CPD Evaluation Survey Report – 2019
Draft
25 September 2019

Background

1. The CPD Evaluation for 2019 comprises of a total of thirty-nine questions. Each of these questions relate to specific aspects of the CPD scheme.

Sample Profile

2. The survey was sent to all osteopaths with an email address 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[1] osteopaths were on the Register at the date the survey closed).

3. The CPD Evaluation sample consists of the following:

    *   A total of 464 osteopaths completed the CPD Evaluation, this is approximately 9% of the osteopathic population (5,387 osteopaths are currently on the Register).
    *   99% currently practising as an osteopath in private practice
    *   2% currently practising as an osteopath in the NHS or seeing NHS patients
    *   5% currently provide other health services
    *   3% currently working in a field unrelated to osteopathy
    *   15% working in education
    *   3% work in research
    *   9% were currently registered with another health and social care regulator or other professional body in the UK or international.
    *   40% do not work with other osteopaths and other healthcare professionals
    *   65% have entered the new scheme, while 7% were unsure whether they were on the new CPD scheme yet

4. The geographical location of these osteopaths was primarily concentrated in South East England (28%) and Greater London (22%) regions. The CPD evaluation shows strong correlations with the regional data collected as part of the KPMG (2011) research on *"How do osteopaths practise."* Both the CPD evaluation samples show slightly higher representation in the South West and Central England and Eastern and Home Counties (see Table 1 below).

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[1] As of 10 July 2019 (directly after CPD survey had closed)

Region	CPD Evaluation 2019 Percentage (%)	CPD Evaluation 2017-18 Percentage (%)	CPD Evaluation 2016-17 Percentage (%)	KPMG Comparative data
South East England	28%	30%	24%	25%
Greater London	22%	21%	19%	20%
South West England	11%	13%	13%	9%
Central England	7%	9%	11%	6%
Northern England	10%	9%	10%	10%
Eastern and Home Counties	6%	5%	8%	2%
Europe	6%	4%	6%	6%
Wales	2%	2%	3%	2%
Scotland	4%	4%	3%	3%
Elsewhere in the World	4%	3%	2.5%	Not recorded
Northern Ireland	Too small to be recognised	0.2%	0.5%	0.5%

Table 1: Regional distribution of sample compared against KPMG Research

5. On a typical week the majority of osteopaths practise between 15-24 hours (26%) a week and 25-34 hours (25%), with a further 22% working in practice for 35-44 hours a week. In a typical week the majority of osteopaths see between 21-40 patients (43%), with a further 19% seeing 41+ patients a week. In contrast, 23% will see between 11-20 patients in a week. In terms of who is being treated in a typical week, 16% of osteopaths in the sample were currently treating adults only, 38% were treating babies, 77% were treating children, and 7% were treating animals, in addition to treating adults (18 years old and above) as well.[2]

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[2] Questions (1c) How many hours do you practice in a typical week?, (1d) How many patients do you see in a typical week? and (1e) Who do you currently treat?

6. Osteopaths who completed the CPD evaluation reported hearing about it first via receiving a personal e-mail (42%), followed by the GOsC e-bulletin (33%), the GOsC Osteopath Magazine (12%), social media platforms, Facebook and Twitter (4%). 4% also reported having completed the evaluation due to it being passed on to them by a colleague.[3]

Equality Impact Assessment Information

7. In 2019 we asked respondents whether they would be prepared to complete the demographic information, with just 9% saying no.

8. Comparative analysis with the KPMG Register data reveals that the CPD evaluation sample is largely representative in terms of gender, with slight under representative of males when compared to 2016-17 figures, but over representative of those aged over 50 by 21% and under-represented of those aged 31-50 by approximately 19%.

Equality Impact Assessment Information	Register Data (from KPMG)	2016-17 Sample	2017-18 Sample	2018-19 Sample [4]	GOsC Register[5]
Gender					
Male	49%	42%	38%	39%	2,679
Female	51%	51%	56%	58%	2,778
Prefer not to answer	N/A	7%	6%	2%	N/A
Age					
30 or under	12%	11%	7%	9%	773
31-40	27%	14%	17%	19%	1,220
41- 50	37%	25%	23%	26%	1,463
51-60	17%	32%	33%	32%	1,447
61+	6%	11%	13%	12%	554
Prefer not to say	Not recorded	4%	6%	3%	N/A

Table 2: Equality and Diversity Data Part 1

9. GOsC cannot require osteopaths to provide equality and diversity information, therefore it is less clear as to whether the profile of the osteopathic profession reflects the diversity within society in terms of ethnicity, sexuality, religion, marital status and disability. The most reliable data the GOsC holds in these areas is still the KPMG (2011) research. The equality and diversity information

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[3] Q38: Where did you first hear about completing this questionnaire?
[4] Survey section 5 Demographic Information Q39a- Q39h
[5] 5,457 on register on 19.09.19, showing an increase of 70 osteopaths since the closure of the CPD evaluation survey

for both CPD evaluation samples appears to be broadly representative of the KPMG data. However, in each of these protected characteristics the CPD evaluation samples during both 2016-17 and 2017-18 were more likely to prefer not to say than the KPMG research findings, this is slightly different for 2019 (see paragraph 7).

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

11. In terms of ensuring that the new CPD scheme does not inadvertently discriminate against any group, we ensure that information is available (or can be made available) in accessible formats, whether in hardcopy or online (see http://www.osteopathy.org.uk/news-and-resources/publications). Learning resources and materials to support our new CPD scheme have been designed to meet a range of learning styles and draw upon best practice in use of typefaces, fonts and colours to enhance accessibility. We have made additional support available to all osteopaths, if required to ensure equality of access for all, including bespoke one-to-one support sessions and provision in the early morning or late evening to take account of caring and other responsibilities or geographical location and a variety of weekdays both lunch and evening sessions (excluding Friday to Sunday for religious purposes). Reasonable adjustments were also made for osteopaths with disabilities engaged in the new scheme as early adopters.

Equality Impact Assessment Information	KPMG	2016- 17 Sample	2017-18 Sample	2018-19 Sample
Ethnicity				
White	82%	81%	78%	86%
Mixed	1%	3%	2%	3%
Asian or Asian British	5%	3%	4%	3%
Black or Black British	1%	1%	0.8%	2%
Chinese	-	-	0.2%	0.5%
Other	1%	2%	1%	1%
Prefer not to say	8%	11%	13%	4.5%
Sexuality				
Heterosexual	86%	73%	77%	82%
Homosexual	3%	3%	3%	4%

Bisexual	0.5%	2%	1%	1%
Transsexual	-	-	-	-
Other	0.5%	1%	1%	0.5%
Prefer not to say	10%	20%	18%	13%
Religion				
Christian	51%	35%	32%	35%
Muslim	2%	1%	0.8%	1%
Hindu	2%	0.7%	1%	0.7%
Buddhist	1%	2.5%	3%	2%
Sikh	-	0.4%	2%	0.2%
Jewish	1%	2.5%	3%	4%
None	41%	31%	31%	40%
Other	3%	7%	6%	5%
Prefer not to say	10%	20%	20%	13%
Marital Status				
Married	57%	49%	52%	54%
Civil Partnership	6%	4%	2%	1%
Single, never married	17%	16%	15%	10%
Separated/divorced	4%	6%	6%	7%
Widowed	1%	2%	1%	2%
Unmarried and living with a partner	-	-	-	14%
Other	6%	7%	5%	2%
Prefer not to say	8%	17%	19%	11%
Disability	3%	3%	2%	2%
Prefer not to say	-	9%	7%	3%

Table 3: Equality and Diversity data Part 2[6]

Discussion

Activities that involve Learning with Others

12. Most osteopaths are recording the required CPD in terms of learning with others, only 9% recorded the minimum requirement of 15 hours learning with others (a 4% decrease on 2017-18). 61% reported recording 16-30 hours learning with

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[6] Survey section 5 Demographic Information Q39a- Q39h

others, whilst 29% reported recording 30+ CPD hours that involved learning with others[7] (a 5% increase on 2017-18 figures).

How do people learn with others?

13. In terms of CPD activities, which involved learning with others the osteopathic sample were more likely to undertake taught courses (73%) and group practice meetings (70%) regularly or sometimes. Case based discussion now features highly amongst osteopaths undertaking this regularly or sometimes (61%), with 17% of osteopaths stating that they never undertake case based discussion. This is followed by conference attendance (59%), interactive e-learning-based activities (56%), which is identical to last year) regularly or sometimes. It was also interesting to note that interactive elearning based activities (either distance learning or webinars) featured regularly or sometimes for 56% of osteopaths. Also 40% of osteopaths undertook teaching, mentoring or tutorials (matching the figure reported last year) suggesting that a high proportion of osteopaths responding to this question undertake educational activities

14. This year fewer osteopaths reported undertaking shadowing or observation as a CPD learning with others based activity, with 71% never or rarely observing or shadowing colleagues, while 29% did this regularly or sometimes. 87% had also never undertaken a higher education qualification as part of their CPD. Working with others on research and publication activities was also a rare CPD activity with 89% never having done this as CPD.

What do people do when learning with others?[8]

15. In terms of objective activities other than case based discussion, patient feedback (34%), clinical audit (18%) and PROMs (14%) now all feature amongst osteopaths as an activity that osteopaths undertake regularly or sometimes. Smaller proportions of osteopaths are reporting never doing objective activities:

- Case based discussion – 17% report never doing this, compared to 11% in 2018 (up by 6%)
- Patient feedback – 37% report never doing this[9]
- Shadowing or observation – 43% report never doing this, compared to 38% in 2018 (up by 5%)
- Clinical audit – 60% report never doing this
- PROMs – 66% report never doing this

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[7] Q2: Approximately how many of your CPD hours over the past 12 months were undertaken with others? Learning with others refers to any relevant learning activity that involves interaction with osteopaths, healthcare practitioners or other professionals

[8] Q4.1-Q4.13 When thinking about your CPD activities which involve learning with others, which of the following types of CPD activities did you do over the past 12 months?

