General Osteopathic Council

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Policy Advisory Committee
9 March 2017
Continuing Professional Development

Classification	Public
Purpose	For discussion
Issue	The progress of the implementation of the CPD scheme.
Recommendations	1. To consider the State of CPD Evaluation Report. 2. To consider the Legislation Consultation. 3. To note the update on the implementation of the CPD Scheme.
Financial and resourcing implications	The budget for the implementation of the CPD scheme is £100,000 over a period of three years allocated from the reserves by Council.
Equality and diversity implications	None from this paper.
Communications implications	Communications about the implementation of the new CPD scheme are ongoing.
Annexes	A. State of CPD Evaluation Report B. Legislation Consultation C. Consolidated CPD Rules
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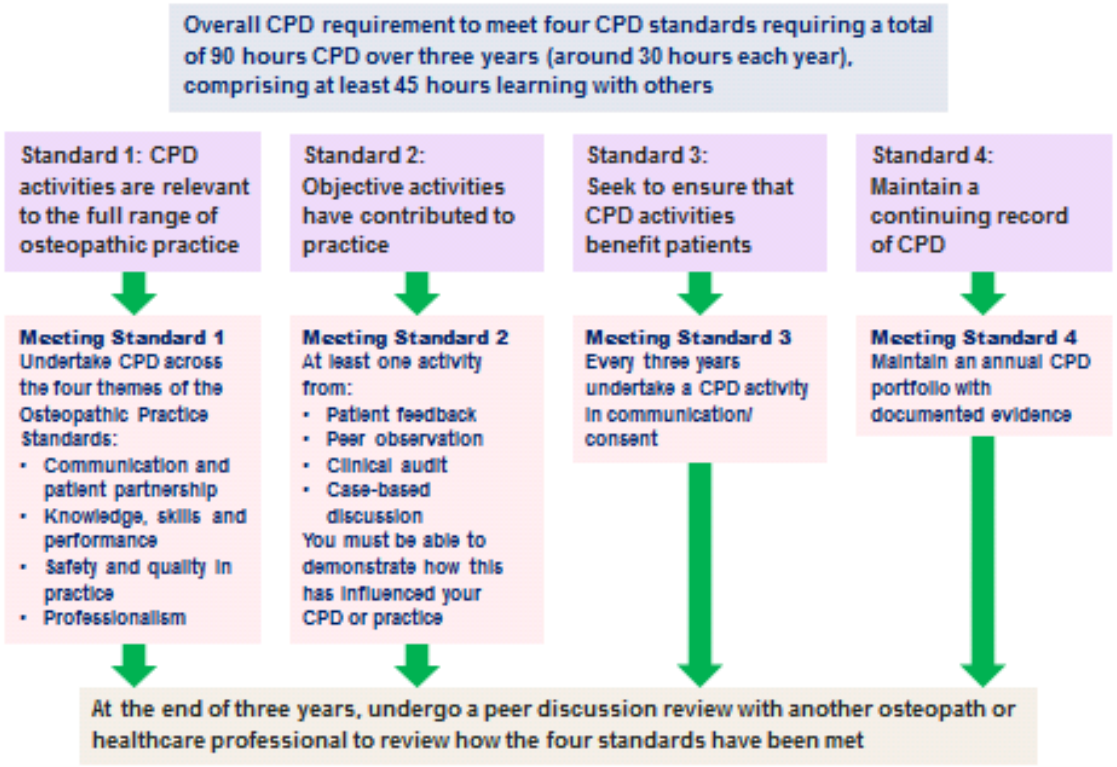
Background

1. At its meeting on 4 February 2016, Council agreed the CPD model to be implemented as outlined at below. This diagram has been designed to be more accessible and clear.



2. Council supported a staged approach to implementation of a new CPD scheme for osteopaths and agreed an outline timetable, recognising the need to review this at regular stages as part of the implementation plan.

3. By March 2017, Council wanted to have achieved the following:

   - Agree the CPD model for introduction.
   - Agree the governance structure to oversee the further development and implementation of the scheme, recognising that implementation relied on partnership and capacity of others in the osteopathic sector.
   - Introduce the scheme for those interested in early adoption.
   - Make a decision on introducing the mandatory elements of the scheme for all osteopaths.
   - Publish updated CPD guidance and learning resources.

- Ongoing communications and engagement (both with partners and individual osteopaths).

- Develop a robust web-based infrastructure to support the CPD scheme.

4. In February 2016, Council agreed to allocate £100,000 from reserves to support the implementation of the CPD scheme.

5. On 16 June 2016, the Policy Advisory Committee noted the general update on the CPD scheme and considered further detail about the indicative budget, the risk matrix and the evaluation framework.

6. On 22 September 2016, a first meeting took place of the CPD Partnership Group (comprising key stakeholders including patients, osteopaths and osteopathic groups and chaired by the Chief Executive). At this meeting, the Partnership Group considered the revised CPD Guidance and revised Resources, Examples and Case studies to help osteopaths to undertake the new features of the scheme. They also undertook a structured analysis of their roles in implementation, which will feed into the development of an action plan.

7. On 13 October 2016, the Policy Advisory Committee considered a general update on the implementation of the CPD scheme, which included consideration of the consultation analysis and the updated CPD Guidelines, the development of the CPD Resources website, the specification for the Early Adopters, and progress made with the Early Adopters and the Evaluation Survey. The Committee also noted the work being undertaken to update the Equality Impact Assessment. At this meeting, the Committee suggested that the Executive explore the need for additional resource in the budget for the development of further Peer Discussion Review support materials. The Committee also suggested that further work on the scrutiny of risk should be undertaken under the auspices of the SMT Task Group and again with the CPD Partnership Group in particular. The risks should be divided into risks to the project and risks in the implementation of the scheme itself.

8. On 2 November 2016, Council noted the progress of the implementation of the CPD scheme and agreed a waiver procurement rules to enable the Executive to commission further website development services from an agency (Design to Communication/DTC) who previously worked with us on the CPD consultation website.

9. Points made by Council included considering:

    - Links between the Osteopathic Development Group mentorship project and the introduction of peer discussion review.

    - Resources and support available for IT, including

        - E-portfolios – this was being explored with the Early Adopters.

- Necessary changes to GOsC IT facilities, to support revised CPD summary submissions from osteopaths – process design has been commenced.

- The CPD resources website and the need for Council to be assured of proportionate controls, a clear specification and maintenance of the budget which would be subject to Council oversight and scrutiny.

10. On 12 January 2017, the second meeting of the CPD Partnership Group took place. Participants undertook a workshop to develop more detailed action plans for all organisations in the sector to continue to introduce the new features of the CPD scheme to osteopaths. This work will include both raising awareness of the scheme and actively participating in providing resources to support osteopaths to undertake the new features of the CPD scheme.

11. On 1 February 2017, Council considered a general update on the CPD scheme. The Council considered a detailed risk analysis plan and concluded it was well worked through. The risk analysis will continue to be updated as work proceeds. Council also provided feedback on the new CPD website, the e-portfolio and clarified aspects of the scheme.

12. An extensive engagement programme has also been ongoing including specific work on the development of peer discussion review with regional groups including Cheshire, Carlisle and Oxfordshire, Gloucestershire and Wiltshire groups.

13. Our goal is to fully implement the CPD scheme for all osteopaths by autumn 2018. In order to do this, there are a series of milestones which need to be completed in partnership with other organisations in the sector. These milestones can be summarised as:

- Finalising the CPD Guidance and the Peer Discussion Review Guidance and associated resources to clarify what osteopaths need to do in order to complete a three year CPD cycle and to provide the resources to enable them to do this.
- Communications and engagement – raising awareness of the scheme, encouraging osteopaths to try out the scheme before it becomes mandatory, ensuring all osteopaths participate in the scheme as it becomes mandatory.
- Process – ensuring processes are in place to administer the new CPD scheme both for early adopters and also for all osteopaths as the scheme becomes mandatory.
- Early adopters – to roll out the scheme incrementally across all sectors of the profession to support all osteopaths to undertake the scheme when t becomes mandatory.
- Legislation – to change the CPD rules to enable the CPD scheme to be fully implemented by Autumn 2018-

- Equality Impact Assessment – to update the equality impact assessment as the scheme is introduced to ensure equality of opportunity for all osteopaths and to ensure that diversity is recognised and valued.
- Evaluation and impact assessment (to include finance and risk) – to ensure that a baseline for implementation of the scheme is established and to enable this to be monitored over time.

14. As part of the governance structure for the implementation of the CPD scheme set out by Council in May 2016, the role of the Policy Advisory Committee is to advise Council on the implementation of the scheme for all osteopaths and to support the executive team to make decisions in relation to the incremental implementation for early adopters.

15. This paper asks the Policy Advisory Committee to consider the implications of the State of CPD baseline evaluation report and to consider the consultation on changes to our CPD rules required to fully implement the scheme.

16. A general update on the implementation of the CPD scheme is also provided.

Discussion

Evaluation

17. The aim of the 'State of CPD' evaluation report is to provide a baseline against which the implementation of our CPD scheme can be measured. The Policy Advisory Committee noted the evaluation framework previously agreed by the Education and Registration Standards Committee in March 2015.

18. The Policy Advisory Committee took the opportunity to review of findings from the data that we already hold about CPD and also to review the questionnaire to be sent to all registrants. The Committee noted that the CPD evaluation survey would ask osteopaths to reflect on:
    - The CPD hours they completed last year
    - How they interpret or think about learning with others based activities
    - CPD activities they have undertaken with osteopathic educational institutions local, regional or special interest groups
    - Undertaking CPD in the area of communication and consent
    - Thinking about their CPD in relation to the Osteopathic Practice Standards four themes
    - How they go about selecting CPD activities
    - The obstacles that they face in selecting CPD activities
    - Collecting feedback from patients and colleagues or other professionals
    - Discussing their CPD and concerns with others
    - Osteopaths use of GOsC CPD resources

19. The draft report of the findings of the State of CPD Evaluation Report is attached at Annex A.

20. In considering the evaluation, the Committee is asked to consider the following questions:
    - What are the key messages arising from the evaluation?
    - What are the implications for:
        - Roll out of the scheme (for GOsC and for other organisations)?
        - Communication with osteopaths?

