



# Peer Discussion Review Template



Osteopath

## Osteopath to complete this section

Name of osteopath

Name of Peer

My Peer is:

- An osteopath I work with
- An osteopath known to me but who doesn't work with me directly
- With an osteopath not known to me
- With another health professional
- Other

If you selected Other, please specify below:

My Peer was put in place by:

- Myself
- Regional group
- Osteopathic education provider
- Clinical interest group or member of the Osteopathic Alliance

If you selected 'Regional group', please specify which Regional Group

Date(s) of review

Location of review

Fee paid (if any)



## About you as an osteopath

### Osteopath to complete this section

The section 'about you as an osteopath' is intended to help the osteopath provide context easily about their practice to a Peer who may not be familiar with them. The GOsC is not collecting this data for any monitoring purposes.

#### How long have you been practising as an osteopath?

- |   |                                      |                                      |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Less than a year | <input type="checkbox"/> 16-20 years | <input type="checkbox"/> 31-35 years |
| <input type="checkbox"/> 1-5 years        | <input type="checkbox"/> 21-25 years | <input type="checkbox"/> 36-40 years |
| <input type="checkbox"/> 6-10 years       | <input type="checkbox"/> 26-30 years | <input type="checkbox"/> 41+ years   |
| <input type="checkbox"/> 11-15 years      |                                      |                                      |

#### Context in which you work:

- |   |   |
|---|---|
| <input type="checkbox"/> Practising as an osteopath in a sole private practice              | <input type="checkbox"/> Providing other health services (eg dry needling, acupuncture, ultrasound treatment, sports massage, orthotic prescription, naturopath, herbal medicine, nutritionist) |
| <input type="checkbox"/> Practising as an osteopath in a multidisciplinary private practice | <input type="checkbox"/> Working in a field unrelated to osteopathy   |
| <input type="checkbox"/> Practising as an osteopath in the NHS or seeing NHS patients       | <input type="checkbox"/> Non-practising   |
| <input type="checkbox"/> Working in research  | <input type="checkbox"/> Other (please specify below)   |
| <input type="checkbox"/> Working in education   | <input type="text"/>  |

#### How many hours do you practice each week?

- |                                      |                                      |   |
|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> 0-4 hours   | <input type="checkbox"/> 25-34 hours | <input type="checkbox"/> 55+ hours                    |
| <input type="checkbox"/> 5-14 hours  | <input type="checkbox"/> 35-44 hours | <input type="checkbox"/> Other (please specify below) |
| <input type="checkbox"/> 15-24 hours | <input type="checkbox"/> 45-54 hours | <input type="text"/>                                  |

#### How many patients do you typically treat in a week?

- |                                |                                |   |
|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> 1-10  | <input type="checkbox"/> 31-40 | <input type="checkbox"/> Other (please specify below) |
| <input type="checkbox"/> 11-20 | <input type="checkbox"/> 41+   | <input type="text"/>                                  |
| <input type="checkbox"/> 21-30 |                                |   |

#### Type of patients I treat:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Babies (Under 1yr) | <input type="checkbox"/> Children (4-17yrs)        | <input type="checkbox"/> Animals                       |
| <input type="checkbox"/> Toddlers (1-3yrs)  | <input type="checkbox"/> Adults (18 yrs and above) | <input type="checkbox"/> Not currently seeing patients |

#### Other roles that you may have:

- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> Regional Lead | <input type="checkbox"/> Education | <input type="checkbox"/> Other (please specify below) |
| <input type="checkbox"/> Research      |                                    | <input type="text"/>                                  |

# CPD Standard 1: Range of Practice



Osteopath

## Osteopath to complete this section

Have you undertaken CPD in the four themes of the Osteopathic Practice Standards (OPS) and in any areas relating to your different practice roles. Please provide an example of each below:

**CPD undertaken** [tick]

- Theme A: Communication and patient partnership
- Theme B: Knowledge, skills and performance
- Theme C: Safety and quality in practice
- Theme D: Professionalism
- Specific CPD relating to practice roles

**Provide example below**

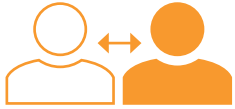
**Theme A: Communication and patient partnership**

**Theme B: Knowledge, skills and performance**

**Theme C: Safety and quality in practice**

**Theme D: Professionalism**

**Specific CPD relating to practice roles**



Peer

### Peer to complete this section

**Has the osteopath undertaken CPD activities in relation to each of the four themes of the Osteopathic Practice Standards, and also CPD appropriate to their osteopathic practice?**

Yes

No

**If no, please explain where the gaps are and how these could be addressed:**

**Any other comments the Peer may want to add:**

## CPD Standard 2: Objective activity



Osteopath

### Osteopath to complete this section

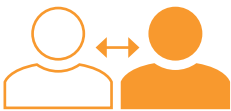
**Which of the following objective activities have you undertaken for your CPD during this cycle?**

