



**Policy and Education Committee**

**14 October 2020**

**Implementation and evaluation of the CPD scheme: Update on data collection to inform CPD scheme**

**Classification** Public

**Purpose** For discussion

**Issue** Update on data to inform the CPD Scheme

**Recommendations**

1. To consider the analysis of a range of data sources and the implications for the implementation of CPD scheme including key messages and next steps.
2. To consider the CPD evaluation survey 2020 and to provide feedback, to enhance their assurance and offer further insights into the overall performance of the CPD scheme for osteopaths.

**Financial and resourcing implications** Data analysis and mechanisms for implementation and evaluation are all 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 as we undertake further data collection on characteristics and to 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. Further detail is outlined in the paper below.

**Communications implications** Communications about the implementation of the new CPD scheme are ongoing.

**Annex** Annex: Draft CPD Evaluation Survey 2020

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## Background

1. 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 Osteopathic Practice Standards (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 proceeding as outliers.
  - To increase involvement of osteopaths in the community, again, reducing professional isolation and reducing the chances of individuals proceeding as outliers (professional isolation is thought to be a factor in some complaints).
2. In the long term, the objectives for the new CPD scheme are:
  - Osteopaths to practise 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.
3. 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 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.

4. This paper seeks to provide an update on the data collection to inform the CPD scheme. The Committee is invited to consider the findings from the analysis of a range of data sources and to provide feedback on the potential implications for the implementation of CPD scheme including key messages and next steps

*Continuing Professional Development: Evaluation Strategy*

5. 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 Dr Stacey Clift at [sclift@osteopathy.org.uk](mailto:sclift@osteopathy.org.uk)
6. The evaluation strategy demonstrates we are using, a range of data sources 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.
7. In November 2019, Council considered the evidence of successful implementation of the CPD scheme in terms of meeting its goals using the following data sources (see <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/council-november-2019-item-15-continuing-professional/?preview=true> following a pre-consideration of the CPD evaluation by the Policy Education Committee on October 2019 (see : <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pec-october-2019-item-5-continuing-professional-development-cpd/?preview=true>
8. In June 2020, the Policy Education Committee considered mechanisms for providing assurance about the CPD scheme. (See <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pec-june-2020-item-5-continuing-professional-development-final/?preview=true>. Among other things, members were concerned about the number of osteopaths who reported doing little CPD in the previous 12 months. We discuss this point further below.
9. Data sources informing the implementation include:
  - a. CPD Evaluation survey
  - b. Fitness to Practice data
  - c. National Council of Osteopathic Research (NCOR) Concerns and Complaints data
  - d. YouGov survey and patient feedback

- e. Feedback from engagement
10. This paper will be providing an update on the following:
- a. **Registration and renewal data**
  - b. **Fitness to practise data**
  - c. **Feedback from webinar engagement**
  - d. **Planning and preparations for the CPD Evaluation Survey 2020** – 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.

## Discussion

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

### *Registration and renewal form data*

12. Registration and renewal data are compiled from every osteopath as they complete their first and subsequent years in the CPD scheme. It provides evidence of compliance, through self-declaration, 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.
13. During July-August 2020 we analysed **six months of data (1 October 2019-31 March 2020)** which allowed us to get a coherent picture of how the CPD was being implemented up to the beginning of the coronavirus pandemic.
14. Six months of self-declared data provided us with a total sample size 697 osteopaths, 328 of which were male and 369 of which were female

	<b>Total Sample Size</b>
<b>Male</b>	328 (47%)
<b>Female</b>	369 (53%)
<b>Total</b>	<b>697</b>

15. This data has provided us with the following initial insights:

*CPD hours declared*

16. In the majority of cases osteopaths self-declared their total CPD hours as between 11- 40 hours (415 osteopaths or 60%). This is consistent with the CPD Evaluation Survey 2019 finding, in which 79% of the respondents indicated that they anticipated completing between 11-40 CPD hours in their first year of their 3-year CPD cycle.
17. In the CPD Evaluation Survey 2019 we also predicted that 8% of the register may complete between 1-20 hours in their first CPD year, but this has gone up slightly to 12% based on the six-month self-declaration data.
18. A further 131 osteopaths (19%) self-declared 41-60 hours and 60 osteopaths (9%) declared 61-90 CPD hours in total (see Table 1).
19. Perhaps what is most interesting is the 13 osteopaths (2%) that have declared nil CPD hours and the 20 osteopaths (3%) that have declared 1-10 hours of CPD. This finding is consistent with the CPD Evaluation Survey 2019 results where 2% of osteopaths indicated that they anticipated completing between 1-10 hours of CPD in their first year on the scheme.