Legislation Consultation

21. At its meeting on 1 February 2017, Council noted the timetable for amendment to the GOsC CPD Rules to fully implement the CPD Scheme. The timetable is outlined below:

22. Potential changes to legislation were agreed by the SMT Task Group and with Department of Health officials. We have now received confirmation that the legislative changes requested will be incorporated into the Department of Health (DH) work programme for 2017.

23. Analysis of legislation has shown that the scheme can be fully implemented with minor amendments to our existing CPD rules. Amendments are required to:

    - Include with the rules reference to statutory CPD guidance (including a requirement for consultation on such guidance).

    - Fully implement a move from an annual to a three-year CPD cycle to enable the incorporation of the new requirements.

    - Removal of an anomaly whereby new graduates have an initial exemption from CPD.

24. The timetable for legislative change agreed with the DH is as follows:

Process/Step	**Dates**	**Notes**
DH agreement to proceed	January 2017	
GOsC to provide draft rules, amending order, draft consultation document and equality impact assessment approved by GOsC lawyer	March 2017	
DH Legal Services to be instructed to review draft documentation	March 2017	DH Legal review anticipated no more than half a day
Agree draft rules and consultation document with GOsC. GOsC Council agree to publish consultation.	May 2017	
GOsC Consultation	Summer 2017	
GOsC undertake consultation analysis	Autumn 2017	
Final rules presented to DH	Autumn 2017	

Process/Step	Dates	Notes
Rules finalised	Early 2018	
GOsC Council meeting – final rules are sealed	February 2018	
Approval	February/March 2018	
Final rules sent to Privy Council for approval	March 2018	Rules to come into effect from October 2018
DH Officials advise Privy Council that rules can be approved.	May 2018	
Privy Council approves rules	By September 2018	
Coming into force date	By October 2018	

25. Much of the policy supporting the legislative change was consulted on during 2015 and the subsequent policy changes agreed by Council in February 2016. The only exception to this is the removal of the CPD exemption for new graduates if they register with the GOsC within three months of graduation.

26. The purpose of the legislation consultation at Annex B is to ensure that the legislation gives effect to the policy changes already agreed. The legislation consultation will comprise:

    - Overarching consultation document setting out the consultation questions
    - Consolidated version of the new rules
    - Proposed statutory CPD Guidelines incorporating the Peer Discussion Review guidelines
    - Equality Impact Assessment.

27. At this point the Committee has not been provided with the whole consultation package only the consultation document (Annex B) and the consolidated CPD Rules (Annex C).

28. The Policy Advisory Committee is asked to consider the draft legislation consultation at Annex B and to provide advice to Council ahead of the invitation to Council to publish the consultation in May 2017.

General update on the implementation of the CPD Scheme

Guidance and resources

29. The updated *CPD Guidelines* incorporating the *Peer Discussion Review Guidelines* will be attached to the legislation consultation.

30. Over time the GOsC has developed a wide range of CPD resources for osteopaths that relate largely to the *Osteopathic Practice Standards*. These

resources, which also include case studies and templates for practical application, have now been refreshed and collated and made available on a new GOsC CPD microsite devised to support the requirements of the new CPD scheme (see http://cpd.osteopathy.org.uk).

Communications and engagement

31. The dedicated CPD microsite is a key element of our on-going strategy to engage the wider profession in the introduction of the new CPD scheme, providing information and learning resources, and promoting learning communities. This is intended to serve as a comprehensive and easily-accessible central resource for osteopaths, for CPD providers and the profession generally, and for anyone with an interest in how osteopaths keep their knowledge and skills up to date. We began a 'soft' launch of the CPD website in mid-January, flagging this online resource to osteopathic organisations and education providers, regional osteopathic groups, the GOsC Patient Partnership Group and Council and committee members. As well as leading on the CPD site in the January and February GOsC news e-bulletins, the February-March 2017 issue of *the osteopath* magazine introduced this new resource to registrants generally, inviting feedback and suggestions for improvements. Development work continues on the site.

32. We will continue to maintain a focus on the implementation of the new CPD scheme in the osteopathic online and print media in the months ahead, also encouraging osteopathic partner organisations to support the flow of information and advice via their media and websites.

33. We are also actively encouraging and facilitating face-to-face engagement that supports the implementation and further development of the scheme. Since the last PAC meeting we have:

    - Hosted a meeting of the Inter-regulatory Continuing Fitness to Practise Group, focussing on reflection and including an external speaker, Professor Graham Ixer of the University of Winchester.

    - Met with CPD providers about the CPD Scheme.

    - Held 15 webinars and three face-to-face Early Adopter introductory events which aimed to: introduce Early Adopters to the new CPD requirements and the support available to them as they try out aspects of the CPD scheme. Over 160 osteopaths attended an Early Adopter launch event.

    - Held Peer Discussion Review group meetings in Lymm, Carlisle and Faringdon to develop the peer discussion review guidelines in response to consultation feedback.

- Held a further two webinars (on 9 and 13 February) to support regional group members to deliver the new features of the CPD scheme to other osteopaths.

- Attended regional group meetings to support the leads to deliver aspects of the new CPD scheme to their members.

- Discussed our CPD scheme with the osteopathic educational institutions.

- Launched and concluded our CPD Evaluation Survey to provide the baseline data we will need to assess the CPD scheme once it is mandatory for all osteopaths.

- Launched a comprehensive Early Adopter CPD programme designed to support osteopaths to participate in the scheme, and to record, reflect on and share their experience and knowledge with others; 115 osteopaths have signed up to the CPD programmes.

- These programmes will continue into summer 2017, at which point we hope that at least 100 osteopaths will have tried out at least one new feature of the CPD scheme. We hope that will prove a positive experience for participants and they will be able to share their experience with others. We will be reviewing progress at that time as part of our key work will be how to hand over these programmes, if useful, to other organisations and groups in the sector or consider other ways of making them more accessible to the osteopathic population as a whole.

Process

34. The e-portfolio has been launched. We are working together with the Institute of Osteopathy on an e-portfolio. The purpose of the e-portfolio is to support early adopter osteopaths to plan, record, reflect and share their CPD with others. We are exploring whether the provision enhances the ability of osteopaths to engage with the new CPD scheme.

35. The e-portfolio will be online from November to April 2017. During this time, we will be evaluating it's effectiveness as a tool to support the implementation of the CPD scheme and agreeing next steps (which may include an extension of time).

36. The SMT Task Group is overseeing an internal project work stream to deliver the internal and IT processes necessary to move to a three year CPD cycle.

37. Meetings of the SMT Task Group continue to take place every three weeks to support the ongoing project management.

Early adopters

38. CPD Programmes have commenced including 40 osteopaths on the case based discussion and communication and consent programmes. The remaining programmes will commence in March and April and will include:
    - Communication and consent
    - Case based discussion
    - Patient feedback
    - Peer observation
    - Clinical audit (in partnership with the National Council of Osteopathic Research)
    - PROMs (in partnership with the National Council of Osteopathic Research)

39. The purpose of the early adopter programmes is to:

    - Support osteopaths to undertake the new features of the CPD scheme to support the continual enhancement of patient care and patient safety. (Engagement)
    - Encourage osteopaths to reflect on their practice with others to get professional and personal support to continually enhance patient care and patient safety (Support)
    - Stimulate osteopaths to reach out to build broader networks with osteopaths and others to continually enhance patient care and patient safety (Community)

Equality and diversity

40. The equality impact assessment is in place and continues to be updated during the early adopter phase. A summary equality impact assessment will form part of the legislation consultation. The key areas identified by consultation respondents as potential concerns are all being addressed through our implementation work. For example:
    - Registrants based overseas – In order to mitigate any impact, we have consolidated all guidance and resources online so that they can be accessed across the world (subject to local internet arrangements). We have run a series of early adopter seminars involving people in the UK and outside the UK which have enabled osteopaths outside of the UK to develop relationships with those inside the UK and in other countries. We have also undertaken engagement work with groups of osteopaths outside the UK, for example Gibraltar and the United Arab Emirates).
    - Those who are not IT literate (potential suggestion of links to age)– We have a member of staff who is qualified in supporting people with a range of learning styles providing 1:1 support for osteopaths who need this. For example, 1:1 support has been provided to access webinars enabling osteopaths to join up with osteopaths in a way that suits them.
    - Those with dyslexia, learning disabilities or visual disabilities – See above.

- Part time practitioners – Webinars have been provided at a range of times to enable people with caring responsibilities or outside commitments to access them at a time convenient to them
- Practitioners with ill health – As now, if osteopaths are unable to complete the requirements of the scheme due to ill health or other reasons, it is open to them to make an application to the registrar to reduce requirements or to carry them over to the next CPD cycle.
- The scheme is predicated on aspects of engagement, support and community and it is hoped that as the scheme rolls out and as our early adopter work rolls out, that we will create more inclusive communities of registrants in all of the categories identified above. Therefore it is hoped that the scheme will contribute to the promotion of equality.

Recommendations:

1. To consider the State of CPD Evaluation Report.

2. To consider the Legislation Consultation.

3. To note the update on the implementation of the CPD Scheme.

State of CPD Evaluation Report – 2016/17
28 February 2017
By Dr Stacey Clift

Background

1. The CPD Evaluation comprises of a total of thirty three questions. Each of these questions relate to specific aspects of the CPD scheme (see Figure 1).

