



**Policy Advisory Committee**  
**13 October 2016**  
**Continuing Professional Development**

<b>Classification</b>	Public
<b>Purpose</b>	For discussion
<b>Issue</b>	The progress of the implementation of the CPD scheme.
<b>Recommendations</b>	<ol style="list-style-type: none"><li>1. To consider the updated CPD Guidance and resources.</li><li>2. To consider the specification for the early adopters.</li><li>3. To note the plans to update the equality impact assessment following data collection from the early adopter cohort.</li><li>4. To consider the updated evaluation.</li></ol>
<b>Financial and resourcing implications</b>	The budget for the implementation of the CPD scheme is £100,000 over a period of three years allocated from the reserves by Council.
<b>Equality and diversity implications</b>	None from this paper.
<b>Communications implications</b>	Communications about the implementation of the new CPD scheme are ongoing.
<b>Annexes</b>	<ol style="list-style-type: none"><li>A. High level Project Plan Summary for the Policy Advisory Committee for the implementation of the CPD Scheme to March 2017.</li><li>B. Summary of responses from the 2015 CPD Consultation Analysis for the CPD Guidelines and the Peer Discussion Review Guidelines</li><li>C. Updated CPD Guidelines</li><li>D. CPD Implementation Budget Summary</li><li>E. Minutes of the CPD Partnership Group dated 22 September 2016</li></ol>
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## Background

- The Business Plan for 2016-17 has a range of activities outlined in relation to the implementation of the CPD scheme as follows:
  - Establish a strategy for the further development and implementation of a revised CPD scheme for osteopaths, working in partnership with all osteopathic stakeholders while ensuring appropriate governance oversight.
  - Recruit registrants and groups willing to work as 'early adopters' to test and refine the CPD scheme and its resources.
  - Update and publish learning resources that support the new CPD scheme – particularly in relation to communication and consent.
  - Review progress and legislative requirements, and consider timescales for introduction of compulsory elements of the CPD scheme.
  - Publish new CPD Guidance and related resources.
  - Scope and undertake osteopathic continuing professional development evaluation to feed into 'State of Osteopathic Continuing Professional Development' report.
  - Conduct communications and engagement activities to support and promote the implementation of a new CPD scheme for osteopaths.
- At its meeting on 4 February 2016, Council agreed the CPD model to be implemented as outlined at Figure 1 below.

6 FULL CONSULTATION

**Figure 1**  
Structure of  
the CPD Scheme



3. Council also agreed a staged approach to implementation and they agreed an outline timetable recognising that this will be reviewed at regular stages as part of the implementation plan.
4. The outline timetable agreed by Council is set out below:

<b>Activity</b>	<b>Timeline</b>
Agree CPD model for introduction .	February 2016
Establish governance structure, including Delivery Board, to oversee the further development and implementation of the CPD scheme.	April 2016
Update and publish resources to support learning – particularly in the area of communication and consent.	September 2016
Introduce scheme for those interested in early adoption.	November 2016
Review scheme and decide on introduction of mandatory elements for all.	March 2017
Publish updated CPD Guidance and resources.	March 2017
Communications and engagement activities to support and promote the implementation of a new CPD scheme for osteopaths.	All year 2016-2017
Ensure a robust, web-based infrastructure that can support the CPD scheme.	All year 2017

5. In May 2016, Council considered and agreed the governance structure for oversight of the implementation of the new scheme. Council were also reminded that they had previously allocated up to £100,000 from reserves in order to support the implementation of the CPD scheme.
6. This paper provides a general update on the implementation of the CPD scheme within the various project streams. To assist the Committee to consider the matters outlined in this paper, we have prepared a high level summary of key milestones for the Policy Advisory Committee over the course of the year, including key Committee decisions at Annex A for information.

## Discussion

### *Update on the implementation of the CPD scheme*

#### Guidance and resources

7. The *CPD Guidelines, Peer Discussion Review Guidelines and Resources, case studies and examples* to support osteopaths to undertake the new features of the CPD scheme continue to be shared with stakeholders and updated following feedback from the consultation. (The CPD consultation analysis is available at: <http://www.osteopathy.org.uk/news-and-resources/document-library/consultations/cpd-consultation-analysis-report/>)

#### CPD Guidelines

8. The consultation draft of the *CPD Guidelines* were broadly supported (a summary of responses to questions on the CPD Guidelines is attached at Annex B.) However, some comments were made about the section on culture and also the language used.
9. The *CPD guidelines* have been updated following the 2015 CPD consultation with minor changes to support clarity (for example, clarifying that the activities take place over a three year cycle) and enhance the section on culture by emphasising support. We have also tried to simplify the language used in the *CPD Guidelines*. The updated *CPD Guidelines* – attached at Annex C – have been shared with the SMT Task Group and the CPD Partnership Group (comprising members from the key osteopathic stakeholder groups and patients) for feedback. These *CPD Guidelines* remain draft but they will help to inform early adopters about the scheme and CPD. In due course, we will explore getting a plain English certification to ensure that language is accessible as possible.

#### Resources, case studies and examples

10. Feedback from the 2015 CPD consultation included suggestions that the resources could be enhanced with:
  - More information about patient templates and feedback
  - More guidance on case based discussion
  - Ensuring sufficient resources on communication and consent
  - More examples about how to document the CPD
  - Increase focus on ways of doing CPD which do not involve regional groups.
11. The current drafts of the *Resources, case studies and examples* have been updated by developing further clarification on 'instructions for use' including detail around preparation, on the day and how to record CPD in the new features of the scheme so that they can be used by anyone. We have also integrated further information about patient templates and patient feedback into the resources. We have also collated a much larger range of resources to support communication and consent along with more case studies and examples

of how osteopaths have been able to or could undertake the new features. We are continuing work with smaller groups to support the delivery of CPD activities in communication and consent which will help to deliver further activity in examples. The case studies and examples have also been supplemented with examples of how to record CPD demonstrating the four themes of the *Osteopathic Practice Standards*.

12. Paper copies of the current drafts of the *Resources, examples and case studies* are available on request from Fiona Browne at [fbrowne@osteopathy.org.uk](mailto:fbrowne@osteopathy.org.uk) or Steven Bettles at [sbettles@osteopathy.org.uk](mailto:sbettles@osteopathy.org.uk). Our Communications Manager, Sarah Eldred is leading the development of a new website which will consolidate all our resources within a dedicated page on our website for ease of access for osteopaths and others. Such a web based resource will be more dynamic and will enable the case studies and examples to continue to be updated as we work closely with the early adopters. The early adopters will be supported to use the resources to undertake the new features of the CPD scheme.

