General Osteopathic Council

Policy and Education Committee
6 June 2024
CPD evaluation survey 2024: findings and impact

Classification	Public
Purpose	For decision
Issue	The findings of the CPD Evaluation Survey 2024 exploring to what extend the intended benefits of the CPD scheme have been realised and the enhancements required to the CPD guidance as a result of these findings.
Recommendations	1. To consider implications from the CPD evaluation survey findings. 2. To agree the approach to updating the CPD and associated guidance.
Financial and resourcing implications	All data sources are collected and analysed in house and so there is no budget cost internally beyond staff time. The cost of survey software to support the evaluation analysis is c.£1,000.
Equality and diversity implications	The CPD Evaluation Survey 2024 sample was drawn to be representative of the GOsC Register in terms of a) Sex b) Age c) Region d) Length of time spent on the register. The CPD Evaluation Survey 2024 will be cross tabulated against protected characteristics to check whether there are barriers to completion of the CPD scheme which may be linked to specific protected or other characteristics in due course (for July Council). A similar analysis will be undertaken to that highlighted to Council in May 2021, which showed no impact in relation to specific protected characteristics. The intention of this paper is to provide headline findings and to inform our response.
Communications implications	Communications to support the implementation of the CPD scheme are ongoing. Progress is reflected in this paper together with thoughts about next steps which will include updated CPD guidance and a consultation in due course.

Annex	A. CPD Evaluation Survey 2024 Research Report
	B. Copy of CPD Evaluation Survey 2024 template
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Key messages

- This paper examines the impact of the continuing professional development (CPD) scheme, in terms of extent to which the three[1] strategic objectives of the scheme have been achieved and the benefits realised.
- This research is groundbreaking for us as we move from assessing engagement with the scheme (in previous iterations of the survey) towards assessing impact (or perceived impact) of the scheme in terms of what it set out to do for osteopaths.
- Osteopaths have clearly engaged with the CPD scheme and the OPS and in most cases have found it to be beneficial in doing so.
- Osteopaths' engagement with the OPS and in particular, professionalism tends not to focus on professional boundaries and honesty and integrity.
- The scheme has allowed osteopaths to obtain support from colleagues, which has helped them gain different perspectives on practice, and increased the number of discussions they have had with others about their CPD and practice.
- For a small proportion of the profession the scheme has been more successful in creating networks, but this hasn't necessarily translated into a sense of community or lessened ideas of risk of professional isolation.
- It is clear what a good peer discussion review (PDR) experience looks like, and most osteopaths have experienced that.
- We propose to make further enhancements to the CPD guidance, so as to further enable the CPD scheme to deliver its aims, based on the results of the survey. This will include a review of the accessibility of the paperwork in partnership with our comms team to try to make it easier to use.
- We ask the Committee to consider the implications from the CPD evaluation survey findings and to agree the approach to updating the CPD guidance and paperwork as outlined in the paper. Have we captured the insights from the findings into our responses? What gaps are there?
- We will also take steps to continue to promote our resources on the CPD website which osteopaths have told us they find helpful to support them to complete the scheme through our verification and assurance process.

Background

Why this is important?

1. The CPD scheme is part of the way that we promote engagement, support and community in osteopathy delivering high quality osteopathic care in accordance with our Osteopathic Practice Standards.

[1] The three strategic objectives of the CPD scheme are: 1) Engage with the CPD scheme and the OPS, 2) Getting support from colleagues as part of the CPD scheme and 3) creating professional networks.

2. It came into effect in October 2018 and the evaluation will help us to understand its impact and what we can do to better achieve our aim.

When was this last reported to the committee?

3. We presented to the Policy and Education Committee in October 2022 and Council in February 2023 about our proposals to undertake a different type of CPD evaluation survey this year 2023-24 which, focussed more on the impact of the scheme alongside a different sampling method to try to enhance response rate and the representativeness of the sample. The survey was built, and user tested in 2023. The survey was live from 14 January 2024 to 12 April 2024.

About the research

4. The aims of the survey were to:

    1. To assess the impact of the CPD scheme, in terms of the three strategic objectives of the scheme and whether osteopaths are:
        - Engaging with the scheme and using the Osteopathic Practice Standards (OPS)
        - Getting support from colleagues as part of the CPD scheme
        - Creating networks of support and building a professional community

    2. To examine the role of the peer reviewer and osteopaths' experiences of the Peer Discussion Review (PDR) process.

5. We used a stratified sample for this survey, rather than trying to collect this information from all registrants, so as to avoid 'survey fatigue' with respondents, as DJS were also collecting data for the Registrants Perceptions Survey at the same time.

6. A total of 53 osteopaths completed the survey, which is 9% of the selected sample.

7. The survey consisted of the following key areas:
    - Section 1: Overall thoughts on the CPD scheme (Q1 and Q2)
    - Section 2: Engaging with the CPD Scheme using the Osteopathic Practice Standards (OPS) (Q3-Q11)
    - Section 3: Getting support from colleagues as part of the CPD scheme (Q12-Q15)
    - Section 4: Peer Discussion Review (PDR) experience (Q16- Q20)
    - Section 5: Creating networks of support as part of the CPD scheme (Q21-Q25)

8. The full CPD Evaluation Survey Research Report can be found at **Annex A** and a copy of the survey template at **Annex B.**

Discussion

9. If we take each of the strategic objectives (see Figure 1) of the CPD scheme in turn and look at them against the survey results we can identify the following findings (see infographics produced- Figures 2, 3, 4 and 5).

