

### CPD Risk Log – 5 October 2018

#### Introduction

1. The purpose of the implementation of the CPD scheme is to:
  - Support safe and effective patient care and practice in accordance with the *Osteopathic Practice Standards* (through regular reflection, recording and discussion) and
  - Support osteopaths to engage with the scheme and participate in the development of learning communities that enable osteopaths to share and develop their practice safely and effectively gaining support from colleagues.

Anything which could impede these aims is potentially a problem. Analysing each problem will help us to understand in a more granular way risks and how we might mitigate them.

2. The current risk log for the implementation of the CPD scheme is set out below.
3. The Risk Log is presented for regular consideration by all parts of the governance structure. This is because implementation of the CPD scheme is a major project not just for the GOsC – but also for our stakeholder partners. The goals that the scheme seeks to achieve go to the very heart of the purpose of regulation for all stakeholders.
4. The risk log is divided into two parts to reflect the different types of risks in a complex cross-departmental project, which deals with discrete operational policy and more complex policy aims which will take some time to measure as the scheme beds in and changes in behaviour become evident. These two parts are:
  - Risk Log for the CPD Scheme: (2018 to 2022): Risks with the introduction of the scheme as the first three year cycle rolls out. These risks are about the effective implementation of the CPD scheme as the first three year cycle of the scheme rolls out. All osteopaths currently on the register will enter their first three year cycle between 1 October 2018 and 1 September 2019 and will conclude their first three year cycle between 30 September 2021 and 30 August 2022. These risks will include external project risks recognising that successful implementation will be enhanced through the active involvement of all in the osteopathic sector.
  - Risks post mandatory implementation 2022 and beyond  
These risks remain in place once the first cycle of the scheme has completed and will relate primarily to the challenges of realising the benefits of the scheme. They may include risks that the scheme does not deliver its intended outcomes. For example it does not:
    - Support all osteopaths to undertake the new features of the CPD scheme to support the continual enhancement of patient care and patient safety (including practice in accordance with the OPS) (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 and osteopathic organisations to reach out to build broader networks with osteopaths and others to continually enhance patient care and patient safety (Community).

### **Risk ratings**

5. Impact is scored 1-3 and likelihood is scored 1-3 and with the two scores multiplied together to give an overall risk rating.
6. Risk ratings from 1-2 are considered to be 'low', risk ratings from 3-4 are considered to be 'medium' and risk ratings from 6-9 are rated 'high'.

### **Risk mitigation and residual risk tolerance**

7. Risk mitigation should explain our cross-departmental approach to reducing risk.
8. Residual risk and tolerance should explain what the residual risk is, why we are prepared to tolerate this and should explain over time, how the risk is reducing.
9. We have also added a risk resolution date. As the scheme contains new features, some of which will not be in place until September 2022 and where data about this may not be available until November or December 2022, the risk resolution date has been designed to give some context about the particular risk, our mitigating actions and our risk tolerance and narrative.

**Risk Log for the CPD Scheme: (2018 to 2022): Risks with the introduction of the scheme as the first three year cycle rolls out.**

These risks are about the effective implementation of the CPD scheme as the first three year cycle of the scheme rolls out. All osteopaths currently on the register will enter their first three year cycle between 1 October 2018 and 1 September 2019 and will conclude their first three year cycle between 30 September 2021 and 30 August 2022. Data about completion of the new features will be available at registration renewal, the latest date for which will be November 2022. These risks will include external project risks recognising that successful implementation will be enhanced through the active involvement of all in the osteopathic sector.