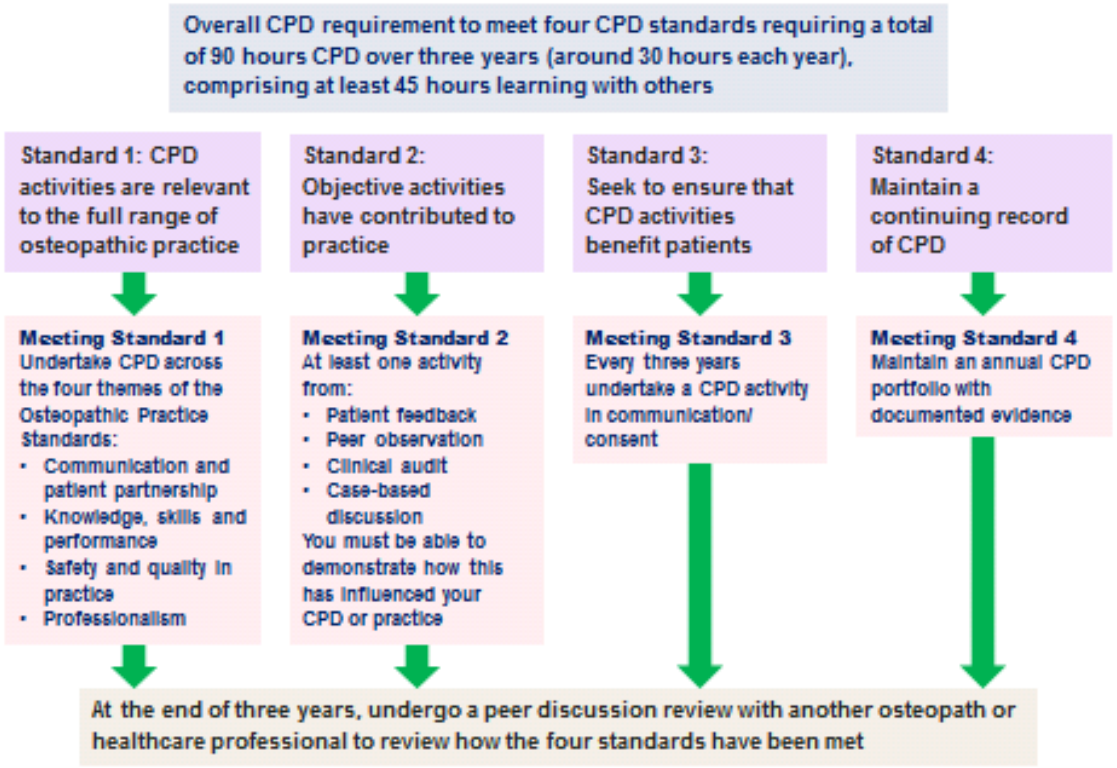


Figure 1: CPD Evaluation Questions mapped against CPD Standards

Sample Profile

2. The survey was sent to all osteopaths with an email address on the Register. A total of 358 osteopaths completed the CPD Evaluation, this is 7% of the osteopathic population (5,215 osteopaths are currently on the Register).

3. The CPD Evaluation sample consists of the following:

- A total of 358 osteopaths completed the CPD Evaluation, this is 7% of the osteopathic population (5,215 osteopaths are currently on the Register).
- 22% were CPD Early Adopters (80 osteopaths)
- 90% currently practising as an osteopath
- 4% working in education
- 2.2% were currently registered with another health and social care regulator.
- 42% work in a practice

- 39% work in more than one practice on a regular basis (either *always/ usually)*
- 39% work as an osteopath in a practice with other health professionals on a regular basis (either *always/ usually*).
- 30% *always* work as an osteopath in a practice with other osteopaths
- 27% *always* work as a principal
- 22% *always* work alone
- 62% *never* work in practice as an associate or employee osteopath
- 83% *never* work as a locum osteopath

4. The geographical location of these osteopaths was primarily concentrated in South East England (24%) and Greater London (19%) regions. The CPD evaluation shows strong correlations with the regional data collected as part of the KPMG (2011) research on *"How do osteopaths practise."* The CPD evaluation sample shows slightly higher representation in the South West and Central England and Eastern and Home Counties (see Table 1).

Region	***Percentage (%)***	***KPMG Comparative data***
South East England	24%	25%
Greater London	19%	20%
South West England	13%	9%
Central England	11%	6%
Northern England	10%	10%
Eastern and Home Counties	8%	2%
Europe	6%	6%
Wales	3%	2%
Scotland	3%	3%
Rest of World	2.5%	Not recorded
Northern Ireland	0.5%	0.5%

Table 1: Regional distribution of sample compared against KPMG Research

5. On a typical week the majority of osteopaths practise between 15-24 hours (30%), with a further 28% working in practice for 25-34 hours and 22% working in practice for 45-54 hours a week. In a typical week the majority of osteopaths see between 11-40 patients (68%). The age range of patients that osteopaths see in a typical week is all encompassing with 52%seeingpatients from 0-90 years of age. Although 48% make the distinction of seeing those aged 18 years of age and above.

Equality Impact Assessment Information:

6. Comparative analysis with the KPMG Register data reveals that the CPD evaluation sample is representative in terms of gender, but over representative of those aged over 50 by approximately 20%.

Equality Impact Assessment Information	***Register Data (from KPMG)***	***Sample***
Gender		
Male	49%	42%
Female	51%	51%
Prefer not to answer	N/A	7%
Age		
30 or under	12%	11%
31-40	27%	14%
41- 50	37%	25%
51-60	17%	32%
61+	6%	11%
Prefer not to say	Not recorded	4%

Table 2: Equality and Diversity Data Part 1

7. Equality and diversity information is not a requirement of registration with the GOsC, therefore it is less clear as to whether the profile of the osteopathic profession reflects the diversity within society in terms of ethnicity, sexuality, religion, marital status and disability. The most reliable data the GOsC holds in these areas is the KPMG (2011) research. The equality and diversity information for the CPD evaluation sample appears to be broadly representative of the KPMG data. However, in each of these protected characteristics the CPD evaluation sample were more likely to prefer not to say than the KPMG research findings.

8. A recommendation of the KPMG research included that the GOsC should expand the basic demographic information collected to ensure that it collects sufficient data in future to allow it to monitor diversity issues more effectively through its initial registration and annual update processes. This is something that is still problematic using the GOsC database to query for such information demonstrates that what could be pulled from the database would not accurately reflect the registrant population due to the fact that osteopaths are not required to provide this information.

9. In terms of ensuring that the new CPD does not inadvertently discriminate against any group launch and webinar events have been held on a variety of weekdays Monday- Thursday both lunch and evening sessions (excluding Friday to Sunday for religious purposes). Reasonable adjustments have also been

supported for osteopaths with disabilities engaged in the new scheme as early adopters. This has involved dedicated 1:1 support to take osteopaths through the resources available.

Equality Impact Assessment Information	***KPMG***	***Sample***
Ethnicity		
White	82%	81%
Mixed	1%	3%
Asian or Asian British	5%	3%
Black or Black British	1%	1%
Chinese	-	-
Other	1%	2%
Prefer not to say	8%	11%
Sexuality		
Heterosexual	86%	73%
Homosexual	3%	3%
Bisexual	0.5%	2%
Transsexual	-	-
Other	0.5%	1%
Prefer not to say	10%	20%
Religion		
Christian	51%	35%
Muslim	2%	1%
Hindu	2%	0.7%
Buddhist	1%	2.5%
Sikh	-	0.4%
Jewish	1%	2.5%
None	41%	31%
Other	3%	7%
Prefer not to say	10%	20%
Marital Status		
Married	57%	49%
Civil Partnership	6%	4%
Single, never married	17%	16%
Separated/divorced	4%	6%
Widowed	1%	2%
Other	6%	7%

Prefer not to say	8%	17%
Disability	3%	3%
Prefer not to say	-	9%

Table 3: Equality and Diversity data Part 2

Discussion

Recording CPD hours and activities that involve learning with others

10. There is a general consensus among the sample that completing CPD enhances their practice as an osteopath, with 48% considering CPD always enhances their practice and a further 45% believing that CPD sometimes enhances practice.

11. 70% of the osteopaths in the sample had undertaken a greater amount of CPD hours than the amount they recorded on their last CPD Annual Summary Form. In terms of how many hours osteopaths recorded on their CPD Annual Summary Form, just 26% recorded only the minimum 30 hour requirement, with the majority recording 30+ hours. Most osteopaths reported recording between 31-40 hours of CPD on their CPD Annual Summary Form (43%), with a further 12% recording between 41-50 hours completed on their CPD form. 2.5% will recorded in excess of 121 hours of CPD.

12. 42% estimated that they had undertaken an additional 1-10 hours of CPD that was not recorded on their CPD Annual Summary Form. A further 21% estimated that they had undertaken 11-20 additional CPD hours and 10% estimated they had undertaken 21-30 additional CPD hours that they had not captured on their CPD Annual Summary Form. 3% even estimated undertaking additional CPD hours in excess of 121+ hours that they had chosen not to record.

13. In terms of hours declared on CPD Annual Summary Forms that were undertaken with others, only 9% recorded the minimum requirement of 15 hours learning with others. 61% reported recording 16-30 hours learning with others, whilst 30% reported recording 30+ CPD hours that involved learning with others. When the sample was asked about their interpretations of what 'learning with others' meant to them, just 11% thought that learning with others meant purely CPD activities, which take the form of taught courses/sessions, whilst the large majority had a much broader perspective (89%) in terms of what constituted learning with others based activities.

14. In terms of CPD activities, which involved learning with others the osteopathic sample were more likely to undertake group practice meetings (80%) and interactive e-learning-based activities (58%) on a regular or occasional basis. Osteopaths were fairly evenly split in terms of whether they undertake shadowing or observation as a CPD learning with others based activity, with 54% never or rarely observing or shadowing colleagues, while 47% did this

regularly or occasionally. Teaching, mentoring or tutorials were regularly or occasionally undertaken by 47% of the sample, although there was a substantial proportion of osteopaths (34%) that reported never undertaking teaching or educator based CPD activities. 61% had also never undertaken a higher education qualification as part of their CPD. Working with others on research and publication activities was also a rare CPD activity with 62% never having done this as CPD.

