath known to them, but who they did not work directly with (45%), followed by an osteopath they worked with (40%). A small proportion reported undertaking their PDR with an osteopath not known to them (6%) or another health professional (6%). The osteopaths that had a peer not known to them, found them either through their local osteopathic network, attending a GOsC webinar or through NCOR. The osteopaths whose peer was another health professional tended to be either a physiotherapist or a medical doctor (see Table 12).

The majority (60%) reported carrying out a PDR for another osteopath (see Table 12) and of those that performed this role, most reported feeling equipped to do so (59%) (see Table 13). A very small proportion experienced pressure to sign off an osteopath's PDR form (9%) (see Table 12).

Table 12: Q15 and Q19c: About the PDR

Who was your Peer	Total (%)
An osteopath known to you, but who you do not work with directly	24 (45%)
An osteopath you worked with	21 (40%)
An osteopath not known to you	3 (6%)
Another health professional	3 (6%)
Other ⁵²	2 (4%)
Have you carried out a Peer Discussion Review (PDR) for another osteopath?	
Yes	32 (60%)
No	21 (40%)
Did you experience any pressure to sign-off an osteopath's Peer Discussion Review (PDR) form?⁵³	
Yes	3 (9%)
No	29 (91%)

⁵² Newly registered so not undertaken yet or teaching colleague.

⁵³ This is of the 32 that were a peer reviewer for another osteopath.

Table 13: Q19a: Feeling equipped to be a peer reviewer.

	Strongly Agree/Agree	No strong view	Strongly Disagree/Disagree
I felt equipped to be a peer reviewer.	19 (59%) ⁵⁴	8 (25%)	5 (16%)

When respondents were asked to think about their colleague who had acted as their peer reviewer, they were incredibly positive (see Table 14) about this experience with the majority agreeing that their peer:

- provided non-judgemental support (81%)
- acted as an independent critical friend (77%)
- asked questions rather than dictating or telling them what to do (73.5%)
- acted as a sounding board to support them through their thought process with the CPD requirements (72%)
- used open questions to encourage my reflection (66%)
- had a similar osteopathic healthcare approach to them (58%)

The majority also reported (by disagreeing), that their peer:

- did not provide feedback that upset them (85%)
- did not overload them with too much feedback (77%)
- did not make the PDR feel like a test they had to pass or fail (73.5%).
- were not unsure that they had done enough to meet specific CPD standards (73.5%)
- did not give generalised feedback that they couldn't work with (66%)
- did not give feedback without guidance on how to rectify issues identified (58%)

Two areas which generated no strong view among participants included their peer:

- signposting them to other useful resources (43%)
- insisted on validating their entire CPD record (36%). This may indicate further messaging may be beneficial moving forward on these two issues.

⁵⁴ This is of the 32 that were a peer reviewer for another osteopath.

Table 14: Q17: Thinking about their peer reviewer.

Statement	Strongly Agree/ Agree	No strong view	Strongly Disagree/ Disagree
They acted as an independent critical friend.	41 (77%)	10 (19%)	2 (4%)
They made it feel like a test that I would either pass or fail	2 (4%)	12 (23%)	39 (73.5%)
They acted as a sounding board to support me through my thought process with my CPD requirements	38 (72%)	12 (23%)	3 (57%)
They insisted on validating my entire CPD record	13 (24.5%)	19 (36%)	21 (40%)
They offered non-judgemental support	43 (81%)	7 (13%)	3 (6%)
They provided feedback that upset me	1 (2%)	7 (13%)	45 (85%)
They asked me questions, rather than dictating or telling me what to do	39 (73.5%)	13 (24.5%)	1 (2%)
They overloaded me with too much feedback	2 (4%)	10 (19%)	41 (77%)
They signposted me to other useful CPD related resources	21 (40%)	23 (43%)	9 (17%)
They had a different osteopathic or healthcare approach to me	12 (23%)	20 (38%)	21 (40%)
They were unsure that I'd done enough to meet a specific CPD standard	3 (6%)	11 (21%)	39 (73.5%)
They gave feedback that was generalised and not related to specific facts or observations	2 (4%)	16 (30%)	35 (66%)
They used open questions to encourage my reflection (e.g., why, what, when or how)	35 (66%)	16 (30%)	2 (4%)
They gave me feedback without any guidance on how to rectify issues identified	4 (7.5%)	18 (34%)	31 (58%)
They had a similar osteopathic or healthcare approach to me	31 (58%)	14 (26%)	8 (15%)

Just over half of respondents thought that they would work with the same peer again (51%) in their next CPD cycle, and 23% were unsure who they would choose for their peer next time, while 6% reported it didn't work out with their peer (see Table 15). Interestingly, 21% thought they would choose another peer for their next CPD cycle, with comments such as:

'I can see the pros and cons of changing peers. I found mine really useful, so would like to use him again, but I might get different input from a different person.'

'It's useful to have more than one view.'

Table 15: Q18: Do you still contact your peer about issues relating to professional practice?

Statements	Totals (%)
Yes, my peer will be the same in my next CPD cycle	27 (51%)
Yes, but I'll be choosing someone else to be my peer in my next CPD cycle	11 (21%)
No, it didn't work out and I'll be finding someone else to be my peer in my next CPD cycle	3 (6%)
Other ⁵⁵	12 (23%)

Respondents commented that based on their PDR experience that it was the discussion itself that worked well for them. Completing the PDR helped osteopaths to identify areas in practice that they could improve on, gave them an opportunity to reflect on their CPD, and provided them with a structure that worked well for them (see Table 16).

In terms of what worked less well, osteopaths tended to report about some aspect of 'time' and that it had either taken them far too long to undertake the PDR, or they had, had difficulties in finding a time that suited them both to carry out the PDR or that accessing each other's information, or the PDR form and/or the PDR process had made it more time consuming. This was followed by some aspect of the 'peer dynamics,' that had gone less well for them e.g., finding a peer, doing both PDRs on same day, doing a PDR online, being disorganised and leaving it to the last minute all created their own challenges. Some also commented either needing to be challenged more or that there was a lack of interest or cynicism within the profession (see Table 17).

Finally, osteopaths were asked what they would do differently next time regarding their PDR experience. Here most reported they wouldn't change anything or were unsure. But those that did identify they would change something focussed on either streamlining the PDR process, so that it didn't take so long to complete, preparing better ahead of meeting with their peer, peer specific elements which largely focussed on choosing a different peer or developing skills to become a better peer and meeting more frequently with their peer and establishing an agreed format with their peer (which for some will increase structure, while for others it will be more of an informal get together (see Table 18)

⁵⁵ All Other were unsure.

Table 16: Q16a: Based on your PDR experience what worked well.

