



Policy and Education Committee

10 June 2020

The implementation of the Continuing Professional Development scheme

Classification	Public
Purpose	For discussion
Issue	Assurance about the implementation and evaluation of the CPD scheme in the current context of coronavirus and the plan to keep this on track over the next 12 months.
Recommendation	To consider and provide feedback about mechanisms for providing assurance about the implementation and evaluation of the continuing professional development scheme.
Financial and resourcing implications	Mechanisms for implementation and evaluation are being undertaken in house
Equality and diversity implications	The CPD Evaluation Survey 2019 findings have been cross tabulated against protected characteristics to check whether there are indications of any barriers to completion of the CPD scheme which may be linked to particular protected or other characteristics. We will continue to track completion of the elements of the CPD scheme against protected characteristics and undertake specific qualitative work to ensure that there are no unintended barriers emerging for osteopaths to participate in the scheme. We will also continue to work with a diverse range of osteopaths to continue to translate the scheme into a range of accessible resources for all.
Communications implications	Communications about the implementation of the new CPD scheme are ongoing.
Annex	Implementation of the CPD Scheme Work plan 2020-21
Author	Stacey Clift

Background

1. The novel Coronavirus disease became a national health emergency during March 2020 and continues to pose considerable impact on osteopathic patients, osteopaths, the way in which health professionals work, our stakeholders and our regulatory response.
2. The GOsC has a strategic goal to deliver the CPD scheme, which requires osteopaths to engage with the scheme and to do the following:
 - CPD in the four themes of the OPS (not just knowledge, skills and performance) and CPD that reflects the breadth of their practice
 - CPD in the area of communication and consent (because we know this is an area featuring high in concerns reported by patients)
 - An objective activity (self-assessment can be unreliable and is better informed by external objective evidence)
 - Maintain a record of CPD and a peer discussion review (again reducing isolation)
 - To get professional and personal support from colleagues reducing professional isolation and reducing the chances of individuals along the wrong trajectory
 - To increase involvement of osteopaths in the community, again, reducing professional isolation and reducing the chances of individuals along the wrong trajectory (there is some evidence that professional isolation can increase the chances of complaints being made)
3. In the long term, the objectives for the new CPD scheme are:
 - Osteopaths to practice in accordance with the OPS.
 - Increased quality of care because fewer osteopaths will be professionally isolated. Osteopaths will be engaged in discussing CPD and practice, getting support for themselves and their practice within a community and gaining different perspectives.
 - Reduced concerns and complaints. Enhanced communication between osteopaths and patients should lead to fewer concerns, or osteopaths will be able to manage appropriate complaints locally, rather than these being unnecessarily escalated to GOsC.
4. The first osteopaths started to enter the new CPD scheme from 1 October 2018 and as of 1 October 2019, all osteopaths on the Register have now entered the new scheme. Therefore, all existing osteopaths will have completed at least one year of the three-year CPD scheme by 30 September 2020. whilst most will also be part way through the second year of their three- year cycle.
5. This paper seeks to provide assurance to the Policy and Education Committee about how we are managing the impact of COVID-19 on our evaluation strategy

of the implementation of the CPD scheme and our plan going forward to ensure we keep it on track.

6. The Policy and Education Committee is asked to consider the approach to evaluating the implementation of the CPD scheme and to identify any gaps in the assurance that it requires.

