General Osteopathic Council

11

Osteopathic Practice Committee
12 March 2015
Scoping the State of CPD Evaluation report

Classification	Public.
Purpose	For decision
Issue	Scoping the state of continuing professional development (CPD) report
Recommendation	To agree the scope of the state of CPD report and next steps.
Financial and resourcing implications	It is planned that the audit and the survey will be undertaken in-house and so costs will mainly comprise of staff time
Equality and diversity implications	Equality and diversity considerations are being taken into account as part of the scoping work
Communications implications	We will publish information about this report in the osteopath and through other relevant channels
Annex	Continuing professional development: providing assurance of continuing fitness to practice model
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Background

1. Our Corporate Plan 2013 to 2016 states that we will 'ensure through an appropriate process registrants are able to demonstrate their continuing ability to meet the *Osteopathic Practice Standards*.' This includes publishing 'proposals for a proportionate framework for continuing fitness to practise ... and a commitment to 'consult on and implement a new approach to continuing fitness to practise.' We are now using the terminology continuing professional development: providing assurance of continuing fitness to practise to describe our new CPD proposals which are currently out for consultation (see the consultation website at http://cpd.osteopathy.org.uk for further information).

2. Our Business Plan 2014 to 2015 states that we will:

    a. Design an osteopathic continuing professional development evaluation to feed into report of 'State of Osteopathic continuing professional development'
    b. Conduct the continuing professional development evaluation
    c. Publish a report about the 'State of Osteopathic continuing professional development'.

3. The aims of our current continuing fitness to practise model are:

    a. To ensure that osteopaths are up to date and practising in accordance with the *Osteopathic Practice Standards*
    b. To enable osteopaths to have access to communities and individuals where they can discuss areas of development and remediate if required and support the continuing enhancement of their practice.

4. The current CPD scheme enables osteopaths to select their own CPD.

5. We know from our CPD Discussion Document (2011) that most CPD was undertaken in the area of knowledge, skills and performance. It is therefore difficult to demonstrate that osteopaths on the register are keeping up to date across the breadth of the *Osteopathic Practice Standards*.

6. We know that issues surrounding consent and communication form the basis of concerns as outlined by patients, insurers, osteopaths as well as participants and assessors within the Revalidation Pilot.[1] This is not to say that communication

[1] See for example, KPMG, *Final Report of the Evaluation of the General Osteopathic Council's Revalidation Pilot, 2012*, pp 5, 23, 29available at: http://www.osteopathy.org.uk/uploads/kpmg_revalidation_pilot_evaluation_report.pdf and accessed on 30 September 2013. See also Vogel et al, the CROaM study, 2012, p6 (see above). See also Leach et all, the Patient Expectations Study above, p10. See also information from the Annual Fitness to Practise Report presented to the Education and Registration Standards Committee and Osteopathic Practice Committee on 19 September 2013 which shows that failure to gain consent features highly both in complaints made and investigated as well as cases found proved alongside failure to maintain adequate records. (Although note numbers are small – see also above where further data is being collected on complaints across the aggregated complaints made to GOsC and insurers.) Finally also see Freeth et al, Preparedness to Practise Report, 2012, p20 available at:

and consent is an area of concern for all osteopaths. However, communication and consent is an area highlighted more frequently than other areas from a range of sources, sufficient for us to pay attention to this area in our scheme for the profession as a whole.

7. We know that our current CPD scheme does not require objective feedback on practice. CPD and learning is primarily self-directed. In 2009, as part of their 'how osteopaths practice report' providing a baseline for the revalidation pilot, KPMG noted that 'Formal performance appraisal is rare, and … very little documented reflection on performance or feedback from patients exists.'[2] However, in 2013, KPMG noted that 'engagement in the pilot and using pilot tools had enabled participants to document their practice.' And that 'in discussions with registrants many indicated that they would continue to use the tools to develop their practice in the future.'[3]

8. There is some evidence to suggest that learning with peers or learning from feedback can improve the quality of learning.[4] And that self-assessment on its own can be flawed.[5]

9. Our new continuing professional development proposals (providing assurance of continuing fitness to practise) comprise a three year cycle, incorporating 90 hours of CPD and 45 hours learning with others. There are three mandatory elements which are:

    a. CPD in all the four themes of the *Osteopathic Practice Standards*
    b. CPD in communication and consent
    c. an objective activity feeding into CPD and practice (for example patient feedback, peer observation, clinical audit or case based discussion).

    The osteopath moves into the next CPD cycle by successfully completing a Peer Discussion Review – discussing their CPD and their practice with a colleague and demonstrating that they comply with the scheme – meeting our CPD Standards. A more detailed outline of the draft model is provided at the Annex.

10. Using the revalidation pilot tools had supported osteopaths to document practice. However, evidence of reflection was variable. It has been suggested by commentators, that individuals are less likely to share analysis of areas for development and reflections with the statutory regulator and perhaps more likely

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http://www.osteopathy.org.uk/uploads/new_graduates_preparedness_to_practise_report_2012.pdf and accessed on 1 October 2013.