Theme	Examples	Total
Discussion	<p>‘Having a discussion with a fellow osteopath’.</p> <p>‘Being able to discuss overall CPD with someone else.’</p> <p>‘It was good to spend time with a colleague discussing our practices.’</p> <p>‘The conversation’</p> <p>‘Chatting with a fellow colleague.’</p> <p>‘Speaking with a peer on a friendly, unpressured environment about cases.’</p> <p>‘Open supportive discussion.’</p> <p>‘Meeting another solo practitioner and getting their views.’</p> <p>‘Nice to meet and discuss with a colleague who I hadn’t met.’</p>	23
Identifying areas to improve on	<p>‘My peer was able to identify areas for improvement in my practise.’</p> <p>‘Areas where I could have improved were highlighted’.</p> <p>‘Looking at areas for improvement.’</p> <p>‘Having a different perspective to your own to critique and analyse your practice. Thereby helping to identify how to improve as an osteopath.’</p>	7
Reflection	<p>‘Reflection on why I chose/planned my CPD as I did’</p> <p>‘We both ended up feeling better about ourselves and our practice than when we started. We had both more than satisfied the CPD requirements of the scheme.’</p> <p>‘It made me sort my CPD out.’</p> <p>‘To reflect on my CPD and the career path that I want to take.’</p> <p>‘When I summarised my CPD activities, I realised there’s a tendency in the courses / subject I chose to do, and that made my career path rather clear, which was also pointed out by my peer.’</p> <p>‘Both of us are reflective so we’re already aware of strengths and areas for further study.’</p>	6
Structure of PDR	<p>‘It is good to have a structure when meeting as a pair or group.’</p> <p>‘Following a fixed work frame allowing to cover all the ground that needed to. I have adapted the GOSC base adding some other information.’</p> <p>‘The template we used to guide us through the peer discussion was very useful at making the most of the activity. I would say essential. Can easily refer back to.’</p>	5

Theme	Examples	Total
Nothing	‘Nothing particularly’ ‘Nothing I can think of.’	5
Providing a different perspective	‘Gaining insight from a different perspective (physiotherapist) on better practice.’ ‘Seeing how a colleague approaches treatment/ patient history.’	3
Not yet completed	‘Not done yet as first year of practice.’ ‘Haven’t been able to complete this yet.’	3
Other	‘Too much.’	1

Table 17: Q16b: Based on your PDR experience what worked less well.

Theme	Examples	Total
Time	<p>Length of time it took to do:</p> <p>‘Takes too long.’</p> <p>‘Very long to do, not all that useful in its entirety – reflective practice should occur frequently, but I found it tedious to fill out each individual portion.’</p> <p>‘The preparation and the review itself were time-consuming.’</p> <p>‘I find writing up the PDR takes so long and not very suitable for our busy clinic life.’</p> <p>‘I think the time it took to do the PDR would have been much better spent on a course or getting up to date on new research.’</p> <p>‘Time management, it took hours!’</p> <p>‘This proved to be a very long-drawn-out process, took much longer than we both imagined.’</p> <p>Finding time to arrange the discussion:</p> <p>‘Organising a convenient time.’</p> <p>‘Enough time to discuss all aspects of our review.’</p> <p>‘I had no problem with this apart from finding the time and place to do it that suited us both’.</p> <p>Accessing information, process and forms which increased time it took to complete:</p> <p>‘The forms provided by GOsC.’</p> <p>‘Some parts were confusing, I needed a senior colleague’s support to understand certain parts.’</p> <p>‘Some questions on the form seem repetitive.’</p>	21

Theme	Examples	Total
	<p>'We felt like some things had to be repeated over, so the activity became more time-consuming than perhaps necessary.'</p> <p>'It's not easy to determine which standards can be associated with which activity.'</p> <p>'The process was a bit cumbersome.'</p> <p>'Accessing information to share with peer.'</p> <p>'The organisation around the sending and receiving the files to be filled in and some of the terminology used in the questions created confusion.'</p>	
Peer dynamics	<p>'Finding a peer was the most difficult task.'</p> <p>'Doing each other's on the same day.'</p> <p>'I would rather have done in person, but as we aren't located near each other we did it on zoom.'</p> <p>Doing it last minute as a requirement, rather than enjoying reviewing my practice with a professional colleague.'</p> <p>'I was disorganised'.</p> <p>'I could do with being challenged a bit more next time.'</p> <p>'Neither of us were interested in the process or being there.'</p> <p>"The level of cynicism in the conversation about many colleagues leaving the GOsC and calling themselves something else.'</p>	16
Nothing	'Nothing.'	6
Improvements suggested by peer	<p>'Follow up on so many suggested changes.'</p> <p>'I haven't taken up my peers advice as it would require me doing an NLP course.'</p> <p>'Making improvements suggested by peer.'</p>	3
Not yet completed	<p>'Yet to complete this.'</p> <p>'Not done yet as first year of practice.'</p>	3
Other	<p>'Not sure.'</p> <p>'Don't understand the question.'</p>	4

Table 18: Q16c: Based on your PDR experience what would you do differently next time.

Theme	Examples	Total
Nothing	<p>'Nothing'</p> <p>'I can't think of anything.'</p>	11
Unsure	<p>'Unsure'</p> <p>'Honestly, I'm not sure.'</p> <p>'I don't know.'</p>	9
Streamline	<p>'Make it a shorter process.'</p> <p>'Making the process more tick-boxy and less of a slog.'</p> <p>'Go back to the old way, which was more streamlined, and the structure was less intense.'</p> <p>'Less things to have to do.'</p> <p>'Try to reduce the time spent, but I think this would be hard given the structure of the PDR.'</p> <p>'Give the option for a written version to be adequate.'</p> <p>'I just struggled to get the time in my working life to do this, as it is effectively unpaid work.'</p>	9
Prepare better	<p>'Spend longer preparing.'</p> <p>'Be more organised.'</p> <p>'Prepare more for the meeting.'</p> <p>'It's better not to leave everything until the end of the cycle.'</p> <p>'Maybe start the process earlier rather than later.'</p>	8
Peer specific	<p>'Choose a different peer.'</p> <p>'I would choose a colleague who had a broader range of skills.'</p> <p>'I would invite to challenge me more.'</p> <p>'It is potluck if you get someone who wants to review this or not, people are having to do something else for free.'</p> <p>'It is a complete pain, finding people that I wish to engage with.'</p> <p>'Work harder to improve as a peer.'</p>	7
Meet more frequently and establish format	<p>'More frequent peer sessions.'</p> <p>'Increased frequency of meetings for feedback.'</p> <p>'Do more of it.'</p> <p>'Agree format to present information and allot a specific amount of time and not be distracted to talk about the next round of CPD at the same time.'</p> <p>'Meet up over a day and have lunch/coffee and just enjoy catching up with another osteopath as well as getting work done professionally, making it enjoyable rather than a must.'</p>	6
Not yet completed	<p>'Yet to complete this.'</p> <p>'Not done yet as first year of practice.'</p>	3

Respondents' word associate with their experience of being a peer reviewer of another osteopath was largely positive with most describing their experience as 'interesting' and 'reflective.' Those osteopaths that were more negative about the experience tended to describe it as 'time consuming'.