Figure 1: Strategic objectives of the CPD Scheme

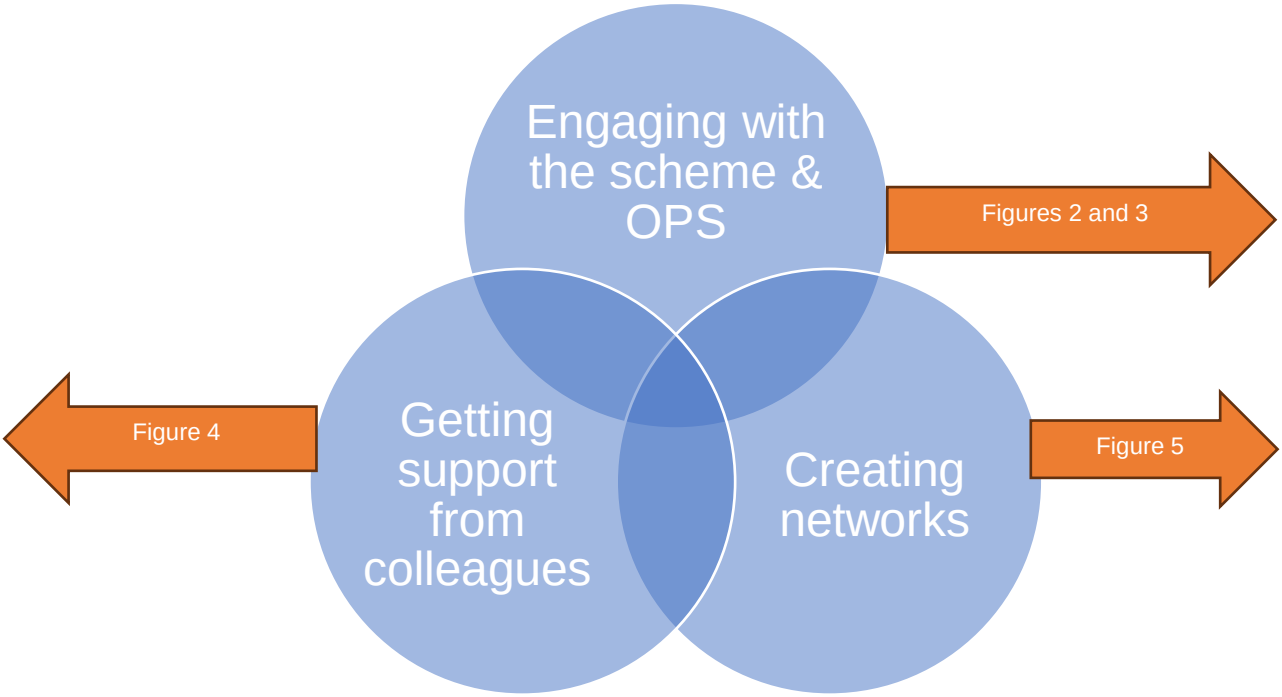
