

Summary of impact on the CPD scheme on people with particular characteristics 2021

Table 1: Protected characteristics gender and age compared with aspects of the CPD scheme

CPD scheme theme	Majority total sample	Gender		Age
		Female	Male	
Mapping to OPS	More likely to use and map	No difference	No difference	<p>All those aged 20-24 map to standards. Slightly lower tendency to map among 60-64</p> <p>35-39 age group lowest at considering the OPS when selecting CPD activities</p>
Communication and consent activity	More likely to undertake activity, and it be related to objective activity. CPD activities where it is an element or part of the activity is most popular. This activity is achieved in a variety of ways most typically: online, reading, or face-to-face discussions	No difference	Slightly more likely to relate this activity to their objective activity than females	<p>Those aged 45-49 were less likely to link their communication and consent- based activity to their objective activity</p> <p>Patient stories and case studies particularly popular as a communication and consent activity with 25-29, 35-39, and 40-44 age groups</p> <p>Taught courses or CPD events were popular with the 20-24 age group making the younger age group record activities which solely focussed as well as activities which had communication and consent as an element in equal measure. Those aged 60-64 preferred face to face group activity or CPD events for their communication and consent- based activity</p>

Annex B to 6

CPD scheme theme	Majority total sample	Gender		Age
Objective activity	If undertaken, more likely to try others. Case based most popular, followed by patient feedback	No difference	No difference	<p>The likelihood of never having undertaken an objective activity is more prevalent with 45-49 and 30-34 age groups</p> <p>PROMs and peer observation more popular with 20-24 age group while clinical audit particularly popular for 40-44 age group (second most popular with this group)</p>
Keeping a CPD record	Barriers to reflection are mainly difficulties in finding and allocating time to reflect and record because it gets in the way of actual practise. Keep GOsC online diary (via ozone), followed by paper record containing CPD evidence	No difference	No difference	<p>20-24 and 65+ age groups have a much higher tendency to feel comfortable about reporting their reflections or report not having any barriers to reflection</p> <p>Don't understand why I should do this is a more significant barrier for those aged 30-34 (second highest barrier for this group)</p> <p>Not sure how to is a more significant barrier for 55-64 age groups</p>
Peer Discussion Review	Most have identified who their peer might be	No difference	No difference	No difference
Peer Discussion Review	More likely to find a peer to work with and discuss their CPD with them, but not complete the PDR until	No difference	No difference	From the age of 50+ there is a higher tendency (than the overall survey population) to complete the PDR section by section (e.g. as they go along)

CPD scheme theme	Majority total sample	Gender		Age
	nearer the end of 3-year cycle. Followed by a significant number have also not made any plans yet to prepare for their PDR			Both 45-59 and 65+ have a higher tendency (than the overall survey population) to try the PDR early on in their cycle to familiarise themselves with the template

Table 2: Protected characteristics ethnicity, religion and sexual orientation compared with aspects of the CPD scheme

CPD scheme theme	Majority total sample	Minority Ethnic	Religion	Sexual Orientation
Mapping to OPS	More likely to use and map	No difference	No difference	No difference
Communication and consent activity	More likely to undertake activity and it be related to objective activity. CPD activities where it is an element or part of the activity is most popular. This activity is achieved in a variety of ways most typically: online, reading, or face-to-face discussions	Activity achieved typically via CPD event (joint most popular with this group), patient stories or case studies (joint second most popular) and taught courses (joint third most popular)	For certain religions achieving this activity by attending CPD events was more popular (third highest for these groups)	Greater tendency to have not related communication and consent-based activity to objective activity
Objective activity	If undertaken, more likely to try others. Case based most popular, followed by patient feedback	No difference	No difference	No difference
Keeping a CPD record	Barriers to reflection are mainly difficulties in finding	For certain ethnicities not sure how to, not	No difference	Other barriers to reflection reported

Annex B to 6

CPD scheme theme	Majority total sample	Minority Ethnic	Religion	Sexual Orientation
	and allocating time to reflect and record because it gets in the way of actual practise. Keep GOsC online diary (via ozone), followed by paper record containing CPD evidence	sure what it means, and I don't understand why I should do this were significant barriers to reflection		such as difficulties in recording rather than reflecting e.g. having to write it down or having to write it down seen as unnecessary
Peer Discussion Review – Identifying a peer	Most have identified who their peer might be	No difference	No difference	No difference
Peer Discussion Review - Preparations	More likely to find a peer to work with and discuss their CPD with them, but not complete the PDR until nearer the end of 3-year cycle. A significant number have also not made any plans yet to prepare for their PDR	No difference	For certain religions slightly higher tendency (than the overall survey population) to try the PDR early on in their cycle to familiarise themselves with the template	Higher tendency (than the overall survey population) to complete the PDR section by section (e.g. as they go along)

Table 3: Protected characteristics identify as having a disability, working pattern, and practising outside of the UK compared with aspects of the CPD scheme

CPD scheme theme	Majority total sample	Registrants that identified themselves as having a disability	Part time practitioners	Practising Outside of UK
Mapping to OPS	More likely to use and map	No difference	No difference	No difference
Communication and consent activity	More likely to undertake activity and it be related to objective activity. CPD activities where it is an element or part of the activity is most popular. This activity is achieved in a variety of ways most typically: online, reading, or face-to-face discussions	CPD event (second most popular with this group) and taught courses (joint third most popular) to complete a communication and consent- based activity	Less likely to link their communication and consent-based activity to their objective activity	Slightly less likely to have completed communication and consent- based activity Those that have patient stories and case studies particularly popular as a communication and consent activity with this group
Objective activity	If undertaken, more likely to try others. Case based most popular, followed by patient feedback	No difference	No difference	Less likely to have undertaken an objective activity
Keeping a CPD record	Barriers to reflection are mainly difficulties in finding and allocating time to reflect and record because it gets in the way of actual practise. Keep GOSc online diary (via	Slightly higher tendency to be worried or not sure what it means to record reflections. Significant barriers	Not sure how to reflect on practise is a significant barrier (second highest for this group)	Not sure how to or not really sure what reflection means are significant barriers (second highest for this group). Higher

CPD scheme theme	Majority total sample	Registrants that identified themselves as having a disability	Part time practitioners	Practising Outside of UK
	ozone), followed by paper record containing CPD evidence	were also not sure how to and not understanding why should do this. Equal use of paper or electronic records to record CPD		tendency to use own reflective diary to record CPD (second highest for this group)
Peer Discussion Review – Identifying a peer	Most have identified who their peer might be	No difference	No difference	No difference
Peer Discussion Review - Preparations	More likely to find a peer to work with and discuss their CPD with them, but not complete the PDR until nearer the end of 3-year cycle. A significant number have also not made any plans yet to prepare for their PDR	Much greater tendency to complete the PDR section by section (e.g. as they go along)	Slightly higher tendency to try the PDR early on in their cycle to familiarise themselves with the template	More likely to have not made any plans yet to prepare for their PDR