<b>Number of CPD hours Declared</b>	<b>Osteopaths Total CPD Hours</b>	<b>Percentage (%)</b>
None	13	1.86
1-5 hours	10	1.43
6-10 hours	10	1.43
11-20 hours	72	10.32
21-30 hours	180	25.82
31-40 hours	163	23.38
41-50 hours	76	10.9
51-60 hours	55	7.89
61-70 hours	29	4.16
71-80 hours	10	1.43
81-90 hours	21	3.01
91-100 hours	9	1.29
101-110 hours	6	0.86
111-120 hours	7	1
121-130 hours	4	0.57
131-140 hours	8	1.14
141-150 hours	2	0.28
151-160 hours	2	0.28
161-170 hours	2	0.28
171-180 hours	1	0.14

181-190 hours	1	0.14
191-200 hours	5	0.71
200+ hours	9	1.29
400+ hours	2	0.28
<b>Total</b>	<b>697</b>	<b>99.89</b>

**Table 1: Total CPD hours declared 1 October 2019- 31 March 2020**

20. We are keen to support osteopaths who have minimal CPD in any particular year to help them comply with the CPD scheme over the three year period and so this finding does support us to confirm that targeting communications with this group and where appropriate up to 10% of verification and assurance is relevant. (Please note that some osteopaths in this group may be on maternity /paternity leave or sick leave, and so we will be sensitive to ensuring that we communicate effectively to provide support to this group.) Verification and assurance activities will also help to give us more qualitative information about this issue.
21. In contrast, a total of 59 osteopaths or 8% have ticked every box on the registration and renewal form as completed (that is all four themes of the OPS, objective activity, communication and consent activity and completed their peer discussion review (PDR)).

### *Learning with Others*

22. The majority of osteopaths in this sample (461 osteopaths or 66%) declared 11-40 CPD hours which involved learning with others and a further 15% declared 41-80 learning with others CPD hours.
23. When we specifically examine the self-declaration data based on CPD hours which involved *Learning with Others (LWO)*, we see that this doubles the figure for nil CPD undertaken (26 osteopaths or 4%). This would indicate there are a small proportion of osteopaths out there having done some CPD hours 'happily' working on their own (see Table 2). We remain keen to encourage osteopaths to engage with others and so it might be useful to explore further with this group to find out why they have not yet engaged with others and whether we can provide any support to help them to engage with others. For example, are there any implications arising for selection of a peer?
24. 10% of osteopaths declared 1-10 CPD hours which involved learning with others.

<b>Number of CPD hours Declared</b>	<b>Osteopaths CPD Hours LWO</b>	<b>Percentage (%)</b>
None	26	3.73
1-5 hours	22	3.15
6-10 hours	46	6.59

11-20 hours	190	27.25
21-30 hours	168	24.1
31-40 hours	103	14.77
41-50 hours	48	6.88
51-60 hours	36	5.16
61-70 hours	11	1.57
71-80 hours	9	1.29
81-90 hours	7	1
91-100 hours	5	0.71
101-110 hours	4	0.57
111-120 hours	6	0.86
121-130 hours	2	0.28
131-140 hours	2	0.28
141-150 hours	1	0.14
151-160 hours	1	0.14
161-170 hours	1	0.14
171-180 hours	2	0.28
181-190 hours	1	0.14
191-200 hours	4	0.57
200+ hours	2	0.28
400+ hours	0	0
<b>Total</b>	<b>697</b>	<b>99.88</b>

**Table 2: Learning with others CPD hours declared 1 October 2019- 31 March 2020**

*Osteopathic Practice Standards*

	<b>Theme A</b>	<b>Theme B</b>	<b>Theme C</b>	<b>Theme D</b>
Number self-declared	608	643	589	565
Percentage (%) of total sample	87%	92%	85%	81%
CPD Evaluation survey 2019 <sup>1</sup> CPD declared in Theme	384	449	376	357

<sup>1</sup> Total number of respondents for the CPD Evaluation Survey 2019 was 464

Percentage (%) of total sample	83%	96%	81%	77%
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**Table 3: CPD involving the four OPS Themes declared 1 October 2019- 31 March 2020**

25. It would seem from this self-declared data that osteopaths are getting much more confident with the OPS themes and what activities can be undertaken under each of the Osteopathic Practice Standards themes, with the majority of osteopaths declaring that they have undertaken CPD across all four OPS themes (81%-92% -see Table 3) which is an increase on previous years for Themes A, C and D.<sup>2</sup>
26. We are still seeing that most CPD is undertaken in Theme B of the OPS: Knowledge, skills and performance (643 osteopaths or 92%, which is similar to the findings of CPD Evaluation Survey 2019) but reassuringly this is now much more balanced compared to the other themes suggesting that the other themes are featuring in reflecting on and recording CPD.
27. CPD declared on Theme D: Professionalism is the lowest recorded (565 osteopaths or 81%) compared to the other three standards, (as we found with the CPD Evaluation Survey 2019). Although, it is still significantly high, given that we already know from the CPD Evaluation Survey that there is a greater prevalence for osteopaths to be unsure if they have spent CPD hours on this area. This finding provides us with a further opportunity to highlight potential CPD in professionalism. We discuss this further below.