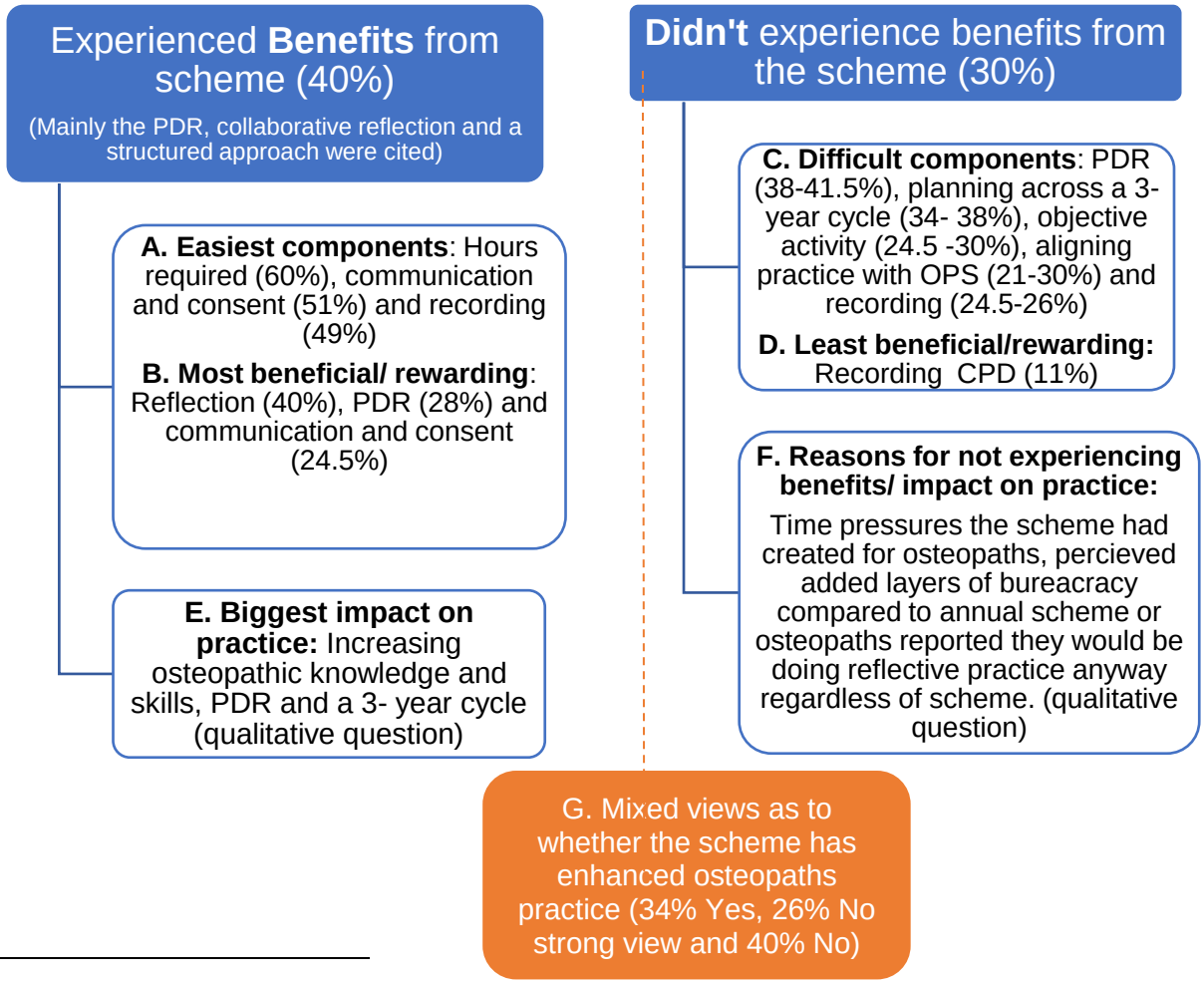
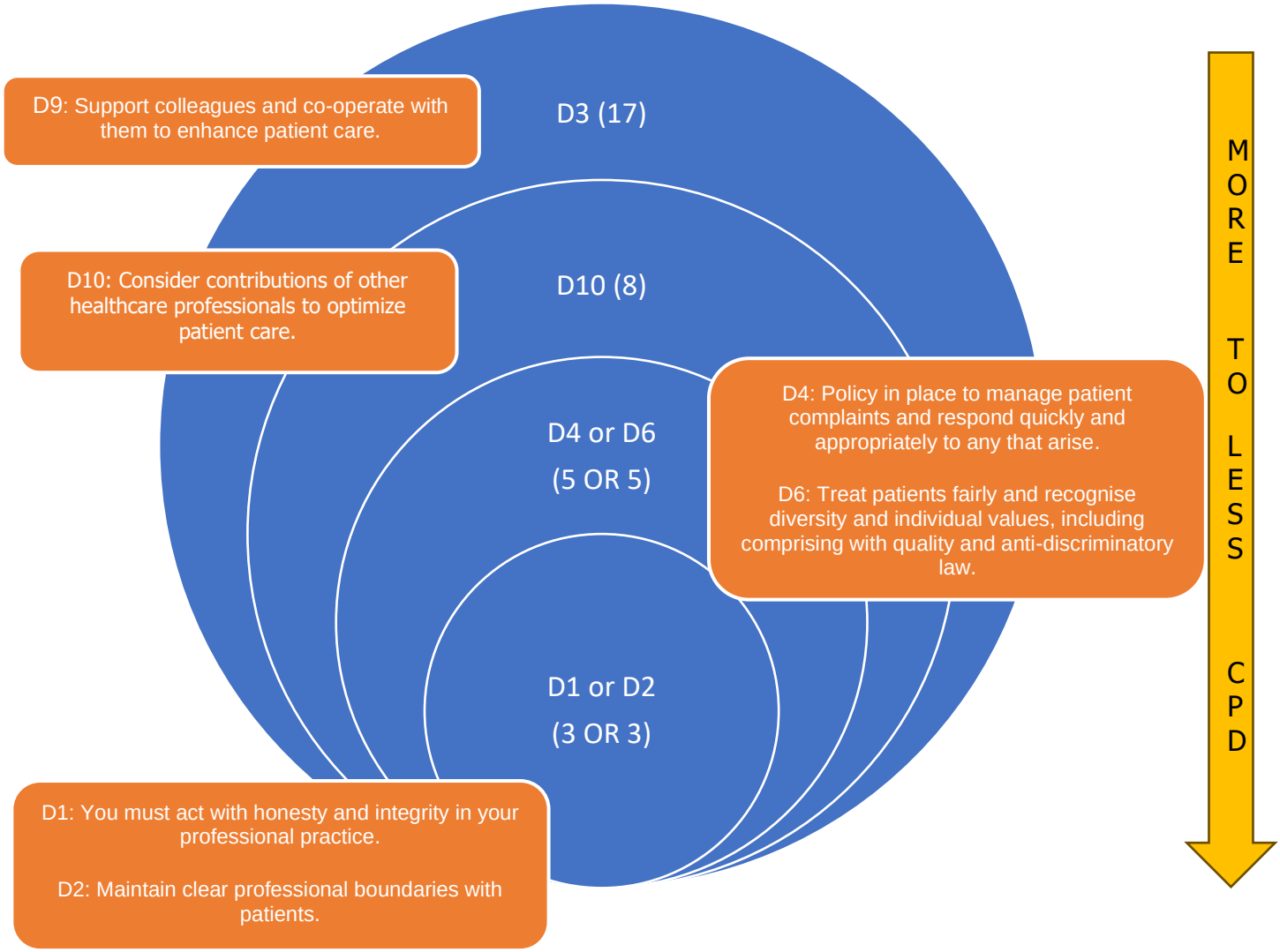