Continuing Professional Development: Evaluation Strategy

7. In May 2018, we commissioned an independent draft evaluation strategy of the CPD scheme, which was undertaken by Dr Moira Kelly, a researcher at Queen Mary University, London. The purpose of the evaluation strategy was to ensure that our planned approach to seeking assurance about the implementation and long-term realisation of the benefits of the scheme was rigorous. The independent Continuing professional development scheme: draft evaluation strategy report is available on request from Stacey Clift at sclift@osteopathy.org.uk.
8. The evaluation strategy demonstrates we are using, a range of sources of data to inform our evaluation of the CPD scheme and assurance that the scheme is being implemented effectively. Many of these sources provide longitudinal data which helps to show the impact over time.
9. In summary these data sources include:
 - a. **The CPD Evaluation Survey** – this is conducted annually and provides a good source of data in relation to context, process and outcomes which are all important domains in the holistic evaluation strategy.
 - b. **Registration renewal data** - this will provide a useful source of data in relation to context, process and outcome (this starts to come in from December 2019 to December 2020 and onwards).
 - c. **Verification and assurance data** and information based on examination of CPD undertaken of a small proportion of registrants both during and at completion of the three- year cycle.
 - d. **Fitness to practise data** – currently reported on annually and provides a good source of data on the proportion of fitness to practise complaints, in the area of communication and consent
 - e. **NCOR complaints and concerns data** – this provides information on potential impact from the CPD scheme as first point of contact reported concerns from patients
 - f. **YouGov survey and patient feedback** – Data relating to levels of patient satisfaction, which promotes a more values-based approach to care. This is likely to be repeated after the first three-year CPD cycle.
 - g. **Feedback from engagement** – both face to face and online
 - h. **Website use and ebuletin analytics** showing click through rates and any changes over time.

Discussion

10. In the current context of COVID-19 we can provide evidence of successful implementation of the CPD scheme in terms of meeting its goals using the following data sources:
 - a. CPD Evaluation survey (For more information see: <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-october-2019-item-5a-annex-a-cpd-evaluation-survey-report/?preview=true>)
 - b. Fitness to Practice data (For more information see: <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/council-may-2020-item-7c1-annex-c1-fitness-to-practise-dataset/?preview=true>)
 - c. NCOR Concerns and Complaints data (For more information see: <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-october-2019-item-6-national-council-for-osteopathic/?preview=true>)
 - d. YouGov survey and patient feedback (For more information see: <https://www.osteopathy.org.uk/news-and-resources/document-library/research-and-surveys/public-perceptions-study/>)
 - e. Feedback from engagement (For more information see: <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/council-november-2019-item-15b-annex-b-illustrative-modelling/?preview=true> and <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/council-november-2019-item-15c-annex-c-feedback-from-webinars/?preview=true>)

Data sources supporting the implementation of the CPD scheme to date

11. The main findings from these data sources are provided below in relation to key aspects of the CPD scheme:

Understanding and Learning with Others

- Ongoing levels of understanding about the CPD scheme are high, 75%, showing a 12% increase on the previous year. (CPD Evaluation Survey)
- More osteopaths are doing CPD locally than with specialist groups, professional associations, perhaps suggesting an emphasis on building communities of practice (CPD Evaluation Survey).
- New graduates tend to draw their support network from fellow graduates who have experienced similar issues (Qualitative work)
- Only 2% of osteopaths are indicating that they anticipate completing between 1-10 hours of CPD in their first year on the scheme (CPD Evaluation Survey).

CPD Standard 1- CPD activities are relevant to the full range of osteopathic practice (Osteopathic Practice Standards and breadth of professional practice)

- Increased use of the four themes of the OPS to identify CPD needs (up 8%) and linking or mapping CPD content to the OPS (up 4%) (CPD Evaluation Survey and Qualitative work).
- We have a better idea of how osteopaths map their CPD to the OPS themes of Communication and patient partnership, Safety and quality in practice and Professionalism, which remain areas where osteopaths are less clear about how to do CPD, see Table 1 (CPD Evaluation Survey).
- We are still seeing that most CPD is undertaken in theme B of the OPS: Knowledge, skills and performance (CPD Evaluation Survey).
- Concerns about advertising have reduced (theme D of the OPS) (NCOR Concerns and Complaints data)
- Concerns about failure to maintain professional indemnity insurance are at their highest level (theme C and D of the OPS) (NCOR Concerns and Complaints data)

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 marshal 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 1: Table showing the types of CPD osteopaths are doing within the OPS themes of Communication and patient partnership, Safety and quality in practice and Professionalism.