[9] Comparative figures are not available for patient feedback, clinical audit or PROMs on this item as it was not asked in the 2018 CPD survey

Analysis against protected characteristics shows the following:

- Females are slightly more likely to have never tried clinical audit as an objective activity compared to males
- Patient feedback was slightly more popular with males as an objective activity
- Those with a disability were more likely to have either never or rarely undertaken any objective activity
- Certain sexual orientation were more likely to have either never or rarely undertaken any objective activity apart from case based discussion
- The likelihood of never having undertaken an objective activity appears to steadily increase with age, certainly in the case of case based discussion up until the age of 60-65+ and PROMs up to the age of 50-59 and shadowing/ observation up until the age of 40-49
- Patient feedback is slightly more popular amongst those aged 40-49 and 60-65+
- Certain ethnicities were more likely to never have undertaken shadowing/ observation as an objective activity.

Who do people do learning with others with?[10]

16. In terms of reporting how many CPD hours were undertaken in association with key osteopathic organisations (e.g. regional group, UK osteopathic educational institutions, shared interest groups or other healthcare professionals), the sample reported:

- Recording the majority of their CPD hours in association with either a regional or local group or other professionals outside of osteopathy e.g. NHS, surgeons, physiotherapists, orthotists, acupuncturists, nutritionists, homeopaths etc.,
- 60% reported recording 1-15 hours with both regional groups and other professionals,
- with a further 21% recording 16+ hours with other such professionals.
- 49% reported recording 1-10 CPD hours that were carried out with one of the regional society CPD groups, local practices or linking with colleagues in their own practice (a 6.5% increase on 2017-18 figures, indicating regional groups are being sought out more as a result of the new CPD scheme)
- 34% reported recording 1-10 hours CPD in association with the iO.
- 30% reported recording 1-10 hours CPD in association with one of the UK accredited osteopathic educational institutions and
- 29% reported recording 1-10 hours CPD with a shared interest group e.g. Osteopathic Alliance, Osteopathic Sports Care Association, a 5% increase on 2017-2018 figures.

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[10] Q3.1-Q3.5. When thinking about your CPD activities which involve learning with others. Approximately how many of your CPD hours over the past 12 months were in association with the following: one of the UK, osteopathic education providers, group in your local area, shared interest group, the Institute of Osteopathy or other healthcare professionals

- In fact, it was more likely for the osteopathic sample to report recording no CPD activities in association with shared interest groups (62%, 3% drop on 2017-18 figures), the iO (61%) and UK accredited osteopathic educational institutions (39%, 5% decrease in 2017-18 figures), suggesting osteopaths are seeing the need to join up with these groups, institutions and organisations as part of the new CPD scheme.

17. The key messages here are that more osteopaths are doing CPD locally with groups or other health professionals and fewer, osteopaths are doing CPD with professional or 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. Table 4 below shows learning with others based CPD activities.

Learning with Others activity	Regularly			Sometimes			Rarely			Never		
	2019	2018	2017	2019	2018	2017	2019	2018	2017	2019	2018	2017
Taught course or sessions	39%	51%	-	34%	28%	-	10%	7.5%	-	17%	13%	-
Group practice meeting	36%	42.5%	39%	34%	35%	41%	16%	15%	11%	14%	8%	9%
Case based discussion	23.5%	24%	-	38%	48%	-	22%	16%	-	17%	11%	-
Interactive e-learning based activities	20.5%	23%	17%	35%	33%	40.5%	21%	22%	22%	23%	21%	21%
Shadowing/ observation	7%	8.5%	12%	22%	28%	35%	29%	25%	32%	42%	38%	22%
Teaching, mentoring or tutorials	17%	16%	22%	23%	24%	25%	17%	20%	19%	43%	40.5%	34%
HE qualification	6%	6%	3%	7%	6%	18%	10%	13%	18%	77%	75%	61%
Working with others on research and publication activities	5%	4%	7%	6%	9%	11%	10%	15%	19%	79%	73%	62%
Patient feedback	10%	-	-	25%	-	-	29%	-	-	37%	-	-
Clinical audit	4%	-	-	14%	-	-	23%	-	-	60%	-	-
PROMs	5%	-	-	9%	-	-	20%	-	-	66%	-	-
Conference attendance	23%	-	-	36%	-	-	18%	-	-	23%	-	-
Group meeting on communication and consent	9%	-	-	28%	-	-	33%	-	-	31%	-	-

Table 4: Learning with others based CPD activities[11]

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[11] Q4: When thinking about your CPD activities which involve learning with others, which of the following types of CPD activities did you do over the past 12 months?

Understanding and Preparedness for the scheme

18. Reassuringly, 75% of osteopaths in the sample felt that they adequately understand the new CPD scheme and its four key elements, (12% increase on 2017-18 figures). Of these 348 osteopaths, they felt that they understood:

- Planning the CPD scheme across a 3 year cycle (89%)
- Osteopathic Practice Standards (82%)
- Communication and consent (79%)
- Keeping CPD Records (74%)
- Objective activity (67%)
- Peer Discussion Review (59%)

The aspects of the scheme that the sample appear to understand slightly less well are the objective activity and the Peer Discussion Review.[12]

19. Fewer osteopaths reported not understanding the new CPD scheme (a 13% decrease on 2017-18 figures) and fewer queries have been raised (decrease of 76 queries on 2017-18 figures). Feedback this year from those osteopaths (116 or 25%) that felt they did not understand the new CPD scheme reported having the following questions:

Theme	Number	Example Quote
Planning across three-year cycle and linking across four areas	16	'How to allocate the time over the 3 years, how to work out which of the 4 sections an activity is linked to" "Do we still have to do 30 hours per year or just 90 hours at any point" "I am unclear if I must cover 30 hours of practice each year." "Still not sure about different themes and how they relate to what I actually do." "If we do over 30 hours in the first year are we allowed to bring that over to the following year" "Why a three year cycle?" "Not sure what needs to be submitted when. Also, not sure which topics are compulsory to review." "How to relate CPD to themes

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[12] Q23: Do you feel that you understand the new CPD scheme? and Q23a. If yes, which of the following elements of the new CPD scheme. Do you feel you understand? NB Q23a was not asked in 2018 so comparisons cannot be made according to specific elements of the scheme, just overall understanding

Theme	Number	Example Quote
		"Not sure what is required in each of 4 separate categories" "I thought that it was a 3-year cycle from when I first registered, and it turns out that it is only starting on 1 June, so none of the CPD I have paid for to date can be accounted for."
Start Date and Submission dates	5	"When does it start?" "When do I start the new CPD scheme? Do I have to fill in the same annual summary form each year although there are different criteria to fulfil fulfil through the 3 years."
Information overload	2	"I don't understand what new work is required. There are too many e-mails from GOsC regarding this issue" "There has been so much information being pushed for so long now. I read it all then realised it wasn't relevant to me till I actually start on the new scheme - and I've forgotten a lot!"
Time Consuming and complicated	11	"It takes a long time to read through it all. A simple 15 minute exercise like this (the survey) might help consolidate the reams and reams of paper and reading needed." "It's very complex and time consuming. I am concerned that completed wrong will have strong implications" "It seems woolly and confusingly subjective" "It seems complicated so I have many questions related to the structure, but it's difficult to write them in this space here and now" "It seems overly complex, and why spread it out over three years?" "The headings or themes seem arbitrary, with so many normal CPD activities fitting more than one category, so that confusion reigns." "If it were more simple, it would be easier to fill in." "It's overwhelming when I'm already very busy with work."

Theme	Number	Example Quote
		"It seems cumbersome and designed by an academic with no real understanding of osteopathy or practice, but loves to get boxes ticked" "Just feels a bit overwhelming at the moment"
Need to re-familiarise myself	16	"Have basic understanding - need to do more reading." "Need to spend some more time looking into it" "I need to read more in detail" "I would need to work through it and then I'll be happy" "I need to have a more thorough read through and we are going through it as a clinic to better understand it all" "I am planning to spend some time to understand it as soon as this CPD year finishes and I start on the new scheme" "My plan is to complete this year's CPD then sit down properly next month and re-familiarise myself with the new scheme." "I'm sure it's necessary, but I just want to spend my time treating patients. I'm sure I'll get around to reading the info soon. It all looks very readable." "It's not clear what the changes are so I have to go through it in detail."
Practice will make perfect	2	"I just feel I need to get through the first year or so to thoroughly understand what's required. I know resources are available to help me through when I need them" "I don't think I'll fully understand it until I am putting it into practice."
Recording it	12	"There are certain activities that I'm still unsure about how to record a time for e.g. If we are doing a questionnaire then how do we log time for that?" "How best to record 3 years worth of CPD" "Not entirely sure how best to record it or undertake it" "Being my first year of CPD I feel completely lost in how I'm meant to be recording the website isn't the most useful in answering this. I don't know what amount of time I'm meant to spend under each category of the new CPD

Theme	Number	Example Quote
		scheme and need more guidance on how as a recent graduate this should be used to my benefit"
		"I would like the current CPD providers to number which of the 4 areas the cover through their course and if possible to change part of the material so it can cover (at least a part of a course) more than 1 out of 4 themes. Therefore it will be Easy to mix and match different courses so I can cover all themes and be confident that I did"
		"I think I comply anyway so it is just a case of ensuring I record it in the correct manner."
		"In what ways will it affect how I need to plan and record my CPD?"
		"I do tend to think that the different categories are not distinct from each other and that often, my learning need could tick more than one box and I do struggle to record that."
		"Are we supposed to record the hours each year or just at the end of the third year?"
Key aspects of the scheme		
Peer Discussion Review	10	'Do we need to find a registered Peer Reviewer or can we use a local Osteopath?"
		Do we have to do a peer review each year?
		"The formality of the peer review at the end of the 3 year cycle."
		"Don't really understand peer group stuff and no group in my area"
		"Everything. Especially Peer Review and Audit."
		"Peer review-how? with who?"
		"I am not overly sure about peer review and what counts as peer review and what doesn't."
How to do CPD according to the OPS Themes	4	"Communication and patient partnership"
		"Quality in Practice"