<b>Issue</b>	<b>Risk Owner</b>	<b>Risk rating</b> <b>IxL=R</b>	<b>Mitigating Actions</b>	<b>Risk Status</b>	<b>Residual Risk and risk tolerance narrative</b>	<b>Risk Resolution Date</b>
<p>Problem: osteopaths are unaware of the CPD scheme, how to do the CPD scheme or how to record and reflect their CPD as part of the requirements of the new CPD scheme.</p> <p>Risk: communication mechanisms are not sufficiently segmented or diversified to target osteopaths with the awareness and information that they need in a way that they need it.</p>	<p>Head of Communications and Engagement, Director of Education, Standards and Development</p>	<p>2x2=4 Medium</p>	<p>Updated communications strategy and written updates, overseen by SMT Task Group to provide assurance to Council, and regularly shared with stakeholders including the CPD Partnership Group, involving a variety of methods and communication channels.</p> <p>Additional segmented communications using register information to target people working in a group practice and also those working on their own.</p> <p>Feedback and listening mechanisms in place to adapt communications strategies as appropriate. Our communications strategy is to be responsive and listen and therefore makes significant use of insight to ensure we monitor and respond to the potentially changing concerns and/or information needs. We will develop messages, advice and resources on an</p>	<p>➔</p>	<p>Medium to low – CPD Evaluation survey (Feb 2017, Feb 2018 and planned for June 2019), data about feedback on our CPD scheme (ongoing through communications team and review by SMT Task group) and registration renewal information (first osteopaths will complete first year of scheme as part of December 2019 registration renewal) all contribute to a picture of:</p> <ul style="list-style-type: none"> <li>- Whether osteopaths are aware of the CPD scheme</li> <li>- Whether they have the resources they need to</li> </ul>	<p>1 October 2019 for data</p> <p>1 December 2020 for first osteopaths to complete first three year cycle and registration renewal.</p> <p>1 November 2022 for all current osteopaths to complete their first three year cycle and registration</p>

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			<p>ongoing basis to meet those needs.</p> <p>We will examine feedback from events, surveys, questionnaires, visits by the comms team and other staff out to regional groups, analysis of requests made to GOsC directly by osteopaths plus anecdotal concerns to continually identify and respond to information and communication needs. We are also analysing website data and other analytics to identify what is of most interest to osteopaths at specific points in time and adjusting our content strategy accordingly.</p> <p>CPD Evaluation survey will test awareness of CPD scheme, awareness of resources and methods of recording and reflecting.</p> <p>Data from first year annual renewals will be complete by December 2019 and will provide a good indication of take up of the new features of the CPD scheme to support targeting of resources. The evaluation survey will also provide self-reported data about take up of the new features between 2018 and 2019.</p> <p>Guidance and resources are in place to support osteopaths to undertake the scheme.</p>		<p>complete activities meeting the requirements of the CPD scheme and</p> <ul style="list-style-type: none"> <li>- Whether they can record and reflect on their CPD as part of the CPD requirements.</li> </ul>	renewal.

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<p>Problem: Negative stories about the scheme from others will prevent osteopaths from engaging positively with the scheme. (Opportunity in the Behaviour Change Wheel)</p> <p>Risk: Osteopaths may be put off truly engaging with the CPD scheme successfully if they feel that others are not doing so.</p>	<p>Head of Communications and Engagement, Director of Education, Standards and Development</p>	<p>3x2=6 High</p>	<p>Working with osteopathic partners we have a range of mechanisms in order to check understanding and to provide support/point to resources as required.</p> <p>We monitor public messages about CPD and correct errors/misunderstandings.</p> <p>Ongoing production and promotion of resources including animations, workbooks, examples, templates etc to support development of positive experiences within groups.</p> <p>Ongoing programme of face to face and online activities (using and supporting the use of these resources) with various groups and stakeholders to support positive experiences and promote sharing those experiences through stories with other osteopaths. Also publishing positive experiences of engagement with the CPD scheme both in our media and elsewhere.</p> <p>Dedicated CPD Launch issue designed to be kept features a number of articles from other osteopaths with positive experiences about the scheme and impact on their practice.</p> <p>Publication of specific CPD provider guidance has also been developed and sent to CPD Providers to support them to promote recognition of the CPD scheme</p>	<p style="text-align: center;">➔</p>	<p>Low – we have employed a range of methods to ensure that positive stories about the CPD scheme are shared within the osteopathic sector – enhancing the environment to encourage osteopaths to participate in the CPD scheme because it is a ‘good thing’ rather than because this is a GOsC requirement.</p> <p>We are monitoring for incorrect or negative information.</p>	<p>1 November 2022 for all current osteopaths to complete their first three year cycle and registration renewal.</p>