Figure 2: Engaging with the CPD scheme[2]



[2] **Key to Figure 2:**
A: Components of the CPD scheme respondents considered easy: Total hours (60%), 45 hours learning with others (58%), communication and consent (51%), recording CPD (49%), Reflecting on CPD (47%), PDR (47%), understanding how CPD aligns with OPS (43%) objective activity (40%) and planning across 3-year period (32%)
B: Components of the CPD scheme that respondents considered most beneficial/ rewarding: Reflecting on CPD (40%), PDR (28%), communication and consent (24.5%), None of them (23%), planning across a 3- year period (19%), understanding how to align CPD with OPS (17%), objective activity (17%), recording CPD (11%) and other (4%)
C: Components of the CPD scheme that were considered difficult rather than easy: PDR (38%), planning across a 3-year cycle (38%), objective activity (30%), aligning practice with OPS (30%), recording CPD (24.5%), communication and consent (21%), hours component (21%) reflecting on CPD (11%). Components that were considered most difficult and challenging: PDR (41.5%), planning across a 3-year period (34%), recording (26%), objective activity (24.5%), understanding how CPD aligns with OPS (21%), communication and consent (17%) and reflection (11%)
D: Components of the CPD scheme that respondents considered most beneficial/ rewarding: Reflecting on CPD (40%), PDR (28%), communication and consent (24.5%), None of them (23%), planning across a 3- year period (19%), understanding how to align CPD with OPS (17%), objective activity (17%), recording CPD (11%) and other (4%)
E: Qualitative views on the biggest impact the scheme has had on practice
F: Qualitative views on why osteopaths have not experienced benefits from the scheme
G: I believe the CPD scheme has enhanced my practice: Agree (34%), No strong view (26%) and Disagree (40%)

Figure 3: Engaging with the OPS, specifically professionalism (Theme D) and where osteopaths are undertaking CPD[3]



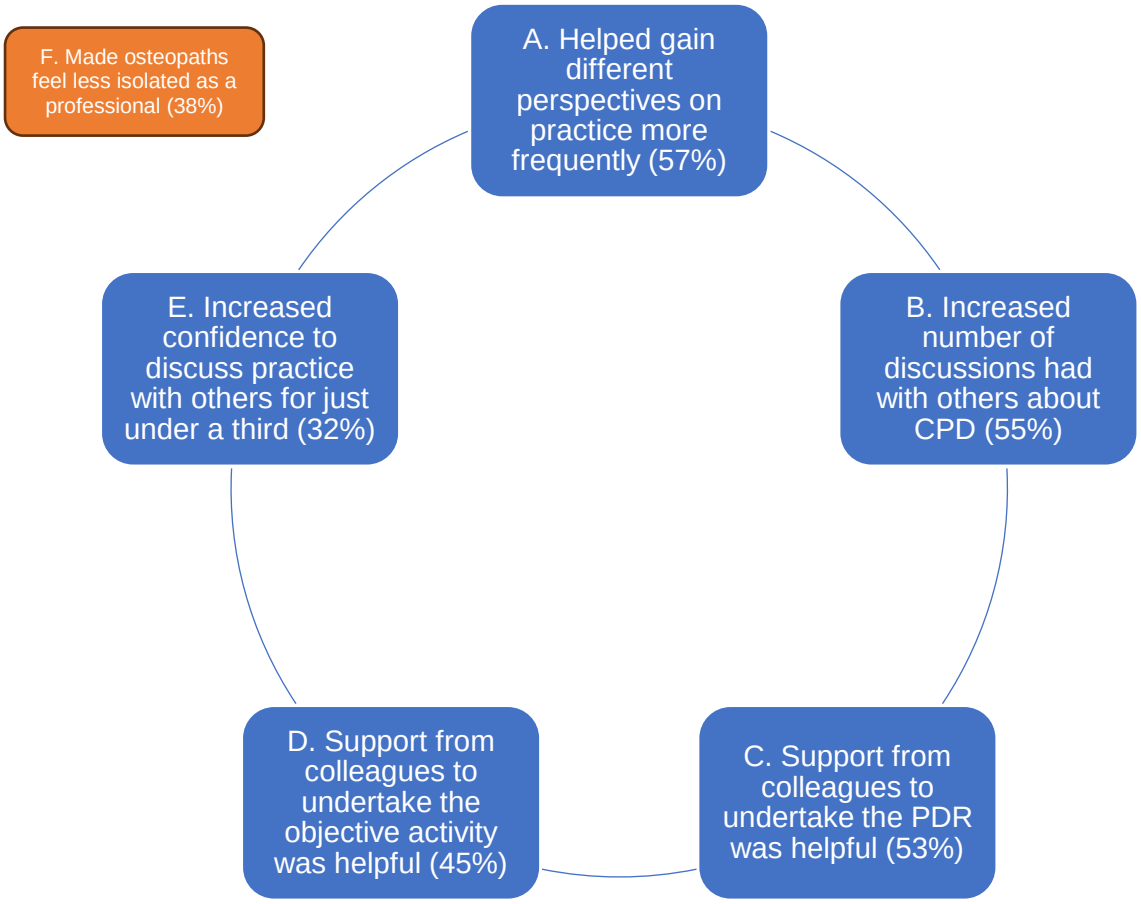
10. We see from Figure 2 and 3 that osteopaths are engaged with the CPD scheme, and the OPS and the majority have experienced benefits in doing so. What we perhaps see from Figure 3 is that CPD on professionalism tends to focus on supporting colleagues and co-operating with them or considering the contributions of other healthcare professionals to optimise patient care, while little CPD is undertaken around professional boundaries and honesty and integrity.