Theme	Number	Example Quote
		"Do we need to reflect and show we covered all OPS every 3 years?"
Communication & Consent	2	"How to fill a full 15hrs with consent and communication CPD?" "Most communication and consent is day to day in the patient- practitioner relationship not in courses"
Objective activities and Clinical audit information	6	"How to audit my practice" "Which activities are objective etc." "I have no means of performing audits and do not want to force patients to provide feedback just for my CPD. I do not wish to participate in peer review."
I don't know whether I can..	2	"Am I able to continue my CPD learning with surgeons and consultants" "I'm not sure how to determine with of the four categories a specific CPD activity may fall into. Might it fall into multiple categories??"
Access issues	5	"I am dyslexic and struggle with your wording. I read every journal from GOSC and IO cover to cover and still don't quite understand. last month one of the journals had a 'flow chat' and examples of what the actual CPD could be for each section this was so helpful. Also in the last few months both journals have made an effort to be more visual which is helping me in my journey to try and understand." "I don't understand it. I find the language it is presented in impenetrable" "The Osteopath magazine makes rather vague statements about the new system. The website is equally poorly constructed. Simpler and clearer language with the precise action plan for osteopaths entering the new CPD scheme would be far more helpful." How to find the time to understand it, I am not a fan of reading online. How will it benefit my career without increasing pressure on me?
Those practising Abroad	4	"How on earth are 90% of the requirements applicable for an osteopath practicing outside the UK where very few colleagues are GOSC members (currently 7 in the whole

Theme	Number	Example Quote
		country where I practice)? With osteopathy being barely known as a profession in my country, I can realistically have 1-10 patient visits per week, it is VERY hard, to complete some of the requirements of the new CPD cycle." "I have been working abroad and I'm now confused about this new system." "Hardest thing is working out how to apply it when I live and work abroad and have limited support"
Other	6	"I do not know what question to ask when I worked successfully for 32 years without any CPD scheme at all! The first scheme when I finally came back to the fold was manageable. This new one should only be for those who have recently qualified and perhaps keep the old system for those like myself who have been doing it for 4 decades." "How do I find required courses near me and peers when a sole practitioner" "LOADS would love to sit down and chat to someone about it." "There is such a lot in there over such a long- time span with planning and organizing and having to meet your requirements. it is honestly somewhat overwhelming. You obviously have very specific things you deem essential. Why don't you put those in an online course, we can do them, tick the box and then go on learning new skills at courses that make us better practitioners, not just practitioners who are protecting themselves from getting sued." "The information lacks clarity. There are too many links and connections on the website. I can't find the form. I can't find the basics. I feel like I waste hours out of my practice and very busy life just navigating your information."
None or Not Sure	13	

Table 5: CPD scheme and questions raised by those that do not feel they understand[13]

20. Less respondents were inclined to report that they felt prepared (33%) for the new CPD scheme, compared to understanding the scheme. With the majority unsure whether they felt prepared or not (49%) and 17% feeling completely unprepared. Again, as with understanding, the aspects of the scheme that the

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[13] Q23b. If no, what questions do you have about the new CPD scheme

sample appear to feel slightly less prepared for are the objective activity and the Peer Discussion Review. However, as Table 6 shows those osteopaths that did feel prepared for the scheme, report really feeling very prepared for all aspects of the CPD scheme.

Q23 Do you feel you understand the new CPD scheme? Q24 Do you feel prepared for the new CPD scheme?	Q23a If yes, which of the following elements of the new CPD scheme do you feel you understand?		Q24a If yes, which of the following elements of the new CPD scheme do you feel prepared for?	
	%	Number	**%**	Number
Planning across three year cycle	88.5%	308	95%	147
Osteopathic Practice Standards	82%	287	87%	135
Communication and consent	79%	275	86.5%	134
Keeping a CPD record	74%	257	88%	136
Objective activity	67%	233	77%	119
Peer Discussion Review	60%	208	73%	113

Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

Table 6: CPD scheme and preparedness[14]

21. Feedback from those osteopaths (80) that felt unprepared for the new CPD scheme can be categorised into 12 key themes (see Table 7 below), with these osteopaths reporting the following would be helpful for them to feel more prepared.

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[14] Q23a Do you feel that you understand the new scheme? Q23a. If yes, which of the following elements of the new scheme do you feel you understand? and Q24 do you feel prepared for the new scheme? Q24a. If yes, which of the following elements of the new CPD scheme do you feel prepared for?

Theme	No.	Example Quotes
Talk/webinar/seminar/ free training	*11*	"Maybe going to a talk on the scheme" "Would like and be happy to pay for a course to support this" "Webinar to explain succinctly" "An actual seminar on it. Reading about it as a dyslexic makes me nauseous it all looks too complicated and time consuming that I would rather spend the time doing more courses than recording them down. Make some GOsC courses that If we partake we dong need to record all this information the old CPD was just enough" "An actual course, or event to teach us how to do this CPD in simple, practical terms." "Lectures online courses explaining the new cpd." "Proper training offered free by GOsC"
Hard copy guide or clearer guidelines	*3*	"Haven't had my pack yet I think that will help - I like the hard copy of these documents" "A comprehensive guide" "More clarity initially. I think the announcement saying little in GOsC became repetitive in the magazines, actually focussing in and using the website will be useful to provide better feedback for you in the future. Your workbooks are not easy to enter data and edit on different platforms software so I have wasted time fiddling about.."
Video	*3*	"Watching a video to explain it" "A talk /video explaining as well as the written word would help. (Unless there was & I missed it)" "A webinar/video that I can watch that goes through the major points and gives examples."

Theme	No.	Example Quotes
Examples e.g. ideal submissions of CPD returns, PDR returns, what record where	*10*	"More examples of how to cover the four themes" "More examples on each section needed" "Monthly specimen papers sent through on email illustrating idealised submissions covering all themes." "Examples of cpd return needed" "Examples of peer review return" "Give us a flow chart or something on how to navigate the new cpd. I have already done over 5 hours learning with others but no idea what section to record it under." "I would like to know how I can record this on the GOsC record I have already completed 23 hours this year even though my year started on March 1st so I want to be able to record it as I go so I don't forget what I have done. I thought I was ready but there has been no guidance and have received nothing form GOsC. An email would be good and to tell us where we can record this. I feel that although the CPD scheme is good it should be submitted yearly. If there is a concern about an osteopath or someone does not do their CpD it will not be picked up for 3 years! This is not good for patient safety." "Finding a centralised unified online resource to record my reflective practice in detail"
Quiz or survey of what is expected	*2*	"Taking the time to complete this questionnaire and follow up in the areas that I do not have clarity on." "A short quiz or bullet points as to what is expected."
Session with a colleague or mentor	*4*	"I have arranged a session with a colleague to run though the details and plan the new CPD year" "Free mentor who can organise and collate the cpd for each osteopath, and be used as a support as opposed to more and more regulations and time needed when we could be getting better at what we do not getting better at dealing with bureaucracy which is what it often feels like." "Maybe a chat with someone one to one to ask the question I particularly need to know the answers to. as

Theme	No.	Example Quotes
		reading stuff doesn't mean my interpretation of the new CPD is correct"
More time	*12*	"Spending some time figuring it out" "Time to plan" "More time!"
Doing it and becoming more familiar	*6*	"Just getting on with it" "Just doing it and becoming more familiar" "Nervous, but once I get going I think it will be fine" "To actually start doing it, I imagine, with the help of my colleague who is starting the new system at the same time." "Won't feel ok about it until I have completed the first year just feels very unfamiliar"
Further reading or research	*13*	"I need to read more about it" "Reading the relevant literature"
Concern about PDR	*4*	"The right person to review my practice record" "Unsure of what is classed as peer reviewing and how to record CPDs on the GOSC website" "I know many osteopaths casually, but I don't have a colleague for a Peer Discussion Review and bringing this up in meetings has the tang of 'BIlly No Mates' it is stigmatised and embarrassing and there is no clear method to use. I wish there was some kind of register of Peers that could be approached for this." "Still struggling selecting a peer who will always be around and also on recording."

Theme	No.	Example Quotes
Unnecessary change (or get rid of aspect)	*6*	"I don't think it was a necessary change." "This whole business fundamentally seems to be about accountability for everything that one does, but should this not be obvious to anyone joining a Health profession? Perversely, my personal interpretation of the CPD is that we're not to be trusted. I took and passed 60 exam papers, not to mention the countless weekly assessments over the 4yrs of study. Does the GOsC consider that the new generation of Osteopaths are not worthy of the qualifications that they receive today that they will be constantly scrutinised for the rest of their working careers?" "Get rid of the objective activities." "Remove the new elements of the CPD requirement (or make them optional). For osteopaths with only a small practice, this new CPD requirement is onerous and is putting my off staying on the GOsC register."
Not sure	*3*	
Other	*3*	

Table 7: Unprepared and the CPD Scheme[15]

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

22. 51% of osteopaths report they have used the four themes of the *Osteopathic Practice Standards* (OPS) to identify their learning needs, whilst 49% haven't yet. This is an 8% increase on 2017-18 figures, suggesting more osteopaths are steadily using the OPS when planning and recording their CPD (see Table 8 below).