- Case based discussion
- Clinical audit
- Patient feedback
- Peer observation
- Patient Reported Outcome Measures (PROMs)
- Other

If you selected Other, please specify below:

**Have you completed the Objective Activity Reflection Template?**

- Yes
- No



Peer

### Peer to complete this section

**Has the osteopath completed an objective activity?**

- Yes
- No

**Has the osteopath detailed the following according to their chosen activity eg Patient feedback analysis template?**

- Aims & Objectives
- Method used
- Outcome
- Conclusion
- Action Plan

**Any other comments the Peer may want to add:**

## CPD Standard 3: CPD benefiting patients



### Osteopath to complete this section

CPD activities under benefiting patients are about developing patient awareness in communication and consent with a specific focus on professional boundaries as well as Equality, Diversity, Inclusion and Belonging (EDIB).

#### Have you undertaken CPD in the following areas?

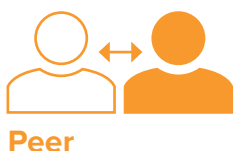
Communication and consent	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Boundaries	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Equality, Diversity, Inclusion and Belonging (EDIB)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

#### Which of the following best describes your activities in these areas?

Please tick which activities apply to the CPD you have undertaken in these three areas

	Comms & Consent	Boundaries Consent	EDIB
A taught course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPD event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A face to face group discussion (eg practice meeting or local regional group)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An online activity (eg webinar or group discussion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient stories or case studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading activity (eg Osteopathic Practice Standards, journals, GOsC guidance: Obtaining patient capacity to consent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NCOR Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>

If you selected Other, please specify below:



### Peer to complete this section

#### Has the osteopath undertaken CPD to meet this standard?

Yes

No

#### Any other comments the Peer may want to add:

## CPD Standard 4: Continuing record of CPD



Osteopath

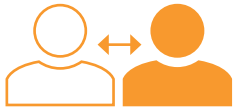
### Osteopath to complete this section

**Which of the following have you used to record and reflect on your CPD activities?**

- GOsC online CPD Diary (via the **ozone**)
- My own reflective diary
- Paper record containing CPD evidence
- Electronic record containing CPD evidence (eg MS Word, Apple Pages, Google Doc, Dropbox, Google Drive)
- Eportfolio platform (eg Pebblepad, Folio Spaces, Padlet, Mahara)
- Other (please specify below)

**Have you shown your Peer documented evidence of the CPD you have mentioned in your Peer Discussion Review (eg objective activity, communication and consent based activity)?**

- Yes
- No



Peer

### Peer to complete this section

**Does the CPD record demonstrate documented CPD for this CPD cycle, including notes of all activities discussed in this Peer Discussion Review?**

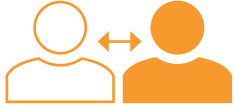
- Yes
- No

**Any other comments the Peer may want to add:**

## Overview and Planning



### Osteopath or Peer to complete this section



Peer

Through discussions with your Peer, what have you identified in terms of the following:

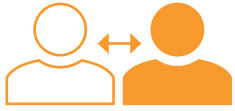
#### Strengths during this CPD cycle:

#### Areas for development:

#### What activities or actions have you planned or scheduled for your next 3 year CPD cycle?



## Sign off



Peer

Peer to complete this section

Individual sign off of components of the scheme when completed.

**Standard 1: CPD that reflects the four themes of the OPS, and the osteopath's range of practice**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date	<input type="text"/>
Signed		<input type="text"/>			
Print name		<input type="text"/>			

**Standard 2: Objective activity**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date	<input type="text"/>
Signed		<input type="text"/>			
Print name		<input type="text"/>			

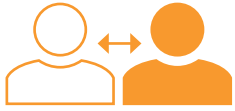
**Standard 3: CPD that benefits patients (some activity in communication and consent, boundaries, EDIB)**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date	<input type="text"/>
Signed		<input type="text"/>			
Print name		<input type="text"/>			

**Standard 4: Keeping a record of activities**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date	<input type="text"/>
Signed		<input type="text"/>			
Print name		<input type="text"/>			

## Declaration



Peer

### Declaration by Peer

To be signed by the Peer only when the Peer Discussion Review has been successfully completed.

I confirm that I have completed this Peer Discussion Review and that, in my opinion, the CPD standards have been met. I confirm that the osteopath I have reviewed appears to provide good quality and safe patient care on the basis of the information that we have discussed. I confirm that all information provided on this form is correct to the best of my knowledge.

**Date**

**Print name**

**Profession**

**Registration number**  
(if applicable)



Osteopath

### Declaration by Osteopath

To be completed in all cases.

I confirm that I have participated in this Peer Discussion Review, and that the information provided on this form is correct to the best of my knowledge. I confirm that I will retain a copy of this form in my CPD record.

**Date**

**Print name**

**Registration number**  
(if applicable)