#### Peer Discussion Review Guidelines

13. The *Peer Discussion Review Guidelines* are being developed differently. The CPD consultation analysis (available at: <http://www.osteopathy.org.uk/news-and-resources/document-library/consultations/cpd-consultation-analysis-report/>) shows that the key area of comment in the consultation was around the peer discussion review. Although peer discussion review was broadly supported (see the consultation analysis extract at Annex B), there were matters which require further work ahead of implementation.
14. Comments from the consultation broadly fell into two categories:
  - a. Comments which required changes to the Guidance.
  - b. Comments which were dealt with in the Guidance but require further examples, videos and implementation methods to make them clearer.
15. Issues raised included:
  - Raising concerns – when to manage concerns within the Peer Discussion Review process and when concerns should be reported. There was a call for an independent advice line to support this and further clarity required in this area.
  - Clarity about the pass / fail line and engagement and what this means in practice – Although the guidance about incomplete peer discussion reviews is clear, it needs to be brought to life with examples.
  - Involving non-osteopaths in the process – the key to the peer discussion review is choice of peer – so those that are concerned about involving non-osteopaths should be able to choose an osteopath of their choosing. Again this aspect of the Guidance would benefit by being brought to life with some examples.
  - Training for peer discussion reviewers – Face to face training is not going to be available for peer discussion reviewers at this stage. However, resources should be collated to allow osteopaths to undertake some form of online

training ahead of undertaking a peer discussion review and further work needs to be undertaken on this.

16. As the majority of comments were in the area of Peer Discussion Review, we are delighted that some of the early adopter groups are working closely with us specifically on the development of the peer discussion review guidelines and examples. We will be exploring the development of case examples of peer discussion reviews exploring trust and setting expectations and using hypothetical cases and exploring cases where concerns are raised locally and where they are reported. We are also working on exploring options for a confidential helpline for osteopaths.
17. This work is being developed throughout 2016 and 2017 and so we will bring back updated Peer Discussion Review Guidelines to the Committee in due course.
18. In the meantime, the early adopters will focus on the other new features of the CPD scheme with an emphasis on discussing practice with peers as part of a structured conversation.

**The Committee is invited to share its views on the updated CPD guidance, the resources, examples and case studies and the mechanisms for further developing the peer discussion review guidelines.**

#### *Communications and engagement*

19. Since the last PAC meeting we have:
  - Met with educators to discuss how we might develop additional resources to support educators to undertake CPD in the new features related to their educational practice.
  - Met with the National Council of Osteopathic Research to explore how we might introduce the PROMs work into the early adopter scheme.
  - Undertaken seven webinars with small groups of osteopaths to support them to develop and facilitate their own sessions on the new features of the CPD scheme.
  - Written to all CPD providers that we are aware of to tell them about the new CPD scheme and to explore with them how they might be able to help osteopaths to undertake the new features of the CPD scheme. We have also met with CPD providers.
  - Held a briefing and listening session with members of our public and patient partnership group about the new CPD scheme.
  - Liaised regularly with other osteopathic media to ensure that the CPD scheme is promoted regularly.
  - Held our first meeting of our CPD Partnership Group.

#### *Process*

20. 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.

21. The e-portfolio will be online from November to April 2017. During this time, we will be evaluating its effectiveness as a tool to support the implementation of the CPD scheme and agreeing next steps (which may include an extension of time).
22. Meetings of the SMT Task Group take place every three weeks to support the ongoing project management.
23. The first meeting of the CPD Partnership Board took place on 22 September 2016. Part of this meeting comprised an interactive workshop with members exploring a structured approach to developing organisational roles in the implementation process and also risks and concerns to supplement our own risk register. The next meeting of the CPD Partnership Group will take place in early 2017. We will discuss risk later on in the paper.

#### *Early adopters*

24. At the time of writing this paper, we had almost 240 osteopaths who have expressed interest in being an early adopter.
25. Early adopter launch sessions are being planned during November as follows:
  - Face to face sessions (2 hours) – Sessions are planned in London, Coventry, Exeter, Gatwick, York and at the iO Convention in Windsor during November and early December.
  - Online webinar sessions are being planned during November.
26. The purpose of the launch sessions is to:
  - Introduce the new features of the CPD scheme.
  - Enable osteopaths to get a taster of the early adopter scheme.
  - Help osteopaths to decide which features of the new scheme they would like to try out and when.
27. We hope that the launch sessions will provide reassurance about the new CPD scheme and support the development of new communities.
28. It is planned that early adopters will have the opportunity to sign up for dedicated free 'programmes' which will be delivered by the Professional Standards team. Each programme will be accessed primarily online in groups of no more than 10 people. Each will comprise of three or four 'bite-size' sessions each no longer than an hour delivered over a period of three to four months. We hope to supplement the programmes with short videos which capture the essence of the sessions. Programmes will include:
  - Communication and consent
  - Case based discussion
  - Patient feedback
  - Peer observation

- Clinical audit
29. Early adopters will be able to sign up to a programme on a first come, first served basis. Current planning suggests that we will aim to offer around 8 full programmes between December and March 2017 which allows capacity for around 1/3 of early adopters to complete a programme before the end of March 2017. We will continue to offer these programmes beyond March to enable all early adopters to participate in a programme. We will also work with other organisations to enable the programmes to be rolled out by others.
30. 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)
31. We will evaluate the effectiveness of the programmes by seeking feedback from osteopaths who have participated in the programmes.

**The Committee is invited to consider the specification outlined in paragraph 30 and to advise on any other aspects that we should be seeking to test with the early adopters.**

#### Legislation

32. Potential changes to legislation have been discussed with the SMT Task Group and also at a very preliminary stage with the Department of Health to assess appetite for change. The Resources Board has indicated that they are willing to explore our request for minor changes to the legislation to implement the full three year cycle. The SMT Task group have considered options for change and are exploring these with the Department of Health. Once we have discussed these options with the Department of Health, we will be able to finalise our instructions for consideration by Council and Committee.

#### Equality and diversity

33. The equality impact assessment is in place and will continue to be updated during the early adopter phase. As we the early adopters are currently completing their characteristics forms to advise us about their practice and them, we will bring an updated version of the equality impact assessment to the next Policy Advisory Committee meeting. We currently have 65 Characteristic Forms completed (as of 4 October 2016).



34. The Early Adopters' Characteristic Form asks osteopaths about the following key areas:
- type of practice
  - length of time they have been practising
  - registration with other health regulators
  - the hours they practice as an osteopath (in a typical week)
  - the number of patients they see (in a typical week)
  - the ways in which they practice with other osteopaths
  - diversity and ethnicity information
35. We are asking osteopaths to complete this form, so we can ensure the "Early Adopter" community represents the breadth and depth of osteopathic practice. Their feedback will help us to be alive to the experience of osteopaths in all professional settings. Importantly, their feedback will also help us to make sure that our learning resources meet the needs of all sections of the profession.

Evaluation and impact assessment, finance and risk

36. The Committee is invited to consider substantive matters below.

*Finance*

37. An updated budget plan outlining expenditure incurred and planned expenditure is outlined at Annex D. In February 2016, the Council designated up to £100,000 from reserves for the implementation of the CPD scheme over a three year period. Expenditure is currently as expected.