23. In the 2017-18 evaluation we investigated a little further to identify whether linking or mapping of CPD activities to the OPS was currently being undertaken by osteopaths. This year 43% of the sample reported linking their CPD activities during their last 12 months to the four themes of the OPS, which is a 4% increase on 2017-18 figures (see Table 8). Of those osteopaths that linked their CPD to the OPS, most commonly osteopaths went about linking or mapping their CPD to the four themes of the OPS by:

    (1) identifying specific content that related to specific areas of the OPS (58%),

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[15] Q24 Do you feel prepared for the new scheme? Q24b. If no, what would help you to become prepared?

(2) linked the OPS after they had completed their CPD (44.5%),
(3) identified overarching OPS themes covered in most of their CPD activities (29%),
(4) looking at CPD providers to identify which OPS themes would be covered for them (21%, a 7% increase on 2017-18 figures) and
(5) estimating the number of hours spent on each of the four OPS themes (14%).

OPS	2018-19		2017-18		2016-17	
	Yes	No	Yes	No	Yes	No
Have you used the four themes of the OPS to identify your learning needs during over the last 12 months?	51%	49%	43%	57%	30%	70%
Have you linked your CPD activities during the last 12 months to the four themes of the OPS?	43%	57%	39%	61%	-	-

Table 8: Using the OPS to identify learning needs or link CPD activities[16]

24. Respondents were asked to estimate how many hours of CPD on average they spent on each of the four themes of the OPS during their last CPD year. The pattern here remains largely unchanged, with most CPD being undertaken in the area of knowledge, skills and performance. - knowledge skills and performance ranked highest amongst the sample group with 14% undertaking 30+ hours of CPD in this area, followed by a further 38% undertaking 11-20 hours[17] (see Figure 1).
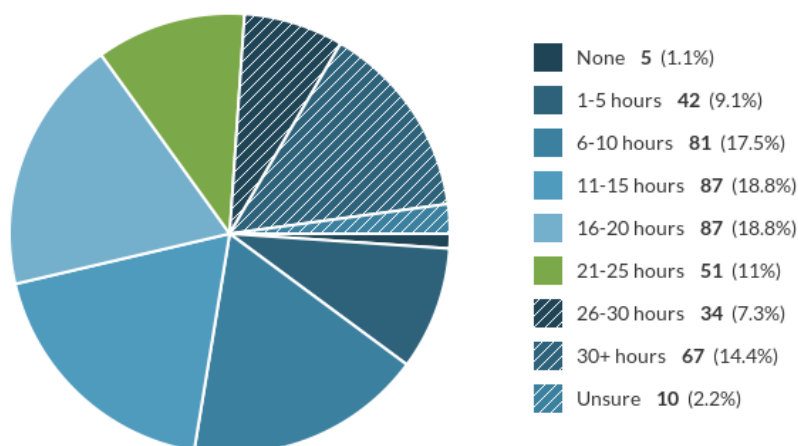

None 5 (1.1%)
1-5 hours 42 (9.1%)
6-10 hours 81 (17.5%)
11-15 hours 87 (18.8%)
16-20 hours 87 (18.8%)
21-25 hours 51 (11%)
26-30 hours 34 (7.3%)
30+ hours 67 (14.4%)
Unsure 10 (2.2%)

Figure 1: CPD hours spent on knowledge, skills and performance[18]

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[16] Have you used the four themes of the Osteopathic Practice Standards to identify your learning needs over the past 12 months? and Q7 have you linked your CPD over the past 12 months to the four themes of the Osteopathic Practice Standards?

[17] Q9 during the past 12 months please estimate how many hours of CPD on average you have spent on the area of knowledge, skills and performance

[18] Q9 During the past 12 months please estimate how many hours of CPD on average you have spent on the area of knowledge, skills and performance

25. CPD hours undertaken in the remaining three standards – communication and patient partnership, safety and quality in practice and professionalism each followed a similar pattern as last year with between 41-47% of the sample spending just 1-5 CPD hours on each of these themes of the Osteopathic Practice Standards. This is then followed by a smaller proportion recording 6-10 CPD hours in both safety and quality in practice (24%) and communication and patient partnership (21%), both showing a 3% increase on 2017-18 figures. Under professionalism there was still a greater prevalence for osteopaths to estimate that they had undertaken no CPD hours on these standards at all (15%), a 5% increase on 2017-18 figures, but a 3% drop in comparison to 2016-17 figures. With both professionalism and safety and quality in practice there is also a greater prevalence for osteopaths to be unsure if they have spent CPD hours on this area. (8%), but this is 11% drop on 2017-18 figures. It would seem from this that osteopaths are getting steadily more confident with the OPS themes and what activities can be undertaken under each of the Osteopathic Practice Standards themes (see Figures 2-4).
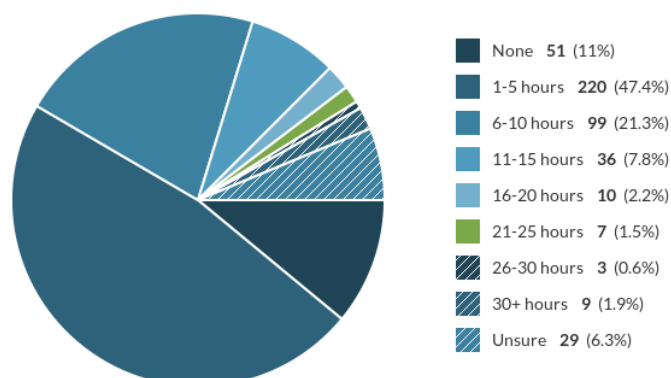

Legend:
- None 51 (11%)
- 1-5 hours 220 (47.4%)
- 6-10 hours 99 (21.3%)
- 11-15 hours 36 (7.8%)
- 16-20 hours 10 (2.2%)
- 21-25 hours 7 (1.5%)
- 26-30 hours 3 (0.6%)
- 30+ hours 9 (1.9%)
- Unsure 29 (6.3%)

Figure 2: CPD hours spent in the area of communication and patient partnership[19]

Legend:
- None 52 (11.2%)
- 1–5 hours 190 (40.9%)
- 6–10 hours 111 (23.9%)
- 11–15 hours 28 (6%)
- 16–20 hours 24 (5.2%)
- 21–25 hours 7 (1.5%)
- 26–30 hours 8 (1.7%)
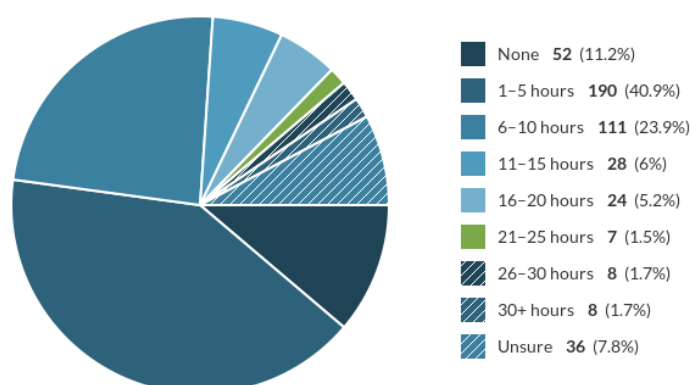- 30+ hours 8 (1.7%)
- Unsure 36 (7.8%)

Figure 3: CPD hours spent in the area of safety and quality in practice[20]

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[19] Q8 During the past 12 months please estimate how many hours of CPD on average you have spent on the area of communication and patient partnership

[20] Q10 During the past 12 months please estimate how many hours of CPD on average you have spent on the area of safety and quality in practice
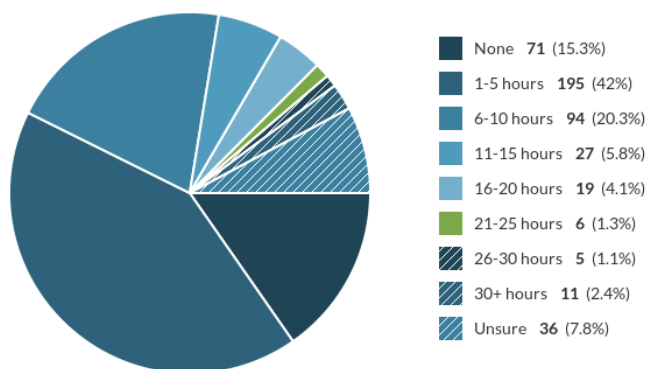
Legend:
- None **71** (15.3%)
- 1-5 hours **195** (42%)
- 6-10 hours **94** (20.3%)
- 11-15 hours **27** (5.8%)
- 16-20 hours **19** (4.1%)
- 21-25 hours **6** (1.3%)
- 26-30 hours **5** (1.1%)
- 30+ hours **11** (2.4%)
- Unsure **36** (7.8%)

Figure 4: CPD hours spent in the area of professionalism[21]

26. Osteopaths in the sample frequently cited undertaking the following CPD activities relating to Themes A, C, D of the Standards, which will prove useful as part of the GOsC assurance and verification audit process (see Table 9 below).

