



Policy and Education Committee

6 October 2022

CPD evaluation: implementation and impact

Classification	Public
Purpose	For discussion
Issue	To consider the implementation of the scheme and the impact of the scheme including: to what extent the intended benefits of the scheme are being realised?
Recommendations	<ol style="list-style-type: none">1. To consider the progress of the implementation of the CPD scheme.2. To consider our plans for further development to explore in more detail the impact of the CPD scheme
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	<p>The CPD Evaluation Survey 2020-21 findings were 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 specific protected or other characteristics. Findings of this were highlighted to Council in May 2021 and showed no impact in relation to specific protected characteristics.</p> <p>The updated self-declaration analysis of completion of elements of the scheme outlined in this paper is cross-tabulated to gender and length of time on the Register.</p> <p>Our qualitative interviews were undertaken with osteopaths with a range of protected characteristics which may have impacted on their ability to do the scheme. Notably the impact of the pandemic on those with caring responsibilities – often females – was notable.</p> <p>Taken together most sources of data show that there continues to be no definitive evidence of an adverse impact of the scheme for those with specific protected characteristics. However, the qualitative interviews did</p>

show particular challenges for those with caring responsibilities.

However, there is a suggestion of more of a challenge evidencing reflection in older osteopaths and of more difficulty in completing the scheme for osteopaths based outside the UK. We will continue to explore mechanisms to support these groups as part of our telephone interviews.

We will continue to track completion of the elements of the CPD scheme against protected characteristics and undertake specific qualitative work to identify and mitigate 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 to support the implementation of the CPD scheme are ongoing. Progress is reflected in this paper together with thoughts about next steps.

Annex

Proposed CPD evaluation survey questions

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Key messages

- This paper provides a high-level summary of what we have learnt about the implementation and impact of the CPD scheme's strategic aims, drawing on a range of data sources (including CPD self-declaration data, concerns and complaints data, verification and assurance data, qualitative interviewing).
- Osteopaths appear to be complying with the CPD scheme based on the findings from both the self-declarations, and verification and assurance processes. The introduction of a mandatory communication and consent-based activity has also had a positive impact on the level of concerns and/or complaints being reported around consent. There are still some challenges in terms of communication and understanding of the scheme for some osteopaths.
- The bigger challenges with evidence in our evaluation of the CPD scheme are with the 'softer' developmental aspects of the scheme, such as: a change in culture, enhancement of practice, reducing isolation, reducing fear, increasing support and building communities of practice.
- We have seen some evidence of impact through the qualitative work (see Point 26 to Point 29) and ongoing engagement with osteopaths, but this is limited.
- Consequently, we are proposing, to undertake a different type of CPD survey this year focussing more on the impact of the scheme (see Annex), as we can currently only infer benefits but the addition/ inclusion of osteopaths' perceptions osteopaths about impact would enhance our understanding.
- We are also undertaking a review of our CPD website to understand what is being accessed, and when, to better inform an update of the structure.
- Other options to be explored in line with the Communications and Engagement Strategy are to a) improve understanding of the reasons for creating the scheme and its intentions, b) improve understanding of specific elements of the scheme, so as to continue to reduce fear c) overcome entrenched negative perceptions amongst a section of the Register and foster greater trust.

Background

1. This paper provides a high level summary of the key messages from an ongoing analysis in relation to the following data sources:
 - a. CPD self-declaration data
 - b. Concerns and complaints data
 - c. Verification and assurance data
 - d. Qualitative interviewing

2. It is planned that a more detailed analysis paper along with the deliberations of the Policy and Education Committee today about the implementation and impact of the scheme will be presented to Council in early 2023.
3. This paper will consider what we have learned about the implementation and impact of the CPD scheme's shorter and longer term strategic aims which are:
 - a. For osteopaths to engage with (to do) the scheme, meaning osteopaths do CPD in the four themes of the OPS (not just knowledge, skills and performance) and 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); maintaining a record of CPD and a peer discussion review (again reducing isolation).
 - b. To get professional and personal support from colleagues by participating in the CPD scheme – reducing fears about professional isolation and increasing confidence to share CPD and practice with colleagues.
 - c. To increase community – again reducing professional isolation and reducing the chances of individuals heading along the wrong trajectory (there is evidence that professional isolation can increase the chances of complaints being made).
4. In the long term, the objectives for the CPD scheme are:
 - a. Osteopaths to practice in accordance with the OPS.
 - b. 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.
 - c. 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.