There were a series of chosen words that could be interpreted either as positive or negative attributes, these words were 'challenging' and 'responsibility/ responsible' as some saw it good to be challenged and good to take ownership or responsibility for their CPD, while other did not and saw it more in terms of being burdensome or laborious (see Figure 4).

Figure 4: Q19b: What 3 words would you use to describe your experience of being a peer reviewer for another osteopath?

Positive Words	Either	Negative Words
Interesting (10)	Challenging (4)	Time Consuming (4)
Reflective (4)	Responsible/Responsibility (3)	
Supportive (3)	Unsure (2)	
Helpful (3)		
Beneficial (2)		
Rewarding (2)		
Listening (2)		

In terms, of what respondents thought they had learnt about themselves and their practice, as a result of being a peer reviewer for another osteopath tended to focus on that it was good to talk with others, doing so they learnt new things from their peer that they could put in place for their own practice, it validated and reassured them that they were in fact doing a good job and it reduced isolation (see Table 19).

Some felt they had not learnt anything about themselves and their practice because of being a peer, as a result of already talking to others about their CPD and practice (see Table 17).

Table 19: Q19d: What did you learn about yourself and your practice, as a result of being a peer reviewer for another osteopath?

Things Learnt	Examples	Total
Good to talk and support each other as it stimulates reflection	<p>‘That it’s nice to help each other out and review each other on how we are doing’.</p> <p>‘Opening my mind on things I have learnt from my peer that improve my practice.’</p> <p>‘I found it helpful to verbalise and openly discuss clinical approach and clinical encounter’.</p> <p>‘We all have similar issues with our patients, and it is good to discuss them.’</p> <p>‘Changed some of my approaches to treatment.’</p> <p>‘Hearing about another person’s practice stimulates reflection on what I do in clinic.’</p> <p>‘It was useful exchanging different ideas and concepts during the process.’</p> <p>‘I learnt there were other areas I could explore and record in different ways and that I am not that detailed in my recording.’</p>	12
Nothing or very little	<p>‘Nothing new’</p> <p>‘Not very much’</p>	9
Self-validation or reassurance	<p>‘It was great to feel validation that we did similar things but also made me recognise some areas I could work through next CPD year.’</p> <p>‘That my experience is valued’.</p> <p>‘Confirmation that what we do does make a difference.’</p>	6
We have different views	<p>‘We hold different views on patient experience.’</p> <p>‘Despite being in the same profession, how much our personal interest can be different’.</p>	3
Easy to become isolated	<p>‘That it’s easy to become insular as an osteopath’.</p> <p>‘I am not alone in occasionally feeling insecure and out of my depth. I am not alone in working hard to do a good job for my patients’</p>	2

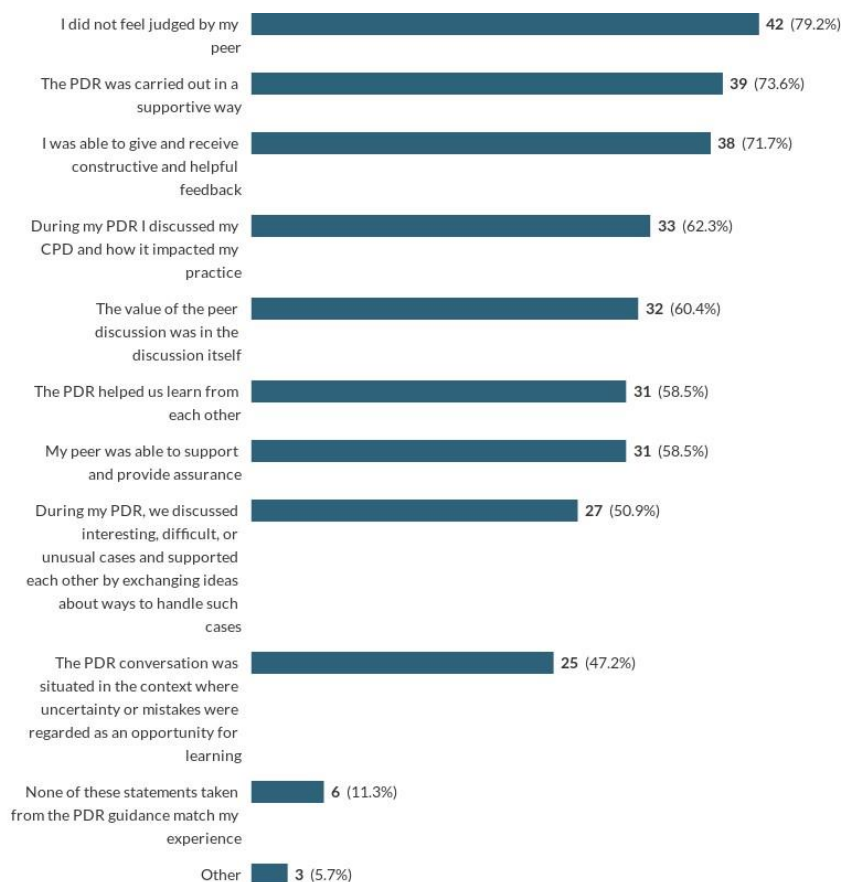
The statements in Figure 5 are taken from the PDR guidance. Respondents were asked which of these statements matched their experience of the Peer Discussion Review (PDR). For most osteopaths, the experience was a rewarding one, reporting:

- they did not feel judged by their peer (79%)
- the PDR was carried out in a supportive way (74%)
- they were able to give and receive constructive and helpful feedback (72%)
- they were able to discuss my CPD and how it impacted on my practice (62%)
- the value was in the discussion itself (60%)

Osteopaths were less likely to report that the PDR:

- involved discussing interesting, difficult, or unusual cases and supported each other by exchanging ideas about the way to handle such cases (51%)
- was situated in the context where uncertainty and mistakes were regarded as an opportunity for learning (47%)
- there was also a small proportion of osteopath (11%) that none of these statements which were taken from the PDR guidance matched their experience of the PDR.

Figure 5: Q20: The following statements are taken from the PDR guidance. Which of these statements match your experience of the Peer Discussion Review (PDR)? Please click the statements that apply to your experience.



Section 5: Creating Networks

Whether the CPD scheme had created more networking/network opportunities for osteopaths, is perhaps the most debatable strategic objective of the scheme for participants (particularly given the low scoring with the statements listed in Table 20. For over a third it has been successful, in terms of:

- Enhancing osteopath's practice with their patients (45%)
- Created greater opportunities for osteopaths to get support from others within a professional community (38%)

There are also several areas where no strong view is perhaps significant (over a third):

- Enhancing their practice with other osteopaths (40%)
- Enhanced their practice with other healthcare professionals (38%)
- Lessened the risk of concerns and complaints being made against an osteopath (36%)

However, for half or just under the scheme has not:

- Increased osteopaths' professional networks (55%)
- Helped osteopaths feel part of a professional community (45%)
- Lessened the risk of professional isolation (45%)

Table 20: Q21 Creating networks-based statements.