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			and support for osteopaths in the CPD provider sector.			
<p>Problem: implementation is derailed by perception of lack of resources.</p> <p>Risk: CPD providers and other stakeholders do not make links between the GOsC CPD scheme and the CPD that they provide.</p>	<p>Head of Communications and Engagement and Director of Education, Standards and Development</p>	<p>3x1=3 Medium</p>	<p>Dedicated CPD provider guidance has been published to support CPD providers to make links to the CPD scheme in terms of the provision of the CPD that they offer, for example, linking their CPD provision to the four themes of the OPS&lt; supporting osteopaths to undertake CPD in communication and consent or</p> <p>Communications are ongoing with other organisations and stakeholders, eg, iO, NCOR, OA to promote the CPD scheme through resources and also engagement activities.</p> <p>Monitor as part of CPD evaluation survey whether other CPD providers are making link to the GOsC CPD scheme</p>	<p>➔</p>	<p>Low – CPD provider guidance has been published and disseminated. Resources are available for use by CPD providers. Monitoring mechanisms will be in place through the next CPD Evaluation survey and through monitoring of CPD provider courses through advertising and social media.</p> <p>The 2018 CPD survey showed us that CPD providers are beginning to support the new requirements for osteopaths to be able to fulfil aspect of the new scheme. Courses where communication and consent were featured as part of the activity have increased on last year’s figures (26%)</p>	<p>1 October 2018 to 1 September 2019 (as all osteopaths enter year 1 of the scheme)</p>

**Risks post mandatory implementation 2022 and beyond**

These risks remain in place once the first cycle of the scheme has completed and will relate primarily to the challenges of realising the benefits of the scheme. They may include risks that the scheme does not deliver its intended outcomes. For example it does not:

- Support all osteopaths to undertake the new features of the CPD scheme to support the continual enhancement of patient care and patient safety (including practice in accordance with the OPS) (Engagement)
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<p>Problem: a high proportion of osteopaths leaving continuing professional development and peer discussion review to the last minute.</p> <p>Risk: high numbers of osteopaths seek to apply for exceptional circumstances or high numbers of osteopaths are removed from the register for non-compliance.</p> <p>The impact on osteopaths</p>	<p>Chief Executive, Head of Registration and Resources, Director of Education, Standards and Development, Head of Communications and Engagement</p>	<p>3x2=6 High</p>	<p>IT requirements and annual registration renewal requirements require all osteopaths in the new scheme to declare how many hours of CPD and how many new features of the CPD scheme they have undertaken as part of their CPD scheme each year.</p> <p>They will be given feedback about what they have to do to complete the CPD cycle at the end of the three year period. Our verification and assurance strategy comprising elements of support, compliance and verification combine to reduce this risk.</p> <p>Workbooks on planning and recording CPD. (Example folders and reflections)</p>	<p>↓</p>	<p>Medium – this risk has reduced because mechanisms to collect data to understand whether the risk is occurring early through annual registration renewal are in place. However, the risk remains at medium because this risk remains unknown and we cannot reliably predict how the scheme will be implemented.</p>	<p>1 November 2022</p>

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<p>will potentially affect their livelihood if they are unable to practise until they have complied with the CPD scheme.</p> <p>The impact on GOsC in April 2021 could be large unless resources to deal with this spike are planned.</p>			<p>CPD Provider guidance has been published.</p> <p>Communication strategy will continue to inform and target areas of concern. (For example, the pattern of early adopters has shown that most osteopaths are interested in undertaking the consent and communication aspects of the CPD scheme but fewer are interested in learning about the objective activities).</p> <p>Suggestion from CPD Partnership Group that as well as declaring hours and the new features of the scheme that have been completed, that osteopaths should be asked, at their annual renewal, to respond to the following questions:</p> <ul style="list-style-type: none"> <li>• Have you got a plan to complete the remaining parts of your CPD in this cycle?</li> <li>• Have you selected your peer?</li> <li>• Do you need help to find one?</li> </ul> <p>These questions can be incorporated into the CPD Evaluation Survey.</p> <p>Consideration of these mitigating actions is informing the self-declaration in years 1 and 2 and 3.</p> <p>This risk will continue to be monitored as we collect data about progress during years 1 and 2 of the cycle.</p>			