*Risk*

38. The purpose of the implementation of the CPD scheme is to support safe and effective patient care, practice in accordance with the *Osteopathic Practice Standards* and to support the development of learning communities that enable osteopaths to share and develop their practice safely and effectively. Anything which could impede this aim is potentially a risk.
39. The current risk log for the implementation of the CPD scheme was considered by the Committee at its last meeting. It was suggested that the biggest risk in relation to the scheme was failing to develop the community of osteopaths. It was for the community to come together and develop the skills already in existence as clinicians and develop these skills in a different way. It was suggested that the risk statement needed a little more work. Some further thought about the risks to the scheme and the risks to the project would be beneficial and perhaps a workshop with stakeholders might be helpful to capture what might be missing from the risk statement. It would also help to develop further clarity around the risks both to the project and the scheme as well as the proposed mitigating actions.
40. As a result of the feedback from the Committee, we held a workshop with our key stakeholders in the CPD Partnership Group at their meeting on 22

September 2016. The aim of the session was to collectively explore partner roles in the CPD Scheme and to support a deeper, critical understanding of our roles in the delivery of the objectives of the CPD scheme and to check whether we had missed anything important. Further detail about these sessions and the feedback is set out in the CPD Partnership Group minutes at Annex E. No specific issues were identified that do not already feature on the risk log.

41. The next steps for this work are for the organisations, networks and constituencies represented on the CPD Partnership Group to reflect on their analysis and collaboratively develop action plans that the group will monitor. This work will be ongoing between now and the next meeting in February 2017. We will report back to the Committee and Council about this work following the meeting of the next CPD Partnership Group.

### *Evaluation*

42. The new CPD scheme is centred around 'reflective learning'. As we move closer to the introduction of the new CPD scheme we thought it would be helpful to introduce osteopaths to a "reflective learning activity" which they could use towards their annual CPD hours now.
43. We anticipate that reflecting on their learning in this way will enable osteopaths to link their professional development to practical outcomes and widen the definition of what counts as useful activity to them. We want osteopaths, to keep asking themselves 'what did I get out of this?'

### The Reflective Tool

44. We will be inviting osteopaths to complete the CPD evaluation questionnaire.
45. The aim of the CPD evaluation questionnaire is to get osteopaths to reflect on their current experiences of undertaking osteopathic CPD under the existing scheme. This will help them to think about how the new continuing professional development scheme could alter their patterns of CPD over time and how they can make it work for them. It may also get osteopaths to think about how CPD contributes to safe practice in continuing enhancement of quality of care.
46. The CPD evaluation survey will 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
47. The CPD evaluation questionnaire will take osteopaths 30 minutes to complete and osteopaths will be advised that it would be helpful for them to have their most recent CPD record in front of them along with the Osteopathic Practice Standards for reference when completing the questionnaire. Once osteopaths have completed the CPD evaluation questionnaire they will be able to print a copy of their individual response to keep in their CPD record folder as evidence of this CPD. Osteopaths will be able to claim 30 minutes of CPD for completion of the questionnaire as well as being able to claim any additional time spent reflecting on the content and what that means for them either individually or collectively.
  48. The draft CPD evaluation questionnaire has been tested with a range of registrants, CPD Partnership Board Members, GOsC Registration Assessors and internally within GOsC amongst Professional Standards, Registration and Resources and Communication Teams
  49. The CPD evaluation questionnaire will be launched in October 2016.
  50. There is an article scheduled for the October issue of the *osteopath magazine* on the CPD evaluation questionnaire and reflective learning entitled "How do you do your CPD?"
  51. The draft CPD evaluation can be found at: <https://gosc.onlinesurveys.ac.uk/cpd-evaluation-survey-2nd-draft>

**Recommendations:**

1. To consider the updated CPD Guidance and resources.
2. To consider the specification for the early adopters.
3. To note the plans to update the equality impact assessment following data collection from the early adopter cohort.
4. To consider the updated evaluation.

**High level Project Plan Summary for the Policy Advisory Committee for the implementation of the CPD Scheme to March 2017**

(Please note that a more detailed project plan sits underneath this high level summary for the Committee and this is monitored by the SMT Task Group).

Committee decisions are highlighted in bold italics.

<b>Date</b>	<b>1 – Guidance and resources</b>	<b>2 – Communications and engagement</b>	<b>3 – Process</b>	<b>4 – Early adopters</b>	<b>5 – Legislation</b>	<b>6 – Equality and diversity</b>	<b>7 – Evaluation and impact assessment (including finance)</b>
	<b>On track</b>	<b>On track</b>	<b>On track</b>	<b>On track</b>	<b>On track</b>	<b>On track</b>	<b>On track</b>
	Outcome: To finalise CPD Guidance, Peer Discussion Review Guidance and resources and case studies for the early adopters.	Outcome: To ensure that GOsC and stakeholders work together in successful delivery of the scheme for the early adopters.	Outcomes: To ensure that appropriate governance arrangements are in place to oversee the CPD scheme.  To develop appropriate CPD process for the early adopters.	Outcomes: To recruit early adopters to participate in the early implementation of the CPD scheme.  To provide support to early adopters to participate in the CPD scheme.	Outcome: To report on changes needed to our current legislative framework to enable the CPD scheme to be implemented for all osteopaths.	Outcome: To ensure that the equality impact assessment document is updated throughout the pilot to ensure that all equality issues are identified and managed.	Outcomes: To secure a baseline for implementation of the CPD scheme.  To continue to evaluate the impact of the CPD scheme (including costs and benefits) through the early adopters to inform phased implementation.  To monitor the budget.

## Annex A to 4

Date	1 – Guidance and resources	2 – Communications and engagement	3 – Process	4 – Early adopters	5 – Legislation	6 – Equality and diversity	7 – Evaluation and impact assessment (including finance)
	On track	On track	On track	On track	On track	On track	On track
June 2016		Establish CPD Partnership Board and reference group and contact all osteopathic stakeholders to populate.  <b>PAC to:</b>  <b>Note update on communications and engagement</b>	<b>PAC to:</b>  <b>Note update on governance arrangements</b>	Recruit early adopters  <b>PAC to:</b>  <b>Note update on strategy for recruitment</b>	To develop report on the legislative changes required for implementation of the scheme.		<b>PAC to:</b>  <b>Agree specification for the 'State' of CPD Report' and method of evaluating initial impact of the CPD scheme.</b>  <b>Agree indicative budget for the CPD scheme. Consider the risk matrix for monitoring the implementation of the CPD scheme.</b>
August 2016				Recruit early adopters			
Sept 2016	Complete update of Continuing Professional Development Guidance, Peer			Recruit early adopters	To consider report on legislative changes required for phased implementation of		