Statement	Strongly Agree/Agree	No strong view	Strongly Disagree/Disagree
Increased your professional network, for example, the number of other osteopaths or other healthcare providers that you talk to	14 (26%)	10 (19%)	29 (55%)
Created greater opportunities for you to get support from others within a professional community	20 (38%)	7 (13%)	16 (30%)
Enhanced your practice with your patients	24 (45%)	16 (30%)	13 (24.5%)
Enhanced your practice with other osteopaths	15 (28%)	21 (40%)	17 (32%)
Enhanced your practice with other healthcare professionals	15 (28%)	20 (38%)	18 (34%)
Helped you to feel part of the professional community	14 (26%)	15 (28%)	24 (45%)
Lessened the risk of professional isolation	17 (32%)	12 (23%)	24 (45%)
Lessened the risk of concerns and complaints being made against me	12 (23%)	19 (36%)	22 (41.5%)

Section 6: Final thoughts

In the closing questions of the survey, we asked osteopaths to thinking about their first impressions of the CPD scheme compared to now, and whether they felt that their attitudes toward the CPD scheme had changed over time, most did not think their views of the schemed had changed over time (62%), but over a third did (38%). Views on whether the CPD scheme had been worth it (e.g., enjoyable, and useful, despite having to make considerable effort), were split evenly with 51% considering it worth it and 49% not considering it worth it (see Table 21).

Table 21: Q22 and Q23: First impressions and usefulness of scheme

Question	Yes	No
Thinking about your first impressions of the CPD scheme compared to now, have your attitudes toward the CPD scheme changed over time?	20 (38%)	33 (62%)
In your opinion, has the CPD scheme been worth it (e.g., enjoyable, and useful, despite having to make considerable effort)?	27 (51%)	26 (49%)

Respondents were asked, how might the CPD scheme be improved going forward (including any changes that they might like to see). The main themes identified for improvement are detailed in Table 22. These include reducing the level of paperwork, making the scheme less complicated, returning to an annual component as well as some specific suggestions about the PDR form, guidance material, objective, and professionalism activities, and to make the GOsC supporting role much clearer to the osteopathic profession.

Table 22: Q24: Improvements to the CPD Scheme

Improvement	Example	Total
Reduce the paperwork	<p>‘Streamline it and make it less time consuming and less paperwork would be better.’</p> <p>‘Simplify the paperwork.’</p> <p>‘Easier recording of each CPD activity, lower threshold for what is needed or clarity on how much information is needed – 500 words for one is excessive. I will frequently bring up patients I have seen with colleagues to reflect on which is CPD, but never write it down as it's too much hassle doing this multiple times compared to 1 write up for a weekend course that covers 16 hours.’</p> <p>‘Reduce the documenting effort’.</p> <p>‘Make sure CPD diary is possible to use again on your website! Essential to easily log in and add as we complete each activity. Otherwise, harder to collate 3 years’ worth!’</p> <p>‘Seriously improve the way to record it on the ozone.’</p> <p>‘Make it less time consuming and it really needs to be streamlined as it’s become a real ball ache if I’m honest and I hear this from many peers that it’s not been for the better and almost pushing them away from the profession. As more paperwork as such is becoming too much.’</p>	12
Specific ideas	<p>‘PDR Form should be less repetitive.’</p> <p>‘More objective activities to choose from’.</p> <p>‘Give examples of professionalism’.</p> <p>‘Make it very clear that GOsC is acting to support osteopaths, rather than towering over them as a disciplinary outfit ready to punish the unwary.’</p> <p>‘I feel one of the best ways to maintain standards would be to have an annual multiple-choice test that is broken up into sections that reflect the Osteopathic Practice Standards. Any osteopaths failing a particular section would then need to revise their knowledge/skills related to that section and take a more in-depth test on that section. I feel this would provide more helpful feedback to individual osteopaths where their failings/weaknesses lay. It would also be less stressful and less time consuming.’</p> <p>‘Provided regular webinars throughout the 3-year period on each objective activity.’</p> <p>‘The guidelines are clunky’.</p> <p>‘Giving more support to the osteopaths.’</p> <p>‘It would be helpful to have specific CPD courses aimed at meeting each criterion to ensure people are fulfilling all the requirements of the CPD and also to make these more accessible for those who don’t live near big cities. Whether this is online or more locations offered’</p>	8

Improvement	Example	Total
Return to annual scheme	<p>'Reverting to a 30 hour a year cycle.'</p> <p>'Changing back to the previous system'.</p> <p>'Make it a 1-year cycle for the hours requirement with a 3-year PDR for the OPS if people really want it.'</p>	4
Less complicated	<p>'It has become complicated – too much ticking boxes as opposed to open ended experiential learning – but that is very difficult to assess'.</p> <p>'Make it easier to comply, make it less formulated by GOsC.'</p> <p>'It can feel too difficult to achieve the hours and also just feels like more of a test than something that we should be doing for interest and to help ourselves not just to satisfy GOsC.'</p> <p>'I think just ensuring that osteopaths do the required number of hours of study & courses is all that is needed. By all means dictate what that study includes (e.g., learning about consent) but I do not feel other aspects of the scheme (such as the PDR) are useful. Surely most osteopaths get support from professionals and colleagues on courses. For a CPD scheme to be successful, all that is needed is proof of our hours of study in my opinion.'</p> <p>'I now spend too much time ensuring I meet set criteria and not improving my individual practice.'</p>	5
No changes	<p>'Current scheme was difficult enough to understand – I do not want any immediate change, it is too confusing and took a long time to learn. If it changes so often, we end up taking a long time to learn how to do CPD rather than actually doing it.'</p> <p>'No changes'</p> <p>'It works well'</p> <p>It seems suitable for purpose without being too demanding'.</p> <p>'None'</p>	5
Quality of CPD	<p>'The hours and financial cost are a burden, when the quality of CPD courses is fairly poor, low scientific content.'</p>	3
Other	<p>'Every profession has to do CPD, as a new registrant there seems so many opportunities for CPD and some at no or little cost, so I am not sure why there is so much negativity within the profession about it.'</p> <p>'My CPD practice is still following the General Dental Council guidelines, so therefore already following an improved CPD scheme. I am sure most of my colleagues will need time to increase their CPD quality, and it shall take time.'</p>	3

We also asked respondents whether they had any additional comments, these have been themed in Table 23. The main themes here were around streamlining the recoding of CPD and the paperwork involved, so that it was less time consuming.