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[21] Q11 During the past 12 months please estimate how many hours of CPD on average you have spent on the area of professionalism

Learning with others activity	Theme A: Communication and Patient Partnership	Theme C: Safety and Quality in Practice	Theme D: Professionalism
Taught course or sessions	Communication and consent course GOsC workshop Cervical spine risk assessment and consent for manual therapists	First-aid (manual therapies expo) Safeguarding Acupuncture safety guidance Health and safety Fire marshall training Infection risk Cervical spine risk assessment and consent for manual therapists	Managing difficult situations/ challenging patients Cervical spine risk assessment and consent for manual therapists (educational provider)
Group practice meeting	GDPR implementation discussions Possible communication problems and how to avoid them Consent procedures and how recorded them on case notes Communication on risks of treatment Privacy policy	GDPR implementation discussions Safe handling of patients when carrying out neck manipulations/ upper cervical thrust NICE guidelines Ethos and ethics	GDPR implementation discussions Being aware of other professionals' roles Duty of candour Evaluating advertising standards Privacy policy
Objective activities	Case-based discussions PROMs (Patient Reported Outcome Measures) Peer observation and designing case history sheet that includes consent sections Clinical audit on materials on communication and consent and case note procedures Patient feedback surveys	Case based-discussions PROMs Peer observation and revision of techniques and red flags Clinical audit	Case-based discussions around boundaries, behaviour and communication skills. Clinical audit of patient records Patient feedback
Interactive e-learning based activities	GOsC webinars Internet module on equality and diversity YouTube NHS Video Webinar covering complaints	First-aid tutorial	
Teaching, mentoring or tutorials	Researching articles and developing new materials about communication and consent in order to prepare session for students or other osteopaths	Developed teaching materials on selecting appropriate techniques for use with children and red flag identification	Supporting colleagues to enhance patient care, eg through mentoring or observation, by learning about giving and receiving feedback
Working with others on research and publication activities	Patient participation and involvement in research development and practice		NCOR research group (see page 22)
Conference attendance	Institute of Osteopathy (iO) Convention 2018 sessions COPA (cross-sector event for physical therapy) communication and consent	iO Roadshow COPA communication and consent	iO Roadshow – session about learning from formal complaints against osteopaths

Table 9: Linking CPD activities to Standards A, C and D[22]

Standard 2: Objective activities have contributed to practice

27. 24% of the sample had undertaken a CPD activity aimed at receiving objective feedback on their practice as part of their CPD (2% decrease on 2017-18 figures). The most popular objective activities that have been undertaken are detailed in Table 10 below. This was a multi answer question this year, indicating many osteopaths in the sample are undertaking more than the required one objective activity, with instances of case based discussion, peer observation, clinical audit and PROMs having doubled on 2017-18 figures. This suggests if osteopaths try out an objective activity, they are more likely to see

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[22] Q8a Please give an example of CPD that you have undertaken which covered communication and patient partnership, Q10a. Please give an example of CPD that you have undertaken which covered safety and quality in practice and Q11a Please give an example of CPD that you have undertaken which covered professionalism

the benefit of doing so to their practice and try another type of objective activity as a result.

Objective Activity Type	2018-19 Percentage (%)*[23]	2017-18 Percentage (%)
Case based discussion	59%	30%
Peer observation	40%	20%
Patient feedback	35.5%	23%
Patient Reported Outcome Measures (PROMS)	29%	12%
Clinical audit	20%	11%
Other	4.5%	3%

Table 10: Types of objective activity

* *Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)*

28. When we examine patient feedback specifically; 30% currently collect feedback from their patients (a 6% decrease on 2017-18 figures). Despite this 35% report making changes to the way they practise as a direct result of comments made to them by a patient (8% increase on 2017-18 figures) (See Table 11 below). These changes in practice primarily focus on communication in three key areas: (1) about the practice and appointments (2) during consultation and (3) providing aftercare (see Box 2 below).

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[23] Have you undertaken a CPD activity aimed at receiving objective feedback on your practise as part of your CPD during the last year? Q 25a. If yes, which objective activities have you undertaken as part of your CPD during the past year?

	2019		2017-18		2016-17	
	Yes	No	Yes	No	Yes	No
Do you currently collect feedback from external sources?	Not collected		29%	71%	26%	74%
Do you currently collect feedback from your patients?	30%	70%	36%	64%	40%	60%
During your last 12 months have you made any changes to the way in which you practise as a direct result of comment(s) made to you by a patient?	35%	65%	27%	73%	36%	64%

Table 11 Collecting feedback from patients[24]

About the Practice and Appointments
- Patient booking requirements (inclusion of online and/or SMS booking, SMS reminder messages and card payment options)
- Providing information on waiting times and cancellation list and how these work.
- Sticking to scheduled appointment times and not running over
- Increasing appointment time for those that are less able to dress/undress or have complicated presentations
- Changes to the rules in terms of who can make appointments for under 18s
- Adjusting room setup or improving equipment or treatment environment e.g. lighting, making clinic space warmer, introducing mirror in clinic room, relaxing music in reception or access improvement
- New opening times to fit in with people's working arrangements
- Allowing patient to follow up with another appointment, rather than making it directly after treatment
- Ensuring patient identity when booking appointments
- Introduced patient charter for informed consent and patient protection
- User-friendly resources for patients seeking further information e.g. making improvements to patient information leaflet or monthly newsletter
- Informing patients to bring suitable clothing as a priority.
- Best ways to communicate with patients that do not want to undress
- Informing patients if running more than 10 minutes late

During Consultation
- Management of patient expectations
- Providing clearer communication to patients on rationale for treatment, expected outcomes of treatment, what they are about to do as part of that treatment e.g. hip exam or possible side effects
- Use of diagrams or skeleton to explain things
- Explaining results simply

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[24] Q26 Do you currently collect feedback from your patients? and Q27 during the past 12 months have you made any changes to the way in which you practice as a direct result of comment(s) made to you by a patient?

- Changes to how introduce treatments to new patients, including consent process
- Changes to wording around 'what might be the problem'
- Using less technical language or over anatomical language
- Being less chatty with patients during treatment
- Stopped interrupting patients during case history, letting the patient tell their story first
- Listening to patients about what osteopathic or dry needling techniques that have helped patients previously and trying it with other similar patients
- Treating patients more gently to reduce post-treatment soreness, particularly those that had long journeys planned
- Changes to approach or techniques for patient comfort, limiting post treatment soreness or reactions to previous treatments
- Using Hight Velocity Thrust (HVT) less, as a result of clinical audit or patients that have been used to less spinal manipulation
- Introducing deep soft tissue work and stretching for those wanting massage
- Included set of treatment points to be considered at every treatment
- Use of towels to cover patients

Aftercare
- Ensuring patient understand self-management
- Providing details of prescribed exercises – exercise sheets or videos or training to be Pilates teacher to help with this
- introduced online rehab app to send to patients
- Following up with patients after treatment via phone or e-mail
- Email support between appointments
- Amending invoice protocol to support patient's health insurance coverage

Box 2: Changes made to practice as a direct result of patient feedback[25]

Standard 3: Seek to ensure that CPD activities benefit patients

29. Over half (51%) of the respondents undertook an activity in the area of communication and consent during their last CPD year. However, a further 11% have undertaken an activity in communication only and a further 3% have undertaken an activity on consent only. Consequently, overall 65% (an increase of 5%) of osteopaths in the sample have undertaken a communication and/or consent based activity[26] Interestingly, courses where communication and consent were featured as part of the activity have increased on last year's figures (45%), which perhaps demonstrates that CPD providers are firmly meeting the requirements for osteopaths to be able to fulfil this aspect of the new scheme (increase of 18% on 2017-18 figures). We can also see that osteopaths are seeking out alternative options to a taught course this year with

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[25] Q27 during the past 12 months have you made any changes to the way in which you practice as a direct result of comment(s) made to you by a patient? Q27a. If yes, please specify
[26] Q5. Have you undertaken CPD in the area of communication and/or consent during the past 12 months?

37% having undertaken a communication and/or consent based activity that was not a course, a 18% increase on 2017-18 figures.

If yes, which of the following communication and/or consent based activities have you undertaken in the last 12 months? 2019 2018 2017		
Yes - Not a course	37% 24%	19%
Yes - A course which featured	45% 20%	27%
Yes - A course solely focussed	29.5% 16%	14%

Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

Table 12: CPD in the area of communication and/or consent [27]

30. Frequently cited communication and consent based activities included

- GDPR related activity,
- case based group discussions using case studies and reviewing treatment notes,
- Internet research using IO or GOsC resources,
- reading journal articles or looking at GOsC guidelines,
- reviewing the Montgomery case and online webinars.
- Frequently cited webinars in relation to communication and consent were those facilitated by the GOsC, Academy of Physical Medicine, and Pippa Bark's you-tube video. UCU related courses were also frequently cited such as cervical spine risk, Steve Vogel's risks and benefits: adverse events and outcomes in UK osteopathy, communication, capacity and consent course. The regional group Waltham Forest Osteopathic Group was also cited on several occasions for its session by Tim Walker on communication and consent this year.[28]

Standard 4: Maintaining a continual Record of CPD

31. 75% of osteopaths should be on the new CPD scheme at the time this CPD survey was completed. In comparison, 65% of the survey sample reported being on the new CPD Scheme at the time of completing the survey, while 7% were unsure whether they had entered onto the new CPD scheme yet. If osteopaths reported being on their first three year CPD cycle, they were asked to indicate how many hours of CPD they were planning to do in their first year of the CPD cycle. 73% stated that they would undertake between 21- 40 hours indicating

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[27] Q5a. If yes, which of the following communication and/or consent based activities have you undertaken in the last 12 months?

[28] Q5ai. Please provide details of the communication and/or consent activity undertaken

that osteopaths were taking account of the CPD guidance that their CPD should be undertaken at regular intervals throughout the CPD cycle and are taking note of the example in the guidance given of 30 hours, including 15 hours learning with others per year.

32. Reassuringly, none of the sample reported that they would not undertake any CPD in their first year. From this we could predict that 8% of the register may complete between 1-20 hours in their first CPD year and 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.

If entered onto the new CPD scheme, approximately how many hours of CPD are you planning to do during your first year of the three-year CPD cycle?	Percentage (%)
None	0%
1-10 hours	2%
11-20 hours	6%
21-30 hours	35%
31-40 hours	38%
41-50 hours	6%
51-60 hours	2%
61-70 hours	1%
71-80 hours	1%
81-90 hours	2%
Other	2%
Unsure	6%

Table 13: Planning CPD hours across a CPD cycle[29]

33. When selecting CPD activities osteopaths tend to plan their CPD most of the time according to their learning needs that they have identified by themselves

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[29] Q17. Have you entered the new CPD scheme (i.e. are you on your first three-year CPD cycle)? Q17a. If yes, approximately how many hours of CPD are you planning to do during your first year of the three-year CPD cycle?