## Annex A to 4

Date	1 – Guidance and resources	2 – Communications and engagement	3 – Process	4 – Early adopters	5 – Legislation	6 – Equality and diversity	7 – Evaluation and impact assessment (including finance)
	On track	On track	On track	On track	On track	On track	On track
	Discussion Review Guidance and Resources and Case studies for early adopters. NB: Resources and case studies guidelines will be continually updated throughout the early adopter phase				the scheme.		
October 2016	<p><b><i>PAC to:</i></b></p> <p><b><i>Note updated CPD Guidance, Peer Discussion Review Guidance and updated Resources and Case studies for the early adopters.</i></b></p>		<p><b><i>PAC to:</i></b></p> <p><b><i>Note update on process for early adopters.</i></b></p>	<p>Recruit early adopters</p> <p><b><i>PAC to:</i></b></p> <p><b><i>Consider specification for early adopters.</i></b></p> <p>This will include who the early adopters are, what they are doing and how we will gather</p>	<p><b><i>PAC to:</i></b></p> <p><b><i>Consider report on changes required to legislation.</i></b></p>	<p><b><i>PAC to:</i></b></p> <p><b><i>Consider updated equality impact assessment ahead of the start of the implementation of the CPD scheme for the early adopters.</i></b></p>	<p><b><i>PAC to:</i></b></p> <p><b><i>Consider progress of the evaluation reports, finance and risk matrix.</i></b></p>

## Annex A to 4

Date	1 – Guidance and resources	2 – Communications and engagement	3 – Process	4 – Early adopters	5 – Legislation	6 – Equality and diversity	7 – Evaluation and impact assessment (including finance)
	On track	On track	On track	On track	On track	On track	On track
				information to inform implementation of the scheme for all.			
November 2016				Launch early adopters with kick off meetings			
December 2016				Early adopter sessions incorporating patient feedback, case based discussion, communication and consent and Osteopathic Practice Standards			
January 2017				Early adopter sessions incorporating patient feedback, case based discussion, communication and consent and			

## Annex A to 4

Date	1 – Guidance and resources	2 – Communications and engagement	3 – Process	4 – Early adopters	5 – Legislation	6 – Equality and diversity	7 – Evaluation and impact assessment (including finance)
	On track	On track	On track	On track	On track	On track	On track
				Osteopathic Practice Standards			
February 2017				Early adopter sessions incorporating patient feedback, case based discussion, communication and consent and Osteopathic Practice Standards		Continue to update equality impact assessment following feedback from early adopters	Continue to collect information to inform evaluation, costs and benefits.



<p>March 2017</p>	<p><b>PAC to:</b>  <i>Consider update CPD Guidelines, Peer Discussion Review Guidelines and Resources and Case Studies for roll out to all osteopaths</i></p>	<p><b>PAC to:</b>  <i>Note update on communications and engagement</i></p>	<p><b>PAC to:</b>  <i>Consider process arrangements in place for all osteopaths and timeline for implementation.</i></p>	<p>Early adopter sessions incorporating patient feedback, case based discussion, communication and consent and Osteopathic Practice Standards</p> <p><b>PAC to:</b>  <i>Note progress of early adopters.</i></p>	<p><b>PAC to:</b>  <i>Consider timeline for phased implementation of the CPD scheme for all.</i></p>	<p><b>PAC to:</b>  <i>Consider updated equality impact assessment</i></p>	<p><b>PAC to:</b>  <i>Consider progress of the evaluation reports, finance and risk matrix.</i></p>
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## Extract from the 2015 CPD Analysis showing responses to the CPD Guidelines

Table 4 Survey responses Section 1

Question	No of responses	% Agree /Strongly Agree
1. A section about culture is important in the CPD guidelines	117	72%
2. The section on culture describes the culture I would like to see in osteopathy	103	67%
3. The section describing the CPD scheme is clear	107	75%
4. The definition of CPD is clear	105	91%
5. The definition of CPD is appropriate	105	78%
6. The definition of professional practice is clear	103	84%
7. The definition of professional practice is appropriate	115	74%
8. The description of the CPD process is clear	105	74%
9. Information about the Peer Discussion Review is clear	103	70%
10. The draft <i>CPD Guidelines</i> are clear	101	70%
11. The draft <i>CPD Guidelines</i> are accessible	99	77%
12. This is a scheme that osteopaths can comply with	102	63%
13. This is a scheme that is likely to help osteopaths to enhance patient care	105	53%
14. This scheme will encourage osteopaths to discuss their practice with others	103	68%
15. The draft <i>CPD Guidelines</i> overall are clear	103	62% <sup>8</sup>

## Extract from the 2015 CPD Consultation Analysis showing responses to the Peer Discussion Review Guidelines

Table 5 Survey responses Section 2

2 PDR Guidelines	No of responses	% Agree /Strongly Agree
17. A section about culture is important in the <i>Peer Discussion Review</i>	104	64%
18. The section on culture describes the culture I would like to see in osteopathy	101	70%
19. The frequently asked questions are appropriate	103	65%
20. The instructions for completing the Peer Discussion Review template are clear	104	76%
21. The instructions for completing the Peer Discussion Review template are appropriate	99	67%
22. The Peer Discussion Review template is easy to follow	102	70%
23. The guidance about when a standard <b>is met</b> is clear	99	61%
24. The guidance about when a standard <b>is met</b> is appropriate	99	57%
25. The guidance about when a standard <b>is not met</b> is clear	105	60%
26. The guidance about when a standard <b>is not met</b> is appropriate	100	54%
27. The guidance about when a standard <b>may be met</b> is clear	96	54%
28. The guidance about when a standard <b>may be met</b> is appropriate	99	50%
29. The information provided helps osteopaths to understand how to prepare for their own Peer Discussion Review	100	66%
30. The information provided helps osteopaths to understand how they might undertake their own Peer Discussion Review	99	72%
31. The information provided helps osteopaths to understand how they might conduct a Peer Discussion Review for someone else	100	64%
32. The Peer Discussion Review <b>could</b> contribute to safer and more effective practice	103	51%
33. The Peer Discussion Review <b>will not</b> contribute to safer and more effective practice	100	28%
34. The Peer Discussion Review is a hierarchical process	95	37%
35. The Peer Discussion Review process encourages discussion about areas of development in a supportive environment	102	58%

## **CPD Guidelines**

### **Introduction**

This guidance supports osteopaths in meeting the General Osteopathic Council (GOsC) Continuing Professional Development (CPD) scheme requirements. The CPD scheme provides assurance of continuing fitness to practise for every osteopath on the statutory Register, by encouraging osteopaths to develop their practice as members of a community of learning.

### **Culture**

*Helping explore osteopathy within a supportive community*

The CPD scheme is designed to promote engagement, professional support discussion and 'learning communities' within osteopathy, putting patients at the heart of osteopathy, thereby ensuring high quality patient care and patient safety.

**This approach requires osteopaths to participate fully and show interest in CPD activities, helping colleagues to feel valued and promoting discussion about practice. It relies on:**

- a respectful environment where colleagues can share details of their practice openly
- the skills to give and receive constructive feedback
- demonstrating attitudes of curiosity and the ability to learn from every encounter with colleagues
- valuing the new knowledge and insights that colleagues and patients can bring.