### *Objective activity*

28. Over half of the osteopaths declared that they had undertaken their objective activity in their first year of the CPD cycle (373 osteopaths or 54% - see Table 4). This is a 30% increase on the findings of CPD Evaluation Survey 2019, whereas just 24% of the sample had undertaken a CPD activity aimed at receiving objective feedback on their practice as part of their CPD.
29. There is however still room for improvement here and we will continue to promote communication messages, run webinars (see paragraph 59) and provide resources for the various objective activities.

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<sup>2</sup> (See for example, paragraph 25 of Annex A of the CPD Evaluation Survey Findings 2019 at <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> which shows that a considerably higher proportion of osteopaths are indicating CPD in the four themes compared to last year.)



30. A significant proportion of osteopaths (312 osteopaths or 45%) have completed in the first year of their three-year CPD cycle both their objective and communication and consent-based activity.

	<b>Objective activity</b>	<b>Objective activity and communication and consent activity<sup>3</sup></b>
Number self-declared	373	312
Percentage (%) of total sample	54%	45%

**Table 4: Objective activity declared 1 October 2019- 31 March 2020**

*Communication and consent-based activity*

31. The majority of osteopaths declared they had undertaken a communication and consent-based activity (463 osteopaths or 66%), which strongly supports the findings of the CPD Evaluation Survey 2019 where 65% reported having undertaken this CPD activity.
32. This demonstrates that communication and consent is being more clearly cemented into osteopaths' practice (see Table 5).

	<b>Communication and consent activity</b>	<b>Theme A</b>	<b>Communication and consent activity + Theme A)<sup>4</sup></b>
Number self-declared	463	608	455
Percentage (%) of total sample	66%	87%	65%

<sup>3</sup> This is a cross tabulation of instances where an objective activity + communication and consent-based activity have both been self-declared by osteopaths in the sample

<sup>4</sup> This is a cross tabulation of instances where a communication and consent- based activity + Theme A have both been self-declared by osteopaths in the sample

**Table 5: Communication and consent activity declared 1 October 2019- 31 March 2020**

33. When filtering two or more self-declared components we see that 455 osteopaths or 65% (of total sample) have completed CPD in both communication and consent and Theme A: Communication and patient partnership.
34. Given the high proportion of osteopaths that have declared that they have done CPD in Theme A (87%), perhaps our communication messages about the connection between Communication and consent-based activities and Theme A: Communication and patient partnership could be stronger, given that 21% of osteopaths have declared CPD in Theme A, but do not see that as their communication and consent -based activity CPD requirement.

*Peer Discussion Review*

35. A small proportion of osteopaths have declared that they have completed their Peer Discussion Review (PDR) in their first year of their CPD cycle (69 osteopaths or 10% - see Table 6).

	<b>Completed Peer Discussion Review (PDR)</b>
Number self-declared	69
Percentage (%) of total sample	10%

**Table 6: Completed PDR declared 1 October 2019- 31 March 2020**

36. Through our CPD webinars (where we have been supporting osteopaths with the knowledge and skills we have been promoting that osteopaths do not have to wait until the very end of their 3-year CPD cycle to start their PDR template and can actually start now and complete each section on a piecemeal basis).
37. Consequently, the 69 osteopaths that say they have completed their PDR we suspect rather than having completed their whole PDR, they have instead completed sections of their PDR template (either objective activity and/or communication and consent-based activity) based on the numbers when filtering PDR with both these attributes and the work we have been doing on the CPD webinars (see Table 7).

	<b>Completed PDR and objective activity</b>	<b>Completed PDR and communication and consent-based activity</b>	<b>Completed PDR, objective activity and communication and consent-based activity<sup>5</sup></b>
Number self-declared			
Percentage (%) of total sample			

**Table 7: Completed PDR, objective activity and communication and consent-based activity declared 1 October 2019- 31 March 2020 (data filtering)**

38. This also supports the findings from the CPD Evaluation Survey 2019, as here, 7% reported that they planned to complete the Peer Discussion Review on a piecemeal basis, as they met the different elements of the scheme.
39. There is one piece of data still outstanding from the CPD self-declarations which concerns: *Have you identified a peer?* Unfortunately, we have experienced some technical difficulties with downloading this piece of data from the Integra database. Currently, our database supplier, is working on this for us and testing the adjustments they have made to the system to allow us to be in a position to download this data going forward.
40. Please note that we do not at present hold sufficient quality data to undertake a cross-tabulation of responses compared to self-declared protected characteristics because data is of insufficient quality and incomplete. However, we are undertaking work to get to a point where we can do this analysis. We have designed a revised and refreshed equality, diversity and inclusion survey and we are in discussions with our IT provider to explore how we might better collate and hold this data and further information about this will be available in due course.