Table 23: Q25: Additional comments themed

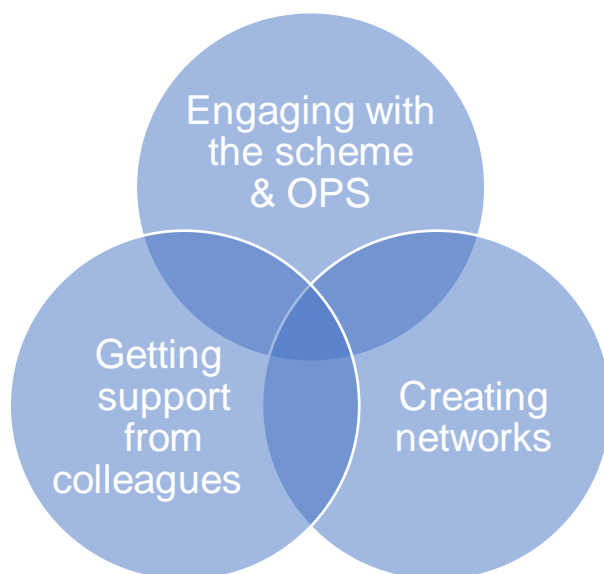
Additional comments	Examples	Total
Streamline recording CPD & paperwork	<p>‘The reporting system should be easy. It was easier with a ONE YEAR CYCLE.’</p> <p>‘Make it easier to comply, reduce the amount of time having do it.’</p> <p>‘Unfortunately, osteopaths can make lots of effort and it is not reflected in an easy CPD record. So, it is a bit of a tick box exercise to formalise something that I personally do anyway, and it is too much effort.’</p> <p>‘I found the PDR very difficult, took a long time to write up.’</p> <p>‘It’s harder than needed and I don’t really feel it needed to be this way.’</p> <p>‘The scheme is reductive and mechanical in nature and doesn't really reflect the way I think or practice – I hate filling in forms.’</p> <p>‘For osteopaths who are already committed to learning and reflection this just adds some rather frustrating paperwork... but the principle of talking to others about practice is a good one... I can see there is value in formalising it for those who have smaller networks. The paperwork could be better though.’</p>	6
Like the scheme	<p>‘Overall, I think it a very fair scheme, that I am happy to be part of. I am not frightened of being challenged, and I am happy to have a CPD partner whom I can go to discuss individual patients, and issues.’</p> <p>‘I like it.’</p> <p>‘Challenging, but good and very useful.’</p> <p>‘For the most part I have enjoyed it and it's great to be able to plan three years in advance. With each cycle, I ask myself 'where is my practise going next? and 'what skills do I need to get there?’</p>	4
Scheme will help some, but not me	<p>‘I’m sure it’s helping many osteopaths, but I'm not sure the impact has significantly helped me.’</p>	2
Challenges with quality CPD that is evidence-based practice	<p>‘Osteopathy lacks a hard scientific foundation, CPD doesn't help osteopaths progress to a more scientific approach, as most osteopathic CPD courses have low scientific basis.’</p>	2

Additional comments	Examples	Total
Suggestion	'It would be helpful to have specific topics covered and explained in webinars that we can also claim'	1
Other	'Let's have another look at this.' 'Easier than first anticipated, also not all that different. Just highlights a few parts that many of us were doing anyway.' 'I don't think it's been the best, it's almost I feel, if it's not broke don't fix it, just could have made it less demanding.'	4

6. Conclusions

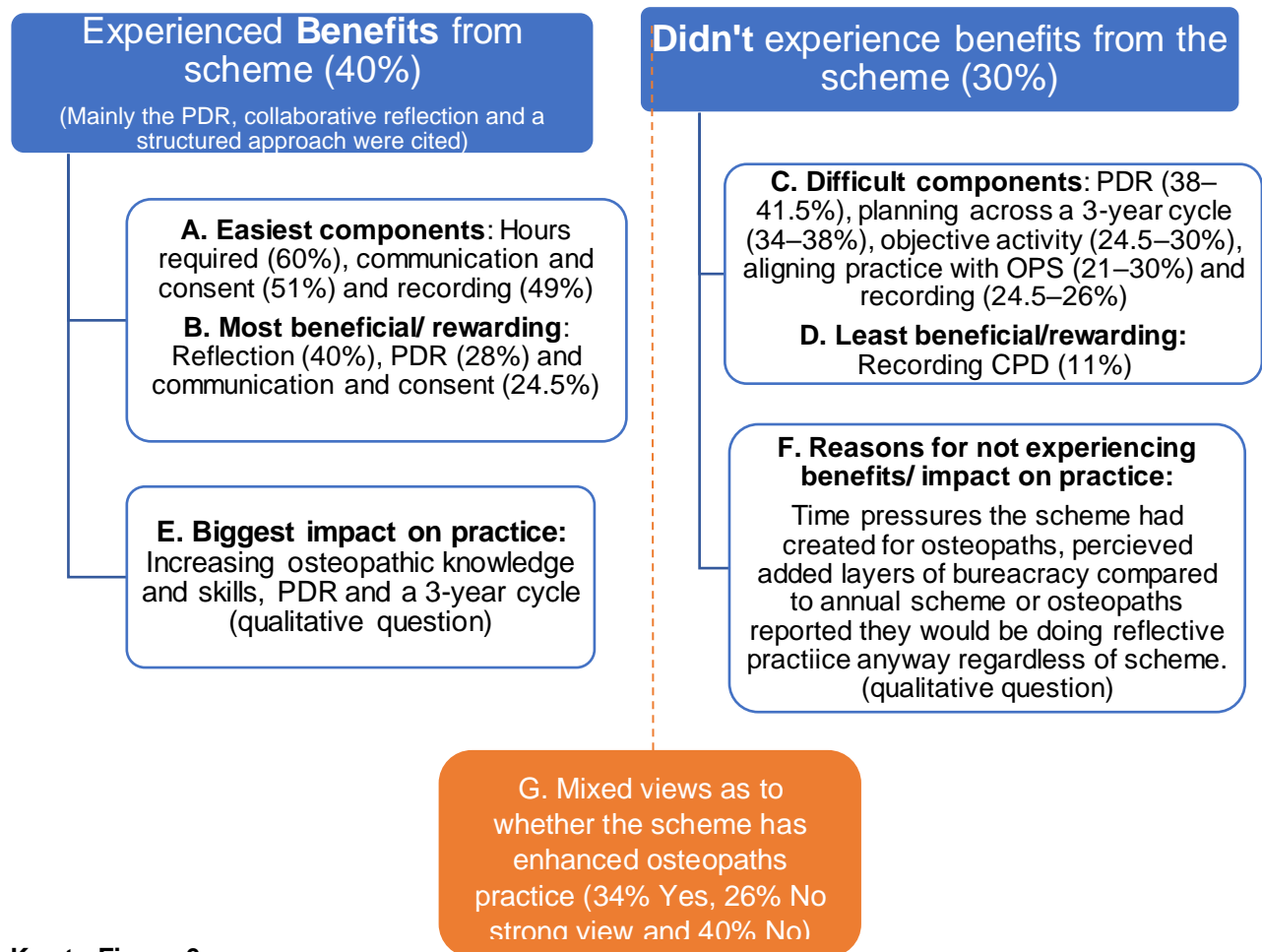
If we look at the three strategic objectives (see Figure 5)

Figure 5: Strategic objectives of the CPD Scheme



If we take each of the strategic objectives of the CPD scheme in turn and look at them against the survey findings we can see the following from Figures 6, 7, 8 and 9.