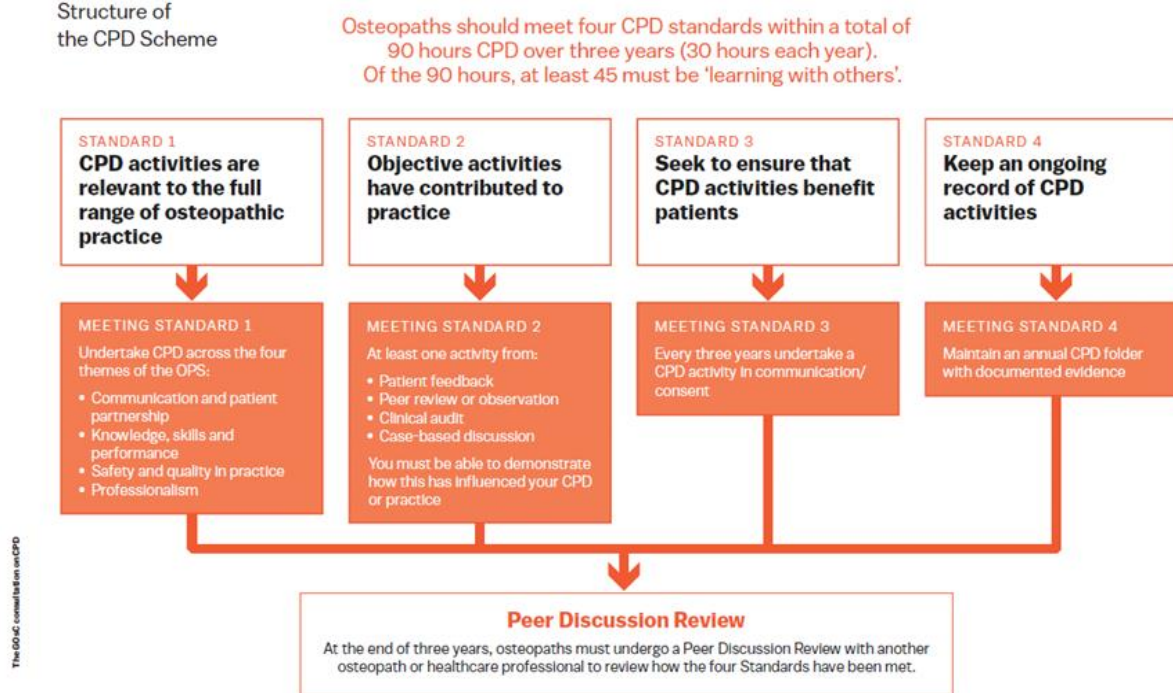
**We want to create a culture where osteopaths are empowered to:**

- inspire and influence others through the shared aim of creating benefits for patients, practitioners and colleagues both within and outside the osteopathic profession
- be alert to changes in society, other health practices, and in the delivery of healthcare, to ensure that the services osteopaths deliver are meeting ever-changing expectations, supporting effective collaboration and put patients at the heart of care
- develop and maintain excellent interpersonal skills and understand the impact on others of the practitioner's emotions and behaviours.

## CPD Scheme

6 FULL CONSULTATION

**Figure 1**  
Structure of  
the CPD Scheme



### What is the CPD scheme?

The CPD scheme for osteopaths is illustrated in **Figure 1** above.

In order to provide assurance of continuing fitness to practise, the CPD scheme requires:

- a. A three-year cycle of 90 hours of CPD, which is primarily self-directed. This must comprise a minimum of 45 hours of CPD 'learning with others'<sup>1</sup> (equivalent to an annual requirement of 30 hours of CPD, including 15 hours learning with others).
- b. Within the 90 hours, 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
  - at least one CPD activity in the areas of communication and consent
  - CPD activities in each of the areas of the *Osteopathic Practice Standards* – communication and patient partnership; knowledge, skills and performance; safety and quality; and professionalism
  - 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 (see below) have been achieved.

<sup>1</sup> 'Learning with others' means 'any relevant learning activity that involves interaction (both giving and receiving information to inform learning) with osteopaths, healthcare practitioners or other professionals.'

Compliance with the requirements of the three-year cycle will mean an osteopath has demonstrated the necessary CPD standards and can move into the next three-year cycle. The CPD Standards are outlined in Table 1 below along with an explanation of how the osteopath shows engagement.

**Table 1**

<b>CPD standard description</b>	<b>CPD standard</b>	<b>What the osteopath must do across the three year CPD cycle</b>
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– <ul style="list-style-type: none"> <li>- communication and patient partnership;</li> <li>- knowledge, skills and performance;</li> <li>- safety and quality; and</li> <li>- professionalism</li> </ul>
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
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
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 expectation of 30 hours of CPD, including 15 hours learning with others).
Sign off		

## **Sign off**

A Peer Discussion Review towards the end of the three-year cycle, 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 cycle will mean an osteopath has demonstrated the necessary CPD standards and can move into the next three-year cycle.

## **What constitutes CPD?**

CPD is any activity that maintains, enhances and develops osteopathic professional practice. CPD includes any learning undertaken by an osteopath and can include courses, seminars, practical sessions, e-learning, reading, research, individual study and any other activities that can advance practice. Undertaking CPD is an ongoing aspect of professional practice.

CPD learning with others, additionally must involve interaction (both giving and receiving information to inform learning) with osteopaths, healthcare practitioners or other professionals.

## **What is professional practice?**

Professional practice can include clinical work, education, research or management responsibilities. Over the course of a three-year CPD period, CPD should be appropriately balanced over the whole of an individual's practice. So, for example, an individual who only undertakes clinical work and holds no management or teaching responsibilities might confine all their CPD to clinical work. However, an osteopath who undertakes one day a week in education should undertake an appropriate proportion of their CPD in the area of education or teaching practice, in addition to their CPD in clinical practice. Over the course of a three-year period, osteopaths with management responsibilities should be able to demonstrate balanced CPD in this area.

## **The CPD process – submitting information to the GOsC**

Each year, as part of the re-registration process, osteopaths will submit a self-declaration which confirms the number of hours of CPD undertaken and reports which of the mandatory activities have been covered.

The Example CPD Cycle provided in **Table 2** offers guidance on how the scheme can be undertaken and the feedback that the GOsC will provide throughout the cycle.

It is important that all osteopaths should aim to undertake the appropriate amount and balance of CPD for each year of the cycle.

It is only necessary that **all** the requirements are completed by the **end of each three-year cycle** in order to move into the next cycle.

The example in **Table 2** illustrates how someone might choose to spread the mandatory requirements across the whole of the three-year cycle, as part of their usual self-directed activities. Some osteopaths may choose to undertake all their mandatory activities in Year 1. Osteopaths should take steps to ensure that they meet all the requirements by the end of Year 3.

If it becomes apparent that exceptional circumstances will prevent an osteopath complying, the GOsC should be notified by the osteopath as soon as possible during the CPD cycle, along with documentary evidence and an application to extend the endpoint of the CPD cycle.