Discussion

5. The challenge for our evaluation is that there are two different aims which might be achieved in two different ways or perhaps along differing timelines.
6. The first is compliance focussed. Are osteopaths doing what the law requires and what we require- is practice and compliance demonstrated to a consistent standard. The evidence for this aspect is fairly straightforward. It can be demonstrated through self-declarations and verification and assurance statistics or different forms of verification, for example, further work on the standard, quality and consistency of a peer discussion review in an uncontrolled environment. The question is focussed on compliance not the impact of

compliance or compliance testing processes.

7. The second aspect of the scheme – the ‘softer’ aspects, the developmental aspects, culture, safe space, enhancement of practice, reducing isolation, fear, increasing support, building communities. This aspect of the scheme is more qualitative and perhaps more difficult to evidence and measure in a consistent fashion. Indeed, some have argued that any form of compliance within a scheme will naturally confuse the benefits of the scheme. See for example Archer J et al who said ‘Appraisal has always been there to support doctors to be “up to date” but now it is also attempting to assure employers and the public that doctors are “fit to practise” through linking appraisal outputs to the regulator. But developing a workforce is not the same as making sure it is safe.’¹ The final medical revalidation report published in 2018 stated ‘There remains a risk that while regulatory initiatives like revalidation could support individual learning and organisational improvement, information held generated by such processes might also be used to apportion blame. Such use would be potentially antithetical to supporting learning, and the risk or perceived risk that this may happen could have unintended consequences in the form of reduced engagement or openness.’²
8. This paper will aim to explore what data we have that tells us about our aims, where our gaps are and asks the Committee to consider, reflect and discuss our priorities and how we see the scheme developing over the third CPD cycle.

Self- declaration data

9. We collect, analyse and report on self-declaration registration renewal data about activities undertaken by registrants in their CPD and take appropriate actions based on the evidence. The registration and renewal CPD data has been analysed according to CPD themes to 23 August 2022 (5459 osteopaths).
10. In summary, the self- declaration data show us that osteopaths are engaging with the scheme:
 - 90% or 4905 osteopaths have undertaken CPD in Theme B: Knowledge, Skills and Performance
 - 89% or 4877 osteopaths have undertaken CPD in Theme A: Communication and Patient Partnership
 - 89% or 4852 osteopaths have undertaken CPD in Theme C: Safety and quality in practice

¹ See Archer J, Letter to the BMJ, 2015,

Letters, False god of appraisal, Revalidation built on appraisal may have led to confusion

² See Archer J et al, UMBRELLA evaluating the impact of medical revalidation , 2018 available at https://www.gmc-uk.org/-/media/documents/umbrella-report-final_pdf-74454378.pdf

- 87% or 4771 osteopaths have undertaken CPD in Theme D: Professionalism
- 85% or 4629 osteopaths have completed CPD in both communication and consent and Theme A: Communication and patient partnership
- 86% or 4707 osteopaths have completed a communication and consent-based activity
- 82% or 4479 osteopaths have completed an objective activity
- 77% or 4216 have completed in their first year of their three-year CPD cycle both their objective and communication and consent-based activity.
- 71% or 3856 osteopaths have identified a peer for their PDR (data on this only available from January 2021)³
- 63% or 3456 osteopaths have declared that they have undertaken their PDR (NB. The first tranche of osteopaths to have completed their CPD cycle completed their CPD cycle at the end of September 2021 and renewed their registration in December 2021).
- Between 72% - 63% have undertaken a total of 11-60 CPD hours (in both Year 1 and 2), between 46-40% of which are either 21-30 or 31-40 hours. A quarter of the register choosing to complete 21-30 hours of CPD on a yearly basis, similar to that of the annual scheme requirements
- 73.5% have undertaken 11-60 learning with others CPD hours in Year 2 (44.5% of which are either 11-20 or 21-30 hours). In Year 3, 24.5% had undertaken 1-60 learning with others CPD hours, 12% of which were either 11-20- or 221-30 hours.⁴
- To date⁵ there has been 74 requests from osteopaths asking for an extension of the time to complete the scheme and of those 74, 46 have advised that they have now completed their CPD.