15. In terms of reporting how many CPD hours were undertaken in association with key osteopathic organisations (e.g. regional group, UK osteopathic educational institutions, shared interest groups or other healthcare professionals), the sample reported recording the majority of their CPD hours in association with other professionals outside of osteopathy e.g. NHS, surgeons, physiotherapists, orthotists, acupuncturists, nutritionists, homoeopaths etc. 65% reported recording 1-15 hours with other professionals, with a further 19% recording 16+ hours with other such professionals. 44% reported recording 1-10 CPD hours that were carried out with one of the regional society CPD groups, local practices or linking with colleagues in their own practice. 27% reported recording 1-10 hours CPD in association with one of the UK accredited osteopathic educational institutions and just 24% reported recording CPD 1-10 hours CPD with a shared interest group e.g. Osteopathic Alliance, Osteopathic Sports Care Association. In fact, it was more likely for the osteopathic sample to report recording no CPD activities in association with shared interest groups (65%), and UK accredited osteopathic educational institutions (43%).

Do you do any other types of CPD activities which involve learning with others, apart from taught courses?	*Regularly*	*Sometimes*	*Rarely*	*Never*
Group or practice meeting	39%	41%	11%	9%
Interactive e-learning based activities (i.e. distance learning)	17%	41%	22%	21%
Shadowing or observation	12%	35%	32%	22%
Teaching, mentoring or tutorials	22%	25%	19%	34%
HE qualification	18%	18%	18%	61%
Working with others on research and publication activities	7%	11%	19%	62%

Table 4: Learning with others based CPD activities

Standard 1: CPD activities are relevant to the full range of osteopathic practice

16. In the past, 70% of osteopaths have not used the four themes of the *Osteopathic Practice Standards* (OPS) to identify their learning needs, whilst 30% already are; despite not currently being required to do so. Reasons given for not using the four themes of the OPS to identify learning needs broadly consisted of:
    - Not being required to,
    - being too complicated to divide (see Box 1),
    - geographical isolation (see Box 2) or
    - that the OPS focusses on an *"arbitrary set of criteria"* rather than on their own individual needs or interests, which narrowed their CPD focus (see Box 3).

In the past have you used the 4 themes of the OPS to identify your learning needs?	Yes	No
	30%	70%

Table 5: Using the OPS to identify learning needs

"The categorisation seems to unnecessarily complicate the process"

"The themes overlap, a great deal. Many things could be put into all categories."

"Most of these themes overlap - many activities cover more than one theme"

"There is a lot of crossover between them and there are often elements of all of them in a good CPD course. That's also why I think it would be difficult to group my CPD activities along these lines"

"Learning does not fall into defined areas such as domains of the OPS"

"Too complicated to divide"

"Courses or learning experiences and opportunities cross too many boundaries. To pigeonhole each bit of learning as one or another is false and won't give a true picture of what's been learnt. The opposite is that trying to justify why that fits that theme is going to be boring, repetitive and time consuming and not be of particular use to the osteopath or assessor."

"Basically the approach is school- like and undermining. The learning needs flow from what we learn from the patient – practitioner relationship. Now you (GOsC) are going to ask us to play the good student and everyone is going to pretend that following the rules brings excellence."

"Why are GOsC making this so tedious and time-consuming when most are single practitioners?"

Box 1: OPS Categorisation Constraints of CPD activities

"My CPD has been dictated mostly by what's available locally by what's has arisen from patients/clinical issues or on my own reading into areas of interest"

"I live in the North of England where CPD courses are rarely held - There simply isn't the choice"

"I live in a rural area with limited access to courses, I identify things that are accessible to me and cover topics I think I need to know more about to be more effective/proficient osteopath."

Box 2: Geographical constraints on OPS categorisation of CPD activities

"There are more to my own learning needs than what is in the OPS"

"I would not want to narrow my learning to solely be compliant with standard. I feel a duty to offer the patient my best care relying on my knowledge from many areas."

"CPD in my opinion covers a wide range of topics."

"Because it focuses on an arbitrary set of criteria rather my needs"

"They are not reflective of my learning needs. They are too heavily weighted areas that we had drilled into us for five years of study (which left a huge gap in the basic osteopathic skills which are far more important)

"I don't find it a useful way of thinking about my learning needs. It almost seems the opposite of holistic to divide"

"The mapping of themes seems to add an extra obstacle to filling in the CPD activity log"

"Guided by interest - not box ticking."

"I have usually chosen courses that appeal to me, without thinking of boxes to tick off."

"Cumbersome and full of vernacular speak"

"Not really used themes of the Osteopathic Practice Standards, more CPD that I feel is relevant to me and will enhance my practice."

"I would like to develop in areas I feel that I'm weak in and therefore I prefer choosing subjects that I would like to improve on"

"I tend to do CPD that interests me and that I want to apply in practice, not necessarily CPD that would enhance my performance across the four themes of the OPS"

Box 3: OPS Mapping narrows focus of CPD Learning

17. Some identify a need to change their approach to CPD, realising the limited scope of their previous CPD cycles or the need to move away from a 'reactive' approach towards a 'proactive' approach to CPD, particularly around communication skills and that it would be better to plan CPD so that issues are avoided rather than experienced and then learned from.

"I have seen CPD as a means of increasing knowledge, skills and performance i.e. clinical skills only until recently."

"I only started this year to look across the standards. Previously I captured only subjects that interested me before."

"So far I have tended to gain inspiration for CPD activities from difficulties I face in clinical practice. Cases I have found challenging to manage, skills I felt I was lacking that would be relevant to patient care. Reflecting now on this, that is a reactive approach and being proactive particularly around communication skills would be a better way to plan my CPD so issues are avoided rather than experienced and learned from"

Box 4: Changing thoughts on CPD

18. While those that have started to map their CPD according to standards commented "*I believe it is important to stay refreshed on these standards."* Many of the sample stated that they did not deliberately look for the four themes when planning their CPD, but in fact it worked out that they did manage to cover them over the year because of a wide base of professional activities and personal work interests or indeed that, it appeared that they are all addressed to some extent by the activities undertaken. Others have devised mechanisms to record and track such information "*All my CPD excel spread-sheets have 4 columns so I can tick how many families of standards are covered by each CPD."* Many in the osteopathic sample also cited the original revalidation pilot frameworks and that some of these pilot participants have kept the template to work from.

19. However, opinions on how easy it would be for osteopaths to group their CPD according to the four themes of the *Osteopathic Practice Standards* in the future as part of the new CPD scheme is evenly split, with 48% perceiving it will be easy for them to do, while 52% believed that it would be difficult for them to map their CPD activity according to the themes of the OPS, largely because activities don't always fit neatly within these constraints (see Box 1).

How easy would it be for you to group your CPD according to the four themes of the OPS?	
Very Easy	5%
Easy	43%
Difficult	45%
Very Difficult	7%

Table 6: Perceptions of grouping CPD in accordance to OPS

20. Respondents were asked to estimate how many hours of CPD on average they spent on each of the four themes of the OPS during their last CPD year. Unsurprisingly, *knowledge skills and performance* ranked highest amongst the sample group with 20% undertaking 30+ hours of CPD in this area, followed by a further 35% undertaking 11-20 hours. CPD hours undertaken in the remaining three standards – *communication and patient partnership, safety and quality in practice* and *professionalism* each followed a similar pattern with between 47-49% of the sample spending just 1-5 CPD hours on each of these themes of the *Osteopathic Practice Standards*. This is then followed by a smaller proportion recording 6-10 CPD hours in both *safety and quality in practice* (23%) and *patient partnership* (19%). Under both the areas of *professionalism* and *communication and patient partnership* there was a greater prevalence for osteopaths to estimate that they had undertaken no CPD hours on these standards at all (18%).

Standard 2: Objective activities have contributed to practice

21. Quite encouragingly 26% of the osteopathic sample currently collects feedback from external sources, including via:
    - patient feedback questionnaire;
    - clinical audit;
    - feedback from another osteopath on their practice either through observed consultations; or
    - regularly discussing practice issues with another osteopath in a neighbouring practice.

22. When we examine patient feedback specifically; 40% currently collect feedback from their patients and 36% then go on to make changes to the way they practise as a direct result of comments made to them by a patient. These changes in practice primarily focus on communication and dealing with patients expectations, where being more careful with their choice of words, deconstructing misconceptions and patient anxieties, clarity of fee structure and

cancellation requirements and a greater provision of written information via website and e-mail were frequently cited.

	Yes	No
Do you currently collecting feedback from external sources?	26%	74%
Do you currently collect feedback from your Patients?	40%	60%
During your last CPD year have you made any changes to the way in which you practise as a direct result of comment(s) made to you by a patient	36%	64%

Table 7 Collecting feedback from external sources

Standard 3: Seek to ensure that CPD activities benefit patients

23. Rather pleasingly 58% undertook an activity in the area of communication and consent during their last CPD year. Interestingly, 23% of this group had undertaken an activity in communication and consent which did not involve a taught course of any kind, which demonstrates osteopaths are beginning to explore other options available to fulfil this requirement under the new scheme.

Have you undertaken CPD in the area of communication and consent during your last year?	
Yes – Not a course	23%
Yes- A course which featured	19.5%
Yes – A course solely focussed	15.5%
No	42%

Table 8: CPD in the area of communication and consent

24. Frequently cited communication and consent based activities included:
    - Group meetings that involved discussions on communication and consent in different situations of clinical practice and
    - Patient communication strategies. Patient communication strategies included what constitutes as informed consent, communicating the effects of treatment and ways of handling patient expectations.
    - Taught courses/sessions frequently cited amongst the sample included:
        - the specialised course on communication and consent run by the BSO;
        - a seminar at the COPA show on consent;
        - GOsC and regional networks events;
        - iO conference session;
        - fitness to practice workshops;
        - sessions on informed consent by the Academy of Physical Medicine;
        - as well as several acupuncture and a paediatric osteopathy courses where communication and consent was covered as part of the course.

- Reading material frequently cited here included
  - *the Osteopath* magazine articles from 2015 and 2012,
  - GOsC public perceptions research,
  - NCOR resources to explore communicating risk and
  - an article by Steve Vogel, Vice Principal (Research) at the BSO and Editor- in Chief at the International Journal of Osteopathic Medicine.