**Table 2**

Cycle 1	Suggested CPD Hours	Suggested activities	Annual feedback from GOsC
Year 1	30 hours of CPD (15 hours of learning with others)	Objective activity analysis and reflection plus other self-directed activities.  Some osteopaths may also like to identify their intended peer discussion reviewer at this point and discuss informally their CPD plans and activities.	At the conclusion of the first year, as part of the registration renewal, osteopaths will be asked to declare what they have undertaken within their CPD scheme as part of their registration renewal. This will comprise: <ul style="list-style-type: none"> <li>a. The number of CPD hours completed.</li> <li>b. The number of new features of the new scheme.</li> </ul> GOsC will confirm what further CPD needs to be completed as part of the three year CPD cycle. Osteopaths can show this to their peer discussion reviewers.
Year 2	30 hours of CPD (15 hours learning with others)	CPD in consent and communication, plus other self-directed activities.	As above
Year 3	30 hours of CPD (15 hours learning with others)	CPD completed in all themes of the OPS and across all aspects of professional	The osteopath will submit a completed peer discussion review form to the GOsC which will confirm that the osteopath

		practice plus self-directed activities.  Peer Discussion Review completed	has completed:  - The CPD standards - 90 hours of CPD (including 45 hours learning with others)  The osteopath will move into the next CPD cycle.  If all activities have not been completed, osteopaths will receive a warning that if they do not comply with the scheme within 28 days, they are at risk of being removed from the Register.
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**The Peer Discussion Review**

Towards the end of the CPD cycle (normally during Year 3), all osteopaths must undertake a Peer Discussion Review in order to complete the CPD cycle and move into their next CPD Cycle.

A Peer Discussion Review is a structured formal conversation with a colleague or other health professional, either locally or through arrangements put in place by educational institutions, regional groups or advanced practice societies, a member of the Osteopathic Alliance, or with the GOsC.

During the conversation, the osteopath will discuss their osteopathic professional practice and their CPD activities to demonstrate that they have complied with the CPD scheme requirements and therefore meet the CPD Standards. The Peer Discussion Review should take around an hour to an hour-and-a-half to complete.

The Peer Discussion Review provides the opportunity for a respectful and supportive conversation about practice. Separate guidelines supporting the Peer Discussion Review process are available.

The *Peer Discussion Review Guidelines* contain:

- information about how the Peer Discussion Review works
- frequently asked questions
- a structured template to guide the discussion.



## **Completing the CPD Cycle**

The CPD standards and requirements are an important statement to patients and the public and other health professionals providing assurance that all osteopaths on the register practice in accordance with published standards and requirements set out. This means that all osteopaths must complete the CPD requirement outlined in Figure 1 by the end of their three year CPD cycle. Failure to comply with the CPD cycle means that the osteopath is at risk of their registration being removed unless there is good reason.

Osteopaths who are unable to complete the CPD requirement within the CPD cycle should contact the GOsC at the earliest opportunity to discuss this. There is a statutory process allowing the registrar to extend or vary the three year CPD requirement if there is good reason. Osteopaths wishing to make such an application must do so in writing providing supporting evidence.

## **GOsC audit**

Audit is likely to take place as follows:

- GOsC will provide feedback to osteopaths, advising them whether or not they are on track for their three-year CPD cycle.
- the GOsC will audit Peer Discussion Review forms at the end of the CPD cycle to ensure that a minimum of 90 hours of CPD (including 45 hours of learning with others) has been undertaken and a Peer Discussion Review has been satisfactorily completed.
- A sample of CPD folders will also be audited.

## **Quality assurance**

Audit provides a level of quality assurance by checking compliance with the CPD scheme. Resources to support the quality of the Peer Discussion Review process are also available including support for conducting Peer Discussion Reviews. The templates to be completed as part of the Peer Discussion Review process have been designed so that they support a structured conversation, enabling participants to 'walk through' the process, with the same questions being discussed and the same guidance being applied by all.

Organisations providing peer discussion reviews may put in place their own mechanisms of training and quality assurance.

Osteopaths will need to retain in their folders any documentation relating to incomplete Peer Discussion Reviews.

### CPD Implementation Budget Summary

1. At its last meeting in May 2016, the Committee asked for a more detailed budget to be prepared for consideration.
2. To assist Council to monitor projected budgets and costs, we have outlined our narrative and assumptions below.
3. The implementation period is a time for kick starting the scheme for all osteopaths. We have agreed a staged approach to implementation which will commence with early adopters, and will conclude with the implementation of the scheme for all (although different elements of the scheme may be mandated for all osteopaths at different times). At the conclusion of the implementation period, there will continue to be ongoing costs from the scheme which will need to be met from the expenditure budget. Examples of these are outlined below.
4. It is important to highlight at the outset, that some of our costs – particularly those falling towards the end of the three year implementation period will be uncertain at this stage of development and indeed the ongoing costs of the scheme following the implementation period. For example, the costs of developing online resources are uncertain at this stage and will, to a degree, depend on the level of external expertise required to secure the desired deliverables which we are in the process of scoping out. Further, at the end of the implementation period as we move to the implementation of the scheme for all, there will necessarily be ongoing costs that will need to feature in the expenditure budget. An example of this is ongoing work to keep resources and case studies updated, the need for updated guidance should, for example the consent and communication requirement under 'CPD benefits patients' be changed to, for example, something on boundaries, the need for training and appraising GOsC assessors to undertake GOsC Peer Discussion Reviews for those that select or are required to undertake a peer discussion review with the GOsC rather than another colleague or the funding of the auditing process.
5. Nevertheless, to assist Council to monitor projected budget and costs in the context of the risk to the organisation as outlined at the risk log, we have outlined an indicative budget below along with an indication of the anticipated phasing.

## Annex D to 4

<b>Item</b>	<b>Budget (over a three year implementation period drawn from £100 000 reserves)</b>	<b>Expenditure as at September 2016</b>	<b>Notes</b>
Engagement (including recruitment of early adopters)	£33,000	Small costs for venues and refreshments may be required for the face to face events along with travel expenses for staff. We anticipate that this should not exceed £3000.	Recruitment of early adopters and ongoing engagement is planned to commence during Autumn 2016. Expenditure will commence at this point and is not expected to exceed £31,000 before the end of year 2 of the implementation period.
Development of resources (for early adopters and mandatory implementation)	£31,000	The e-portfolio will cost £5000 for developing and piloting to April 2017 with the potential for extension to £1000 per month. Annual figures for running the e-portfolio are currently estimated £5000 to £10000 not including substantive set up costs.	Resources are currently being developed in house. Over time, we plan to develop online case resources which will require a degree of IT expertise. These costs are expected to fall towards the end of the implementation period. We are also considering piloting an online e-learning portfolio to support dissemination of CPD resources and materials which would be included within this overall figure.
Process development	£10,000		The costs of process development will fall as elements of the scheme are implemented for all. Therefore these costs are likely to fall towards the end of the implementation period.