(53%, a 3% increase on 2017-18 figures) and around courses that are available (44%) (1% decrease compared to 2017-18 figures). Osteopaths reported slightly less than they did last year that they occasionally plan CPD around their learning needs that they have identified after discussion with a colleague (56.5% - a 6.5% decrease on 2017-18 figures). Osteopaths reported planning activities provided occasionally by either other professionals (61% - a 9% increase on 2017-18, the GOsC (60%), accredited osteopathic educational institutions (53% - 7% increase on 2017-18 figures), run by their colleagues or acquaintances (50% - a 4% decrease on 2017-18 figures), the iO (49%), commercial providers (45%) or shared interest groups (44% - a 3% decrease on 2017-18 figures), and regional or local group[30] (37.5%, a 2% decrease on 2017-18 figures).

34. In line with 2017-2018 figures, 48% report that their selection of CPD activities is occasionally unplanned, to take advantage of good learning opportunities as they arise, with a further 23.5% doing this most of the time (a 1.5% decrease on 2017-18 figures) and a further 7% always selecting CPD activities in an unplanned and ad hoc manner [31](0.5% decline on 2017-18 figures).

35. Rather positively osteopaths in the sample plan their CPD activities to incorporate all four themes of the *Osteopathic Practice Standards*, with 68% doing this to some extent whether that is always, most of the time or occasionally, which is a 3% increase on the previous year's figures. 73% have planned their CPD to some extent to include an objective activity and 40.5% have to some extent planned activities to prepare for their Peer Discussion Review.[32]

36. Interestingly, some 57% of the sample, plan their CPD to varying degrees (occasionally, most of the time, or always), because of the evidence that is provided by the activity organisers e.g. certificates and proof of attendance[33] (a 1% decrease on 2017-18 figures). Suggesting osteopaths look out for providers that will issue certificates, and that those CPD providers that begin to document which of the standards have been covered on their proof of attendance certificates will be most popular.

37. Difficulty in undertaking reflective practice does not appear to be a concern, with 48% of the sample stating that they did not have a barrier to reflective practice (6% decline on 2017-18 figures) (see Table 11). Those that did concede to facing difficulties in reflecting on their practice cite the main barriers as: 'I find

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[30] Q12.1-Q12.16. When selecting CPD activity please tick to what extent you agree or disagree with each other statements below: I plan my CPD according to my learning needs that Q12.1. I have identified by myself, 12.2. after discussion with a colleague, or around activities run by Q12.7 commercial providers, Q12.8 osteopathic education providers Q12.9 regional group, by shared interest groups, Q12.10 shared interest groups, Q12.11 the iO, and Q12.13 Other professionals

[31] Q12.16 my selection of CPD activities is unplanned, to take advantage of good learning opportunities as they arise

[32] Q12.3- Q12.5 I plan my CPD activities to incorporate all four themes of the Osteopathic Practice Standards, objective activity of Peer Discussion Review

[33] Q12.15. I plan my CPD because a certificate of proof of attendance will be provided by the activity organisers

allocating time to reflect and record my reflections difficult' (47%).[34]

38. More osteopaths are reporting reflection 'gets in the way of actual practice' (16%, a 4% increase on 2017-18 figures) and 'worried about recording things like this' (9%, a 2% increase on 2017-18 figures). In contrast, 'not sure how to' has declined as a barrier to reflective practice (13%), a 3% drop on 2017-18 figures. Those that reported "Other" barriers faced in reflecting on their practice predominately featured lack of access to other osteopaths to reflect with or difficulties in finding a reliable mentor to reflect with, or that reflection affects confidence for a long time, particularly when the sole focus is on the negatives. Here many osteopaths also reported that they reflect, but do not write their reflections down, because reflection does not have to be a paper exercise[35].

What are the barriers that you face in reflecting on your practice?	2019*	2017-18	2016-17
I don't have a barrier to reflective practice	48%	54%	56%
I find allocating time to reflect a record my reflections difficult	47%	- Highly reported in Other	-
It gets in the way of actual practice	16%	12%	14%
I'm not sure how to	13%	16%	12%
I'm worried about recording things like this	9%	7%	6%
Other	6%	9%	9%
I don't consider this necessary for me and my practice	3%	0.4%	2%
I don't understand why I should	2%	1%	1%

* Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

Table 14: Barriers to reflective practice[36]

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[34] Q14. What are the barriers that you face in reflecting on your practice?
[35] Q14. What are the barriers that you face in reflecting on your practice?

[36] Q14. What are the barriers that you face in reflecting on your practice?

39. It would seem there has been a shift in perceptions, with osteopaths now clearer on how to reflect, which may be possible to attribute to the vast resources available via the CPD micro site and the webinar provision. Similarly, these resources and online sessions may also be the reason that there has been a decline (6%) in those feeling that they don't feel they have a barrier to reflective practice, given that those that do take part in activities often realise they could do this more effectively, particularly when it comes to recording their reflections. However, now more osteopaths know how to reflect, there is a significant proportion reporting that allocating time to do so is difficult or that it gets in the way of their actual practice as a direct result, which maybe what are next set of communications needs to focus upon. There is still a significant number of osteopaths in the sample that report being either unsure how to reflect on their practice or are worried about recording things like that.

40. In terms of recording and reflecting on CPD activities osteopaths report recording their CPD primarily by using the GOsC CPD summary form (67%), given that 65% of the sample are now on the new CPD scheme, it is possible that respondents have confused the CPD summary form with the GOsC diary. However, a greater number of osteopaths reported using a hard copy folder containing CPD evidence (50%), a 11% increase on 2017-18 figures and electronic folder containing CPD evidence (34%), a 4% increase on 2017-18, perhaps indicating that more osteopaths are taking steps to record their CPD. Only 11% report using the GOsC diary, it is possible that there are some misinterpretations around those still on the old scheme using the annual summary form and those on the new scheme that have the learning diary available to them via the **o** zone. Other recording mechanisms cited included use Padlet, Web 2.0 noticeboard and mental reflections or creative thinking techniques.[37]

41. When asked to think about their capabilities and opportunities to reflect on their practice in line with the new CPD schemes aims and objectives as an osteopath they felt confident in their ability to reflect on their practice (86.5%) and had access to a trusted colleague that they could discuss reflections with (65%) either always or most of the time. Very few sought training and/or advice in order to develop their skills in reflection (66%) or recorded their experiences and reviewed their learning (68.5%), reporting they did this either occasionally or never. Interestingly, 58% found reflection with others valuable in developing their learning, but 37% reported this only occasionally, with a further 4%, never finding reflection valuable[38].

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[37] Q16. Which of the following are you currently using to record your CPD activities?.
[38] Q13.1-Q13.5 Thinking about reflecting on your practice as an osteopath, please tick to what extent you agree or disagree with each of the statements below: confident in my ability to reflect, sought training and/or advice in order to develop skills in reflection, recorded my experiences and reviewed my learning, access to a trusted colleague can discuss my reflections with and I have found reflection with others valuable in developing my learning

Beginning to think about the Peer Discussion Review (PDR)

42. When beginning to think about whether osteopaths will be ready for the Peer Discussion Review (PDR) at the end of their first CPD cycle, 72% currently discuss their CPD and the value of it to them with a colleague (5% decrease on 2017-18 figures) and 89% have access to someone they can discuss their CPD activity with, including areas of skills and development, which is just a 1% decrease on 2017-18 figures. 92% also feel that they would be able to discuss concerns that may arise in practice with a trusted colleague (a 2% increase in 2017-18 figures).

43. Respondents were also asked this year as part of the evaluation, whether they had identified or begun to think about who might be their Peer Discussion Reviewer under the new CPD scheme, 58% have begun to identify or think about who their peer might be (a 7% decrease on 2017-18 figures). From those that had identified their Peer Discussion Reviewer, 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.

44. 32% report having been asked to be a Peer Discussion Reviewer for another osteopath, with 13% having undertaken the Peer Discussion Review for another osteopath. 17% report having experienced Peer Discussion Review of their own practice.[39]

45. The most likely way that osteopaths in the sample know the practitioner that might be their Peer Discussion Reviewer is: (1) an osteopath they know, but don't work with directly (41%), (2) an osteopath that they work with (34%), (3) another healthcare professional (5%), and (4) through a local group (2%).

Peer Discussion Review Questions	2019		2018		2017	
	Yes	No	Yes	No	Yes	No
Q29. Do you currently discuss your CPD and the value of it to you with a colleague?	72%	28%	77%	23%	76%	24%
Q30. Do you have access to someone you can discuss your CPD activity with?	89%	11%	90%	10%	85%	15%
Q28. Are you able to discuss concerns arising in practice with a trusted colleague?	92%	8%	90%	10%	92%	8%
Q31. Have you identified or begun to think about who might be your Peer	58%	42%	65%	35%	-	-

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[39] Q32.1. Have you been asked to be a Peer Discussion Review for another osteopath?,-Q32.2. Have you ever experienced a Peer Discussion Review of your own practice?, q32.3. Have you ever undertaken a Peer Discussion Review for another osteopath?

Discussion Reviewer under the new CPD scheme?					
Q31a. If yes, have they agreed to be your Peer Discussion Reviewer?	70%	30%	-	-	-	-
Q31b. If yes, have you had an initial conversation with them about your Peer Discussion Review or CPD?	50%	50%	-	-	-	-

Table 15: Beginning to think about the Peer Discussion Review[40]

How do you know the practitioner who might be your Peer Discussion Reviewer?	Percentage (%)
An Osteopath I work with	34%
An osteopath I know, but don't work with directly	41%
Another healthcare professional	5%
Through a local group	2%
An osteopath not known to me	0.4%
Through a clinical interest group or the iO	0.4%
Other	1%
Don't know yet	16%

Table 16: Selecting a peer[41]

46. The majority of the osteopathic sample 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.[42] The 12% (57 osteopaths) that do have concerns report the following (see Table 17 below).

