



Policy Advisory Committee
9 October 2019
CPD Evaluation Findings 2019

Classification	Public
Purpose	For discussion
Issue	A report of the findings from the third CPD evaluation survey and opportunity to consider the implications for the CPD scheme implementation.
Recommendations	To consider the CPD evaluation findings and implications.
Financial and resourcing implications	None
Equality and diversity implications	The impact of the CPD scheme is being monitored from a variety of perspectives as part of our evaluation equality impact assessment.
Communications implications	Communications about the implementation of the new CPD scheme are ongoing.
Annexes	Annex A: CPD Evaluation Survey Report – 2019 Annex B: CPD evaluation survey questions Annex C: Summary of impact on the CPD scheme on people with particular characteristics
Author	Dr Stacey Clift and Rachel Heatley

Background

1. This paper provides an update about the third CPD Evaluation Survey. The purpose of the paper is to provide the Committee with the findings of the third annual CPD survey and to consider our response. We are inviting the Committee to provide any additional feedback or insights about the mechanisms we are using to implement the new CPD scheme.
2. The CPD Evaluation Survey provides both a baseline to understand how the implementation of the CPD scheme affects patterns of CPD over time as well as providing a tool which enables osteopaths to reflect on their own CPD. Unlike the registration renewal data, completion of the survey is voluntary and therefore, it is not as generalisable as the registration renewal data (which all registered osteopaths are required to complete). But the CPD Evaluation Survey is still a credible data source. It can help us to understand the progress of the implementation of the CPD scheme before registration renewal data is available and help inform our communications and other strategies to maximise awareness of and ability to participate successfully in the CPD scheme.

The first CPD Evaluation Survey – 2016/17

3. In March 2017, the PAC considered the findings from the first baseline CPD Evaluation survey providing a picture of patterns of CPD prior to the implementation of the CPD scheme which took place between November 2016 and January 2017. This paper is available at:
<http://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-march-2017-item-3-continuing-professional-development-cpd/?preview=true>.
4. The Committee noted that the aim of the 'State of CPD' evaluation report was to provide a baseline against which the implementation of our CPD scheme can be measured. The Committee also noted key findings from the 2016-17 baseline which included:
 - At present high numbers of osteopaths are not undertaking feedback on their practice from external sources (the objective activity element of the CPD scheme should influence this finding over time).
 - More than half of osteopaths responding to the survey undertook CPD in the area of communication and consent. (The communication and consent element of the CPD scheme should influence this finding over time).
 - In terms of planning CPD and identifying learning needs, the survey identifies that there is high confidence in the ability to reflect on CPD, although some challenges are identified and, particularly, recording CPD was reported as a challenge (as the scheme rolls out and further templates to support reflection and recording are used, we hope that this finding will be improved over time). A high percentage of osteopaths report having a peer with whom they can discuss a case.

5. In June 2017, the Committee noted that the 'evaluation of the scheme would continue throughout its implementation to measure changes against the baseline of osteopaths complying with CPD standards.'

The second CPD Evaluation survey 2017/18

6. A CPD update was presented to Council in November 2017. This paper is available at: <http://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/council-november-2017-item-12-cpd-implementation-scheme-update/?preview=true> This paper explained some small changes that had been made to the CPD Evaluation Survey by staff with expertise in survey design and members of the CPD Partnership group (comprising osteopaths, patients and research representatives). The draft survey was also tested with staff prior to launch.