## Annex D to 4

Evaluation and impact assessment	£25,000	Currently, evaluation expenditure has been contained through the use of in-house expertise.	Expenditure on setting the baseline for the evaluation will commence shortly and is expected to be consistent throughout the implementation period.
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## **Continuing Professional Development (CPD) Partnership Group**

Minutes of CPD Partnership Group held on 22 September 2016

### Unconfirmed

- Chair: Tim Walker
- Present: Gul Begum, Public and patient partnership group (PPG)  
Maurice Chen, Institute of Osteopathy (iO)  
Karim El-Arabi, recently qualified osteopath (joining by teleconference)  
Kathryn Elliott, Regional Communication Network (RCN) representative  
Carol Fawkes, National Council for Osteopathic Research (NCOR)  
Olwen Grindley, Recently qualified osteopath  
Santosh Jassal, Osteopathic Alliance (OA)  
Asmina Remtulla, PPG  
Matthew Rogers, Institute of Osteopathy (Io)  
Keith Sparling, RCN  
Lucy MacKay Tumber, Council of Osteopathic Educational Institutions (COEI)  
Bella Vivat, PPG  
Nick Woodhead, OA
- In attendance: Steven Bettles, General Osteopathic Council  
Fiona Browne, General Osteopathic Council  
Stacey Clift, General Osteopathic Council  
Nina Schuller, General Osteopathic Council  
Brigid Tucker, General Osteopathic Council

### **Item 1: Welcome and introductions**

1. Tim Walker welcomed all attendees to the meeting.
2. There were apologies from Helen Wheatley, Public and patient partnership group, and Robin Lansman, Institute of Osteopathy.

### **Item 2: Purpose of CPD Partnership Group**

3. Fiona Browne introduced the Group to its terms of reference.
4. *'The purpose of the CPD Partnership Group is to provide advice to the SMT CPD Task Group about delivery of the new CPD scheme. The CPD scheme is designed to promote engagement, professional support discussion and 'learning communities' within osteopathy, putting patients at the heart of osteopathy, thereby ensuring high quality patient care and patient safety. The members of*

*the Partnership Board also commit to undertaking the roles necessary within constituent organisations to support the successful delivery of the CPD Scheme'.*

5. The Group would enable the GOsC to work closely in partnership with others to ensure osteopaths were supported in engaging with the new CPD scheme.
6. The Group considered the terms of reference and it was agreed that that paragraph 1 and 2 should be amended to recognise that some members of the Group were individual representatives, rather than representatives of particular organisations.

**Action:** the terms of reference be amended to recognise that some members of the Group were individual representatives, rather than representatives of particular organisations.

### **Item 3: Exploring partner roles in the CPD Scheme**

7. Fiona Browne gave a presentation focusing on exploring partner roles in the CPD Scheme. The presentation provided background to the scheme, the current implementation timeline, and purpose of the scheme.
8. Steven Bettles provided a summary of progress on the e-portfolio trial which had been developed. The e-portfolio system had been commissioned from Premier IT and would be available for early adopters to try out for several months from November 2016. The GOsC was also working with partners to identify how an e-portfolio system might be supported in the longer term. Fiona Browne also reported that the GOsC Communications Team was in the process of developing a CPD website which would include a range of CPD resources.
9. The Group were asked for their feedback on the proposed CPD scheme. Feedback included:
  - The scheme seemed sensible and proportionate and could offer benefits to the profession and patients. It was also felt that the focus on communities of practice and peer review would help bring together the profession, and the scheme could result improved patient satisfaction and outcomes. It was recognised that the scheme had to be rooted in good patient experience, and supporting osteopaths to provide this. The scheme gave equal weight to all elements of being an osteopathic professional (including working with other professional and patients), and was very promising.

It was asked if there would there be room for amending the scheme if evidence called for this, for example communication and consent was currently a focus in response to existing evidence, but this might change in the future. Fiona Browne said that it was planned that there should be the capacity for amendment in such circumstances. In addition, the CPD resources would continue to be updated, for example on communications and consent. There would also be guidance to osteopaths on how to use

these resources, so they would feel confident about accessing the new scheme.

- It was suggested that the CPD scheme needed to focus both on quality as well as quantity. It was suggested that the peer discussion review process enabled this peer focus on quality not just the quantity of CPD.
- In relation to communication and consent, the group felt that it was generally difficult to show that CPD in communication and consent had impacted on practice because complaints showed when communication and consent had not been effective. There was also some concern about how to share feedback and reflection with GOsC. It was explained that the patient feedback mechanisms could support osteopaths to show that communication and consent CPD had had an impact on practice. But reflections – shared with a peer of the osteopath's choosing – need not be fully disclosed on the Peer Discussion Review Form – that form needed to record that the CPD in communication and consent had been undertaken not the detail. (Further detail is available on the structured peer discussion review form). The Peer Discussion Review should be a safe space to discuss practice and CPD with a peer rather than with a GOsC auditor typically.
- There were concerns that there were not enough courses available on communications and consent. The *Resources, case studies and examples for communication and consent* had been updated since the consultation and included a whole range of different ways to undertake CPD in communication and consent both e-learning as well as group learning. It was suggested that critical analysis courses could support communications and consent. There were alternatives to formal courses e.g mentoring and networking through communities of practice. It was reported that previously critical events and complaints had been recorded through 'the red book'. Tim Walker stated that the GOsC regularly published fitness to practice case findings in a publicly available fitness to practice bulletin. It was also reported that the National Council of Osteopathic Research hosted on-line system for reporting adverse events where osteopaths could safely report, access and share information that would inform their practice. The information was aggregated and reported anonymously by the National Council for Osteopathic Research to support learning and be examined for trends. There as a similar system in place for patients to report adverse events to support learning.
- In relation to communication and consent, it was felt that the new feature was about communication and consent – with the emphasis on communication. It was not simply about risks – it was about communication and shared decision making. The focus was not just about being compliant and safe – it was about increased patient satisfaction and delivering a better service. In this respect it was wondered whether the iO could tie in the recent iO service standard work to the GOsC CPD scheme.

10. As part of the first interactive session, the group was asked to explore, from the perspectives of their own organisation, group, or constituency – what was it they wanted osteopaths to 'do'. GOsC advised that thinking about the themes of engagement support and community and the new CPD scheme, the GOsC wanted osteopaths 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)
11. After 10 minutes of discussion in pairs, the Group were asked what they wanted the scheme to deliver for osteopaths from the perspective of their own organisations, groups or constituencies.
12. Feedback included osteopaths:
- Building on theoretical knowledge, gaining more experience and learning about options for improving patient care.
  - Improving communications, team working and networking, including with other healthcare professionals. The patient and iO representatives particularly emphasised the importance of osteopaths building relationships with other health professionals – working with other health professionals and other health professionals working with osteopaths for the benefit of patients.
  - Learning about alternative ways of thinking, technique and tools, and focusing on improved patient care.
  - Using innovative ways of meeting the CPD requirements (not just sitting in the back of a room at a course). This could include using virtual networks, discussing case studies with peers, mentoring (especially over longer periods), interacting with other health professionals, and generally broadening learning opportunities.
  - Building up self-awareness and also to recognise strengths across all four of the Osteopathic Practice Standards (OPS) themes. The Peer Discussion Review wash up towards the end of the three year period should be a source of reassurance not fear.
  - Organisations wanted to develop a partnership approach with the regulator (the GOsC) in the delivery of the CPD.
  - Supporting osteopaths to embrace and engage with the scheme.
  - Improving skills and knowledge across a range of issues and make these explicit for a wider audience.