Standard 4: Maintaining a continual Record of CPD

25. Although, osteopaths report that they are well aware and familiar with the current CPD Guidelines (87%), they are likely not to refer to these guidelines for osteopaths when completing their CPD Annual Summary Form (51%).

26. We find from the sample that when it comes to a range of GOsC based resources which are made available to osteopaths to help them plan, select or organise their CPD for the year ahead that osteopaths are simply not referring to them. 85% do not use the planning and evaluation form templates in the current continuing professional development guidelines for osteopaths, 71% do not refer to the GOsC e-bulletin, 64% do not refer to the *Osteopathic Practice Standards* when completing their CPD Annual Summary Form and 52% do not refer to articles in *the osteopath* magazine when completing their CPD. In fact, osteopaths are more likely to refer to non-GOsC based research articles for example from the International Journal of Osteopathic Medicine or other research journals available to all osteopaths through the **o** zone to inform their CPD (71%).

27. When selecting CPD activities osteopaths tend to plan their CPD most of the time according to their learning needs that they have identified by themselves (51%) and around courses that are available (44%). Osteopaths report that occasionally they plan CPD around their learning needs that they have identified after discussion with a colleague (58%), or according to activities provided by either other professionals (59%), shared interest groups (49%), accredited osteopathic educational institutions (45%), or local or regional group (44%). Some 57.5% plan CPD around activities which are run by their colleagues/acquaintances.

28. Interestingly, 48% report that their selection of CPD activities is occasionally unplanned, to take advantage of good learning opportunities as they arise, with a further 27% doing this most of the time and a further 9% always selecting CPD activities in an unplanned and ad hoc manner.

29. 48% of osteopaths in the sample never plan their CPD activities to incorporate all four themes of the *Osteopathic Practice Standards*, while 52% do to some extent whether that is always, most of the time or occasionally. Interestingly, some 54% of the sample, plan their CPD to varying degrees (occasionally, most of the time, or always), because of the evidence that is provided by the activity

organisers e.g. certificates and proof of attendance. With comments such as "getting a certificate makes proof of CPD easy."

30. Osteopaths report the biggest obstacles that they face in selecting CPD activities as: financial cost of CPD courses (25%); family or caring commitments (17%); lack of choice and availability of courses in key areas such as communication and consent and professionalism (13%); and the high demand on their time in running a practice (13%).

What do you feel is the biggest obstacle that you face in selecting CPD activities?	
Financial cost of CPD courses	25%
Family or caring commitments	17%
Lack of choice and availability of courses in key areas (e.g. communication in consent, professionalism etc.)	13%
High demands on my time in running a practice	13%
Competing professional commitments on my time	8%
Isolation from osteopathic community due to geographical location	8%
Unavailability of learning opportunities to suit my particular needs/press conferences	7%
Lack of opportunities to connect with fellow osteopaths	3%
Unsure of how to identify or prioritise my CPD needs	3%
Other	3%

Table 9: Barriers faced when selecting CPD activities

31. Difficulty in undertaking reflective practice does not appear to be a concern, with 56% of the sample stating that they did not have a barrier to reflective practice. Those that did concede to facing difficulties in reflecting on their practice cite the main barriers as: 'it gets in the way of actual practice' (14%), 'not sure how to' (12%) and 'worried about recording things like this' (6%).

What are the barriers that you face in reflecting on your practice?	
I don't have a barrier to reflective practice	56%
Gets in the way of practice	14%
I am not sure how to	12%
Other	9%
Worried about recording such things	6%
I don't want to	2%

I don't know why I should	1%

Table 10: Barriers to reflective practice

32. Recording reflection also comes through quite strongly in the qualitative comments, as does working in isolation which reduces stimulus for both reflection and discussion (see Box 5).

"I know how to reflect, but personally I find it of very little value. It takes a lot of time, especially if it has to be recorded for others."

"I often reflect on my effective practice, but I don't record this."

"There aren't any barriers - We all reflect all the time, but the profession seems obsessed with recording such things."

"To become a good osteopath there is a continual conscious and unconscious reflection going on. It cannot be otherwise, but to have to record this process makes it meaningless and school- like "

"I'm constantly reflecting on my practice, but don't writ it down and would feel resentful about having to do so purely to fulfil a bureaucratic requirement. It would not be useful to me – I know you keep saying it would but I would consider it an annoying imposition on my valuable time and would imagine it being read (if at all) by someone with very little understanding of me and my work."

"The barrier is in defining it according to GOsC's labelling/parameters"

"Osteopaths are more likely to work in isolation and not work in teams, which reduces stimulus for reflection and discussion"

"I do it - just not sure how good I am at it! Who is?"

"We need someone else to bounce ideas with, have a discussion about our reflections"

Box 5: Barriers to Reflective Practice

33. When asked to think about their capabilities and opportunities to reflect on their practice as an osteopath they agree/strongly agree that they know how to reflect on their practice (91%) and believe that osteopaths do reflect on their practice and learn from the experience (91%). The sample also agrees that health professionals more broadly are equally no different and also reflect on their practice and learn from the experience (87%). Osteopaths are inclined to agree that fellow osteopaths draw on their practice with others (84%) as do other health care professionals (84%)

Beginning to think about the Peer Discussion Review (PDR)

34. Rather positively, when beginning to think about whether osteopaths will be ready for the Peer Discussion Review (PDR) when it comes into force, 76% currently discuss their CPD and the value of it to them with a colleague and 85% have access to someone they can discuss their CPD activity with (including areas of skills and development). 92% also feel that they would be able to discuss concerns that may arise in practice with a trusted colleague.

	Yes	No
Do you currently discuss your CPD and the value of it to you with a colleague?	76%	24%
Do you have access to someone you can discuss your CPD Activity with?	85%	15%
Are you able to discuss concerns arising I practice with a trusted colleague?	92%	8%

Table 11 Beginning to think about the Peer Discussion Review

Emerging Key messages from the CPD Evaluation Survey

35. A number of key messages are beginning to emerge from the CPD evaluation survey which may inform our approach to implementation but also crucially our communication messages at different stages. Some initial thinking is outlined below for consideration by the Policy Advisory Committee.

The four themes of the Osteopathic Practice Standards

36. Most CPD is undertaken in the area of Knowledge, skills and performance. Less CPD is undertaken in the areas of Communication and patient partnership and professionalism (see paragraph 20) yet this is the area that we see most patient concerns reported. Over time, as the CPD scheme rolls out, we would like to see more CPD in the areas of communication and patient partnership and professionalism.

37. We also hope to increase familiarity with the Osteopathic Practice Standards. Many osteopaths report that they do not see their relevance to their CPD, yet these are the standards that we say that we practice too. Further work may need to be undertaken as part of the Osteopathic Practice Standards review to help osteopaths better understand the 'why' of the Osteopathic Practice Standards which is consistent with the finding in the McGivern research about osteopaths being more likely to comply with standards when they understand why standards are there.

Undertaking an objective activity

38. High numbers of osteopaths are not undertaking feedback on their practice from external sources at present. (see paragraph 22). This is a key area of our early adopter CPD programmes and we hope to see evidence that more osteopaths are using objective feedback to inform practice over time.

CPD in communication and consent

39. More than half of osteopaths responding to the survey undertook CPD in the area of communication and consent. (see paragraph 23). This shows that this key area is gradually permeating and it will be interesting to see over time how this figure increases as the scheme is implemented.

Planning CPD and accessing resources

40. Large numbers of osteopaths do not use the GOsC resources to plan their CPD. For example, planning and evaluation templates, e-bulletin, Osteopathic Practice Standards or the osteopath.) Osteopaths are more likely to use research journals to inform CPD. (see paragraph 26). We do not know why osteopaths are not using our resources to plan their CPD, it may be that the resources were difficult to access in different places on the **o** zone, that osteopaths were unaware that they were there or that the resources are not very useful, or that many osteopaths do not plan their CPD using external resources (to some extent supported by the findings in paragraph 27.)

41. The new CPD microsite brings a wealth of resources for osteopaths to plan and undertake their CPD together. We are collecting feedback on the microsite which will help us to understand the usefulness and accessibility of the website. Many of the resources have been designed by osteopaths for osteopaths so it is hoped that they will be useful.

42. In terms of planning CPD and identifying learning needs, the survey identifies that there is high confidence in the ability to reflect on CPD (see paragraph 33) although some challenges are identified and particularly, recording CPD is reported as a challenge (see paragraphs 31 and 32). Our experience of work with groups of osteopaths is that identifying changes in practice as a result of an objective activity can be difficult. It requires confidence and support. It may be that there is not a common understanding of 'reflect'.

43. As we roll out the CPD scheme, the completion of the objective activity – getting objective feedback from an external source, identifying learning needs and undertaking CPD to meet those learning needs – will help us to better understand whether there are barriers to reflection, and if so, what they are. The early adopter seminars that we are undertaking on communication and consent and objective activities will help us to understand this tension more clearly and to identify better resources in terms of 'why' recording reflections is helpful but also 'how' to record reflections.

Peer discussion review

44. A high percentage of osteopaths report having a peer with whom they can discuss a case. (See paragraph 34). This is reassuring and perhaps informs us that one of our key messages as the scheme rolls out is to encourage osteopaths to identify their peer early so that supportive relationships can be developed and consolidated. Osteopaths can do this by undertaking continuing professional development in areas of giving and receiving constructive feedback and reading the peer discussion review guidelines before the scheme begins enabling osteopaths to have more confidence in the 'what' and the 'how' of the peer discussion review. (We know from the CPD consultation analysis (2015) that peer discussion review was an area that many osteopaths were worried about.)

Questions for the Policy Advisory Committee

1. What are the key messages arising from the evaluation?

2. What are the implications for:
    a. Roll out of the scheme (for GOsC and for other organisations)?
    b. Communication with osteopaths?