CPD Standard 2: Objective activities have contributed to practice

- One in four osteopaths have undertaken an objective activity and those that do one are more likely to do more than one. (CPD Evaluation Survey).
- Of those that have undertaken an objective activity, there are high levels of case- based discussion activity (59% of respondents) (CPD Evaluation Survey).
- Of those that have undertaken an objective activity, there are increased levels of feedback collected from patients (up 8%) (CPD Evaluation Survey).
- There are high levels of patient satisfaction with osteopathic care, but slightly lower ratings in areas such as making a plan of action with you; helping you to take control; fully understanding your concerns and explaining things clearly. This provides a baseline and it will be helpful to repeat this survey in due course to see if there are any changes towards even more patient centred care (YouGov and Patient Feedback data).
- 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, indicating that there may not be a common understanding of what it means to reflect

CPD Standard 3: Seek to ensure that CPD activities benefit patients

- Communication and consent is being more clearly cemented into osteopaths' practice now and CPD providers are also beginning to meet the requirements for osteopaths to be able to fulfil this aspect of the new scheme. (CPD Evaluation Survey).
- Increase in undertaking CPD in the area of communication and/or consent (up 5%) with an increase in undertaking dedicated courses (up 15.5%) and non-course activities to meet this requirement (up 18%) (CPD Evaluation Survey).
- Reduction in complaints to its lowest level since data collection began. Higher proportion of concerns around conduct (NCOR Concerns and Complaints data)
- Communication and consent continues to feature in patient concerns (NCOR Concerns and Complaints data)
- Small continuing trend in concerns raised about sexual impropriety and failure to protect the patient's dignity/modesty (NCOR Concerns and Complaints data)
- Number of concerns received by GOsC from January to March 2020 (Quarter 4) were high, compared to the previous two quarters. The main matters of concern arising from the determinations included inappropriate and/or forceful treatment, misleading marketing and sexually motivated conduct with patients (Fitness to Practice data)

CPD Standard 4: Maintain a continuing record of CPD

- Osteopaths report fewer barriers to reflection but are concerned that it will take time that they don't have (CPD Evaluation Survey).
- We are continuing to translate the CPD scheme into accessible resources for all osteopaths, including communications about supporting quicker and easier reflective practice (Feedback from engagement)
- An increase in the use of GOsC resources to plan CPD e.g. CPD guidelines (up 18%), The Osteopath (up 2%) and the e-bulletin (up 8%) (CPD Evaluation Survey)
- Ongoing engagement with osteopaths is very positive and questions raised are addressed at sessions and translated into articles for The Osteopath magazine or other website resources where necessary or appropriate. Although, mostly, we find that questions are not new, and our priority is to highlight the resources already available on the website. (Feedback from Engagement)
- There is also some feedback that understanding the CPD scheme can be time-consuming and it comes across as complicated to some osteopaths. With this in mind, we developed some simple flow chart 'decision trees' to help osteopaths consolidate the key aspects of the scheme and at the same time help them to make decisions about the CPD that best suits them as individuals and their practice (CPD evaluation survey and Feedback from Engagement)

Peer Discussion Review

- An increase in people reporting that they have a trusted colleague that they can discuss concerns with (up 2%) (CPD Evaluation Survey)
- More than half of the osteopaths responding identified their peer, but also, that Peer Discussion Review and the objective activity are the least well understood aspects of the scheme (CPD Evaluation Survey).
- This finding is important in supporting the work commissioned to the Institute of Osteopathy (iO) on peer matching to support osteopaths to find a peer. 1.8% of respondents said they would like a peer who is not known to them. It is this 1.8% and the 16% who have not yet identified their peer for whom 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 their Peer Discussion Review (PDR). (CPD evaluation survey)
- Those that have begun to make plans to prepare for their PDR are more likely to familiarise themselves with the PDR template in their first CPD cycle (CPD Evaluation survey and Feedback from Engagement)
- Slightly more osteopaths are concerned about having to give rather than receive feedback as part of the PDR process (+7%) (CPD Evaluation survey).
- Further work on peer discussion review about the experience, benefits and challenges of this, are reported by osteopaths (Feedback from engagement).
- We are promoting case-based discussions with a trusted colleague as a good way to develop an osteopath's skills in giving and receiving feedback. This

should also help osteopaths feel confident about undertaking their PDR (Feedback from engagement).