11. What this summary of the self- declaration data suggests is:

- a. osteopaths are doing the scheme according to the high percentages of self- declaration

³ There are gaps in this data, this has only been accurately collected from January 2021 onwards meaning there is a gap between December 2019 and January 2021.

⁴ There is currently no figure for Year 1 total CPD hours learning with others due to a data extraction error from Integra. This figure will be available when we report to Council in November 2022. For reference, in November 2021 when this figure was last reported 67% had undertaken between 11-60 learning with others CPD hours in Year 1 of the scheme. We would expect this figure to have increased over time.

⁵ As of 14 September 2022

- b. osteopaths are likely to be getting more support and building communities from the high volumes of learning with others based activities being reported, as well as the high proportion of osteopaths undertaking their objective activity and Peer Discussion Review.
12. However, what we don't know from the self- declaration data is whether this support from colleagues is sustained/maintained or temporary in nature.

Concerns and complaints data

13. The most recent NCOR Concerns and Complaints report which draws on data from January to December 2021 (see Public Item 8 of this agenda), Key findings include:
- Reduced number of concerns overall (compared to 7-year average)
 - There were no concerns and complaints raised about consent and slightly more than average complains about communicating inappropriately
 - Numbers of concerns and complaints around sexual impropriety are around the 8-year average despite the overall number of complaints being low. This indicates proportionally this figure is higher than would be expected.
 - Professionalism and Safety and Quality in Practice are the dominant themes in relation to concerns when mapped against the Osteopathic Practice Standards (OPS).
14. This could illustrate that the introduction of a mandatory communication and consent- based activity as part of the CPD scheme has had a positive impact on the level of concerns and/or complaints being reported around consent, but more still needs to be done about communicating inappropriately and/ or ineffectively more broadly which can lead to boundaries indiscretion/ lack of professionalism concerning patient rights, and clinical care type concern and complaints.

Verification and assurance

15. The verification and assurance checks undertaken by our staff focus on requesting the evidence on the osteopaths' registration renewal form for self-declared CPD for specific aspects. For example:
- the four themes of the OPS
 - the objective activity
 - communication and consent
 - Peer Discussion Review (PDR) – (if this has been completed and whether a peer has been selected).
16. The purpose of the verification and assurance process is to:

- be assured that osteopaths are meeting the requirements of the new CPD scheme
 - support osteopaths to meet the requirement of the CPD scheme for example, by identifying whether there are any support or resource gaps for osteopaths
 - provide feedback to the whole profession on how the scheme is progressing
 - identify where there may be an extra need to encourage osteopaths to build learning communities
17. From the renewal month March 2022, we have focussed on PDR evidence only because many osteopaths have just completed or are coming to the end of their first three-year cycle. So we are using this opportunity to check that they have understood what the PDR is, that they have completed it and if not how we can support them to do so, and if there is any useful feedback for us. We are taking the approach of checking that PDRs are signed off. If there is no sign-off sheet this could indicate that the osteopath has not completed a PDR and hence its template, this process of checking PDR evidence is focussing mainly on compliance. Through this process if it is found that an osteopath has not completed their PDR template the registration team discuss with the osteopath:
- Where in their CPD cycle the osteopath is and whether they still have time to complete their PDR. (Many of these osteopaths tend to spread the word to osteopaths in their networks and on completion of the PDR tend to report back that it has been a useful process)
 - If the osteopath's first CPD cycle has ended and all other verification and assurance items have been checked and completed, the verification and assurance check is closed off and these osteopaths are placed on an 'End of 3- year outstanding tracker' and a realistic timescale of completing their PDR is agreed, typically this is in 1-2 month's time. These osteopaths then have to supply their completed PDR template to us and the team follow up with them.
 - This tracker will also start to record the osteopath's relationship with their chosen peer, to see if any patterns start to emerge.
18. In order to undertake the verification and assurance process, the Registration team select up to 10% of registrants per month for checks. Please note that in May, June and July because of the large numbers of osteopaths renewing in these months, we will select a sample size of around 5%. The requests go out and osteopaths are provided with 28 days to submit the required information. The information submitted is then reviewed and feedback is provided to the osteopath. Where the information is presented clearly, reviews can take up to 30 minutes each. However, if evidence is not presented clearly this will require further communication with the osteopath to clarify aspects of the submission and the review may take days or even weeks to resolve.
19. These actions enable us to understand how evidence of compliance with the scheme is tallying with the self-declarations; to understand whether the scheme is understood, and to ensure that we are providing the right advice and guidance to support osteopaths.