#### *Fitness to practise data in relation to the CPD Scheme*

41. Fitness to practise data is 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 and across the 4 themes of the Osteopathic Practice Standards
42. This data helps us to track the number of complaints by osteopaths and patients over time and the type of complaints.
43. There are two main sources for fitness to practise data (1) the NCOR Concerns and complaints data and (2) the anonymised case log data.

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<sup>5</sup> This is a cross tabulation of instances where a PDR, an objective activity + communication and consent- based activity have all been self-declared by osteopaths in the sample

44. Some of the fitness to practise data has been collated over a two and a half period from January 2018 to June 2020, so as to retain anonymity.
45. In the period January to June 2020, a total of 50 cases have been recorded. If we compare this with the same six-month period during 2019 and 2018, the 2020 data is slightly higher compared to both 2019 and 2018 data (see Table 8)

Year	Number of cases
2020 (January-June)	50
2019 (January-June)	42
2018 (January-June)	44
2019 (July-December)	50
2018 (July-December)	31
2019 (12-month total)	92
2018 (12-month total)	75

**Table 8: Total number of concerns and complaints cases 2018- June 2020**

46. The main matters of concern arising from the determinations during 2020 so far, included inappropriate and/or forceful treatment, misleading marketing/advertising, sexually motivated conduct with patients and communication and consent related issues. From April 2020 onwards we also saw a small number of complaints relating specifically to COVID-19 starting to emerge, which included the following:
- Facebook comments about COVID-19
  - Misleading advice regarding COVID-19
  - Anti-vaccination and anti-medication comments in the context of COVID-19
  - Failure to control spread of COVID-19 when practising
  - Inappropriate comments about COVID-19 in a public forum
  - Online comments about GOSc's response to COVID-19
  - Failure to wear PPE during COVID-19 pandemic.
47. The fitness to practice data for 2019 consisted of a total of 92 cases (i.e. osteopaths). However, these osteopaths may have had single or multiple concerns raised about them during the course of the fitness to practise investigations. Consequently, across these 92 cases there were a total of 183 concerns or complaints raised (see Table 11). Similarly, during 2018 there were a total of 75 cases and across these 75 cases there were a total of cases 133 aggregate concerns and complaints raised for the different types of allegations, rather than case by case.

### *Complainant type and risk Level*

48. Most complainants have been patients or service users (40%), Registrar (12%), self-referrals (10%) or Other (19%) across the last two-and-a-half-year period from January 2018 to June 2020 (see Table 9).
49. We also see almost exclusively in the 2020 data a small number of complainants coming from osteopaths that were non-colleagues (4%) and several that were non-osteopaths, e.g. Allied Health Professionals (1%), something that we did not see in the previous two years data. This indicates that there may be a trend emerging of osteopaths raising concerns and complaints about each other, particularly early on during the COVID-19 pandemic.

<b>Complainant</b>	<b>2018- June 2020</b>	<b>Percentage (%)</b>
Patient/Service user	86	40%
Member of the public	7	3%
Employer	4	2%
Non-osteopath (e.g. Allied Health Professional)	3	1%
Osteopath colleague	9	4%
Osteopath non-colleague <sup>6</sup>	8	4%
Registrar	25	12%
Self-referral	21	10%
Anonymous	3	1%
Confidential	10	5%
Other	41	19%
<b>Total</b>	<b>217</b>	<b>101%</b>

**Table 9: Complainant type 2018-June 2020**

*Type of complaint according to OPS theme and Communication and Consent*

50. The most common types of complaints received can be mapped/categorised according to the four themes of the Osteopathic Practice Standards (OPS) (see Table 10).
51. Table 10 demonstrates complaints under Theme A (Communication and patient partnership) are primarily concern listening and communication skills, Theme B (Knowledge, skills and performance) tends to focus on competence and safety of clinical practice i.e. errors or incompetence that have arisen, Theme C (safety and quality) can also touch on this area as well as issues concerning quality of clinical practice and some areas of respect and patient's rights. Theme D (professionalism) encompasses areas of quality of clinical practice and

<sup>6</sup> The term 'Osteopath non-colleague' refers to an osteopath that doesn't work with the osteopath that they are raising the concern/complaint against.

patient's respect and rights, but also problems in business, criminal behaviours and some regulation specific items.