11. We see from Figure 4 that for most osteopaths the scheme has allowed them to obtain support from colleagues, which has helped gain different perspectives on practice, increased the number of discussions had and as part of this the PDR was considered particularly helpful. For a smaller proportion of osteopaths, obtaining help from colleagues as part of the scheme has increased their confidence to discuss CPD with others and the objective activity was considered

[3] Numbers in brackets in Figure 3 are Total number of osteopaths that mentioned CPD in this area.

helpful. What is perhaps less clear (and is why it is outside of the circle in Figure 4), is that it would appear that getting support from others, doesn't necessarily make osteopaths feel less isolated as a professional.

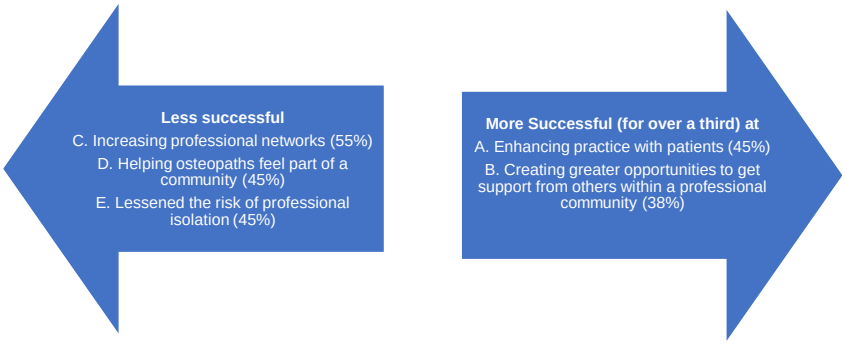
Figure 4: Getting support from colleagues as part of the CPD scheme and findings from CPD Evaluation Survey[4]



[4] **Key to Figure 4:**
A: Helped me gain different perspectives on my practice more frequently: Agree (57%), No strong view (24.5%) and Disagree (19%)
B: Increased the number of discussions about my CPD and practice with others: Agree (55%), No strong view (23%) and Disagree (23%)
C: Support from colleagues to undertake the PDR was: Helpful (53%), No strong view (28%) and Unhelpful (19%)
D: Support from colleagues to undertake the objective activity was: Helpful (45%), No strong view (36%) and Unhelpful (19%)
E: Increased my confidence to discuss practice with others: Agree (32%), No strong view (38%) and Disagree (30%)
F: Made you feel less isolated as a professional: Agree (26%), No strong view (35%) and Disagree (38%)

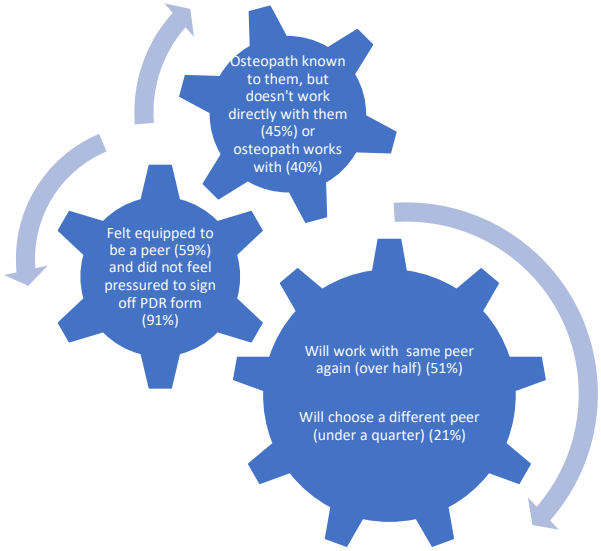
12. From Figure 5 we see the scheme has been more successful for a small proportion of the profession in creating greater opportunities to get support from others within a professional community, but this hasn't necessarily translated into increased networks, a sense of community or lessened ideas of risk of professional isolation among osteopaths.