20. Of the 445 verification and assurance submissions that have been completed as of August 2022, 2 have been referred for removal from the register for non-compliance representing 0.4% of the checked submissions. 194 submissions are due to be checked to July 2022. Of these 4 have been requested and are incomplete and 190 are being requested this month representing the bulge months for 2022. Additional resource is being recruited to complete the bulge for 2022 in good time.
21. Overall, we are seeing that most verification and assurance requests are demonstrating compliance with the scheme with varying levels of support and the rate of demonstrable non-compliance is low. However, we see formal recording and reflection taking place towards the end of the cycle.
22. We are still identifying more of a challenge engaging osteopaths based outside the United Kingdom, but it has been difficult to get more qualitative information on the reasons for this.
23. A small number of osteopaths are conflating case-based discussion (an objective activity) and Peer Discussion Review (the end of cycle conversation where a peer confirms that the osteopath has completed all the elements of the CPD scheme and can move into the next CPD cycle) into a peer discussion.
24. There are some specific challenges highlighted by key demographic groups, some sole practitioners report struggling to find a peer. Osteopaths with health conditions or family issues report preferring the annual CPD scheme. The one-year discipline and focus, particularly assisted these osteopaths.
25. Overall, the findings suggest that most osteopaths are doing the scheme in accordance with their self-declarations, but that some need more help to demonstrate compliance and to engage with a peer.

Qualitative approaches with key groups (telephone interviews)

26. In spring 2022 we conducted semi-structured interviews with 20 osteopaths (including osteopaths of different genders, geographical locations, at different stages of their CPD cycles, working in a range of settings (including educational and regional lead experience), some declaring disabilities or differences and others with non-practising status for a variety of reasons including maternity leave and being in ill health) which formed the qualitative strand of an overall evaluation of the CPD scheme. An initial draft of the qualitative analysis is available on request from rheatley@osteopathy.org.uk. The finalised report will be reported to Council in due course.
27. The aims of the interviews were to explore the:
 - a. Benefits osteopaths identified having undertaken the CPD scheme and whether these match with the short and long term aims of the CPD scheme