- Organisations wanted to support osteopaths to 'skill up' in key areas which were important for the development of the profession such as research. We know what we can do and we want to demonstrate that systematically to the profession, to patients and to other health professions.
  - To get osteopaths to keep in touch with each other more regularly to avoid de-skilling.
13. Next, The group split into three different groups and considered the next steps through a group exercise.
14. The groups were asked to explore the questions in relation to the capability, opportunity and motivation for osteopaths to participate in the CPD scheme, to reflect on practice and to become an active part of a network of osteopaths. This involved structured consideration of the knowledge, skills and understanding osteopaths needed to participate in the scheme; the physical and social environment or opportunities that osteopaths needed to participate and consideration of the reasons or narrative that osteopaths had about participating in the scheme. The group also considered:
- The barriers/or the competing demands on osteopaths?
  - What their organisation or network could do to support osteopaths or to help overcome the barriers or competing demands?
15. The small groups fed back as follows:

**Group 1:**

- *Capability* (knowledge, skills and understanding to participate) / *Opportunity* (physical and social environments or opportunities / *Motivation* (reasons for participating in the CPD scheme and feelings about participating in the CPD scheme. Barriers to capability included time, money, impact of time spent on practice, geography/travel, competing demands, technical knowledge, self awareness (including of gaps in knowledge), and defining learning opportunities.
- There might also be a fear of undertaking an activity which was outside their 'safety zone'. Osteopaths would need to pace their learning.
- The CPD scheme created new opportunities for creating and expanding individual networks and mentoring/shadowing, both within and outside localities. The three year cycle would also mean that osteopaths could look at alternative learning opportunities, for example an academic qualification.
- The results of the new CPD scheme could include increased numbers of patients, improved patient satisfaction, new skills and knowledge and increased satisfaction as a professional.
- There should also be clarity for osteopaths on the value that the scheme offered to them.

## **Group 2:**

- Capability – Barriers to capability could include individual isolation, fear of identifying gaps in knowledge and skills.
- Opportunities could include the creation of a safe, non-confrontational environment in which to learn and address skills and knowledge gaps. Osteopathy generated strong emotions among the profession, and this needed to be recognised. There were lots of different ways to learn and this could be looked at creatively.
- Motivation could include passion for the work, patient outcomes and satisfaction, and supporting and raising understanding of particular osteopathic styles. The new scheme would help osteopaths to identify any knowledge and skills gaps through a structured process and mapped out learning journey.

## **Group 3:**

- Capability – Barriers to capability included knowledge and understanding of the CPD scheme, available resources, and the tendency of some osteopaths to focus their CPD on practical skills.
- Some osteopaths lacked the confidence that their CPD would meet all the OPS themes.
- There was a need to maintain good communications to deal with this, including plenty of summary information and providing a consistent message across organisations and national-regional-local levels.
- These communications should seek to ensure osteopaths that the CPD scheme would be of benefit.
- Case studies from patients could highlight the importance of patient feedback. The iO were particularly interested in messages showing osteopaths how the CPD scheme could support enhanced patient satisfaction and better perceived standards of delivery.
- Partner organisations could develop examples and tools and identify how role modeling can be delivered successfully.
- There was a need to make it easier for osteopaths to understand the OPS themes and how CPD related to these in a genuine way. For example, CPD events could end by giving consideration to how they had covered the OPS themes.

16. The final step of the workshop was for the group to consider whether the structured session had explored the risks in delivery of the CPD scheme from the perspective of their organisations or networks and osteopaths.

17. Feedback from the Group included:

- The time taken to complete CPD and record it. Various ways of recording CPD were explored including using the e-portfolio and reflective day to day diary. It was reported that the e-portfolio could potentially be used as a

reflective diary to support osteopaths to plan, record and reflect on their CPD and share this with others.

- How best to find a peer reviewer and feel safe in the relationship, including in the case of new graduates. It was recognised that the relationship would need to be built up over time. There were a range of specialist networks and contacts which might support new graduates and this could be further explored as the scheme was developed.

18. Further time would need to be given to reflecting on the results of the discussion and how to translate this into actions to support the scheme. It was agreed that the findings and questions emerging from discussions would be drawn up as the foundation for developing an action plan for consideration. This would be circulated to members of the Group for further consideration and comment, and then brought back to the next meeting.

**Action:** the GOsC to draw up findings and questions emerging from the discussions, circulate this to the Group for comment and bring the results back to the next meeting of the Group.

#### **Item 4: The CPD Scheme**

19. Fiona Browne presented feedback from the 2015 CPD consultation, with a focus on the peer discussion review as this had received the most feedback. She explained that concerns around the peer discussion review had included thresholds for identifying when issues arising from the reviews needed to be reported to the GOsC. There were also questions around how best to identify and select a peer discussion reviewer. The Group discussed what might happen if there was disagreement between the person being reviewed and their reviewer. Although the peer review discussion framework was philosophically neutral, tensions could emerge during the reviews due to differences in philosophical and technical approaches.
20. It was recognised that CPD communications and guidance should continue to be clear that reviews should not take a 'pass/fail' approach, and that it was not about 'making judgements', points of process or performance management. Rather the reviewer should be undertaking a reflective and facilitative approach, which they would be part of. Setting out what was in and out of the scope of a reviewer's role might also assist with this understanding. Language would also be important, for example emphasising 'peer' rather than 'reviewer'. It was noted that the Nursing and Midwifery Council used the term 'reflective discussion' for example.
21. Fiona Browne explained the work that had been undertaken on developing the guidance about peer discussion review documents and case studies. These guidance and case studies were not attached to the agenda for this meeting as development was continuing with some of the early adopters who had also been

involved in developing the original resources for the new CPD scheme ahead of the 2015 CPD consultation.

22. Fiona welcomed any further feedback on the guidance and materials, and any case examples that could be shared.

**Action:** to return any comments on the guidance and case studies, as well as any further example case studies that could be shared, to Fiona Browne.

### **Item 5: Evaluation**

23. Stacey Clift summarised progress on the CPD evaluation which would be a reflective activity for all osteopaths who completed it. The evaluation survey would support reflection on areas such as mapping the themes of the *Osteopathic Practice Standards* to CPD. Osteopaths would be invited to complete the CPD evaluation questionnaire and could claim the time used for this as part of their CPD hours upon completion. Stacey invited feedback from the Group before the official launch of the questionnaire in October. The Group also agreed to promote the questionnaire to their networks. The link to the questionnaire was included in the CPD evaluation agenda item, but it was also agreed to circulate the link separately to the Group.

**Action:** Stacey Clift to circulate the link to the CPD evaluation reflective tool activity.

**Action:** members of the Group to return any feedback on CPD evaluation reflective tool activity to Stacey Clift.

**Action:** members of the Group to promote the questionnaire to their networks.

### **Item 6: Any other business**

24. It was asked how the new CPD scheme would be regulated on an annual basis. Tim Walker reported that this would be covered by the guidance, but it was too early in the development of the scheme to provide details on this.

### **Item 7: Date of next meeting**

25. The Group agreed to meet again in February 2017, and Tim Walker ended the meeting by thanking those attending for their participation.

**Action:** members would be sent an invitation to a meeting of the Group in February 2017.