Figure 5: Creating networks and findings from CPD Evaluation Survey [5]



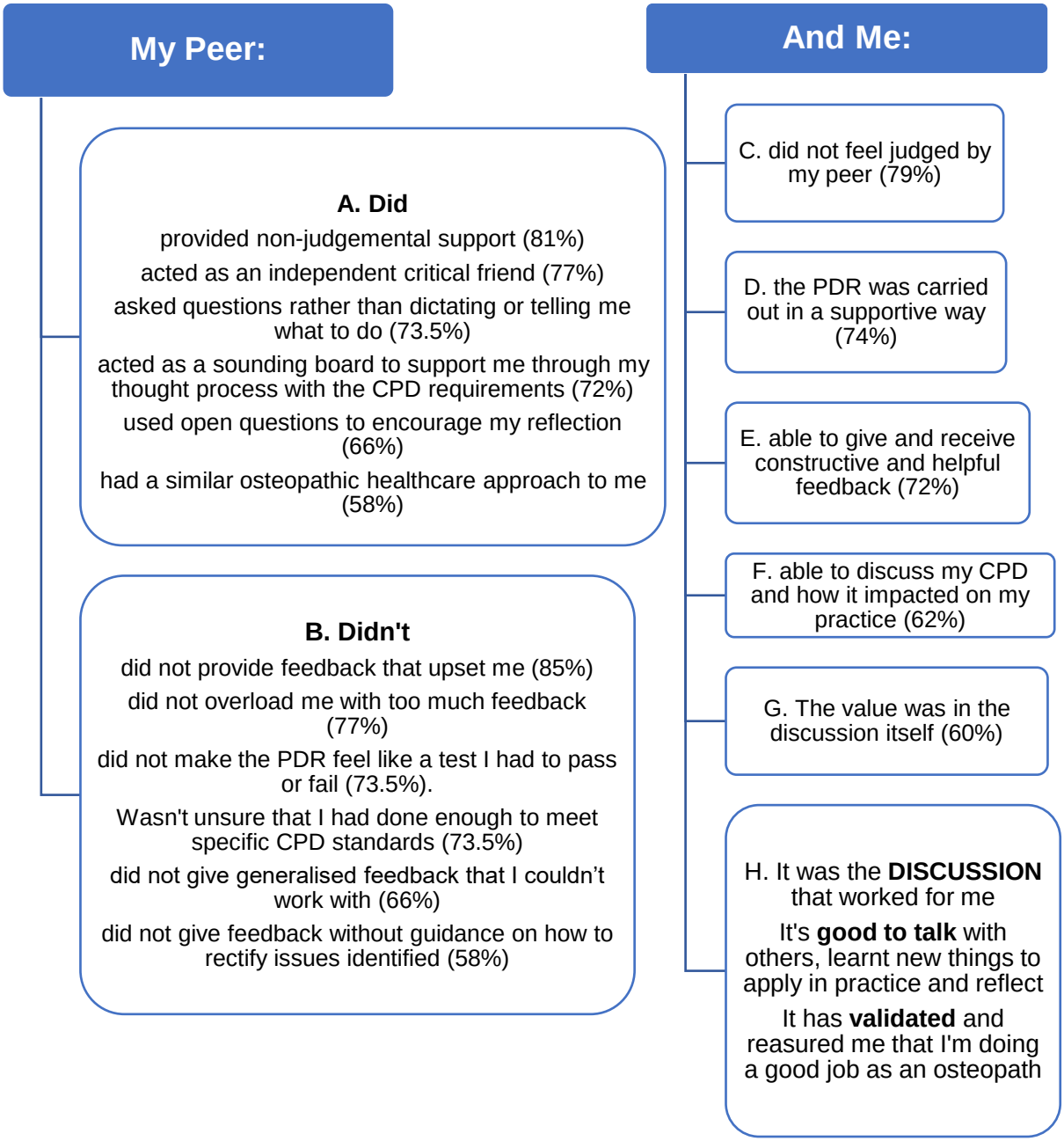
13. As part of the CPD Survey 2024 we also examined the role of the peer reviewer and osteopaths' experiences of the PDR process. Figure 6 summaries the peer selection process, while Figure 7 summaries what a good peer experience looks like according to our respondents.

Figure 6: Selecting a peer and feeling equipped for the role



[5] **Key to Figure 5:**
A: Enhanced my practice with patients: Agree (45%), No strong view (40%) and Disagree (24.5%)
B: Created greater opportunities for you to get support from others within a professional community: Agree (38%), No strong view (13%) and Disagree (30%)
C: Increased professional networks: Agree (26%), No strong view (10%) and Disagree (55%)
E: Lessened the risk of professional isolation: Agree (32%), No strong view (23%) and Disagree (45%)

Figure 7: My peer and me[6]



14. From Figures 6 and 7 we see the positive attributes of the PDR process (both in the giving and receiving of feedback). However, the challenge for many osteopaths has been the time it takes to do this CPD requirement, and the level of paperwork involved, some of which was considered repetitive, so we need to

[6] **Figure 7 Key:**
A: Percentages of respondents agreeing with statements
B: Percentages of respondents disagreeing with statements
C to G: Statements taken from PDR guidance and respondents were asked which matched their experience
H: Based on qualitative question which asked what worked well for them in their PDR

consider ways this could be streamlined and made easier for osteopaths to complete by undertaking an edit/review of the PDR form.