- b. Components of the scheme osteopaths have found most challenging or difficult. The reasons for this and how they managed to overcome these challenges.
 - c. Impact the CPD scheme has had on osteopaths' practice.
 - d. Experience of undertaking a Peer Discussion Review.
28. The interviews clearly demonstrated that osteopaths have been complying with the scheme and have experienced benefits as well as challenges. Case-based discussion was the most popular objective activity undertaken and was the CPD activity that osteopaths cited most often as beneficial to their practice enabling them to identify changes they could make to improve patient care as well as helping them to connect with other osteopaths therefore reducing isolation. Some of the many actions interviewees carried out as a result of receiving objective feedback included:
- a. Making changes to the administration of their clinic to improve the overall patient experience
 - b. Improving their case history note taking thanks to their peer sharing the case history template they had developed
 - c. Adapting methods of liaising with other health professionals such as sending referral letters direct to the patient's GP
 - d. Adopting new software to monitor patient feedback on an ongoing basis
 - e. Identifying gaps in knowledge and undertaking further CPD eg CPD in women's health, safeguarding procedures
29. Some of the challenges interviewees cited included:
- a. the issue of what is and is not compulsory as part of the scheme was a recurring theme among the majority of interviewees. For example, several osteopaths thought they needed to map to each OPS standard rather than just the themes.
 - b. the detrimental impact of COVID-19 on practice and ability to complete CPD requirements in Year 2 of their cycle. For example, some primary carers (mostly female) needed to prioritise childcare during lockdown and were time-poor, four osteopaths said they had difficulty learning online preferring face-to-face activity but all in-person CPD was cancelled. In addition, interviewees experienced ill health due to COVID-19 and interviewees with long term conditions couldn't access their normal treatment leading to poor health outcomes, and other interviewees spoke specifically about mental health difficulties as a result of the pandemic. One of the interviewees had requested an extension and found reassurance in the support provided by the Registration team.

- c. Uncertainty around what level of detail was needed in their CPD record and whether they have done enough to meet the requirements of the new scheme
- d. Confusion regards the terminology used in the scheme. For example, the meaning of the term 'standard' caused confusion specifically CPD Standard 3 (Communication and consent) being confused with OPS Theme A (Communication and Patient Partnership).

What might we do? Next steps

- 30. In broad terms, we can be satisfied that osteopaths are completing the scheme, albeit with varying levels of support required. There remain some misunderstandings with the scheme and our qualitative interviews show that these misunderstandings have caused some distress to a number of osteopaths. We have seen that dedicated personal support can help these osteopaths.
- 31. We are continuing to review the CPD website to better support osteopaths in finding the information that they need, when they need it. Signposting and highlighting mechanisms for support and guidance will also continue to be important. We know that osteopaths feel more reassured when they are able to speak to us especially if they are in distress about the requirements of the scheme. To an extent, this is to be expected as we know that different people respond well to information and support in different formats and we will continue to provide support and help through our ongoing communications and webinars as well as some individual phone calls, as for some this is best delivered verbally or by talking it through. During the second CPD cycle, we hope and expect the scheme will become more familiar and embedded.
- 32. We have seen some evidence of impact through our qualitative work and our ongoing engagement with osteopaths, but overall evidence of impact is more limited. We have been able to infer benefits but perceptions of osteopaths about impact would enhance our understanding and our evidence base.
- 33. Consequently, we are proposing to undertake a different type of CPD evaluation survey this year, focussing 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 sample questions are outlined at the annex for Committee's feedback. We are planning to use a stratified sample to gain rich and useful responses, rather than trying to collect this information from all registrants. Key criteria for the sample will include the following:
 - Broadly representative of the GOSc Register, particularly in terms of sex and age
 - Representation from key groups identified by the CPD scheme risk log:
 - Osteopaths practising overseas
 - Part-time osteopaths
 - Sole practitioners

- Osteopaths with a disability
 - Osteopaths with long term health condition/ill health
34. We are undertaking a review of our CPD website to understand what is being accessed, and when, to better inform the user journey which may result in an update of the website's structure.
35. Options we can explore to further improve understanding of the scheme and in turn continue to reduce fear is to send brief reminder emails to all osteopaths at key times throughout their cycle. For example, when osteopaths are renewing their registration at the end of Year 1 we could send an email directing them to a small number of key resources such as an objective activity workbook along with a completed template demonstrating how they could record their objective activity. At the end of Year 2 osteopaths could be directed to resources on the Peer Discussion Review – e.g the animation and a completed Peer Discussion template.
36. Our qualitative interviews, showed that some osteopaths with negative views of GOsC and osteopathic regulation are strongly influenced by their colleagues' perceptions. Another potential approach for GOsC which we are considering is to target engagement with key stakeholders who manage closed social media forums and osteopathic interest groups (for example the recent presentation at the Academy of Physical Medicine). To help us to foster understanding, compliance and ensuring the scheme has a positive impact we need to ensure that we are issuing the right message, via the right channel(s), at the right time and repeating sufficiently so the message is heard, understood and trusted. To assist with achieving that trust it can be helpful for the message to come from an already trusted source.
37. This requires a consistent, ongoing and overarching approach by the GOsC. A key theme of the Communications and Engagement Strategy on promoting trust will be crucial here for both Points 35 and 36, which involves continuing to:
- a. Align values – We are currently using sessions on the exercise of professional judgement to focus on the values we share with osteopaths in the context of making decisions (for example at the iO Roadshows).
 - b. Reduce the gap between the regulator and the regulated – continuing to demonstrate the human face of the organisation, using a supportive, approachable tone across all of our communications wherever possible, encouraging safe spaces to open up discussions about issues between registrants and the GOsC. This also includes using more personalised messaging e.g direct emails from GOsC named contacts
 - c. Be an open, inclusive and coherent⁶ organisation – this includes celebration of diversity across GOsC social media channels and communications which are