Impacted data sources due to COVID19

12. Some data sources have been impacted as a result of COVID-19 and at this stage of the implementation of the scheme there remains more to do, particularly, in relation to:
 - Registration and renewal data analysis
 - Verification and assurance data collection and analysis
 - Qualitative work

Registration and renewal form data

13. Registration and Renewal data is compiled from every osteopath as they complete their first and subsequent years in the CPD scheme to provide evidence of compliance with all aspects of the CPD scheme including hours undertaken, the themes of the OPS, objective activities, CPD in communication and consent and completion of the peer discussion review. This information must be completed by each osteopath as part of the renewal of their registration. The first complete set of registration and renewal data for year one will be available in December 2020 and then at the end of the first completed three-year cycle by December 2023.

Verification and Assurance data

14. All osteopaths will have completed the first year of the new CPD scheme by December 2020. As many osteopaths are currently either working on the front line or coping with the impact of lockdown whatever that may mean in their context, we have paused our verification and assurance activities for the time being. This approach is consistent with the approach being taken by other regulators¹. Records of CPD will be verified from a small sample of registrants through our verification and assurance processes from September 2020 onwards when we hope to have a clearer idea of how life post-lockdown will look like for osteopaths. This decision has also been made to support other functions of the organisation, as many of the Registration team may be drawn into dealing with the direct debit deferrals as a direct result of our regulatory response to COVID-19.
15. Verification and assurance activities are important from the perspective of implementation of the CPD scheme because they help to give us more qualitative information about how osteopaths are in fact implementing the CPD scheme. However, we will also be able to get this information from our ongoing webinar engagement and also the self-reporting of CPD from the registration renewals.

¹ See for example: <https://www.pharmacyregulation.org/news/postponement-2020-revalidation-submissions>

Qualitative Work

16. The CPD Evaluation survey provides an important snapshot of progress with the required elements of the CPD scheme from the sample of registrants completing it. We planned to carry out further qualitative work through a telephone survey and focus groups purposively sampling those who were under-represented in the CPD evaluation survey, but also selecting from those who work on their own to help us to understand how far the findings from the CPD survey can be relied upon and how we can better support key aspects such as the Peer Discussion Review and objective activities. This work commenced in early 2020 prior to lockdown and it is planned that it will be continued later in 2020 as osteopaths begin to practice again.
17. We conducted two online focus groups with new registrants during February 2020 on their preparedness to practice. Key findings here were that new graduates tended to build their communities of practice with fellow graduates that had similar experiences to them as well as joining professional groups such as the iO and KESO. Key challenges reported were having the necessary business skills to run a practice and building a client/ patient base, perhaps making patient feedback a more difficult objective activity to implement for this particular group. Aside from this all participants had begun to map their CPD to the themes of the OPS and begun to think about their communication and consent- based activity and their objective activity.

Next steps – Plan for the next 12 months

18. In light of the current context we have devised the following 12 month work plan so as to further understand how osteopaths are complying with the new CPD scheme and keep us on track with the various data sources, that have been documented throughout this paper (see the Annex). As part of this we will continue to keep working on equality impact assessment areas, as part of the data collection and analysis process. The Annex also includes details on which of the data sources it will be possible to cross tabulate with key protected characteristics.

Recommendation: To consider and provide feedback about mechanisms for providing assurance about the implementation and evaluation of the continuing professional development scheme.

Annex to 5

Implementation of the CPD Scheme Work plan 2020-21

Data Source	What does this mean	Timeline	Equality & Diversity Cross Tabulation
Annual CPD evaluation annual tracking survey	Will help us to track self-reported engagement with the scheme on an annual basis as the scheme beds in. It is hoped that levels of compliance with the new features of the scheme will increase each year.	1 October 2020 CPD evaluation survey launched (open 16 weeks). CPD evaluation closes on 22 January 2021 Report back to Council February 2021 and PEC in March 2021	Yes (For future example see: https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-october-2019-item-5c-annex-c-summary-of-impact-on-the-cpd/?preview=true)
Registration and Renewal data	Are osteopaths on track to comply? Yes/No What actions should we be taking?	May-June 2020 Slight back log of online declarations will be completed. These are currently sitting as temporary attributes on Integra and will be turned into permanent attributes. The backlog is only from the beginning of April 2020 July-August 2020 Six months of data (October 2019-March 2020) will be run and extracted, using a pre-set template to run reports. This will provide us with some initial insights into what the data is telling us and what actions we	Potential to explore, dependent on E&D monitoring forms being completed by registrant and filtering restrictions on Integra database