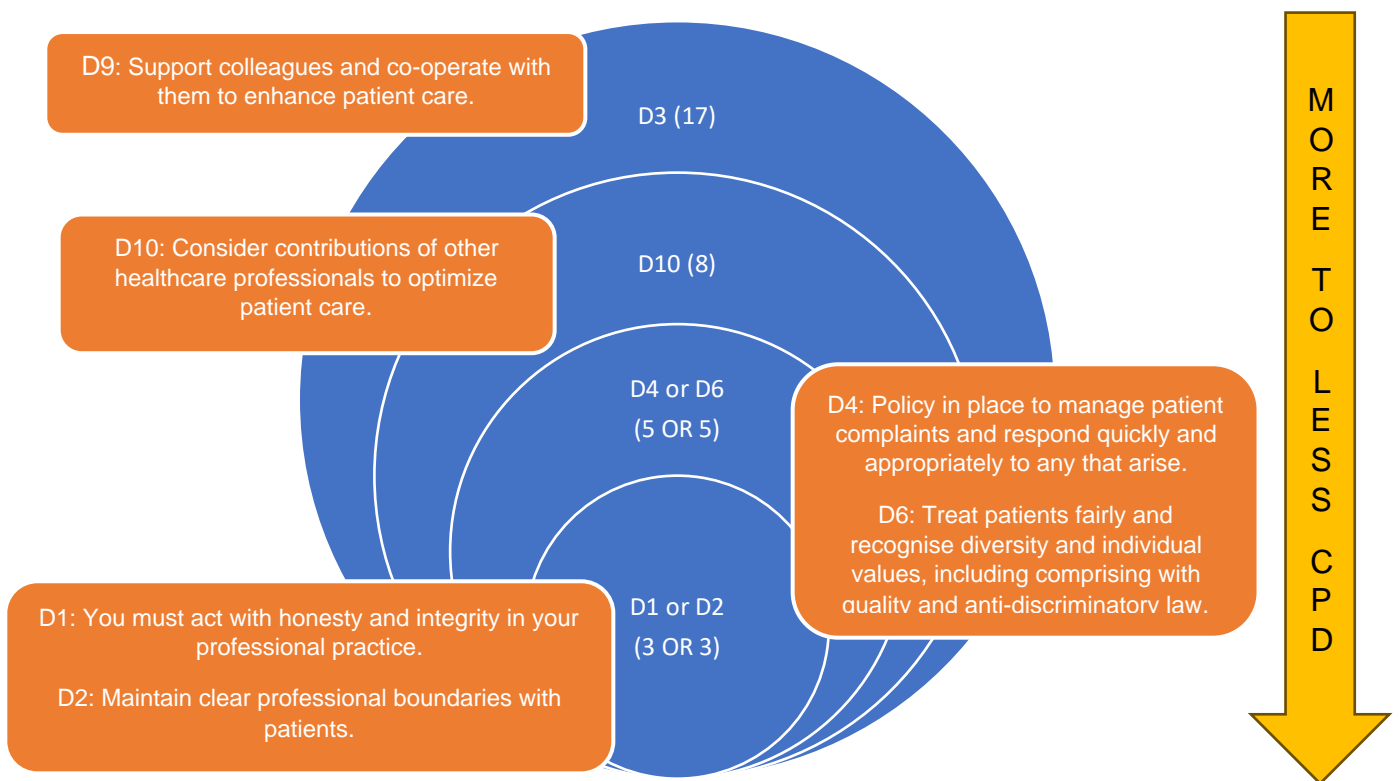
Figure 6: Engaging with the CPD scheme.



Key to Figure 6:

- A: Components of the CPD scheme respondents considered easy: Total hours (60%), 45 hours learning with others (58%), communication and consent (51%), recording CPD (49%), Reflecting on CPD (47%), PDR (47%), understanding how CPD aligns with OPS (43%) objective activity (40%) and planning across 3-year period (32%)
- B: Components of the CPD scheme that respondents considered most beneficial/ rewarding: Reflecting on CPD (40%), PDR (28%), communication and consent (24.5%), None of them (23%), planning across a 3-year period (19%), understanding how to align CPD with OPS (17%), objective activity (17%), recording CPD (11%) and other (4%)
- C: Components of the CPD scheme that were considered difficult rather than easy: PDR (38%), planning across a 3-year cycle (38%), objective activity (30%), aligning practice with OPS (30%), recording (24.5%), communication and consent (21%), hours component (21%) reflecting on CPD (11%). Components that were considered most difficult and challenging: PDR (41.5%), planning across a 3-year period (34%), recording (26%), objective activity (24.5%), understanding how CPD aligns with OPS (21%), communication and consent (17%) and reflection (11%)
- D: Components of the CPD scheme that respondents considered most beneficial/ rewarding: Reflecting on CPD (40%), PDR (28%), communication and consent (24.5%), None of them (23%), planning across a 3-year period (19%), understanding how to align CPD with OPS (17%), objective activity (17%), recording CPD (11%) and other (4%)
- E: Qualitative views on the biggest impact the scheme has had on practice
- F: Qualitative views on why have not experienced benefits from the scheme
- G: I believe the CPD scheme has enhanced my practice: Agree (34%), No strong view (26%) and Disagree (40%)

Figure 7: Engaging with the OPS, specifically professionalism (Theme D)



We see from Figure 6 and 7 that osteopaths are engaged with the CPD scheme, and the OPS and the majority have experienced benefits in doing so. What we perhaps see from Figure 7 is that CPD on professionalism tends to focus on supporting colleagues and co-operating with them or considering the contributions of other healthcare professionals to optimise patient care, while little CPD is undertaken around professional boundaries and honesty and integrity.

Specific key features related to engaging with the scheme and the OPS:

- The majority of osteopaths have experienced benefits from completing the scheme, with most citing the PDR, collaborative reflection and a structured approach being the main benefits to the scheme (see Figure 6).
- Osteopaths found the easiest components of the scheme to comply with were the hours required, the communication and consent-based activity and recording their CPD. However, osteopaths found the most beneficial/rewarding aspects of the scheme to be reflection, the PDR or the communication and consent-based activity (see Figure 6).
- Osteopaths found the biggest impact that the CPD scheme had had on their practice concerned increasing their osteopathic knowledge and skills, the PDR and adapting to a three-year cycle (see Figure 6).
- The most difficult components of the CPD scheme for osteopaths were the PDR, planning CPD across a three-year period, the objective activity, understanding how to align their practice with the OPS and recording their CPD. Similarly, the least beneficial/rewarding aspect of the CPD scheme was reported as recording CPD (see Figure 6).