⁶ Further details on the Communications and Engagement Strategy can be viewed here: <https://www.osteopathy.org.uk/about-us/our-work/comms-strategy/>

representative, inclusive and diverse and reporting on updates about our EDI Framework.

- d. Promote trust and be responsive – there needs to be ongoing engagement and two-way communication about both a) osteopaths' experiences of the CPD scheme long term and b) their views on the impact the strategic goals of the CPD scheme have had on an osteopath's practise e.g., have the scheme's intended benefits been realised in micro settings?

Conclusions

38. Overall, in relation to the strategic goals of the scheme we are seeing some limited evidence of positive impact in terms of engagement, support and community. But we would like to explore this more widely and to do so, we are proposing a stratified sample survey using the questions at the Annex. We would welcome feedback on the Committee to this approach and other approaches that we might use to explore impact further.
39. There are still some challenges in terms of communication and understanding of the scheme and we are undertaking ongoing work to review our approach to support and realise the benefits of the scheme.
40. Finally, we are likely to focus our communications over the next cycle on areas around professionalism as we see this area as persistently represented in our concerns data whereas communication concerns have been reduced. What are the Committee's thoughts on this?

Recommendations:

1. To consider the progress of the implementation of the CPD scheme.
2. To consider our plans for further development to explore in more detail the impact of the CPD scheme

DRAFT CPD Evaluation: Perception Survey (re: Short term & Long term aims)

Overall thoughts on the scheme

1. Thinking back to when you started on the new CPD. What were your perceptions of it, which of the following statements best described you at that time? (Select top 3)

I embraced the new CPD scheme with an open mind
I could see the benefits the scheme would bring to my practise
I attended online webinars and/ or events to learn more
I wanted to increase my professional networks
I could see the benefit of gaining support from others
I was anxious about the changes made
I found it confusing and complicated to get to grips with
I struggled with key components of the scheme
I couldn't see the point of the changes made and thought they were a waste of time
Something else (please specify)

2. Thinking about how you feel now about the CPD scheme, which of the following statements best describe you? (Select top 3)

I'm glad that I embraced the new CPD scheme with an open mind
My practice has benefited from the new CPD scheme

Through attending online webinars and/or events I feel more confident to complete my CPD in accordance to the new CPD scheme
I have increased my professional networks
I have benefited from gaining support from others
I still worry about the changes made and whether I've done them correctly
I still find it confusing and complicated to get to grips with
I still struggle with key components of the scheme
I still can't see the point of the changes made and think they were a waste of time
Something else (please specify)

Engaging with the scheme and enhancing practice with OPS

- *Short term Aim 1: For osteopaths to engage with (to do) the scheme, meaning osteopaths do 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; an objective activity; maintaining a record of CPD and a peer discussion review (PDR).*
- *Long term Aim 1: Osteopaths to practice in accordance with the OPS.*

3. On a scale of 1-5 overall how easy has it been for you to do the components of the CPD scheme

1	2	3	4	5
Very difficult	Difficult	Neither easy nor difficult	Easy	Very easy

4. What have been the benefits of undertaking the new CPD scheme for you?
5. Thinking about the components of the CPD scheme which have you found most challenging or difficult? (select your Top 3).