Continuing Professional Development rules consultation document

Summary

1. In line with the expectations set out in the Government Policy Paper *Enabling Excellence* (see https://www.gov.uk/government/publications/enabling-excellence-autonomy-and-accountability-for-health-and-social-care-staff), the General Osteopathic Council has been developing an evidence base for a proportionate approach to continuing fitness to practise, supported by academic research and engagement. Our new CPD scheme builds on the existing GOsC CPD scheme and Rules, and provides mechanisms to mitigate the impact of professional isolation with a focus on high ensuring standards for patients whilst also ensuring a proportionate approach to regulation with no additional burden because no additional CPD is expected.

2. Osteopaths work mostly without teams and employers. They are trained to take a case history, perform an examination, make a diagnosis and agree a treatment plan (which may include referral to a GP for appropriate symptoms and conditions). Specific risks arise in diagnosis and treatment, from the clinical context of practice and the vulnerability of patients. Effective communication and professionalism are vital for patients' positive therapeutic experience.

3. The General Osteopathic Council has developed and consulted on changes to its existing CPD scheme extensively engaging with stakeholders including osteopaths and patients. This programme of work concluded in 2015 with a wide ranging consultation on the final details of the new scheme. Detail about the consultation and the consultation findings is available at http://www.osteopathy.org.uk/news-and-resources/document-library/consultations/cpd-consultation-analysis-report/.

4. In February 2016, following consideration of the consultation analysis and findings, the General Osteopathic Council agreed the new CPD scheme.

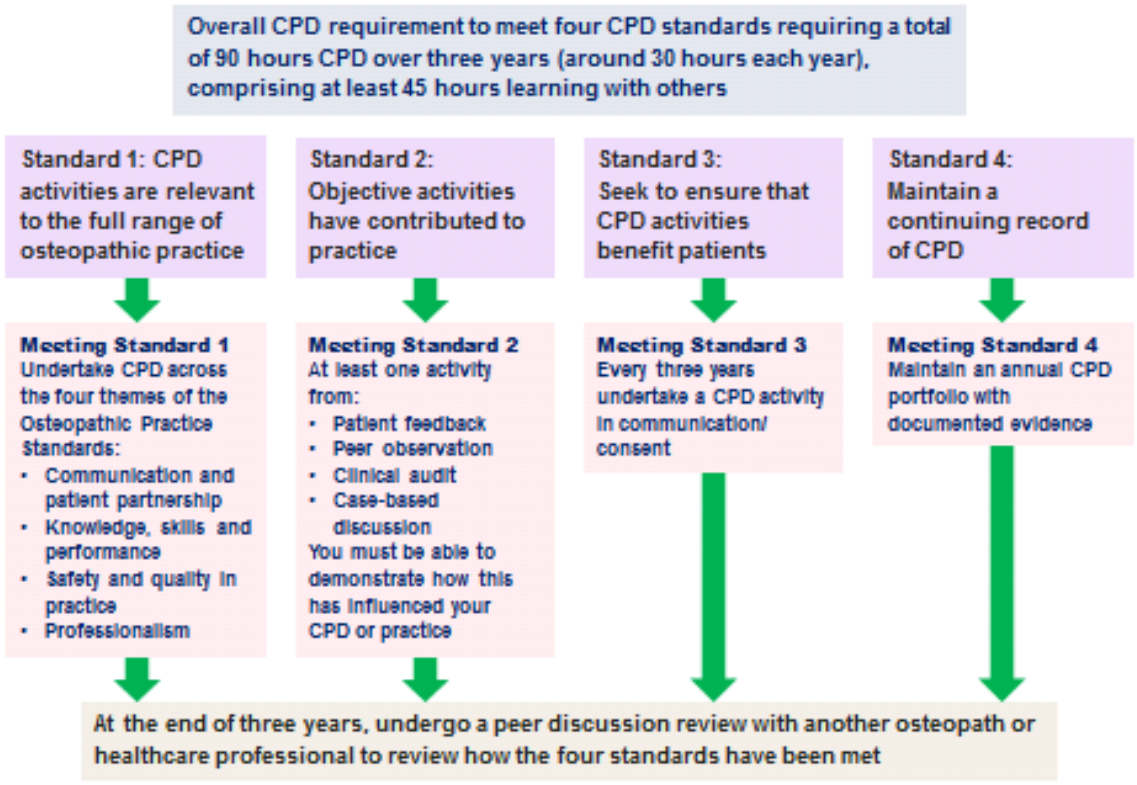
5. This consultation document sets out minor changes to the GOsC CPD Rules in order to bring the scheme fully into effect.

Discussion

6. The new GOsC CPD scheme is outlined in new guidance available at: http://cpd.osteopathy.org.uk/resource/cpd-guidelines/.

7. The key requirements of the new CPD scheme are outlined in the figure below.

8. The new CPD scheme is greatly simplified (with a lot of unnecessary detail about what counts as CPD removed) and centres on a three year cycle and completion of a peer discussion review as part of the CPD requirement.



9. The Peer Discussion Review is the central component of the scheme as it brings together the new features of the new scheme and consolidates impact on the osteopath's practice through a discussion with a peer (either an osteopath or other health professional) in order to provide assurance of practice in accordance with standards allowing the osteopath to complete one CPD cycle and to move in to the next CPD cycle.

10. The Peer Discussion Review incorporates four simple standards outlined in the table below.

CPD standard description	**CPD standard**	**What the osteopath must do**	**Impact on new rules**
CPD Standard 1 – Range of Practice	The osteopath demonstrates that CPD activities are relevant to the full range of practice.	Relevant CPD must include CPD activities in each of the areas of the *Osteopathic Practice Standards* related to individual professional practice - communication and patient partnership; - knowledge, skills and performance;	None

CPD standard description	CPD standard	What the osteopath must do	Impact on new rules
		- safety and quality; and - professionalism	
CPD Standard 2 – Quality of care	Demonstrate that objective activities have contributed to practice and the quality of care	CPD must include at least one objective activity that informs the overall CPD process – such as peer observation, patient feedback, clinical audit or case-based discussion	None
CPD Standard 3 – Patients	Demonstrate that the registrant has sought to ensure that CPD benefits patients	At least one CPD activity in the areas of communication and consent	None
CPD Standard 4 –Folder	Maintain a continuing record of CPD	The CPD folder should demonstrate that a three-year cycle of 90 hours of CPD, which is primarily self-directed, has been completed. This must comprise a minimum of 45 hours of CPD 'learning with others' (equivalent to an annual requirement of 30 hours of CPD, including 15 hours learning with others).	Changes required to length of CPD period. Incorporation of statutory CPD Guidance.
Sign off		A Peer Discussion Review towards the end of the three-year cycle, which provides an opportunity to discuss practice and CPD and to confirm that all the scheme's required elements have been completed and CPD Standards have been achieved. Compliance with the requirements of the three-year	

CPD standard description	CPD standard	What the osteopath must do	Impact on new rules
		cycle will mean an osteopath has demonstrated the necessary CPD standards and can move into the next three-year cycle.	

Required legislative change

11. In order to fully introduce the CPD scheme, small changes are required to our current CPD rules.

12. The new features of the CPD scheme are:
    - Requiring CPD in accordance with the *Osteopathic Practice Standards* (core standards for registration).
    - Requiring objective activities (e.g. patient feedback, case based discussion) to be undertaken along with analysis and reflection on the impact on practice.
    - Requiring CPD in communication and consent (responding to research showing a significant proportion of reported patient concerns in this area).
    - Sign-off through a peer discussion review with another registered health professional.

13. The existing CPD rules (available at: http://www.legislation.gov.uk/uksi/2006/3511/contents/made) need minor amendments to incorporate these new features through:
    a. A move to a three-year CPD cycle (from an annual cycle) to enable the incorporation of the new requirements.
    b. Inclusion in rules of statutory CPD guidance (including a requirement for consultation on such guidance). Such guidance also includes guidance about the Peer Discussion Review and makes explicit the requirements to complete the CPD cycle and move into the next CPD cycle.
    c. Removal of an anomaly whereby new graduates have an initial exemption from CPD.

A move from the annual cycle of CPD to a three year cycle of CPD

14. Currently, osteopaths are required to complete 30 hours of CPD annually with at least 15 hours of CPD as learning with others. This overall requirement of CPD will not change, but instead, will be a period of 90 hours, with at least 45 hours of learning with others) over three years. This overall requirement will also include the new features of the CPD scheme as outlined above. (The new features of the CPD scheme are a part of the 90 hours, not an addition to it).This policy intention was supported as part of our CPD consultation in 2015.

15. This longer CPD cycle remains in line with those of other regulators to date. Other regulators' CPD cycles range from five years (General Dental Council – see https://www.gdc-uk.org/api/files/Continuing%20Professional%20Development%20for%20Dental%20Professionals.pdf), three years see, for example, the General Optical Council - see https://www.optical.org/en/Education/CET/) and those registered with the Nursing and Midwifery Council - see http://revalidation.nmc.org.uk/what-you-need-to-do/continuing-professional-development) to annual cycles, see for example, the General Pharmaceutical Council (see http://www.pharmacyregulation.org/education/continuing-professional-development/cpd-standards) and the General Chiropractic Council (http://www.gcc-uk.org/UserFiles/Docs/Registrations/CPD%20guidance%202016%2017%20010916.pdf).

16. As part of our annual re-registration process, we will, as now, require osteopaths to **declare** the amount of CPD that has been undertaken during that year. We will expect (but will not require) that CPD is completed at regular intervals throughout this period. (For example, osteopaths should aim to complete around 30 hours of CPD per year, as now.) We will audit a proportion of self-declarations as we do now. We will provide feedback to osteopaths to confirm what they need to do to complete the new three year CPD cycle.

17. However, what will be different, is that currently, if osteopaths have not completed their **annual** CPD requirement they must either:

    a. Make a statutory application to the registrar of exceptional circumstances to reduce or carry over hours to the next CPD cycle or
    b. Be removed from the register for non-compliance.