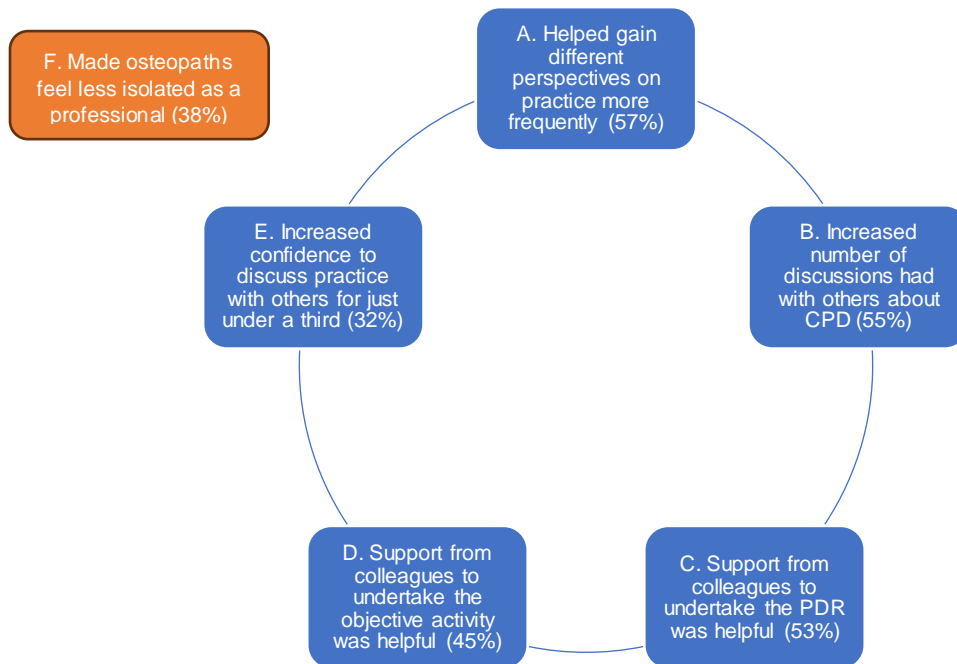
- For those osteopaths that did not find the CPD scheme beneficial, the key dynamics reported here were the time pressures the scheme created, perceived added layers of bureaucracy compared to the annual scheme or that osteopaths would be doing reflective practice anyway regardless of the CPD scheme (see Figure 6).
- Osteopaths have mixed views as to whether the CPD scheme had enhanced their practice, for some it clearly had, while for others it had not (see Figure 6).
- When osteopaths were asked to think about CPD activities in terms of the OPS and in particular Theme D: professionalism: most were undertaking CPD in relation to D9 and D 10. Very few (3 osteopaths in total) cited looking at CPD in the area of D2: maintaining clear professional boundaries with patients (see Figure 7).

We see from Figure 8 that for most osteopaths the scheme has allowed them to obtain support from colleagues, which has helped gain different perspectives on practice, increased the number of discussions had and as part of this the PDR was considered particularly helpful. For a smaller proportion of osteopaths, obtaining help from colleagues as part of the scheme has increased their confidence to discuss CPD with others and the objective activity was considered helpful. What is perhaps less clear (and is why it is outside of the circle in Figure 8), is that it would appear that getting support from others, doesn't necessarily make osteopaths feel less isolated as a professional.

Specific key features relating to getting support from colleagues as part of the CPD scheme:

- The CPD scheme has helped osteopaths gain different perspectives on practice more frequently and increased the number of discussions they have had with others about CPD (see Figure 8).
- In terms of support osteopaths got from colleagues when undertaking their PDR or objective activity, this was considered helpful by the majority of respondents (see Figure 8).
- The CPD scheme has increased confidence for a small proportion of osteopaths to discuss practice with others (just under a third) (see Figure 8).
- The CPD scheme has not made osteopaths feel less isolated (see Figure 8).

Figure 8: Getting support from colleagues as part of the CPD scheme and findings from CPD Evaluation Survey



Key to Figure 8:

A: Helped me gain different perspectives on my practice more frequently: Agree (57%), No strong view (24.5%) and Disagree (19%)

B: Increased the number of discussions about my CPD and practice with others: Agree (55%), No strong view (23%) and Disagree (23%)

C: Support from colleagues to undertake the PDR was: Helpful (53%), No strong view (28%) and Unhelpful (19%)

D: Support from colleagues to undertake the objective activity was: Helpful (45%), No strong view (36%) and Unhelpful (19%)

E: Increased my confidence to discuss practice with others: Agree (32%), No strong view (38%) and Disagree (30%)

F: Made you feel less isolated as a professional: Agree (26%), No strong view (35%) and Disagree (38%)

From Figure 9, we see the CPD scheme has created networks for a proportion of osteopaths (over a third), in terms of being successful in enhancing osteopathic practice with their patients and creating greater opportunities for osteopaths to get the support from others within a professional community (see Figure 9). For just under half of the respondents, the scheme has not increased osteopaths' professional networks, helped osteopaths feel part of the community or lessened the risk of professional isolation (see Figure 9).

Figure 9: Creating networks and findings from CPD Evaluation Survey



Key to Figure 9:

A: Enhanced my practice with patients: Agree (45%), No strong view (40%) and Disagree (24.5%)

B: Created greater opportunities for you to get support from others within a professional community: Agree (38%), No strong view (13%) and Disagree (30%)

C: Increased professional networks: Agree (26%), No strong view (10%) and Disagree (55%)

E: Lessened the risk of professional isolation: Agree (32%), No strong view (23%) and Disagree (45%)

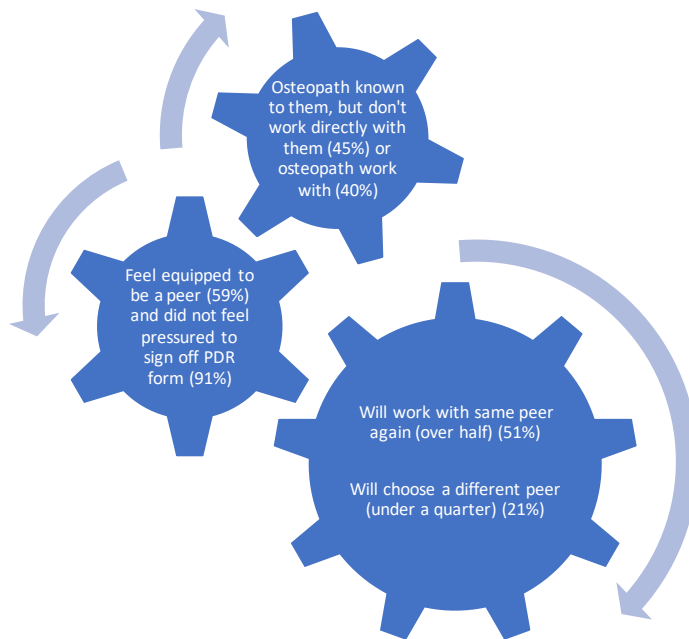
PDR experience

From Figures 10 and 11 we see the positive attributes of the PDR process (both in the giving and receiving of feedback).

Specific key features of the PDR experience included:

- For most osteopaths, their peer for their PDR was either an osteopath known to them who did not work directly with or an osteopath they worked with them (see Figure 10).
- Most osteopaths had carried out a PDR for another osteopath and felt equipped to undertake this role. Extremely, few felt pressured to sign off the PDR form (see Figure 10).