Component of Scheme
Mapping to OPS
Communication and consent activity
Objective activity
Recording CPD
Peer Discussion Review
Planning CPD across 3-years
None of them
Other (Please specify)

6 (a) Why did you find this component(s) difficult or challenging?

6 (b) How did you manage to overcome these challenges with your CPD?

7. To what extent do you think the CPD scheme has enhanced your practice with the OPS?

1	2	3	4	5
Very insignificantl y	Insignificantl y	Neither insignificantl y nor significantly	Significantl y	Very significantl y

8. During last 12 months, please give an example of CPD that you have undertaken which covers Theme D: Professionalism?

9. What impact has the CPD scheme had on your practise? [possibly create list or leave open?]

Getting support from colleagues as part of the new CPD scheme

- *Short term Aim 2: is to get professional and personal support from colleagues by participating in the CPD scheme*

- Long term Aim 2: 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.

10. On a scale of 1-5 how strongly would you agree or disagree with the following statements in terms of whether the CPD scheme has

	1 Strongly disagree	2 Disagree	3 Neither disagree nor agree	4 Agree	5 Strongly agree
Reduced your fears about professional isolation					
Made you feel less isolated as a professional					
Increased your confidence to share CPD and practice with colleagues					
Increased the number of discussions you have had on CPD and practise with others					
Enabled you to gain different perspectives from your own more frequently					

11. A significant part of getting support from colleagues as part of the CPD scheme is by completing an objective activity. On a scale of 1-5 how would you rate your experiences of undertaking an objective activity?

1	2 Unhelpful	3	4 Helpful	5	Unsure

Annex to 6

Very unhelpful		Neither unhelpful or helpful		Very helpful	
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11 (a) In the last 12 months, which objective activity have you undertaken as part of your CPD?

Case based discussion
Clinical audit
Patient Feedback
Patient Reported Outcome Measures
Peer Observation
Other*

If you selected Other, please specify:

12. Another significant part of getting support from colleagues as part of the CPD scheme is via the Peer Discussion process. On a scale of 1-5 how would you rate your experiences of undertaking a PDR?

1	2	3	4	5
Very unhelpful	Unhelpful	Neither unhelpful nor helpful	Helpful	Very helpful

12 (a) Based on your PDR experiences what worked well, what worked less well, and what would do differently next time?

What worked well	What worked less well	What would do differently

12 (b). Are you still in touch with your peer?

Yes – My peer will be the same in my next CPD Cycle
Yes – But I'll be choosing someone else to be my peer in my next CPD cycle
No – It didn't work out, and I'll be finding someone else to be my peer for my next cycle

Thinking about your experiences of being a peer:

13. Have you undertaken a PDR for another osteopath?

Yes	No
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13. (a) What 3 words would you use to describe your experience of being the peer for another osteopath?

Word 1	Word 2	Word 3

13. (b) What did you learn about yourself and your practice being a peer for another osteopath?

Creating communities of practise as part of the CPD scheme

- *Short term Aim 3: is to increase community*
- Long term aim 3: 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.

14. On a scale of 1-5 how strongly would you agree or disagree with the following statements that the CPD scheme has:

	1 Strongly disagree	2 Disagree	3 Neither disagree nor agree	4 Agree	5 Strongly agree
Increased your professional network i.e. the number of other osteopaths or other healthcare providers that you talk to					
Created greater opportunities for you to get support					

from others within a professional community					
Enhanced community between osteopaths and patients					
Enabled me to feel part of a professional community					
Made me consider that being part of a community could reduce my chances of concerns and complaints being made against me					

Final thoughts about the CPD Scheme

15. Thinking about your first impressions of the CPD Scheme to where you are now. Have your attitudes towards the CPD scheme changed over time?

Yes
No
Stayed the same

16. In your opinion, has the new CPD scheme been worth it?

Yes	No
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