<b>Theme A – Communication and patient partnership</b>	<b>Theme B – Knowledge, skills and performance</b>	<b>Theme C- Safety and quality</b>	<b>Theme D - Professionalism</b>
<b>Listening and communication</b>		<b>Quality clinical practice (standards of healthcare)</b>	<b>Quality clinical practice (standards of healthcare)</b>
Failure to communicate effectively		No treatment plan/inadequate treatment plan	Breach of patient confidentiality
Communicating inappropriately		No diagnosis/inadequate diagnosis	<b>Business/processes</b>
Failure to obtain valid consent-no shared decision-making with patient		Inadequate examination/insufficient clinical tests	Failure to maintain professional indemnity insurance
Failure to treat patient considerably/politely	<b>Safety of clinical practice (errors/ incompetence)</b>	<b>Safety of clinical practice (errors/ incompetence)</b>	Data protection-management/storage/ access of confidentiality data
	Treatment administered incompetently	Inappropriate treatment or treatment not justified	False/misleading advertising
	Providing advice, treatment or care that is beyond the competence of osteopathy	Treatment causes new or increased pain or injury	Fraudulent acts e.g. Insurance fraud
		Forceful treatment	Business dispute between osteopaths
		Failure to refer	Dishonesty/lack of integrity in financial and commercial dealings
		Failure to maintain patient records	Forgery - providing false information in patient records
		<b>Respect and patient's Rights</b>	<b>Respect and patient's Rights</b>
		Failure to protect patient's dignity/modesty	Sexual impropriety
		No chaperone offered/provided	Conduct a personal relationship with the patient
			Exploiting patients (borrowing money,

Theme A – Communication and patient partnership	Theme B – Knowledge, skills and performance	Theme C- Safety and quality	Theme D - Professionalism
			encouraging large gifts, inappropriate fees, pressuring patients to obtain services for financial gain)
			<b>Criminal convictions</b>
			Common Assault/Battery
			Public Order Offence (e.g. harassment, riot, drunken and disorderly, and racially aggravated offences
			<b>Regulation specific</b>
			Conduct bringing the profession into disrepute
			Lack of candour
			Failure to respond to requests for information and/or complaints from patients
			Failure to cooperate with external investigations/engage in fitness to practice process
			Failure to notify the GOsC of any criminal convictions or police cautions
			Failure to respond to requests for information from the GOsC

**Table 10: Common types of complaints according to the 4 OPS Themes during 2020-2019**

52. The data showed that a significant proportion of complaints in both 2019 and 2018 involved Theme D: Professionalism (66 and 47 instances respectively), followed by Theme A: Communication and patient partnership (43 and 37 instances respectively).

OPS Theme	2019 Complaints	2018 Complaints
Theme A – Communication and patient partnership	43	37
Theme B – Knowledge, skills and performance	5	3
Theme C – Safety and quality	42	34
Theme D - Professionalism	66	47
Regulation specific: Conduct bringing the profession into disrepute	22	9
Other (Health of osteopath or acupuncture/dry needling)	9	3

**Table 11: Level of complaints 2018-2019 according to OPS Themes**

53. We have to perhaps bear in mind that when mapping categories of concerns and complaints against the four themes of the Osteopathic Practice Standards there are in fact more of these categories which fall within the area of Theme D: Professionalism. Nevertheless it is an important finding coupled with the findings from the CPD self-declaration data that there is a greater prevalence for osteopaths to not declare they have undertaken CPD in relation to Theme D when we do see here a large proportion of concerns and complaints fall within this very area of professional practise. This contrasts with the position at the outset of the implementation of the CPD scheme where many concerns fell into the category of communication and patient partnership.
54. When we look specifically at communication and consent-based complaints (Theme A) they tended to cover four key areas:
  - Failure to communicate effectively
  - Communicating inappropriately
  - Failure to obtain valid consent
  - Failure to treat patient considerably/politely
55. Complaints based around Theme D: Professionalism during 2019 and 2018 primarily included:
  - Sexual impropriety
  - Failure to maintain professional indemnity insurance.
  - False/ misleading advertising
56. During 2019 data protection-management/storage/access of confidentiality data and failure to cooperate with external investigation/engage in the fitness to practise process were also prominent. While in 2018 (as well as paragraph 52), we also saw complaints in breaches of patient confidentiality, conducting a personal relationship with a patient, failure to respond to requests for information and/or complaints from patient and disparaging comments about a colleague.
57. Complaints based around Theme C: Safety and quality in practice during 2019 and 2018 primarily included:
  - Inappropriate treatment or treatment not justified
  - Treatment causes new or increased pain or injury
  - Failure to protect patient's dignity/modesty
  - Forceful treatment
  - No treatment plan/inappropriate treatment plan (2019 only)
  - Inadequate examination, insufficient clinical tests (2018 only)



58. As numbers in our fitness to practise processes are so small, it has not been possible to meaningfully cross-tabulate data against protected characteristics at this stage. There is also the potential for identifying osteopaths.