Overview and response rate to the 2017/18 CPD Survey

7. Overall, the survey findings show raised awareness of the CPD scheme and reassuring although varied levels of preparedness.
 - Increased response rate to the 2017/18 survey (up from 7% to 10% of registrants)
 - Increased use of the four themes of the OPS to identify CPD needs or record CPD (up 13%)
 - Increased reporting of using feedback from external sources to feed into practice (up 3%)
 - Lower levels of feedback collected from patients (down 4%)
 - High levels of case based discussion activity (30% of respondents who had undertaken an objective activity)
 - Levels of CPD in communication and consent have remained consistent (58%) and more courses featured in this area (up 6%)
 - Barriers to reflective practice reduced (down 2%)
 - Increase in numbers of people reporting that they have a colleague who they can discuss their CPD with (up 5%)
 - A reduction in people reporting that they have a trusted colleague that they can discuss concerns with (down 2%)
 - A greater level of detail about the questions that people have about the CPD scheme compared to the previous survey.
8. One aspect of assurance about the implementation of the CPD scheme is the CPD Evaluation Survey. (There are other aspects as well, as outlined in the Council Paper of February 2019 available at: <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/council-february-2019-item-9-continuing-professional/?preview=true> including annual registration data, response to communications, other data but these are not the subject of this paper).
9. This paper is provided to the Committee to seek input and response to the findings of the CPD Evaluation survey 2019 to inform a broader paper to Council

in November 2019 which will look at assurance about the implementation of the CPD scheme.

Discussion

10. The full CPD Evaluation Survey 2019 analysis is attached at Annex A. The CPD Evaluation Survey questions are attached at Annex B.

Overview and response rate to the 2019 CPD Survey

11. The survey was promoted to all osteopaths on the Register. A total of 464 osteopaths completed the CPD Evaluation (54 less responses than in 2017-18 and 106 more than in 2016-17, this is 9% of the osteopathic population (5,387 osteopaths are currently on the Register, as at July 2019). To ensure that the new CPD scheme does not inadvertently discriminate against any group, we ensure that information such as the CPD evaluation survey is available (or can be made available) in accessible formats, such as hardcopy or large print (see <http://www.osteopathy.org.uk/news-and-resources/publications>).
12. 5,287¹ osteopaths were sent a dedicated link to the online survey which was live from 19 March 2019 to 9 July 2019. The survey was also flagged in the ebulletin. The Osteopath magazine (which is sent to most osteopaths on the whole Register) published an in-depth article which included two case studies with osteopaths who had taken part in the first survey, describing the benefits of taking part. The survey was promoted via social media routes; and also by the Institute of Osteopathy through its various communication channels. There was additional specific targeting of those working in education and registration assessors who last year were underrepresented in the CPD evaluation. This targeting included the dissemination of posters and flyers to educational faculty to encourage participation. Based on that insight, we tailored messages to let them know they were underrepresented to encourage their participation.
13. This high response rate could be a reflection on the intense communications approach we took including:
 - tailoring and reworking messages,
 - the frequency and timing of reminders,
 - the channels utilised,
 - effective use of visuals
 - the consistent and clear use of CPD branding to increase recognition and effectiveness of messages.
 - Focussing all messages on the aspects that would motivate osteopaths to take part: an easy way to get ahead and learn about the new CPD scheme while getting free CPD time. We also explained that it wasn't just a repeat of the last survey and why it was important to respond to this third survey.

¹ 5,387 osteopaths were on the register in July 2019. This figure accounts for approximately 100 osteopaths that we do not currently have an email address for.

14. This high response rate also reflects positively on our overall communications and engagement approach as set out in our updated strategy. One of the three strands to this strategy is to be Responsive and Listening: which means we are listening to the concerns and/or information needs of osteopaths and responding by developing messages, advice and resources to meet those needs.
15. The complete findings from the survey are outlined in the CPD Evaluation Report 2019 attached at Annex A. Some of the key findings are outlined below.

About the CPD Scheme

16. Overall, the survey findings show greater understanding of the CPD scheme and reassuring although varied levels of preparedness. The majority of osteopaths (75%) in the sample felt that they adequately understand the new CPD scheme and its four key elements (+12%), while less respondents (33%) were inclined to report that they felt prepared (this was only asked of the early adopters in the 2017-18 survey as a qualitative open question, so it is difficult to make comparisons based on that specific question).

Four themes of the Osteopathic Practice Standards

17. Half the respondents reported they are using the four themes of the OPS (51%) to identify their learning needs (an 8% increase on last year), and 68% reported planning their CPD to incorporate the four themes of the OPS to some extent whether that was always, most of the time or occasionally. 43% of respondents reported linking their CPD activities to the four themes of the OPS, (a 4% increase on last year).