15. Finally, overall thoughts from osteopaths on the CPD scheme revealed the following:

- The findings demonstrate diverse views. They show consistent progress against our strategic aims of engagement support and community. With consistent proportions of respondents (more than a third up to over half) perceiving positive steps in terms of gaining benefits and support for themselves, their patients and their practice. The strategic aim of community demonstrates less progress with around a quarter of respondents increasing their networks and more than half not increasing their networks.
- However, there are some key messages to reflect on in terms of the burden of recording and the paperwork which need further reflection.
    - Over a third of osteopaths' views of the CPD scheme had change compared to first impressions at the start of the scheme and now. This may indicate a positive sign going forward for this to continue with each three-year CPD cycle that an osteopath completes.
    - The majority of osteopaths agreed it was appropriate to review the CPD scheme (81%) and that through attending webinars or events have built their confidence to complete the CPD requirements (55%).
- A third of osteopaths agreed that their practice had benefited from the CPD scheme (34%) or that gaining support from others as a result of the CPD scheme had benefited their practice (34%).
- The views on whether the CPD scheme had been worth it (e.g., enjoyable, and useful, despite having to make considerable effort) were split right down the middle, with 51% considering it worth it and 49% not considering it not worth it.
- A significant proportion of osteopaths agreed that the CPD scheme was burdensome and a wasted effort (53%) or that they worried whether they had met the CPD requirements correctly (51%), which in part are demonstrated by some of the suggestions for improvement below.
- In terms of how osteopaths thought the CPD scheme could be improved. It was thought improvements could be achieved by:
    - reducing the level of paperwork by streamlining the recording of CPD and the PDR paperwork, so that it was less time-consuming.
    - making the CPD scheme less complicated
    - returning to an annual component
    - making the PDR form and guidance less repetitive and more streamlined
    - providing more objective activities and examples of professionalism-based activities.
    - making the 'supporting role,' that GOsC is taking with the CPD scheme, much clearer to the osteopathic profession.

Next steps

16. Thinking about how to address the survey findings and enhance the CPD scheme to deliver its aims we would like to make a series of further enhancements to the CPD guidance in terms of content and accessibility.

17. The first three enhancements relate to the strategic objective on engaging with the CPD scheme and the OPS. This will involve:

    a. Strengthening CPD on Boundaries as an important part of the communication and consent requirement, as we have seen from Figure 3 very little CPD seems to be being undertaken in the area of professional boundaries and given that there has been an overall reduction in the number of concerns and complaints since the introduction of the CPD scheme, where we do see concerns and complaints is around professional boundaries, it would therefore make sense to highlight this further in the scheme.

    b. Strengthening and encouraging CPD in the area of EDI. We see from Figure 3 and Table 6 in **Annex A**, that a very small number of osteopaths reported undertaking CPD in the area of Equality, Diversity and Inclusion and it is something we have been considering as part of our EDI Pilot work.[7]

    c. Addressing the paperwork challenges expressed by osteopaths by performing a review/ edit of the current forms and templates, particularly the PDR form, so as to make this more manageable for osteopaths to complete.

18. The fourth enhancement relates to the strategic objective of promoting community and the importance of building professional networks. This will involve:
    a. Strengthening the focus on the aims of the CPD scheme about promoting community and encouraging opportunities to engage with colleagues (dealing with the point about being in an online lecture and not engaging with others), so as to help address the survey findings that the CPD scheme has been less successful in increasing professional networks, reducing isolation, and making osteopaths feel part of a professional community. We have also received this feedback from some of the regional groups and the Institute of Osteopathy about the importance of in person as well as online events.

[7] As part of the EDI Pilot (March 2023) we hope to begin this work by collating and sharing online resources from other regulators, such as resources from the General Medical Council (GMC) on topics such as how to tackle racism in the workplace, trans healthcare, and sexual misconduct. We aim to reach out to external interest groups such as CPD providers to encourage them to incorporate inclusion, diversity, and equality components into their existing training courses or to develop some bespoke EDI training, to increase knowledge and understanding of inclusion, diversity and equality for patients and colleagues.

As we have seen in Public Item 3: Transition into Practice paper, this is especially important (but not exclusively) for those osteopaths starting out in practice and if we can get osteopaths to start building networks as soon as they qualify and register with us, it will make a big difference to both osteopaths practice and patient outcomes. Updating the CPD guidance here will also enable us to take account of our transition into practice research and specific content-based guidance that may be helpful to new registrants in their first CPD cycle.