[2] See *How do Osteopaths Practice?*, KPMG, 2009, p3 available at: http://www.osteopathy.org.uk/uploads/how_do_osteopaths_practise_kpmg_reporta_ozone.pdf and accessed on 27 September 2013.

[3] See KPMG, Final Report, 2013 (above), p4

[4] See for example, Sargeant JM, Mann KV, Van de Vleuten CPD, Metsemakers JF, Reflection: a link between receiving and using assessment feedback, *Adv. Health. Sci, Educ. Theory Practice*, 2009, 14. 399 - 410

[5] See for example, Tracey J, Arroll D, Barham P, Richmond D, The validity of general practitioners' self-assessment of knowledge: cross sectional study, *BMJ, 1997; 315: 1426.* (Similar findings were reported in the KPMG revalidation pilot.) See KPMG Final Report, p5

to share these reflections in a 'safer space'. More recently this assumption has been evidenced through the research by Professor Gerry McGivern and colleagues exploring the factors that enable compliance with the *Osteopathic Practice Standards*.

11. For these reasons, the continuing professional development model contains two elements of feedback and discussion. The first requires the osteopath to collect feedback from an external source about their practice and reflect on it. The second element is part of the Peer Discussion Review which requires the osteopath to discuss their practice and the CPD with another osteopath.

12. An important focus of our continuing professional development model and particularly as part of the peer discussion review, is the creation of a supportive and constructive environment which is built on trust and relies on osteopaths (both reviewers and those being reviewed) to genuinely participate and show interest in activities, helping colleagues feel valued. Both parties use skills of listening carefully and of giving and receiving constructive and helpful feedback to maintain the continuing enhancement of practice and patient safety.

13. However, a focus on reporting concerns could bring a tension to the peer discussion review process. In many ways, this tension could be similar to that which exists in a regulator. On the one hand, we want to provide support and guidance to osteopaths to enable them to discuss things that have gone wrong or might go wrong and take actions to put them right locally. A level of trust is necessary because only by providing a space for osteopaths to honestly discuss practice can we achieve patient safety. It is inevitable that things will go wrong in any form of clinical practice and it is important to discuss these and learn from them to achieve patient safety. Yet, on the other hand, where patient safety is at risk, it is important that concerns are reported to us and acted upon. However, an unintended consequence of this is that osteopaths will feel concerned about being 'reported' and may be fearful about discussing areas of development (with its consequent impact on patient safety). Again, this tension was explored in the McGivern research where he suggested the need for the provision of further more detailed guidance about 'red card' issues that should be referred to the regulator and 'yellow card' issues that should be managed locally. The research also makes recommendations about the level of documentation required for a Peer Discussion Review.

14. We have therefore provided some draft guidance in our Peer Discussion Review Form to further elaborate when concerns are appropriate to be managed locally and when concerns may need to be reported. However, it is likely that further work will need to be undertaken in this area – following the findings in the McGivern research.

15. Access to communities or individuals to discuss practice is important to support peer discussion about practice and enhanced learning and patient safety through an environment in which areas for development can be discussed. Osteopathic healthcare is primarily delivered within a commercial context outside teams or

employers. Therefore understanding whether such a community or groups of individuals is accessible is very important.

16. Our 2012 Registrant survey showed us that just under 50% of osteopaths were members of regional or other local groups of osteopaths and just over 50% were not.[6] Osteopaths who had been qualified for longer, were more likely to be members of regional groups. However, some respondents felt that they had sufficient contact with osteopaths outside of local groups. Equally, some felt that they did not have access to such local groups.

17. The purpose of the proposed evaluation is to establish a current picture of osteopathic CPD under the existing scheme. Establishing such a baseline in 2015 will help us to understand how (if at all), our new continuing professional development model has altered patterns of CPD over time. As a part of our evaluation of that framework it will aid our understanding of how CPD makes a contribution to safe practice and continuing enhancement of the quality of care. The draft continuing professional development model is currently in its consultation phase with a view to working towards early implementation in 2016 and 2017.

18. The purpose of this paper is to seek the views of the Committee to the scoping of this report taking into account the information provided above.

Discussion

19. Our 'State of CPD' report will want to do two things. It will want to provide a picture of the existing patterns of CPD so that we can see how they change as we implement a new model of continuing fitness to practise. However, we will also want to consider carefully our draft scheme and the changes we would like to see, so that we can get an explicit baseline in relation to these matters both currently and in the future.

20. Our research questions might be:

    a. How much CPD is undertaken in all domains of the *Osteopathic Practice Standards* under the current scheme in 2014/15?

    b. What are the main reasons for selecting/undertaking CPD?

    c. How much CPD is undertaken which involves learning with other?

    d. How much CPD is undertaken which involves learning by oneself?

    e. How much CPD is planned or unplanned?

    f. How much CPD is undertaken in the areas of consent and communication?