*Webinar engagement: overview of CPD webinars (June 2019-September 2020)*

59. In the period from June 2019 to September 2020, the Professional Standards team hosted 57 webinars with osteopaths across the UK, with 43 webinars having been held so far in 2020 (see Table 12).

Type of webinar	No. of webinars
Case-based Discussion	19
Peer Observation	11
Patient Feedback	9
Peer Discussion Review	13
Regional Group Leads	4
<b>Total</b>	<b>57</b>

**Table 12: Overview of CPD webinars (June 2019-September 2020)**

60. Key findings from analysing the webinar data are as follows:

- a. More females undertake peer observation or patient feedback as an objective activity, whereas case-based discussion is more evenly split with slightly more males participating in the webinar series.
- b. The majority of participants are located in London, or the south-east. However, our targeted webinars with the Northern Ireland Regional Group has meant that 17 out of the 24 registered osteopaths in NI have now completed a four-part GOsC webinar series.
- c. Regionally a cause for concern is Wales as no osteopaths based in Wales have taken part in our 2019-2020 webinars. In addition, the webinar spread suggests that we do need to do more work with osteopaths in Scotland, northern areas and overseas on objective activity and PDR. We have begun patient involvement work in Scotland, but in the other areas we need to provide similar opportunities to those we have already done with the Northern Ireland Regional Group
- d. Years in practice does not seem to impact participation as the data shows fairly mixed levels of experience from across all of the objective activity webinars from newly qualified to extremely experienced osteopaths taking part.
- e. Typically, participants tend to have graduated from BSO/UCO (the largest provider) and feature heavily across all three objective activities. Although we do see significant numbers of participants from providers offering

predominantly part time courses (LSO and the College of Osteopaths), particularly for case-based discussion webinars. College of Osteopaths graduates also feature prominently in the patient feedback webinars, while BCOM and ESO graduates have featured significantly in the peer observation webinars. Graduates from most OEIs have been represented at the webinars.

- f. We might have expected to have seen more graduates from some providers in the case-based discussion webinars, simply based on the size of these providers and the number of these webinars that we have run.
- g. Sole practitioners are engaging with us through the objective activity webinar series more than any other type of practitioner.

#### *GOSc CPD webinar online feedback survey*

61. During July 2020 we also began collecting feedback on the GOSc webinars by means of an online survey. Now on completion of a webinar series participants are asked:

- Which webinar series they attended
- To rate their level of satisfaction in terms of information received, delivery, pace, level of detail, understanding and ability to apply what they have learnt
- What they liked most about the webinar
- What could be enhanced or changed about the webinar
- Their thoughts about further webinars and topic areas (based on a list i.e. closed question)
- Whether they have any other suggestions for future webinar topics or what else would help support them in meeting the CPD requirements
- How they had heard about the webinar they attended
- If they have any other comments that they would like to add
- That other osteopaths could really benefit from hearing about what you have learnt on the webinar and how you put this into practice, would you be willing to share your insight and experience in 'The Osteopath' magazine.

62. Once we have a larger response rate from this online feedback survey, we will share our findings with the committee.

#### *CPD Evaluation Survey 2020: User testing, developing a learning resource and survey launch*

63. We aim to launch the 2020 CPD Evaluation Survey week commencing 5 October 2020 and the survey will remain open until 31 January 2021. This will be the fourth annual CPD Evaluation Survey

64. The survey has been designed to support osteopaths in planning their CPD and reflecting on their practice, it will also provide valuable feedback to help us further understand the impact of COVID-19 and what resources osteopaths may need to help you get the most out of the CPD scheme.

65. The CPD survey is intended to help osteopaths to take stock of where they are with their CPD and to have their voice heard at this challenging time. The more osteopaths we hear from, the better informed we will be and we will be in a better position to help with their concerns or needs around their CPD. The survey is planned in such a way to allow them to think about the range and context of their practice, which in turn will help them to think about their CPD.