Communication and Consent

18. Almost two thirds of the respondents (65%) have undertaken a communication and/or consent based activity (an increase of 5% on last year). 45% of respondents reported having undertaken a course where communication and consent were featured as part of an activity and 37% have undertaken a communication and/or consent based activity that was not a course (both a 19% increase on last year).

Objective activity

19. A small proportion of respondents (24%) have undertaken a CPD activity aimed at receiving objective feedback on their practice as part of their CPD (a decrease of 2% on last year). The most popular objective activities that have been undertaken are case based discussion and peer observation. Many of the respondents reported undertaking more than the required one objective activity with instances of case based discussion, peer observation, clinical audit and PROMs all having doubled on last year's figures. This means if an osteopath tries out an objective activity, they are more likely to see the benefit of doing so to your practice and try another type of objective activity as a result.

20. When patient feedback is examined in more detail 35% report making changes to the way they practise as a direct result of comments made to them by a patient (increase of 8% on last year).

Keeping CPD Records

21. Over half of the respondents (58%) found reflection with others valuable in developing their learning, but 47% find allocating time to reflect and record their reflections difficult.

Peer Discussion Review

22. Almost the entire sample of respondents feel that they would be able to discuss concerns (92%) that may arise in practice with a trusted colleague (2% increase on last year).
23. Respondents were asked this year as part of the survey, whether they had identified or begun to think about who might be their peer under the new CPD scheme, 58% have begun to identify or think about who their peer might be (a 7% decrease on last year).
24. This year we asked some more detailed questions about selecting and agreeing a peer. From those that had identified their peer, 70% had agreed to undertake the role, and 50% had already had an initial conversation with them about their peer discussion review or an aspect of their CPD.
25. The most likely way that respondents know the practitioner that might be their peer is:
- an osteopath they know, but don't work with directly (41%),
 - an osteopath that they work with (34%),
 - another healthcare professional (5%), and
 - through a local group (2%).
26. The majority of respondents haven't made any plans yet as to how they might plan to prepare for the peer discussion review (52%). Those that have begun to plan to prepare for their peer discussion review are more likely to try a peer discussion review in year one of the new CPD scheme to familiarise themselves with the template (23.5%). 17.5% report that they are going to find a peer to work with and discuss their CPD with them, but not complete the peer discussion review until nearer the end of the three year cycle. Only 7% plan to complete the peer discussion review on a piecemeal basis, as they meet the different elements of the scheme.
27. The majority of respondents are unsure (56%) as to whether they feel prepared for the peer discussion review process, while a further 23% feel unprepared. However, 88% report that they do not have any concerns about receiving feedback, as part of the peer discussion review.

28. Respondents appear to be slightly more concerned (19%) about having to give feedback rather than receiving (12%) it as part the peer discussion review process.

29. A snapshot of the CPD evaluation survey findings 2019 is summarised in Box

Box 1: Snapshot of CPD Evaluation survey findings 2019 compared to 2018

- Decreased response rate to the 2019 survey (down from 10% to 9%)
- Increase in understanding the new scheme and its four key elements (up 12%)
- Increased use of the four themes of the OPS to identify CPD needs (up 8%) and linking or mapping CPD content to the OPS (up 4%)
- Increase in undertaking CPD in the area of communication and/or consent (up 5%) with an increase in undertaking dedicated courses (up 15.5%) and non-course activities to meet this requirement (up 18%)
- Barriers to reflective practice reduced (down 6%)
- Slight decrease in undertaking objective feedback as part of CPD (down 2%)
- Increased levels of feedback collected from patients (up 8%)
- High levels of case based discussion activity (59% of respondents)
- Slight decrease in numbers of people reporting that they have a colleague who they can discuss their CPD with (down 1%)
- Increase in people reporting that they have a trusted colleague that they can discuss concerns with (up 2%)
- Increase in the use of GOsC resources to plan CPD e.g. CPD guidelines (up 18%), The Osteopath (up 2%), and the e-bulletin (up 8%)

Equality impact and implications of the CPD survey results

30. A number of key messages have emerged from the CPD evaluation survey 2019 which will help inform our approach and next steps, (including our communication messages).