18. Under the new legislation, it will only be the **end of the three year cycle** which requires osteopaths to:

    a. Complete the CPD requirement
    b. Make a statutory application to the registrar of exceptional circumstances to reduce or carry over hours to the next CPD cycle or
    c. Be removed from the register for non-compliance.

Question 1: Do the consolidated rules attached at Annex A reflect adequately our policy intention of moving from an annual cycle to a three year cycle?

If no, please explain why.

Inclusion in rules of statutory CPD guidance

19. The current CPD Guidelines scheme sets out very detailed expectations of what is acceptable CPD which provide detail about the current statutory requirements. However, these guidelines are not currently referred to in the CPD rules – they form part of the 'registrar requirements'.

20. We believe that CPD Guidelines, setting out the requirements of the CPD scheme should be put onto a statutory footing with statutory requirements and safeguards to consult on the Guidance. In this way, the requirements of the CPD scheme must be clear and transparent to all.

21. An alternative approach is to set out the scheme in detail in legislation (rather than statutory CPD guidelines). We suggest that specifying statutory CPD guidance 'futureproofs' legislation meaning that we could change our CPD scheme in the future without being constrained by the need to change legislation. (So for example, our new CPD scheme requires CPD benefits patients in the area of communication and consent as this is an area shown by our research to have a disproportionate amount of reported patient concerns. However, as patient concerns change, this area may be removed or changed). It would be more difficult to respond to changes in patient concerns if the detail of the scheme was on the face of the CPD rules. However, some may argue that, setting out conditions for removal in statutory Guidelines rather than law which could be perceived as less fair. However, we suggest that this step is mitigated by consultation requirements which mirror those outlined in the primary legislation in s17 of the Osteopaths Act 1993. We also note that our current legislation refers to 'Registrar requirements' which are not subject to the consultation requirements we propose above.

22. The CPD Guidelines and Peer Discussion Review Guidelines were consulted on in 2015 and were supported. (See the consultation analysis outlined in paragraph 1). Since the consultation, the CPD Guidelines have been updated to take into account feedback along with some specific development work on the peer discussion review guidelines. We have attached at appendices 2 and 3, the proposed statutory CPD Guidance, incorporating the peer discussion review guidance which show how the scheme will work and the requirements for completion of each CPD cycle.

Question 2: Do you the consolidated CPD rules attached at Appendix 1 adequately set out the requirements for consulting and publishing statutory CPD Guidance which sets out the requirements of the scheme clearly?

If no, please explain why.

Removal of an anomaly whereby new graduates have an initial exemption from CPD

23. Our current CPD rules provide that new graduates are exempted from CPD for their first CPD year if they register with us within three months of graduating. (See rule 5 of the CPD rules). However, the transition into practice is a critically intensive learning period for osteopaths and a time when they should be encouraged to integrate within their professional community undertaking CPD. New graduates, patients and osteopaths have told us that this statutory

exemption does not contribute to our policy intention of supporting new graduates as they make the transition into practice.

24. The exemption was put in place at the outset of the CPD scheme because it was felt that it was helpful to allow newly graduated osteopaths time to establish themselves into practice. Osteopaths who were newly graduated were felt to be up to date. We are not aware of any similar exemptions existing in other regulators for new graduates.

25. However, given the feedback from stakeholders that this is an anomaly in the legislation, we now feel that this should be removed. We therefore suggest that this anomaly in rule 5 should be removed.

Question 3: Do you agree that the anomaly of exempting new graduates from CPD should be removed from the CPD rules?

If no, please explain why.

Implementation timing

25. We intend the three year cycle should be brought into force with effect from autumn 2018.

26. From autumn 2018 onwards, there would in essence be a transitional period over the course of the year following introduction when existing registrants would transfer from an annual cycle to a three year cycle.

27. Once they were on the three yearly cycle, registrants would still renew their registration annually, and would self declare their CPD each year. They would receive feedback which advised them each year what they needed to do to complete their three year cycle.

Question 4: Do you agree that implementation arrangements for the CPD scheme are adequately expressed in the consolidated CPD rules at Annex A.

If no, please explain why.

[n.b. for brevity the appendixes to the consultation document have been omitted]

2006 No. 3511

HEALTH CARE AND ASSOCIATED PROFESSIONS

OSTEOPATHS

The General Osteopathic Council (Continuing Professional Development) Rules Order of Council 2006

Made	18th December 2006
Laid before Parliament	19th January 2007
Coming into force	1st March 2007

The General Osteopathic Council has made the General Osteopathic Council (Continuing Professional Development) Rules 2006 as set out in the Schedule to this Order, in exercise of its powers listed in the preamble of the Schedule.

In accordance with sections 35(1) and 36(1) of the Osteopaths Act 1993(**a**) the approval of the Privy Council is required for this exercise of the powers of the General Osteopathic Council.

Having considered the Rules, their Lordships approve them.

This Order may be cited as the General Osteopathic Council (Continuing Professional Development) Rules Order of Council 2006 and shall come into force on 1st March 2007.

Christine Cook
Deputy Clerk of the Privy Council

(a) 1993 c.21.

SCHEDULE

The General Osteopathic Council (Continuing Professional Development) Rules 2006

The General Osteopathic Council makes the following Rules in exercise of its powers conferred by sections 6(2) and (3), 17 and 35(2) of the Osteopaths Act 1993. The General Osteopathic Council has consulted in accordance with section 17(3) of that Act.

Citation and commencement

1. These Rules may be cited as the General Osteopathic Council (Continuing Professional Development) Rules 2006 and shall come into force on 1st March 2007.

Interpretation

2. In these Rules—

"the Act" means the Osteopaths Act 1993;

"CPD" means ~~training which comprises~~ continuing professional development and includes lectures, seminars, courses, practical sessions, individual study, peer discussion review or other activities undertaken by an osteopath which could reasonably be expected to advance his professional development as an osteopath as set out in statutory CPD Guidance;

"CPD end date" means the last day of the month which is three months before the month in which an osteopath's third annual renewal date falls (for example, if, after the coming into force of these rules, an osteopath's renewal date is 9th June, his CPD end date is 31st March three years after); and for the purposes of calculating the CPD end date, "renewal date" means—

(a) the anniversary of the date on which an osteopath's name was first registered, except where his name has been removed from the register and subsequently restored in circumstances described in paragraph (b), or

(b) in relation to an osteopath whose name has been restored to the register pursuant to an application received by the Registrar after the end of the period of 90 days beginning with the date on which his name was removed from the register, the anniversary of the date on which his name was restored to the register,

and if the date on which an osteopath's name was first registered or restored to the register was 29th February, the anniversary of that date shall be taken to be 1st March;

"CPD period" means a three ~~CPD~~ year CPD cycle, the first CPD ~~year~~ period or the transitional CPD ~~year~~ period (as the case may be), and those terms have the meanings given in rule 3;

"CPD requirement" shall be construed in accordance with rule 4;

"learning with others" means CPD which—

(a) involves interaction with other osteopaths, health care professionals or other professionals, and

(b) is verifiable, by or on behalf of the General Council; and

"form" means the form prescribed by the Registrar for this purpose and published in the statutory CPD guidance.

"osteopath" means a registered osteopath, and includes an osteopath practising full-time or part-time, or non-practising, or whose registration is suspended under any provision of the Act.

"statutory CPD guidance" means CPD Guidance published by the General Council. Before publishing such Guidance, the General Council shall take such steps as are reasonably practicable to consult those who are registered osteopaths and such other persons and organisations as the Council considers appropriate.

CPD ~~year~~ period, first CPD ~~year~~ period and transitional CPD ~~year~~ period: definitions

3.—(1) This paragraph applies to an osteopath whose name is first registered or restored to the register on or after the date on which these Rules come into force.

(2) In relation to an osteopath to whom paragraph (1) applies—

(a) the first CPD ~~year~~ period shall be the period beginning with the date on which his name was registered or restored to the register, and ending on the next CPD end date three years after that date (in these Rules referred to as "the first CPD year"); and

(b) any subsequent CPD ~~year~~ period shall be a period of ~~twelve months~~ three years ending on the CPD end date (in these Rules referred to as a "CPD ~~year~~ period").

(3) This paragraph applies to an osteopath whose name was already registered on the date on which these Rules come into force.

(4) In relation to an osteopath to whom paragraph (3) applies—

(a) the transitional CPD ~~year~~ period shall be the period beginning with the date on which these Rules come into force and ending on the next CPD end date after that date (in these Rules referred to as "the transitional CPD ~~year~~ period"); and

(b) any subsequent CPD ~~year~~ period shall be a CPD ~~year~~ period.

CPD requirement for osteopaths

4.—(1) Subject to rule 7, every osteopath shall, during a CPD period, comply with the CPD requirement specified in this rule in relation to that period.

(2) Subject to rule 7, the CPD requirement for a CPD ~~year~~ period shall consist of the completion of at least 90 ~~30~~ hours of CPD and at least 45 ~~15~~ of those hours shall involve the participation of the osteopath in learning with others and the completion of any other CPD requirements as laid down by the General Council, from time to time, in statutory CPD guidance.

(3) Subject to rules 5 and 7, the CPD requirement for the first CPD ~~year~~ period shall consist of the completion of at least two and a half hours of CPD for each whole month in the first CPD ~~year~~ period and at least one and a quarter of those hours for each such month shall involve the participation of the osteopath in learning with others.

(4) Subject to rule 7, the CPD requirement for the transitional CPD ~~year~~ period shall consist of the completion of at least two and a half hours of CPD for each whole month in the transitional CPD ~~year~~ period and at least one and a quarter hours for each such month shall involve the participation of the osteopath in learning with others.

(5) CPD completed in compliance with a conditions of practice order made under section 22(4)(b) or (8)(b) (consideration of allegations by the Professional Conduct Committee) or section 23(2)(a) or (5)(b) or (c) (consideration of allegations by the Health Committee) of the Act shall count towards the CPD requirement.

