



Osteopathic Practice Committee
13 October 2015
CPD consultation analysis

Classification	Public
Purpose	For noting
Issue	The paper presents an independent report on the findings of the GOsC's 16-week public consultation on proposals for a revised scheme of continuing professional development for osteopaths.
Recommendation	To note the CPD consultation analysis.
Financial and resourcing implications	The costs of commissioning an independent analysis of consultation data was contained within the budget for this project.
Equality and diversity implications	The analysis of the consultation feedback sought to identify any gaps in information from key stakeholders and potential impact on specific groups.
Communications implications	This independent report on the findings of the GOsC 2015 CPD consultation will be published in full on the GOsC websites and highlighted to the osteopathic profession and other interested parties.
Annex	Analysis of consultation data on a new scheme of CPD for osteopaths. Abi Masterson Consulting Ltd, September 2015.
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Background

1. In November 2014 the Council approved plans to consult widely on proposals for a new continuing professional development (CPD) scheme for osteopaths. The proposed scheme has been developed over a number of years, in close consultation with all our stakeholders. The primary aim of the scheme is to satisfy public expectations that osteopaths remain up to date and fit to practise.
2. An extensive 16-week public consultation on the CPD proposals was conducted by the GOsC between 9 February and 31 May 2015.
3. The communication and engagement strategy underpinning the consultation recognised the need to present a large volume of information, adequately adapted for a range of audiences. A wide range of materials and media, including online videos, comprehensive consultation documents, case studies, and questions and answers, were produced to inform the consultation and published on a bespoke microsite linked to the GOsC websites.
4. Feedback was collected in a variety of ways, using several different formats and approaches. An online response mechanism was supplemented by options for submitting feedback by post or email. In addition, views were gathered through GOsC regional 'listening events' and meetings with undergraduate and post-graduate education providers.
5. A full report on the 2015 CPD consultation strategy was considered by the Osteopathic Practice Committee at its June 2015 meeting and by the Council at its meeting in July 2015.
6. An independent agency with appropriate experience of consultation analysis, Abi Masterson Consulting Ltd, was appointed to analyse the consultation feedback, provide a fresh perspective, and produce for the GOsC a report on the findings and recommendations for further consideration. The report is presented here as an annex.

Discussion

Key findings

7. Responses to the consultation were received from a wide range of stakeholders, including osteopaths, patients and the public, health regulators, osteopathic education providers and osteopathic professional bodies. This meets the GOsC aim of drawing on the views of all sectors in shaping a system that has the support of the profession and the confidence of the public.
8. Overall, there is broad support for the proposals across all key stakeholder groups, with more than two-thirds agreement for that proposed. A clear majority welcomed the changes as introducing into the existing CPD scheme a clearer structure and purpose. Many welcomed the scheme's potential for promoting

and increasing interaction between osteopaths, a factor widely considered likely to strengthen the osteopathic profession.

9. Although the volume of information provided for consultation was for some overwhelming, respondents who attended 'listening events' were strongly positive in their responses, observing that the opportunity to discuss the proposals with colleagues and the GOsC dispelled anxiety.
10. Against this, the qualitative feedback summarised in the Masterson report will be crucial to refining and further developing the proposed CPD scheme, providing useful insights and highlighting for the GOsC areas of concern, confusion and need for support.
11. More work with the profession is needed to build confidence that the system will enhance patient care, reassure patients, and increase public protection.
12. Opinion is divided on the Peer Discussion Review element with regard to its desirability and feasibility and who can/should be a reviewer, training, role of the regional groups, appeals/complaints, the audit process, and charging.
13. The GOsC should be aware that there are subgroups within the profession that are likely to require particular attention and support with implementation, including those who do not use IT, part-time practitioners and those practicing abroad, those who are on more than one professional register, and those with dyslexia. Geography and its impact on availability of CPD, high-speed broadband, etc, should also be taken into account.
14. We need to ensure that all supporting information is concise, accessible, jargon-free and relevant. The use of video material and Q&As as communication methods would be welcomed.
15. Implementation should include facility for regular evaluation of the process to assess impact, including resource implications for the GOsC and individual osteopaths, CPD provision, operational demands on regional societies and other osteopathic organisations. Plans should be in place for periodic review of the system, including the compulsory elements of CPD.
16. Elements of the CPD proposals that received significant praise and are thought likely to work well and be beneficial to patients and the profession, include:
 - The 3-year cycle and more flexibility around the hours
 - More structure in the CPD scheme
 - Compulsory components of CPD
 - Focus on reflective practice
 - Encouragement to seek patient feedback
 - Use of videos and online learning materials.

Next steps

17. In line with the GOsC's customary consultation approach, we propose to publish the Masterson CPD consultation analysis and findings in full on the GOsC website in the near future, circulating the report also to osteopathic organisations and the GOsC Patient Group. The publication of the report will be highlighted in the professional media with the aim, over coming months, of keeping the profession abreast of progress in this important area of work and maintaining the high level of osteopath involvement that has benefited the project to date.
18. Through the consultation analysis we sought to capture particularly the concerns and queries raised in the course of consultation. A detailed study will be made of the prevalent themes highlighted in this report, to inform further discussion with osteopathic organisations, potential revisions to the scheme, and the next stages of development.
19. Concerns and queries identified in the analysis must be addressed and will helpfully shape the communications and engagement strategy underpinning further development and implementation.
20. We anticipate a series of meetings or workshops with osteopathic organisations, education providers, and regional groups over the winter to further explore the potential contribution of partner organisations in developing a more effective system of CPD scheme for osteopaths. A full-day meeting of osteopathic regional groups (the Regional Communications Network) is scheduled for 18 March 2016.
21. Work is already underway within the GOsC to assess the IT and administration infrastructure required to support the CPD scheme as envisaged. Alongside this we will be assessing registrant needs in terms of information, support, training and learning resources.
22. A report will be brought to the November 2015 meeting of Council, outlining the further development of a revised system of CPD for osteopaths.

Recommendation: to note the CPD consultation analysis.