Sample Representation and Equality Impact Assessment

31. The CPD Evaluation survey respondents sample is less representative of those aged 31-40 and 41-50 years of age, male and lone practitioners (when compared with the "I'm Registered" data). Based on these demographic findings next steps are to conduct some telephone interviews to provide further in-depth understanding on some of the key themes/issues for these demographic groups to ensure that any matters specific to these groups are captured in our analysis. The respondents showed that improvements were made this year in capturing those in education or research roles and slight improvements were also made in capturing those aged under 30.

32. We are reliant on the KPMG (2011)² as a baseline for the register population, particularly concerning data collection and analysis of basic demographic information. Consequently, a refresh of our baseline registrant population data should be undertaken so as to monitor diversity issues more effectively in the future. This activity will form part of a wider Equality and Diversity action plan that will be owned by Council.
33. The CPD evaluation survey responses themselves largely confirm the CPD consultation findings that the proposals in the scheme would have no impact on people because of gender, race, disability, age, religion or belief, sexual orientation or any other aspects of equality.³ However, when cross – tabulating responses between specific different questions, we can see that there are potential differences in responses from different groups (although numbers are too small to be definitive at this stage). These differences may need to be explored further. The Summary of impact on the CPD scheme on people with particular characteristics at Annex C provides further detail and key aspects are also highlighted below.
34. By filtering⁴ the CPD evaluation survey data according to the key protected characteristics above the following tendencies can perhaps be inferred according to core aspects of the scheme (see Tables 1 and 2 at Annex C). No figures are contained in these tables to protect the identity of respondents given the small numbers concerned in these groups. It should be noted that due to the small numbers, it is not possible to confirm a causative effect between the protected characteristic and the ability to comply or otherwise with the CPD scheme. Therefore we are not suggesting that the scheme is more difficult for those with a particular characteristic to comply with. However, the cross-tabulation analysis does indicate areas for further exploration to ensure we continue to develop resources that translate the CPD scheme accessibly for all.
35. Particular areas of interest are:
 - a. Mapping to the Osteopathic Practice Standards:
The respondents as a whole indicated that respondents were 'more likely to use and less inclined to map'. Those who were female or older than 65 had a slightly higher tendency to map to the OPS themes.
 - b. Communication and consent:

² See KPMG, 2011, Report A: How do osteopaths practice? Available at:

<https://www.osteopathy.org.uk/news-and-resources/document-library/continuing-fitness-to-practise/kpmg-report-a-how-do-osteopaths-practise-ozone/>. Accessed on 22 September 2019.

³ 77% of respondents to the CPD consultation reported this. See Abi Masterson Consulting Ltd, 2015, *Analysis of consultation data on a new scheme of CPD for osteopaths*, available at:

<https://www.osteopathy.org.uk/news-and-resources/document-library/consultations/cpd-consultation-analysis-report/> Accessed on 22 September 2019.

⁴ Specific CPD evaluation survey questions looked at include Q4.6-4.10, Q5, Q7, Q14, Q16, Q25, Q34, Q35 and Q36

The respondents as a whole indicated that respondents were 'likely to undertake activity in a variety of ways'. Those who were of particular ethnicities or particular sexual orientations were less likely to have undertaken an activity in communication and consent.

c. Objective activity:

The respondents as a whole indicated that if an objective activity was undertaken it was more likely that they would try other objective activities. Case based discussion was the most popular objective activity followed by peer observation. However in relation to age the likelihood of never having undertaken an objective activity appears to steadily increase with age, particularly with case based discussion, PROMs and observation. Certain ethnicities had a greater tendency to not have undertaken an objective activity. There were also some differences in preferred objective activities when considered through lenses of gender, age, ethnicity and sexual orientation.

d. Keeping a CPD record:

The respondents as a whole showed that barriers to reflection are mainly time and that it gets in the way of practice. Also people were more likely to keep a hard copy folder along with the summary form. Females and those aged over 60, those of particular ethnicities or of particular sexual orientations were more likely to report not knowing how to reflect.