~~**Exemption from CPD requirement (newly registered osteopaths**~~)

~~5.—(1) An osteopath whose name is first registered—~~

~~(a) on or after the date on which these Rules come into force, and~~

~~(b) within a period of three months beginning with the day on which he was awarded a recognised qualification, shall be exempt from the CPD requirement for the first CPD year specified in rule 4(3).~~

~~(2) In relation to an osteopath to whom paragraph (1) applies, rules 8 and 9 shall not apply during the first CPD year.~~

CPD during suspension

6. An osteopath whose registration is suspended under any provision of the Act shall not engage during the period of his suspension, without the prior agreement in writing of the General Council, in any CPD that involves him in the management or treatment of, or the giving of advice to, a patient.

Power to extend time or vary the CPD requirement

7.—(1) An osteopath may apply to the Registrar for—

(a) a reduction or other variation in his CPD requirement for a particular CPD period; or

(b) an extension of time in which to complete his CPD requirement for that period.

(2) An application under paragraph (1) must—

(a) be made in writing;

(b) include the osteopath's reasons for seeking an extension of time, reduction or other variation; and

(c) be accompanied by any supporting evidence.

(3) If, in the opinion of the Registrar, the osteopath has good reason for seeking an extension of time, reduction or other variation, the Registrar may—

(a) provide that a specified number of hours of CPD, being all or part of the CPD requirement for a particular CPD period, may be completed in the next CPD period;

(b) reduce the CPD requirement for a particular CPD period; or

(c) otherwise vary the CPD requirement for a particular CPD period.

(4) Where a decision has been made by the Registrar under paragraph (3)(a), the amount of CPD so specified shall form an additional part of the CPD requirement for the next CPD period.

(5) The amount of CPD specified by the Registrar in a decision under paragraph (3)(a) may be the subject of a further application by the osteopath under this rule.

CPD record

8.—(1) An osteopath shall keep an up to date record of CPD completed during a CPD period ("a CPD record"), and it shall contain—

(a) a description of each item of CPD completed by him;

(b) the learning need identified by the osteopath for each item of CPD completed by him; and

(c) as far as reasonably practicable, documentary evidence in respect of each item of CPD completed by him.

(2) An osteopath shall retain his CPD record for a minimum of five years following the end of the CPD period to which it relates.

(3) On receipt of a notice from the Registrar, the osteopath shall deliver his CPD record to the Registrar by the date specified in the notice, and the date so specified must be after the end of the period of 28 days beginning with the date on which the Registrar sent the notice to the osteopath.

~~Summary~~ CPD form

9.—(1) The Registrar shall send to every osteopath ~~annually~~ every three years—

(a) ~~a summary~~ form;

(b) a notice requiring the osteopath to deliver a completed ~~complete the summary~~ form in accordance with paragraph (2) ~~and return it~~ to the Registrar before the end of the period of 28 days beginning with the osteopath's CPD end date ("the return date"); and

(c) a warning that if the osteopath fails to—

(i) complete the ~~summary~~ CPD requirement and form to the satisfaction of the Registrar, including the provision of the information specified in paragraph (2), or

(ii) deliver that form to the Registrar by the return date, the osteopath's name may be removed from the register.

(2) The ~~summary~~ form shall require the osteopath to—

(a) state the total amount of CPD completed by him during the CPD period and in addition specify the number of hours of CPD involving the osteopath in learning with others;

~~(b) list each item of CPD and state the date it was completed;~~

(c) confirm he has successfully completed the CPD requirement as specified in rule 4 ~~indicate the relevance of each item of CPD completed to his professional development as an osteopath~~;

(d) provide such other details as the Registrar may require; and

(e) sign and date the form.

(3) Where the ~~summary~~ form is not received by the Registrar by the return date, or it is received but it is not completed in accordance with paragraph (2), the Registrar shall send a notice of final warning to the osteopath warning him that—

(a) if he fails to complete the ~~summary~~ form to the satisfaction of the Registrar, including the provision of the information specified in paragraph (2), or

(b) if that form is not received by the Registrar before the end of the period of 14 days beginning with the day on which the notice was sent, the osteopath's name may be removed from the register.

Removal from the register

10.—(1) Where, following a notice of final warning sent in accordance with rule 9(3), the ~~summary~~ form—

(a) is not received before the end of the period specified in that notice, or

(b) is received but is not completed in accordance with rule 9(2), the Registrar may remove the osteopath's name from the register.

(2) Where the osteopath delivers the ~~summary~~ form duly completed but the Registrar is not satisfied from the information contained in it or otherwise that the osteopath has complied with the CPD requirement in respect of a particular CPD period, he shall send a notice to the osteopath which shall☐

(a) include a statement of the reasons why he is not satisfied that the osteopath has complied with the CPD requirement; and

(b) invite the osteopath to submit written representations on the matter by the date specified in the notice, and the date so specified must be after the end of the period of 28 days beginning with the date on which the Registrar sent the notice to the osteopath.

(3) Where, after considering any written representations submitted by the osteopath pursuant to paragraph (2)(b), the Registrar is not satisfied the osteopath has complied with the CPD requirement, the Registrar may—

(a) remove the osteopath's name from the register; or

(b) require the osteopath—

(i) to complete a further amount of CPD within a specified period (in this rule and in rule 11(3)(a) referred to as "further CPD~~hours~~"), and

(ii) to complete in relation to the further CPD ~~hours~~ a ~~summary~~ form, which the Registrar shall send to the osteopath for the purpose, and which shall require the provision of the information specified in rule 9(2).

(4) Where the Registrar has made a decision under paragraph (3)(b) to require an osteopath to complete further CPD~~hours~~, the osteopath shall deliver the completed ~~summary~~ form to the Registrar before the end of the period specified in the decision, and if—

(a) the osteopath fails to do so, or

(b) the Registrar is not satisfied that the osteopath has completed the further CPD ~~hours~~, the Registrar may remove the osteopath's name from the register.

(5) Where the Registrar makes a decision under paragraph (1), (3) or (4), he shall notify the osteopath in writing of the decision and the reasons for it and (except in the case of a decision under paragraph (3)(b)) of his right to appeal against it under rule 12.

(6) A decision by the Registrar under paragraph (1), (3)(a) or (4) shall take effect on the day when the period specified in rule 12(a) expires or, where there is an appeal by the osteopath, on the withdrawal or dismissal of the appeal.

Restoration to the register following removal under rule 10

11.—(1) A person whose name has been removed from the register under rule 10 may apply to have his name restored to the register.

(2) Rules 4 and 5 of the General Osteopathic Council (Application for Registration and Fees) Rules 2000(**b**) shall apply to an application under paragraph (1), except that rule 4(2) and (3) of those Rules (requirement for character and health reference etc.) shall not apply in the case of an applicant whose application under paragraph (1) is received by the Registrar before the end of the period of 90 days beginning with the date on which his name was removed from the register under rule 10.

(3) Subject to paragraphs (4) and (5), an application made under paragraph (1) shall be accompanied by evidence that the applicant has—

(a) complied with the CPD requirement for the CPD period in respect of which his name was removed from the register and, where applicable, completed the further CPD hours; and

(b) completed at least two and a half hours of CPD for each whole month in the period beginning with the day after the end of the CPD period in respect of which his name was removed from the register and ending with the date of his application for the restoration of his name to the register.

(4) In respect of the CPD mentioned in paragraph (3)(b), at least one and a quarter hours for each such month shall be CPD which involves the participation of the applicant in learning with others.

(5) The maximum amount of CPD for which any applicant under this rule shall be required to provide evidence to the Registrar shall be 150 hours for the five years immediately preceding the date of the application.

(6) Whenever the Registrar refuses an application made under paragraph (1), he shall notify the applicant in writing of the decision and the reasons for it, and of his right to appeal against it under rule 12.

Appeals against decisions of the Registrar

12. A person may appeal to the General Council against a decision by the Registrar to remove his name from the register under rule 10 or to refuse an application for restoration under rule 11 and that appeal—

(a) must be made before the end of the period of 28 days beginning with the date on which notice of the Registrar's decision is sent to the person concerned; and

(**b**) Scheduled to S.I. 2000/1038.

(b) shall be subject to the rules set out in the General Osteopathic Council (Fraud or Error and Appeals) Rules 1999(**c**) which apply to appeals under section 29 of the Act (appeals against decisions of the Registrar), with the modification that "a relevant decision" referred to in those Rules shall be taken to mean a decision to remove a person from the register under rule 10 or to refuse an application for restoration under rule 11 (as the case may be).

Publication of names

13. Where a decision by the Registrar to remove the name of a person from the register under rule 10 has taken effect in accordance with rule 10(6), the General Council may publish the name of the person in such manner as it deems fit.

CPD documents as evidence in fitness to practise procedures

14. Any documents relating to CPD, compliance with the CPD requirement or sent in accordance with these rules may not be adduced in evidence in any fitness to practise hearing without the consent of the osteopath concerned unless—

(a) the purpose of the hearing is to determine whether the osteopath has complied with these Rules; or

(b) the purpose is to verify or disprove a statement by the osteopath relating to his completion of CPD.

Sending of notices

15.—(1) Subject to paragraphs (2) and (3), any notice or form to be sent by the Registrar under these Rules shall—

(a) be sent by first class post to the person's address as it appears in the register, or, if his last known address differs from the address in the register or if his name is not registered, to his last known address; and

(b) be treated as having been sent on the day that it was posted.

(2) Subject to paragraph (3), a notice of final warning to be sent by the Registrar under rule 9(3) shall—

(a) be sent by a postal or courier service in which delivery is recorded to the address of the osteopath as it appears in the register, or, if his last known address differs from the address in the register, to his last known address; and

(b) be treated as having been sent on the day that it was posted or delivered by the courier.

(3) Any notice or form to be sent by the Registrar under these Rules may be served by an electronic communication, but only if—

(a) the intended recipient consents in writing to the receipt of such notices or forms by electronic communication; and

(**c**) Scheduled to S.I. 1999/1846.

(b) the communication is sent to the number or address specified by that person when giving consent.

(4) In this rule, "electronic communication" has the same meaning as in the Electronic Communications Act 2000(**d**).

(**d**) 2000 c.7.