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			Resources about completing peer discussion review are being developed throughout 2018 and beyond.			
<p>Problem: CPD uptake analysis feedback takes too long to provide to osteopaths.</p> <p>Risk: resources required to undertake verification and assurance are underestimated.</p> <p>Revalidation pilot feedback and audit took much longer than expected due to the need to ensure that feedback was given and received constructively.</p> <p>Peer Discussion Review feedback is an 'unknown' at this stage.</p>	<p>Director of Registration and Resources, Director of Education, Standards and Development</p>	<p>2x3=6 High</p>	<p>The specification for the annual registration renewal form ensures that information can be 'queried' via the data base which means that feedback will be automated thus avoiding the problem from the revalidation pilot where feedback was bespoke for each participant.</p> <p>Year 1 and 2 self-declarations will be straightforward simply providing feedback about what the osteopath has declared with a small proportion of invitations to see folders at this stage to provide advice and guidance ahead of the completion of the peer discussion review. There are less detailed criteria than exist currently and so it is expected that verification and assurance will take less time than they do currently.</p> <p>Plans will need to be put in place to ensure that verification and assurance is planned and piloted effectively ahead of the 'bulge' expected in April 2021.</p> <p>Assurance and verification planning is in place and working alongside registration team to simplify feedback mechanisms.</p>	<p>↓</p>	<p>Low – this risk has reduced from high because we have now agreed the specification that will enable this data to be extracted automatically.</p>	<p>1 November 2022</p>

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Issue	Risk Owner	Risk rating I x L = R	Mitigating Actions	Risk Status	Residual Risk and risk tolerance narrative	Risk Resolution Date
<p>Problem: proportion of the Register leave because they do not want to comply with the CPD scheme.</p> <p>Unknown impact on registration numbers</p>	<p>Chief Executive and Director of Education, Standards and Development and Head of Communication and Engagement</p>	<p>2x1=2 Low</p>	<p>Communications and engagement</p> <p>Annual registration renewal data will also show how much progress has been made in the new features of the CPD scheme as the three year cycle progresses which will also provide data about how many osteopaths will leave before the end of the three year cycle because they do not wish to comply.</p>	<p>➔</p>	<p>Low – this risk remains low. Although we hear anecdotal ‘chatter’ it is noted that this was the first implementation of the CPD scheme and there was no marked decrease in registrant numbers when the scheme was originally implemented in 2007.</p>	<p>1 December 2019 and 1 November 2022</p>

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<p>Problem: quality of giving and/or receiving feedback isn't sufficient to positively influence how effective (or ineffective) feedback is to changing practice. Peer Discussion Reviews are undertaken poorly (thus osteopaths do not share areas of development and consequent impact on patient safety)</p> <p>Risk: insufficient and or ineffective support and materials to support the</p>	<p>Director of Education, Standards and Development and Head of Communications and Engagement</p>	<p>3x3=9 High</p>	<p>Resources to support osteopaths to undertake the role of peer and participant have been developed as part of our webinar series and include specific aspects of giving and receiving constructive feedback. These will include setting expectations, encouraging osteopaths to identify a peer at the earliest opportunity to encourage ongoing discussion (all of which counts towards CPD).</p> <p>The communications strategy includes a section on identify your peer early both before the scheme comes in and segmented to each group as they enter their three year cycle.</p>	<p>➔</p>	<p>Medium – this risk remains at medium because it will remain an unknown until peer discussion reviews commence in 2020. Also, the introduction of a peer discussion review is a new element and it will take some time to bed down.</p> <p>The first peer discussion reviews will not be completed until 2020. However, skills of giving</p>	<p>1 November 2022 and into second PDR cycle.</p>