Concerns about receiving feedback	Number	Example quotes
Seen as scary activity and feelings inadequacy	9	"Embarrassment about being very rusty" "It's a scary activity" "Being seen as inadequate" "Judgement insecurity fear" "That I feel inadequate or criticised. My own issue, I'm sure!"

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[40] Q28-Q31b

[41] Q32a. How do you know the practitioner that might be your peer reviewer?

[42] Q33. Do you feel prepared for the Peer Discussion Review process which is part of the new CPD scheme?

Concerns about receiving feedback	Number	Example quotes
Challenges of receiving Negative Feedback	11	"Even constructive criticism can be challenging first time around." "Always nervous to hear what other people think of you" "That I will get lots of bad feedback" "Overly critical" "I'm sensitive to criticism, but I'm sure it will be fine" "I don't want to be judged as a bad osteopath simply because I only treat a few patients a day, unlike some very busy osteopaths who think a lot of themselves if they are busier and earning lots of money from their work. Some osteopaths local to me (who I wouldn't choose to do a peer review) are arrogant and judgemental." "On the one hand honesty is essential but I am afraid of critical comments" "There is an element of feeling exposed and vulnerable to criticism of my practice." "I'm happy to hear a critique of me as an osteopath but it still a very uncomfortable process and could make relationship with a colleague awkward thereafter."
Pass/ fail, exercise	2	"The only purpose for including a peer review will be to make it a pass/fail exercise. I don't know how valuable this is. It may just be a box-ticking exercise" "That it means that I fail on the submission of CPD to not meeting the levels of practicing standard"
Concerns about peer knowing what they are doing	7	"I would not like to receive criticism, unless it is well thought out." "Everyone will be new to it." "I might get it wrong"

Concerns about receiving feedback	Number	Example quotes
		"We are not trained and these things need to be handled sensitivity and I am worried I might get upset or be taken aback by something raised (but I do think it is a valuable experience)" "I do not know how to do this." "Unsure whether the person giving feedback knows what they are doing?"
What happens if there's a problem	6	"How will it impact the CPD for the year and the GOSC membership if there's a problem" "If they think completely differently to me in how to treat a patient/ work with them and therefore we clash in an argumentative way." "Misunderstandings and potential disagreements" "Will I be removed as a therapist if a college gives negative feedback" "Practitioner may use different methods"
How to address the feedback received	7	"How best to meet feedback received and plan activity to areas identified that require improvements." "How I will integrate suggestions into practice" "Not being able to change things that are criticised" "Do I have to act on it? It may be biased." "That areas I may need to work on will require a lot more of my time to devote to correcting. Which, as a stay at home parent is really daunting to think about because my time is extremely minimal." "Osteopaths are by nature independent types. Our practices evolve in ways that reflect our personalities to some extent therefore I'm a bit concerned that there is a risk of conflict between what might be ok for one but not for another. Just because feedback is given doesn't necessarily make it correct. Who

Concerns about receiving feedback	Number	Example quotes
		decides, and could that lead to limitation of practice diversity?"
Confusions over PDR and Peer Observation	3	"It may not be an accurate representation of practice. being observed automatically changes things" "Wondering how comfortable it will be for a paying client to have someone sitting in who is obviously not there observing for their own learning. Will that make the client uncomfortable and distrust the service being given as it is being assessed whether it is good enough or not" "Peer feedback is always extremely useful but having someone observe you in practice can feel daunting and difficult not to let it affect how you work."
Waste of time	2	"Pointless exercise again all touchy, feely and I do all this anyway in a different way. I am truly not, currently, a fan of this new CPD and I also think the Objective exercise is steered very much to work by yourself rather than others, defeating one of the main ideas of CPD I would have thought. "
Other	10	"Booking in the time with the osteopath" "That feedback is not a true reflection of myself as a practitioner"

Table 17: Concerns about receiving feedback[43]

47. Interestingly, the osteopathic sample appears to be slightly more concerned (19% or 87 osteopaths) about having to give feedback rather than receiving it as part the Peer Discussion Review process. 81% reported not being concerned about giving feedback, compared to 88% not being concerned about receiving feedback. The main concerns reported about giving feedback are detailed in Table 18 below.

Concerns about giving feedback	Number	Example quotes
Seen as an awkward or	5	"I find this a very uncomfortable process and it could make relationship with a colleague awkward thereafter."

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[43] Q34. Do you have any concerns about receiving feedback, as part of the Peer Discussion Review?
Q34a. If yes, what concerns do you have?

Concerns about giving feedback	Number	Example quotes	
disputed activity		"Unless there is a problem, I find critiquing a colleague's work very unpleasant." "Could be awkward and who am I to say how another osteopath should practice"	
Challenges of Giving Negative Feedback	24	Negativity: "Don't want to appear negative" "Giving negative comments" "Avoiding sounding critical or judgmental" "I worry about how the feedback may make them feel or knock their confidence" "Worried about offending or knocking confidence" "Fear of offending them and having to continue a good working relationship" "We all have fragile egos" "Not sure about it in a formal setting or procedure"	Positivity: "I will need to be constructive and positive in my feedback and judge how to approach the subject, which sometimes takes time to work out." "Being positive and constructive. Having the right vocabulary to give positive feedback." "I hope I can make constructive feedback in a positive way that the colleague can accept." "Providing good feedback is a responsibility and I want it to be beneficial for them." "How to generate feedback in a productive way to help my colleague grow as a practitioner and learn from the feedback and how it can influence them and their practice"
Pass/ fail exercise	1	"The only purpose for including a peer review will be to make it a pass/fail exercise. I don't know how valuable this is. It may just be a box-ticking exercise"	
Concerns about knowing what they are doing or having the required skills to give feedback	23	"We need more research on effective evaluation & constructive feedback process" "We are not trained to do this and it is important to get it right and be sensitive" "I don't know how to do it properly" "It is a skill and needs development"	

Concerns about giving feedback	Number	Example quotes
		"Being competent at giving feedback. This could be difficult." "I would not want to undermine a colleague or give them the wrong information" "I would not like to be rude or unpleasant to a colleague." "How to remain constructive with a more experienced osteopath." "Learning how to do it effectively and sensitively" "I don't know what is good and what is bad by GOsC standards. I know what I think is good or bad but that may not be right" "I will want to feel I have been as clearly objective and constructive and concise as possible but would not be clear at the moment how to structure such an event for best outcome." "Why should I be in a position to know what someone else needs to do regarding their ongoing learning? Yes, I can check they have done what they said they needed to do, but I don't want to be the person to tell them they should have done something differently. I strongly disagree with the need to be subjected to a peer review." "The biggest concern I have is in encouraging a colleague to find the solution themselves rather than suggesting what they might do." "Unsure whether or not I have the skills to give constructive feedback" "Not sure I know enough to be useful" "Knowing how to phrase any comments which may be perceived as negative." "Do not feel qualified to do so"
What happens if there's a problem	4	"If I feel their CPD Is lacking but they are putting me under pressure to sign it off I would feel uncomfortable" "Non acceptance of feedback"

Concerns about giving feedback	Number	Example quotes
		"Being honest if I feel they haven't fully carried out or adequately recorded what is required under the new scheme" "Wish to avoid awkwardness if an issue is identified, there need to be very clear guidelines as to how to do this."
Reactions to feedback given	14	"In case they don't want to hear it" "Upsetting a colleague" "Peer gets offended or defensive" "Don't want to upset someone by giving feedback they might not like" "I may be too critical, I may upset them, I may have different standards" "How they might react" "Don't want to hurt people's feelings" "Might not be received well" "Feeling I might upset them or not fully understand their practise in a short time." "I don't want to give my colleague feelings of anxiety or resentment."
Waste of time	3	It's a waste of time"
Other	13	"How in-depth do they want me to assess them?" "They may have different values than myself therefore my review may be irrelevant" "The osteopath has more experience and knowledge than me"

Table 18: Concerns about giving feedback[44]

48. The majority of osteopaths in the survey sample 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

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[44] Q35. You have any concerns about giving feedback to a colleague as part of the Peer Discussion Review? Q35a. If yes, what concerns do you have?

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[45].

Using resources for CPD

49. Although, osteopaths report that they are well aware and familiar with the current CPD Guidelines (since October 2018) (78% - a 6% decrease on 2017-18 figures). From that 78% - 73% are now reporting they refer to these guidelines for osteopaths when completing their CPD activities (an 18% increase on 2017-18 figures).[46]

50. More than half the sample referred to articles in The Osteopath magazine (53%) when completing their CPD (a 2% increase on 2017-18 figures). For those that used articles in The Osteopath cited the most popular features as those on (1) the Osteopathic Practice Standards (70%), (2) planning my CPD-update on planning workbook (68%), (3) communication and consent (64%), (4) keeping CPD records-how to reflect a record practice (56%), (5) objective activities (53%), (6) Peer Discussion Review (46%) and (7) connecting with others and learning together i.e. CPD groups (26%). There was a strong consensus that they would like similar coverage in future issues of the magazine (96%). [47]

51. Almost half also now refer to the GOsC e-bulletin (46%, an 8% increase on 2017-18 figures).[48]

52. More than half the sample also referred to research or peer-reviewed journals (51%), such as IJOM, NCOR or other healthcare professionals to inform their CPD (12% decrease on 2017-18 figures).[49]

53. Unfortunately, 74% have not visited the CPD microsite to inform their CPD activities, yet 53% have referred to The Osteopath to complete their CPD (see paragraph 44). This indicates that over half use the magazine to inform their CPD, but probably don't follow-up with the links to the microsite[50]. We need to perhaps explore the reasons for that in terms of access related issues, reading style preferences and how that compares to click through analytics based on the links made available in The Osteopath magazine.