[6] See GOsC Registrant Survey, 2012, q56 available at: http://www.osteopathy.org.uk/uploads/osteopaths_opinion_survey_2012_findings_website.pdf

g. Are osteopaths collecting feedback about their practice from external sources?

h. Are osteopaths discussing the practice of CPD with others to support their practice?

i. Are concerns about practice being managed appropriately?

j. Do osteopaths have access to people with whom they can discuss their practice (including areas of skill and development)?

k. Do osteopaths feel that their CPD enhances their practice?

21. Methodologically, this could involve a three stage process:

    a. A randomly selected 20% CPD Annual Summary Forms and 2% CPD Record Folders over the period 2014/15 to test whether there is a range of CPD across all the domains of the *Osteopathic Practice Standards;* that CPD is undertaken in communication and consent; reflection from external sources are documented; discussions of development and practice with colleagues to support practice are documented; that areas of development or concerns are being identified and whether CPD planning forms are being used in CPD Record Folders. This sample size has been selected as per our current CPD audit sampling processes, in order that such data collection can become an on-going and integral part of the overall CPD audit process in the future.

    b. Survey questionnaire covering the following broad areas for investigation: Selecting CPD activities in relation to the themes of the *Osteopathic Practice Standards*; use of data or information from external sources to inform osteopathic practice; managing concerns with others and having access to people to discuss practice.

    c. An analysis of CPD course provision advertised through the GOsC website and the Osteopath Magazine, so as to establish whether CPD courses are available in all areas of *the Osteopathic Practice Standards* e.g. knowledge skills and performance, communication and partnership, safety and quality, and professionalism.

22. In responding to these questions, it will be helpful to stratify our samples to include practising and non-practising osteopaths, years in practice, UK or non UK qualified as well as looking at protected characteristics such as age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Exploring protected characteristics, as far as possible within the current data held in accordance with the Data Protection Act 1998, will help us to understand whether or not there are any unintended consequences related to protected characteristics and will ensure that we apply legislation and respect and implement good practice.

Next steps

23. A timetable is set out below.

Date	**Activity**
March 2015	Agree scope of the report
Spring/summer 2015	Design and undertake audit and survey
Autumn/winter 2015	Analyse data
Winter 2015	Publish report

Recommendation: to agree scope of the State of CPD Report and next steps.

Continuing Professional Development Model

The continuing fitness to practise model comprises a three year cycle (30 hours of CPD each year and a minimum of 15 hours learning with others), of this there are four key activities which must be undertaken as part of the CPD cycle:

Osteopathic Practice Standards

- CPD must be undertaken and recorded in all themes of Osteopathic Practice Standards:
  - communication and patient partnership
  - knowledge, skills and performance
  - safety and quality in practice
  - professionalism.

- CPD should also support all areas of osteopathic professional practice (clinical practice, education, research and management).

Completion of these activities will enable the osteopath to demonstrate CPD Standard 1.

Objective activity

- At least one objective activity must be undertaken. This might include:
  - Patient feedback
  - Peer observation or feedback (involving two or more people)
  - Clinical Audit
  - Case based discussion (involving two or more people)

- The objective activity should be recorded to include:
  - a note of the method used,
  - the data or feedback gathered, and
  - how that data has fed into CPD and practice (this will usually include analysis, reflection and an action plan).

Completion of these activities will enable the osteopath to demonstrate CPD Standard 2.

Communication and consent

- CPD must be undertaken in communication and consent. There are a range of resources to enable the osteopath to undertake this CPD either through self study, through a course, or through e-learning, or through group discussion. A suggested guideline is around 3 hours.

This will enable the osteopath to demonstrate CPD Standard 3.

Peer Discussion Review

A Peer Discussion Review is undertaken towards the end of the three year cycle. Discussion and review of the CPD Folder as part of the discussion will enable the osteopath to meet CPD Standard 4.

GOsC will automatically audit the required number of hours and so this does not need to form a part of the Peer Discussion Review.

Completion of these activities will enable the osteopath to demonstrate CPD Standard 4.

CPD Standards

The CPD Standards explain to others how we know that registrants are keeping up to date and meeting standards. Genuinely engaging with and completing the continuing fitness to practise activities below will enable osteopaths to show that they are meeting the CPD Standards and therefore be 'signed off' during a Peer Discussion Review.

The CPD Standards are:

CPD Standard 1 – Range of practice	Demonstrate that activities are relevant to the full range of osteopathic practice.
CPD Standard 2 – Quality of care	Demonstrate that objective activities have contributed to practice and the quality of care.
CPD Standard 3 – Patients	The registrant has sought to ensure that CPD benefits patients.
CPD Standard 4 – Portfolio	Maintain a continuing record of CPD