Annex to 5

Data Source	What does this mean	Timeline	Equality & Diversity Cross Tabulation
		<p>should be taking based on these findings</p> <p>September 2020- December 2020 Data will be analysed according to CPD themes. Communication messages will be designed and developed based on these findings (including both messages for the wider profession and personalised/ individual messages to registrants)</p> <p>1 December 2020 First complete set of Year 1 registration renewal data available.</p> <p>A few osteopaths will be entering Year 3 and so will really need to focus on getting all the features of the new scheme completed including the peer discussion review.</p> <p>Report back to PEC in December 2020 and Council February 2021</p>	

Annex to 5

Data Source	What does this mean	Timeline	Equality & Diversity Cross Tabulation
Verification and assurance data	<p>Criteria for quality audit of CPD data</p> <p>Assurance and verification data will support us with an idea about compliance.</p>	<p>The six months worth of Registration and Renewal data that is run during July -August 2020 (see above) will provide us with two sets of our outliers:</p> <ol style="list-style-type: none"> 1. Those osteopaths that self-declare they have undertaken zero hours of CPD 2. Those osteopaths that have self-declared that they have completed every aspect of the scheme in 12 months <p>Personalised/ individual communication messages will be sent to these two small groups of registrants</p> <p>September 2020 Systematic random records of CPD will be verified from a small sample of registrants (up to 10%) through our verification and assurance process</p> <p>Report back to Council February 2021 and PEC in March 2021</p>	

Annex to 5

Data Source	What does this mean	Timeline	Equality & Diversity Cross Tabulation
Review of Fitness to Practice data	Will help us to track the number of complaints by osteopaths and patients over time and the type of complaints, particularly in the area of communication and consent	FtP reports provided to Council on a regular basis Analysis of this data will also feed into the CPD evaluation survey 2020	If possible whilst retaining anonymity
NCOR Concerns and Complaints data	Will help us to track the number of complaints indemnity insurers receive over time and the type of complaints, particularly in the area of communication and consent	NCOR concerns and complaints data is being collected annually June 2020 – The 2019 data will be submitted to NCOR from GOsC and the indemnity insurers based on a new data collection template based on the following criteria: <ul style="list-style-type: none"> • case person characteristics • clinical care issue • management issue • relations issue • adjuvant therapies • criminal convictions and police cautions June 2021 – The 2020 data will be submitted, as detailed above	Based on the following criteria <ul style="list-style-type: none"> • Gender • Age • Years since qualification • location

Annex to 5

Data Source	What does this mean	Timeline	Equality & Diversity Cross Tabulation
Qualitative work (Telephone Survey and Online objective activities and PDR focus groups)	Purposively sampling those who were under-represented in the CPD evaluation survey, but also selecting from those who work on their own to help us to understand how far the findings from the CPD survey can be relied upon and how we can better support key aspects such as the Peer Discussion Review and objective activities.	Late 2020 Continuation of CPD telephone survey which commenced before lockdown Late 2020 Online focus groups will take place with key groups May 2021 New CPD Telephone survey based on CPD Evaluation 2020 findings will be conducted	Yes (focus group selection will be based around people with specific characteristics to see how we can translate and support additional resources in those areas)
Feedback from engagement	Ongoing engagement from webinars gives us ideas about compliance, whether resources are working sufficiently for osteopaths, together with any difficulties they have experienced with aspects of the scheme	July 2020 webinar feedback forms will be sent out to webinar cohorts who have completed the last set of webinars August 2020 feedback forms will be analysed	No – We don't ask E&D survey questions in our face-to-face or online feedback forms