e. Peer discussion review:

The respondents as a whole showed that they were more likely to not have made plans to prepare for the peer discussion review. Those that have made plans for the peer discussion review were more likely to try it out in year 1 using the template.⁵ Those who were under 29, or of particular ethnicities or sexual orientations were more likely to have found a peer to work with and more likely to wait until the end of the cycle to undertake a peer discussion review.

f. Giving and receiving feedback:

The respondents as a whole showed that they were more likely to be concerned more about giving feedback than receiving it. Those over 60, of particular ethnicities and particular sexual orientations were more likely to report concerns about receiving feedback than giving it.

36. However, the CPD consultation⁶ and Equality Impact Assessment did identify that possible areas of impact might be to the following groups: (1) registrants based outside the UK, (2) those who are not IT literate, (3) those with dyslexia, learning disabilities or visual disabilities, (4) part-time practitioners and (5)

⁵ 52% have not made any plans to prepare for their peer discussion review. 23.5% have made plans to try a peer discussion review in year 1 of the new CPD scheme to familiarise themselves with the template

⁶ See CPD Consultation, 2015, above.

practitioners with ill-health. Some of these areas were explored as part of the CPD evaluation and some were more difficult to do so. A separate analysis in relation to these specific aspects from the CPD Evaluation Survey 2019 is outlined below.

Registrants based outside the UK

37. The data show that registrants identifying themselves as working outside of the UK were more likely to show the following tendencies:
- More likely not to have undertaken a communication and consent based activity yet.
 - Less likely to have used the OPS to identify their learning needs.
 - Concerns were expressed about being able to complete some of the requirements of the new CPD cycle, where very few colleagues are GOsC registrants. Although, they did not specifically outline which requirements of the scheme they felt they were unable to complete in their qualitative comments (see Table 7, Annex A).

Registrants who are not IT literate

38. It could perhaps be inferred that a proportion of non- responses are a direct result of not being IT literate, given that the CPD evaluation is an online survey. We followed up this point with a telephone survey last year and we will do so again this year.

Registrants with dyslexia, learning disabilities or visual disabilities

39. Those respondents who identified themselves as having a disability show the following:
- More likely to not have undertaken an objective activity yet. However, for those that did they follow the overall pattern of once tried they are then more likely to undertake more than one objective activity.
 - Slightly more worried about recording things like this, when asked about their barriers to reflection.
 - Concerns about recording reflections – too much information required, the old CPD scheme was just enough.
 - More likely to plan on completing their Peer Discussion Review on a piecemeal basis as they meet the different elements of the scheme
 - Comments made about the wording and language about the scheme needing to be simpler and clearer and that more visual resources would help with their understanding of the new CPD scheme - flowcharts and action plans were considered helpful

Part time practitioners

40. A significant learning point from the CPD evaluation when looking at it in conjunction with the equality impact assessment, is that in the next survey, we

will ask osteopaths whether they are part-time or full-time practitioners, so that we are able to filter and examine responses of part-time practitioners for equality and diversity impact purposes.

Practitioners with ill health

41. We did not ask respondents about ill health in the survey. The scheme itself should be more flexible for registrants with ill health now, in that removal of the mandatory annual requirements enables all registrants to be empowered to undertake their CPD in a way that meets their needs in a way that works for them, and the requirements of the Osteopathic Practice Standards. But again, we will follow this aspect up specifically in next year's survey.
42. In relation to the equality impact and implications of the scheme, our numbers are small and so it is difficult to know if there is direct causation between specific protected characteristics and opportunity to participate in the CPD scheme. We will continue to explore and follow up on these aspects as part of our engagement to ensure that resources are available to support all to participate in the CPD scheme whilst being alert to exploring any barriers to participate in the scheme

Implications of survey findings relating to specific aspects of the scheme and next steps