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[45] Q36. How are you planning to prepare for your Peer Discussion Review?
[46] Q18. Are you familiar with the current (since October 2018) continuing professional development guidance for osteopaths? Q18a. If yes, do you refer to the continuing professional guidance for osteopaths when completing a recording your CPD?
[47] Q19- Q19a. Have you referred to articles in The Osteopath Magazine when completing your CPD this year?
[48] Q20. Have you referred to the GOsC monthly news e-bulletin to inform your CPD?
[49] Q21. Do you use specific research from peer-reviewed journals (e.g. from the International Journal of Osteopathic Medicine other research articles by NCOR, osteopathic researchers and other healthcare researchers available to all osteopaths, through the ozone) to inform your CPD?
[50] Q22. Have you visited the CPD microsite to inform your CPD activities?

54. From the 26% that have visited the CPD microsite (a 13% decrease on 2017-18 figures), the most popular areas looked at on the new CPD website can be found in Table 19 below. There is clearly still considerable work to be done here on driving online traffic towards the CPD microsite and perhaps scope to look at reading style preferences further in line with the use of The Osteopath.

If you have visited the CPD microsite which parts of the site. Have you visited?	Percentage (%)
About the scheme	90%
How to do your CPD	73%
Resources	64%
Events	33%
Learn from others	26%

Table 19: CPD Microsite usage[51]

55. When asked about whether osteopaths would like to see any additional topics on the CPD microsite 72% were unsure and 22% said no. From the 6% that wanted to see additional topics on the CPD microsite the areas reported included: reflection, events to be expanded to include cross professional conferences with chiropractors and physiotherapists as well as international events, information on CAHPR, D1 of the Osteopathic Practice Standards to be more positively and actively promoted, online courses on communication and consent to be listed, clearer links from the ozone to the CPD microsite and for inclusion of online resources aimed at doctors around mental health (for both spotting the signs in patients, but also maintaining good mental health in practitioners) to assist with achieving C3,C7,C9, D8,D10 and D11.[52]

56. In terms of resources available to specifically assist in *recording* an osteopath's *reflective* practice, the sample found articles in GOsC publications (50%) and GOsC CPD webpages such as the workbooks (48%) most helpful (see Table 20).

Thinking about the resources that are available to assist you in recording your reflective practice, which of the following have you found most helpful?	Percentage (%)
Articles in GOsC publications	50%
GOsC CPD webpages such as workbooks	48%

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[51] Q22a. If you have visited the CPD microsite to inform your CPD activities, which of the following areas of the CPD microsite have you looked at?
[52] Q22b. Are there any additional topic areas that you would like to see on the CPD microsite? Q22bi. If yes, please specify the topic areas that you would like to see on the CPD microsite

OPS website[53]	29%
iO resources	29%
Postgraduate training/post-registration	22%
Research articles	20.5%
Other	12%
Undergraduate training/preregistration	11%

Table 20: Resources in relation to Reflection[54]

57. Those that reported other resources as being helpful in assisting them in recording their reflective practice included: keeping a diary on reflections, skills developed in other professions, resources or courses provided by other healthcare professionals e.g. the Nursing Association, GMC and dentistry reflection frameworks or the Academy of Physical Medicine. Osteopathic specific resources included reflective practice sessions provided by Sutherland Cranial College, iO Roadshow events and regional groups (in particular Oxford Osteopathic Network), and online webinars, medical blogs or YouTube and talking to other osteopaths more generally about reflection. Those in teaching cited end of year appraisals and developing teaching materials on reflection as being most helpful.

58. One respondent even commented that the survey was very helpful in assisting practitioner reflection: 'These questionnaires, because by asking these questions, rather than giving us a list, they get you to think about it and therefore workout why you need to do it (rather than read a sentence that you do not understand).It is just like an exam, except you have been given the answer and you need to work out how that answer was accomplished."

59. Helpful resources for PDR preparation were considered as (1) The Osteopath (64%), meeting with peers at events (49.5%) and the PDR guidance (49%). A very small proportion thought the resources aimed at preparing for the PDR were unhelpful (3%-5.5%), but a large proportion of the osteopaths had not used the resources aimed at supporting the PDR process e.g. webinars, taught courses and workbooks or webpages, were reported highly as not having being used to prepare for the PDR.

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[53] For linking to Osteopathic Practice Standard themes
[54] Q15. Thinking about the resources that available to assist you in recording your reflective practice, which of the following have you found most helpful?

How helpful have you found the following resources in beginning to prepare for your Peer Discussion Review:	Helpful	Unhelpful	Unsure	Not used
Webinars	23%	5%	8%	64%
The Osteopath	64%	4%	11%	20.5%
Guidance	49%	5%	14%	33%
Workbooks or webpages	34%	5.5%	12%	49%
Taught courses	30.5%	4%	10%	56%
Meetings with peers, e.g. network events	49.5%	3%	11%	36%

Table 21: Resources and preparing for the PDR [55]

Conclusions

60. A number of key messages have emerged from the CPD evaluation survey 2018-19 which will inform our approach to implementation, but also crucially our communication messages at different stages. Some initial thinking is outlined below.

61. The CPD Evaluation survey sample is less representative of those aged 31-40 and 41-50 years of age, and male and lone practitioners (when compared with the "I'm Registered" data) (see paragraph 8). Based on these demographic findings we plan to conduct some telephone interviews to provide further in-depth understanding on some of the key themes/issues for these demographic groups. Improvements were made this year in capturing those in education or research roles and slight improvements were made in capturing those aged under 30.

The four themes of the Osteopathic Practice Standards

62. We are seeing an increased familiarity with the Osteopathic Practice Standards, compared to last year's figures, with more osteopaths using the OPS to identify their learning needs (+8%) and linking or mapping (+4%) their CPD content to the OPS via a variety of methods (see paragraph 19), as well as planning to incorporate all four themes to some extent (+3%) in their CPD for the year. We have also managed to obtain from the survey sample an idea of how osteopaths map their CPD to the OPS themes (see paragraph 23) which will be useful in the GOsC verification and assurance processes.

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[55] Q37. How helpful have you found the following resources in beginning to prepare for your peer discussion review?

63. We are still seeing that most CPD is undertaken in the area of Knowledge, skills and performance. Less CPD is undertaken in the areas of Communication and patient partnership, Quality and practice and Professionalism, with typically between 1-5 hours of CPD being recorded in each of these remaining themes. However, this year there was a slight increase in those completing between 6-10 hours for Communication and patient partnership and Quality and practice (+3%). Although "having undertaken no CPD" in the area of Professionalism has substantially increased (+5%), while those unsure as to whether they have actually completed any CPD in the area of Professionalism has actually dropped (-11%) suggesting osteopaths are getting steadily more confident with the OPS themes and what activities can be undertaken under each of the Osteopathic Practice Standards themes.

64. Over time, we would like to see more CPD in the areas of communication and patient partnership, quality and practice and professionalism. We still need to undertake some 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 accredited osteopathic educational institutions via some qualitative work.

Undertaking an objective activity

65. Osteopaths are continuing steadily to undertake objective feedback as part of their CPD (-2%). 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 try another type of objective activity as a result with instances of case based discussion, patient feedback, peer observation, clinical audit and PROMs all having increased on last year. Case based discussion and e-learning are also showing more prominently as a "learning with others" based activity and patient feedback that has been implemented into practices (+8%), continues to show a "values based approach" being adopted to practice (See Paragraph 28).

CPD in communication and consent

66. More than half of osteopaths responding to the survey undertook CPD in the area of communication and/or consent (+5%) and more are doing dedicated courses (+15.5%), but also CPD in other ways to meet this requirement (+18%) (see paragraph 23). This shows that this key area is clearly cemented into osteopaths' practice now and there is evidence to suggest that CPD providers are beginning to meet the requirements for osteopaths to be able to fulfil this aspect of the new scheme.

Recording CPD and resources

67. The majority report that they will complete between 21-40 hours of CPD in their first CPD cycle. 2% may complete between 1-10 hours of CPD in their first year

and it is these osteopaths that the GOsC's verification and assurance processes should focus on (see Paragraph 32).

68. Over half report reflection as being valuable in developing their learning and almost half report not having a barrier to reflection (-6%), with high levels reporting confidence in their ability to reflect and having access to a trusted colleague that they could discuss reflections with. The main barriers to reflection reported were finding allocated time to reflect and record, that it gets in the way of actual practice (+4%) or that they are worried about recording things like this (+2%). 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 advise to develop their skills in reflection or recorded their experiences or reviewed their learning (see Paragraph 37 and 38). 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 work on as well as developing time efficient and succinct recording tools that can be used on the go in busy practices.

69. The use of the GOsC resources to plan their CPD have all significantly improved this year e.g. CPD guidelines (+18%), The Osteopath (+2%), e-bulletin (+8%), This is most likely to be a direct result of the work undertaken by the Communications team to improve access and navigate-ability to resources and increase awareness of these resources. Unfortunately, very few visit the CPD microsite (-13%), so there is still 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, given the survey results imply that over half use the magazine to inform their CPD, but probably don't follow-up with the links to the microsite.

Peer discussion review

70. Almost the entire sample feel they would be able to discuss concerns that may arise in practice with a trusted colleague (+2%). Over half have begun to identify or think about who their peer might be (-7%). We learnt more this year from those that had begun to identify their peer, with 70% of these having agreed to undertake the role and 50% had already had an initial conversation with them. The most likely way an osteopath will know the peer they choose is either an osteopath they know, but don't work with directly, an osteopath they work with, another healthcare professional or from a local group. 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 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.

71. 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%).

72. We need to continue facilitating PDR 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.