*The survey can be used as a learning resource*

66. When osteopaths complete the survey, they will be taken through the key areas of CPD to help them with their preparation and planning. This can provide them with a framework for thinking about their CPD. In addition to collecting information to help us understand how osteopaths are approaching the scheme, and how confident they are feeling, it is also intended to be a learning resource to help everyone who completes it to identify and help answer any questions they may have about their CPD and the scheme.
67. With this in mind, we have included links to key resources on particular aspects of the CPD scheme throughout the survey. This will help osteopaths if they are unclear about things such as: Peer Discussion Review, what counts as an objective activity, or how to go about recording reflections on their practice. The survey gives osteopaths the option to use the resources as they go along or they could just check out what is available for future use, then bookmark these links on their browser.
68. This year's survey is made up of eight main sections, as detailed below:

Survey section	Survey themes at a glance
About your practice	<p>The type of practitioner that you are and the main ways that you practise</p> <p>Number of hours you practice per week (before and since COVID-19)</p> <p>Number of patients you see per week (before and since COVID-19)</p> <p>Types of patients you normally treat (and whether this has changed as a result of COVID-19)</p>
About your CPD hours and learning with others	<p>Number of CPD hours undertaken learning with others</p> <p>Types of CPD activities undertaken with others</p> <p>Providers you have used for learning with others' activities (e.g. osteopathic education providers, local/regional group, shared interest group, other healthcare providers)</p>

<b>Survey section</b>	<b>Survey themes at a glance</b>
Planning, recording and reflecting on your CPD activities	<p>What motivates you to plan your CPD activities</p> <p>Your approach to reflecting on your practice</p> <p>Barriers faced in reflecting on your practice</p> <p>Ways in which you are recording and reflecting on your CPD</p>
Communication and consent and the Osteopathic Practice Standards	<p>Types of communication and consent-based activity being undertaken</p> <p>Whether you are linking your CPD to the four themes of the OPS</p> <p>Proportion of CPD hours spent on each of the four themes of the OPS</p>
Objective activity	<p>Activities that you have undertaken which aimed at receiving objective feedback on your practice</p> <p>Concerns about giving or receiving feedback</p> <p>Mechanisms used in practice to give patients an opportunity to feed back</p> <p>Any changes you've made to your practice as a result of feedback from your patients</p>
Peer Discussion Review	<p>Whether you have identified who might be your peer</p> <p>How you plan to prepare for the Peer Discussion Review</p> <p>Previous experiences of undertaking Peer Discussion Review (or similar)</p> <p>Concerns about undertaking a Peer Discussion Review</p>
Communication, engagement and resources	<p>The resources you have used to help inform your CPD and how helpful you have found them (e.g. guidelines, The Osteopath, ebulletin, CPD website, research from peer reviewed journals)</p> <p>How confident you feel to meet the requirements of the scheme</p>
Impact of COVID-19 on your CPD and practise	<p>The CPD events, activities or courses that have been cancelled or postponed as a result of COVID-19</p> <p>Whether there has been sufficient replacement online provision for those activities that have been cancelled or postponed</p>

Survey section	Survey themes at a glance
	<p>How COVID-19 has affected your CPD in relation to key aspects of the CPD scheme</p> <p>How COVID-19 has affected activities involving learning with other</p> <p>Concerns you may have about completing your CPD cycle, given the current context</p> <p>Support needed with CPD activities as a result of COVID-19</p>

**Table 13: Main sections of the CPD Survey 2020**

69. We realise the nature of the COVID-19 pandemic will inevitably mean that some osteopaths will find it easier than others to participate regularly in CPD activities at the current time, especially 'learning with others.' For example, osteopaths working in a frontline role caring for acute patients in some way, who are ill themselves, or have caring or home-schooling responsibilities may have less time to undertake CPD.
70. Consequently, in this year's survey, we attempt to explore how COVID-19 has impacted on osteopaths CPD and practise, so that we can help support them through this challenging time. We have added a section specifically about the impact of COVID-19 on their CPD and practice which includes questions on:
- CPD events, activities or courses that have been cancelled or postponed as a result of COVID-19
  - Whether there has been sufficient online provision for those activities that have been cancelled/postponed
  - How COVID-19 has affected your CPD in relation to key aspects of the CPD scheme
  - How COVID-19 has affected activities involving learning with others
  - Concerns you may have about completing your CPD cycle, given the current context
  - Support needed with CPD activities as a result of COVID-19
71. The draft CPD evaluation survey had two phases of user testing – Phase 1 took place from 27 August 2020 to 11 September 2020 and Phase 2 took place from 14 September 2020 to 28 September 2020.

72. As part of these testing phases a total of 10 external osteopaths, each with different approaches to practise agreed to be user testers. These user testers brought a range of experience to the survey:
- sole practitioners
  - multi-disciplinary practitioners
  - CPD webinar participants
  - regional leads
  - new graduates
  - extremely experienced osteopaths
  - committee members
  - osteopathic education providers
  - osteopathic research
73. We have also sought independent feedback from an EDI expert on the 'Demographic information' section in the survey.
74. The CPD evaluation survey 2020 has also been extensively tested by GOsC staff from across the organisation and included staff in the Professional Standards, Registration and Resources, Communications and Regulation teams.
75. A copy of the final CPD evaluation survey can be found at the Annex.
76. Planned communication messages for the CPD Evaluation survey 2020 include the following:

Date	Action
Sept/Oct 2020	Final CPD evaluation survey produced and ready to go live w/c 5 October 2020
September 2020	<i>Communications:</i> The Osteopath magazine – small advert that it is coming: CPD Survey – Help us support you (Autumn issue p7)
5 October 2020	CPD Evaluation Survey launched (Open for 16 weeks)  <i>Communications:</i> Dedicated individual email to be sent out all osteopaths from the Register  <i>Communications:</i> promotion via the e-bulletin  <i>Communications:</i> Promote with key stakeholders: e.g. Institute of Osteopathy, education providers, regional groups, registration assessors and webinar participants and share with OCN group

	Promote through Facebook, Twitter and LinkedIn posts- use of quotes from previous users/graphics etc
	Listed on CPD website and ozone as a resource
October to January 2021	Promoted in general and targeted communications through LinkedIn, Facebook and Twitter feeds every two weeks throughout the duration of the survey opening dates
October to January 2021	e-bulletin promotion (7 <sup>th</sup> of each month: October to January 2021)
24 November	Communications: The Osteopath magazine - it's live and why osteopaths should do it plus mini-case studies from a series of osteopaths on benefits of taking the survey
31 January 2021	CPD Evaluation Survey closes

77. A timetable for the CPD Evaluation Survey 2020 is set out below:

<b>Date</b>	<b>Activity</b>
August-October 2020	Design CPD evaluation 2020 and engage with internal and external stakeholders regarding advertisement and general communication messages
5 October 2020 – 31 January 2021	CPD Evaluation Survey 2020 launched with supported communication mechanisms to increase response rate
February 2021	Analyse data
March 2021	Publish report of findings presented to PEC for consideration
May 2021	Analysis of findings presented to Council with additional data sources

78. If members of the PEC would like to provide any comments on the CPD Evaluation Survey 2020, or have any further thoughts or suggestions in terms of analysis that the committee may like to see going forward - please email: Dr Stacey Clift at [sclift@osteopathy.org.uk](mailto:sclift@osteopathy.org.uk)

*Next steps based on data insights*

79. The six months-worth of Registration and renewal data has provided us with two sets of outliers:
  1. Those osteopaths that self-declare they have undertaken zero/nil hours of CPD (2%)
  2. Those osteopaths that have self-declared that they have completed every aspect of the scheme in 12 months (8%)
80. Personalised/individual communication messages will be sent to these two small groups of registrants that have been identified.
81. In light of the 8% of osteopaths that have self-declared that they have completed every aspect of the scheme in 12 months, and our findings from our webinars, we will also need to focus some wider communications, around 'you are not required to tick every box on the Registration and renewal form'.
82. The data from the period September 2020 to December 2020 data will continue to be analysed for the remaining registration months (April-December 2020), 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). From 1 December 2020 the first complete set of Year 1 registration renewal data will be available.
83. From November 2020 systematic random records of CPD will be verified from a small sample of registrants (up to 10%) through our verification and assurance process. This will help to give us more qualitative information about how osteopaths are in fact implementing the CPD scheme.
84. Over time, we would like to continue to see slightly more CPD in the areas of communication and patient partnership, quality and practice and professionalism being self-declared. 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 and also in response to some of the concerns that are beginning to come through our fitness to practise data.
85. Osteopaths are continuing steadily to undertake objective feedback as part of their CPD. We will continue to provide online webinars and resources on a range of objective activities and work with regional groups to provide these activities online for key regional areas, as we have already done with Northern Ireland



86. More than half of osteopaths have undertaken CPD in the area of communication and/or consent. This shows that this key area is clearly cemented into osteopaths' practise now. Our work here will concentrate on how osteopaths can meet Standard 3 of the CPD scheme and how they can complete this section of their PDR template with their peer.
87. We will continue to facilitate workshops and webinars on the Peer Discussion Review process, and in particular promoting case-based discussions with a trusted colleague as a good way to develop their skills in giving and receiving feedback and help them feel confident about undertaking their Peer Discussion Review. This will include online sessions on how osteopaths can complete sections of their PDR template with their chosen peer as they go along. These will be delivered regularly to also meet the needs of those osteopaths that sign up to the Institute of Osteopathy (iO) 'Peer 2 Peer' matching platform, as we know anecdotally from this, that osteopaths are beginning to sign up to 'Peer 2 Peer,' but are unsure what to do or how to go about conducting their Peer Discussion Reviews, so there is some coordinated signposting work to take place between GOsC and the iO on this.

### **Recommendations:**

1. To consider the analysis of a range of data sources and the implications for the implementation of CPD scheme including key messages and next steps.
2. To consider the CPD evaluation survey 2020 and to provide feedback, to enhance their assurance and offer further insights into the overall performance of the CPD scheme for osteopaths.