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<p>giving and receiving of constructive feedback.</p> <p>Peer Discussion Reviews are important because they should create a 'safe space' within which practice can be discussed. Development areas can be identified and supported thus enhancing patient care and practice – supporting both professional and personal development.</p> <p>However, feedback given in a way that is not constructive has been shown to damage confidence and may lead to osteopaths becoming uncomfortable discussing areas of development thus impacting on the purpose of the scheme.</p>			<p>Guidance about how to manage disagreements and concerns has been enhanced in the peer discussion review guidelines following feedback from consultation and specific work with osteopathic groups.</p> <p>Plans to work with osteopathic partners to support the development of a core of trained peer discussion reviewers are in place and underway.</p> <p>Plans to work with registration assessors to support the development of a core of peer discussion reviewers. Training was undertaken in March 2017 and will continue to be developed.</p> <p>A help line to discuss with trained staff Peer Discussion Reviews that have 'gone wrong' should be developed to mitigate any unintended consequences to keep osteopaths on track with the development of the scheme. Work is ongoing on this.</p> <p>Over time, we will get feedback about the peer discussion review process from the evaluation tracking survey which takes place annually.</p>		<p>and receiving constructive feedback are an important part of some of the features of the new scheme and these will be developed as osteopaths begin to try out the new features of the scheme.</p>	
<p>Problem: implementation of scheme does not achieve intended benefits of development of</p>	<p>Director of Education, Standards and</p>	<p>3x2=6 High</p>	<p>The evaluation and impact assessment will explore the benefits of the scheme activities to the early adopters as far as is possible</p>	<p>➔</p>	<p>This risk remains at medium. The intended benefits of the scheme will only come to fruition</p>	<p>November 2022 and beyond</p>

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<p>learning community and practice in accordance with Osteopathic Practice Standards</p> <p>Risk: the benefits of the scheme are difficult to measure.</p> <p>If the benefits of the scheme are not identified and recorded, the intended benefits may not be realised.</p>	Development		<p>and the population as a whole.</p> <p>Follow ups to the evaluation are planned annually to continue to gauge impact. The Early adopter webinars have been quite positive in terms of the osteopaths wanting to keep the communities they have developed going but this will need continued encouragement and support.</p> <p>All the Resources and Case Studies developed explore the benefits and costs of undertaking the relevant activities from the point of view of those undertaking them thus focussing not on compliance – but upon how the scheme can deliver its purpose and the ‘what’s in it for me’ for the participant.</p> <p>Further work may be needed to define success of the scheme in context.</p>		<p>at the earliest in December 2022 when all osteopaths currently on the register. And indeed it may be that the scheme takes two cycles to settle in which means that the benefits may not be realised until December 2025.</p> <p>Evaluation mechanisms will be in place but further work will be required to look at other measures, for example, numbers of fitness to practise hearings to explore whether the wider impact of the scheme can be measured in other ways.</p>	
<p>Problem: scheme does not achieve engagement, support and community.</p> <p>Risk: components of recording and reflection are not facilitated.</p> <p>Loss of the annual summary form.</p> <p>Recording and reflection</p>	Director of Education, Standards and Development	2x3=6 Medium	<p>Guidance is being developed on different ways to record and reflect and to provide examples of good portfolios or folders in a range of different formats.</p> <p>The annual summary form will be turned into a CPD diary to support those c80% of osteopaths who use it currently to continue to record and reflect on their CPD.</p> <p>Guidance for CPD providers will also include</p>	➔	<p>Medium – these risks remain at medium because it will be difficult to measure their impact until the completion of the first year cycle. It is likely to take two cycles for the scheme to settle down and to become the ‘norm’.</p> <p>However, mechanisms to</p>	December 2022 and beyond

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<p>are important necessary components for the scheme to be effectively delivered.</p> <p>The benefits of the scheme are difficult to realise.</p>			<p>important components about recording and reflection.</p> <p>Simple templates to support recording and reflecting are available for osteopaths to use on the website.</p> <p>Discussions with CPD providers and partners about the importance of the recording and reflection to realise benefits of the CPD scheme.</p>		<p>support recording and reflection are in place.</p>	