The four themes of the Osteopathic Practice Standards

43. We have managed to obtain from the survey sample a better idea of how osteopaths map their CPD to the OPS themes (see Annex A, Paragraph 21), which we will adapt as a tool to help osteopaths who are selected as part of the GOsC verification and assurance processes.
44. We are still seeing that most CPD is undertaken in the area of knowledge, skills and performance. Over time, we would like to see more CPD in the areas of communication and patient partnership, quality and practice and professionalism. All the CPD workbooks now contain a table illustrating the types of CPD activities which may cover each of the four themes of the Osteopathic Practice Standards. We also plan to undertake some more specific work around professionalism and how this standard might be addressed in terms of undertaking CPD activities, primarily by developing some online resources and materials around this and also working in conjunction with the osteopathic educational institutions via some qualitative work. Work on this has begun with an article in September/October edition of The Osteopath and a series of webinars with Regional Leads to increase our reach with osteopaths around CPD in the area of professionalism. We will continue work in translating this into more accessible and designed resources for osteopaths.

Objective activity

45. Osteopaths are continuing steadily to undertake objective feedback as part of their CPD. We have seen evidence that once an osteopath tries out objective feedback, they are more likely to see the benefit of doing so to their practice and to try another type of objective activity as a result. This is a really positive finding because it suggests that there are specific benefits to osteopaths (and hopefully to their patients and their practice) over and above simply the requirement that it is part of the GOsC CPD scheme. With this in mind, we will continue to run a variety of webinars and other engagement mechanisms to suit different learning needs, develop some bite size activities on objective activity through The Osteopath and other online media e.g. video or Camtasia driven power-point e-learning modules as well as continuing to update and promote our existing workbooks and resources for objective activities.
46. More osteopaths are doing CPD locally, with groups or other health professionals and fewer osteopaths are doing CPD with professional specialist organisations. The implications of this are that CPD providers may need to show more clearly how they can help osteopaths to meet the CPD scheme.

Communication and Consent

47. The evidence suggests that this key area is being more clearly cemented into osteopaths' practice now and CPD providers are also beginning to meet the requirements for osteopaths to be able to fulfil this aspect of the new scheme.
48. Nevertheless, we know that we cannot be complacent and we will continue to highlight the importance of communication and consent as we can see, from the National Council of Osteopathic Research report (See Public Item 6 of this agenda) that this area continues to feature in patient concerns. The next edition of the Osteopath (November / December 2019) will feature communication and consent as a key area and will also advertise the updated Communication and consent CPD workbook.

Keeping CPD Records and reflecting on CPD

49. The CPD survey has clearly identified that the GOsC's verification and assurance processes should focus on the 2% that indicate completing between 1-10 hours of CPD, so as to support these osteopaths further with their transition into the three year CPD cycle and encourage a higher rate of hours to be completed per year to keep them on track. (See Annex A, Paragraph 25).
50. In conjunction with this, we also need to look at the data under the old CPD scheme as to how many osteopaths carry over CPD hours into the following year, to see if this will provide us with further insights to support the verification and assurance processes.
51. The main barriers to reflection reported were finding allocated time to reflect and record, that it gets in the way of actual practice or that they are worried

about recording things like this. Less are reporting that they are not sure how to reflect this year (-3%). Due to the main barriers being essentially about time constraints of running a busy practice, very few sought training, or advice to develop their skills in reflection or recorded their experiences or reviewed their learning (see Annex A, Paragraph 31 and 32).