19. The fifth and sixth enhancements are not based on the CPD Evaluation Survey findings and instead come from feedback received from the Institute of Osteopathy (iO) and the indemnity insurers for osteopaths and our own horizon scanning work. This will involve:
    a. Strengthening guidance about range of practice and adjunctive therapies ensuring that people are up to date in their adjunctive therapies and explaining this as part of the Peer Discussion Review with supporting resources and case study examples.[8]
    b. Thinking about how we deal with Artificial Intelligence (AI) in CPD both in terms of helping supporting submissions and in terms of positive use, through our work on Horizon scanning. Currently, we do not refer to AI in the CPD guidance and we should in terms of how osteopaths may be using AI to complete their CPD. For example, we need to make it explicit in the guidance that if an osteopath uses AI to generate a reflection for them, they must ensure that they then make this reflection personal to them and that they disclose that they have used AI for CPD purposes.

20. Finally, we intend to review the accessibility of the paperwork and the scheme. Our CPD Guidance (including our PDR Guidance) and associated PDR forms are issued in accordance with Rule 4(6) of The General Osteopathic Council (Continuing Professional Development) Rules Order of Council 2006[9]. Updating the content and the paperwork at the same time will enable us to take account of this feedback.

21. In drawing this paper to a close, the evidence-base about the effectiveness of CPD (in terms of evaluating our findings compared to other findings) is limited, particularly in terms of material on the impact of CPD in terms of long-term changes in practice[10]. Very little has been explored in terms of impact of CPD on practice elsewhere, which may well mean our work here could be considered

[8] The last available iO Census data 2021 identified that the use of adjunct therapies had dropped over the last four years in favour of more mainstream osteopathic techniques such as joint articulation, soft tissue massage, exercises prescription and manipulation (Western acupuncture was down 11%, Pilates down 5%, electrotherapy down 8%). Most interestingly naturopathy was down 10% since 2014. This suggests a shift in therapeutic culture.

[9] (as amended by the General Osteopathic Council (Continuing Professional Development) Rules Order of Council 2006 as amended by The General Osteopathic Council (Continuing Professional Development) (Amendment) Rules Order of Council 2018.

[10] Moriarty *et al* (2019) Rapid review on the effectiveness of continuing professional development in the health sector https://kclpure.kcl.ac.uk/ws/portalfiles/portal/118780053/Moriarty_et_al._2019_CPD_Report.pdf

groundbreaking in nature, given that there is very little research on the impact of regulatory interventions. As a regulator of professionals who work primarily outside the NHS and often without teams and employers, we are in a unique position, being able to both realise the benefits of the scheme (through this survey 2024), and the level of engagement with the CPD scheme (from our previous iterations of CPD surveys during 2016-17, 2017-18, 2018-19, and 2020-21). It may also be possible to infer from the CPD Evaluation Survey 2024 findings that we are indeed seeing Level 1: Reaction and Level 2: Learning of Kirkpatrick's Training Model[11] among our osteopaths and then just over a third of our osteopaths (34%) maybe moving into Level 3: Behaviour Change, as these osteopaths reported enhancing their practice as a result of the CPD scheme i.e. post CPD learning has translated in practice (see Table 1).

Table 1: Kirkpatrick's Training Model

Levels 1 and 2: 40% benefited and 38% changed views on scheme.

Level	Component of change	Description
Level One	Reaction	Evaluates participants' satisfaction with a CPD activity. This level generally provides data relating to participants' perception/satisfaction with the programme, delivery, instructors, and environment.
Level Two	Learning	Evaluates participants' changes in knowledge, skills, or attitudes. Usually assessed with pre- and post-test studies to detect what participants have learned after a CPD activity.
Level Three	Behaviour change	Evaluates the extent to which learning has influenced the post learning behaviour or the performance of a healthcare professional in her or his practice.
Level Four	Patient/health outcomes	Evaluates the tangible results (such as improvement in patient health) of the influence of CPD activities in healthcare professionals' behaviour.

Level 3: 34% scheme enhanced practice

Next steps

22. Our next steps are to publish the research report **(Annex A)**

23. Make the suggested enhancements to the CPD guidance (based on agreement from committee and Council) and review, edit and streamline current forms and templates, so as to make them less time-consuming to complete for osteopaths (collaborating with osteopaths and stakeholders). We will then bring these back to the committee for comment. We intend to bring a consultation version of the CPD and PDR Guidance to the Committee in October 2024, Council in November and then consult in late 24 / 25 prior to approving the guidance in Spring 2025.

24. As part of these next steps, we also need to:
    - Exploit or build on the benefits identified here even further.

[11] Kirkpatrick's Training Model cited in Moriarty *et al* (2019) Rapid review on the effectiveness of continuing professional development in the health sector https://kclpure.kcl.ac.uk/ws/portalfiles/portal/118780053/Moriarty_et_al._2019_CPD_Report.pdf

- Reduce the negative impacts identified (which the proposed enhancements to the guidance detailed in Point 17 to Point 20 should go some way to help with).
- Consider what this means for CPD providers (there is certainly a role for them to play in enhancement 2), as well as other key stakeholders and how we might discuss further with them.
- Continue to monitor reductions in concerns and complaints against osteopaths, for any changes in patterns and behaviours.

Recommendations

1. To consider implications from the CPD evaluation survey findings.
2. To agree the approach to updating the CPD and associated guidance.