Figure 10: About the PDR process



- Osteopaths' views on their peer reviewer tended to be very positive with most providing non-judgemental support, acting as an independent critical friend, or acting as a sounding board to support their thought process with their CPD (see Figure 11).
- We may need to consider our messaging around the peer's role concerning signposting to other useful resources and validating an entire osteopath's CPD record (given that no strong view was high in these variables, perhaps this indicates these points are not fully understood).
- Over half will work with the same peer again in their next CPD cycle, with just under a quarter intending to choose another peer (see Figure 10).
- It was the discussion itself that worked well for osteopaths, and in doing so completing the PDR helped osteopaths identify areas of practice they could improve on, gave them an opportunity to reflect and provided a structure that worked (see Figure 11).
- In terms of what worked less well it was the time it had taken osteopaths to complete the PDR. The paperwork and the process had made it more time-consuming. Osteopaths reported that what they would do differently next time concerned streamlining the PDR process, so it didn't take so long to complete, along with preparing better ahead of the meeting with their peer or choosing a different peer altogether. Given the challenge for many osteopaths has been the time it takes to do this CPD requirement, and the level of paperwork involved, some of which was considered repetitive, we need to consider ways this could be streamlined, and made easier for osteopaths to complete by undertaking an edit/review of the PDR form.
- In terms of what osteopaths had learnt about themselves having undertaken the role of peer reviewer tended to focus on aspects such as it was good to talk with others and in doing so, they learnt new things they could apply to their own practice; it validated and reassured them that they were in fact doing a good job (see Figure 11).

Figure 11: My peer and me

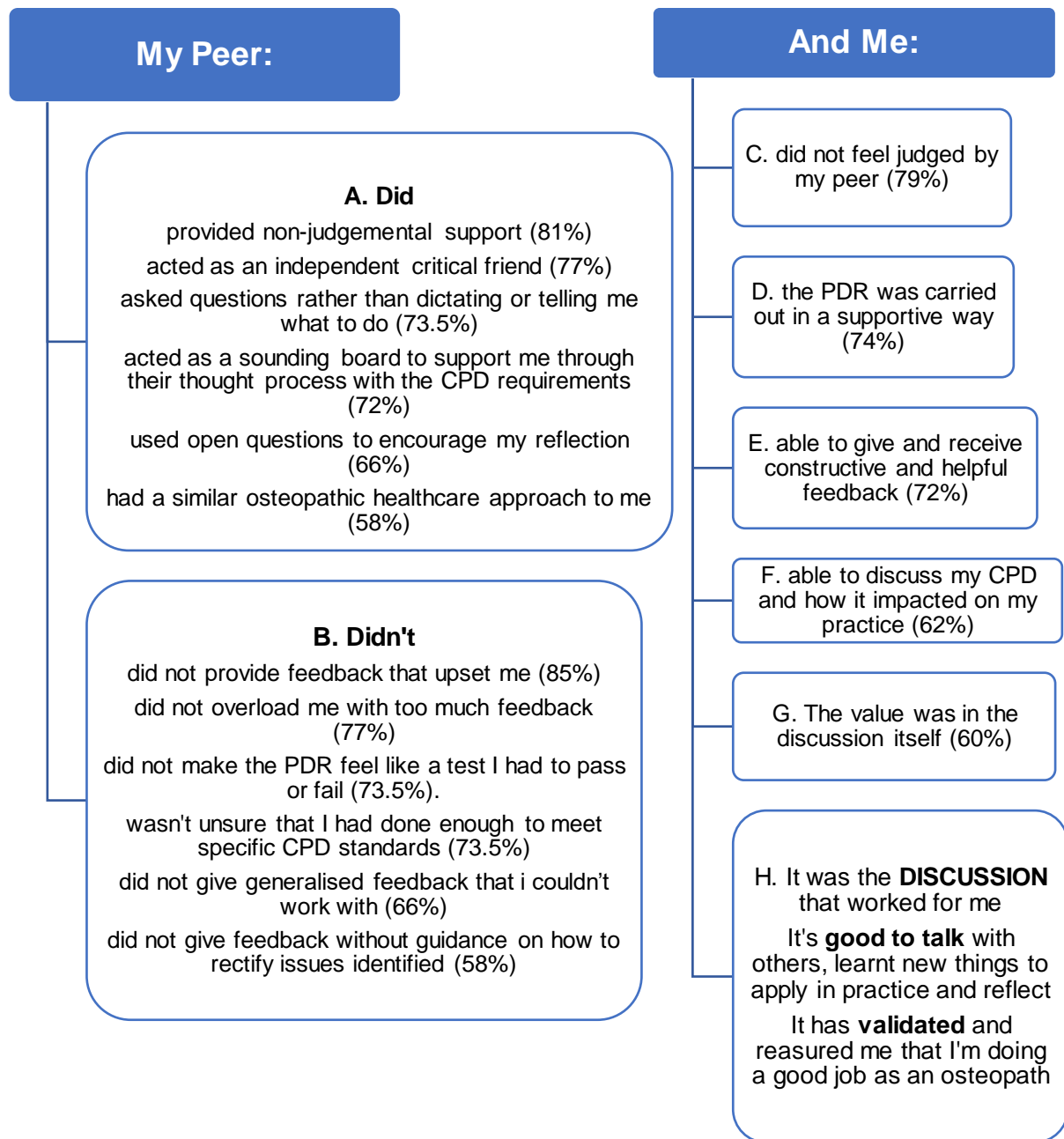


Figure 7 Key:

A: Percentages of respondents agreeing with statements

B: Percentages of respondents disagreeing with statements

C to G: Statements taken from PDR guidance and respondents were asked which matched their experience

H: Based on qualitative question which asked what worked well for them in their PDR

Overall thoughts on the scheme

Finally, overall thoughts from osteopaths on the CPD scheme revealed the following:

- Over a third of osteopaths' views of the CPD scheme had changed compared to first impressions at the start of the scheme and now. This may indicate a positive sign going forward for this to continue with each three-year CPD cycle that an osteopath completes.
- The majority of osteopaths agreed it was appropriate to review the CPD scheme (81%) and that through attending webinars or events have built their confidence to complete the CPD requirements (55%)
- A third of osteopaths agreed that their practice had benefited from the CPD scheme (34%) or that gaining support from others, as a result of the CPD scheme had benefited their practice (34%).
- The views on whether the CPD scheme had been worth it (e.g., enjoyable, and useful, despite having to make considerable effort) were split right down the middle, with 51% considering it worth it and 49% not considering it worth it.
- A significant proportion of osteopaths agreed that the CPD scheme was burdensome and a wasted effort (53%) or that they worried whether they had met the CPD requirements correctly (51%).
- In terms of how osteopaths thought the CPD scheme could be improved. It was thought improvements could be achieved by:
 - reducing the level of paperwork by streamlining the recording of CPD and the PDR paperwork, so that it was less time-consuming.
 - making the CPD scheme less complicated
 - returning to an annual component
 - making the PDR form and guidance less repetitive and more streamlined
 - providing more objective activities and examples of professionalism-based activities.
 - make the 'supporting role,' that GOsC is taking with the CPD scheme, much clearer to the osteopathic profession.