52. We need to develop time efficient and succinct recording tools that can be used on the go in busy practices and our next set of communications needs to focus upon promoting reflection as – ‘Reflection doesn’t have to be time consuming – Look at these resources to help you record succinctly, time efficiently and effectively’.
53. Our experience of work with groups of osteopaths is that identifying changes in practice as a result of an objective activity can be difficult. It requires confidence and support. It may be that there is not a common understanding of ‘reflect’ and this is something that we need to continually work on and learn more about with various data collection sources.
54. The CPD Evaluation survey showed that very few respondents visit the CPD microsite. This means that there is considerable room for improvement in terms of driving online traffic towards the CPD website and perhaps scope to look at access issues, reading style preferences in line with the use of The Osteopath and how that compares to click through analytics based on the links made available in The Osteopath magazine. The survey results imply that over half of the respondents use the magazine to inform their CPD, but probably don't follow-up with the links to the microsite. So one of our challenges is how to encourage people to move from the hard copy of The Osteopath magazine to access the rich resources on the website, which once osteopaths access them are very helpful to osteopaths to meet the requirements of the CPD scheme. One of the options we are considering exploring is QR codes in The Osteopath to see if this will encourage more osteopaths to explore the CPD microsite.
55. There is also some feedback that understanding the CPD scheme can be time-consuming and come across as complicated to some osteopaths. With this in mind, we are planning to develop some simple exercises in the form of ‘decision trees’ to help osteopaths consolidate the key aspects of the scheme and at the same time help them to make decisions about the CPD that best suits their practice. For example, we have developed a prototype to help osteopaths decide which objective activity will be most suited to them to try out, taking into account their practice and their experience. (This is available from Stacey Clift at sclift@osteopathy.org.uk).

Peer Discussion Review

56. We learnt more this year from those that had begun to identify their peer which is critical in supporting the work commissioned to the Institute of Osteopathy (iO) on peer matching. 1.8% will either be through an osteopath not known to them, a clinical interest group such as the iO or some other means (see Annex

A, Paragraph 39). It is this 1.8% and the 16% that don't know who their peer might be yet that the peer matching software project will be most useful. Consequently, we could predict that up to 18% of osteopaths may use the peer matching scheme to find their peer for the PDR.

57. Those that have begun to make plans to prepare for their peer discussion review are more likely to familiarise themselves with the template in their first CPD cycle. Slightly more osteopaths are concerned about having to give rather than receive feedback as part of the peer discussion review process (+7%). We need to continue facilitating peer discussion review workshops and webinars on the peer discussion review process, and in particular promoting case based discussions with a trusted colleague as a good way to develop their skills in giving and receiving feedback and help them feel confident about undertaking their peer discussion review. This could include developing a giving and receiving resource or workbook that specifically looks at drilling down these skills and where they are needed in relation to the core elements of the scheme, primarily objective activity, peer discussion review and how to map the Osteopathic Practice Standards according to giving and receiving feedback in these contexts.

Conclusions and next Steps (Priorities)

58. To summarise our next steps are broadly consolidated around four key areas
 - To keep working on **equality impact assessment areas** and possibly do some focus groups with people with specific characteristics to see how we can translate and support additional resources in those areas.
 - Develop some resources in conjunction with key osteopathic stakeholders in terms of what might be addressed as CPD under the theme of **professionalism**
 - Promote communication messages that **reflection** doesn't have to be time consuming in conjunction with developing or exploring time efficient and succinct recording tools that could be used on the go in busy practices.
 - Provide a set of **core skills** resources to assist osteopaths with the CPD scheme, specifically around giving and receiving feedback, which will also include promoting case based discussions with a trusted colleague as a good way to develop their skills in giving and receiving feedback and prepare them to feel more confident about undertaking their Peer Discussion Review.
 - Improve online traffic to the **CPD microsite** by trialling a variety of different methods, including the use of RQ codes in the magazine, given that we know half of the respondents are using The Osteopath to inform their CPD

CPD Evaluation Strategy

59. It is worth mentioning that the CPD Evaluation Survey 2019 is an integral part of a much bigger 'evaluative' picture known as the CPD Scheme Evaluation Strategy.
60. The CPD Evaluation Strategy focuses on and develops the three key areas identified in the Council paper in February 2019. These were:

- osteopaths to do CPD in the four themes of the OPS
- osteopaths to get professional and personal support from colleagues
- to increase involvement of osteopaths in the community

61. The CPD Evaluation Strategy aims to:

- set out the risks and benefits of the scheme
- cover activity and outcomes over time
- sets out a framework of indicators (including performance indicators which focus on outcomes, and process and context indicators which focus on gaining an in understanding of mechanisms and feedback)
- consider available data sources (both internal and external)

62. We will be reporting in more detail on this to Council in November 2019

Recommendation: To consider the CPD evaluation findings and implications.