



Policy and Education Committee

10 October 2024

Continuing Professional Development Scheme – review of Peer Discussion Review template and Continuing Professional Development Guidance

Classification	Public
Purpose	For decision
Issue	A proposed consultation on the updated Continuing Professional Development (CPD) Guidance, and of the Peer Discussion Review (PDR) template.
Recommendation	<ol style="list-style-type: none">1. To consider and provide feedback on the suggested changes to the Peer Discussion Review template and CPD Guidance2. To agree to recommend that Council agrees to proceed to a consultation on the updated CPD Guidance and PDR Template.
Financial and resourcing implications	None at this stage
Equality and diversity implications	An Equality Impact Assessment (EIA) is included at Annex C.
Communications implications	A consultation strategy and document will be developed for consideration by Council alongside the updated CPD Guidance and PDR Form if the Committee is content to proceed to consultation.
Annex	Annex A: Draft Revised PDR template Annex B: Draft Revised CPD Guidance Annex C: Draft EIA Annex D: Pre-consultation engagement findings
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Key messages from this paper

- The CPD evaluation reported to Committee in June 2024 showed that some osteopaths found the administrative elements of the CPD scheme, in particular the peer discussion review, burdensome. Whilst they benefitted from undertaking the CPD activities, the PDR process was onerous.
- Consequently, we modified the PDR template to make this easier to engage with for both osteopath and peer in line with the discussion at the Committee meeting in June.
- We also modified the CPD Guidance, including the addition of activities in boundaries with patients, and in equality, diversity and inclusion (EDI) as mandatory elements.
- We sought initial feedback from osteopaths and key stakeholders on our approach during September 2024, which was generally very positive.
- We are now seeking further feedback from the Committee, and subject to this, a recommendation to Council to proceed to a wider consultation on the suggested changes.

Background

1. We reported to the June 2024 Policy and Education Committee on the results of our latest [CPD evaluation work](#). A summary is below:

In terms of strategic aims of the scheme:

2. Osteopaths have engaged with the CPD scheme and the OPS and in most cases have found it to be beneficial in doing so.
3. Engagement with the OPS and in particular, professionalism (theme D) tends not to focus on professional boundaries and honesty and integrity.
4. The scheme has allowed osteopaths to obtain support from colleagues, which has helped them gain different perspectives on practice, and increased the number of discussions they have had with others about their CPD and practice.
5. For a small proportion of the profession the scheme has been more successful in creating networks, but this has not necessarily translated into a sense of community or lessened ideas of risk of professional isolation.
6. Osteopaths reported the following in terms of how the CPD scheme could be improved:
 - Reducing the level of paperwork by streamlining the recording of CPD and the PDR paperwork, so that it was less time consuming
 - Making the CPD scheme less complicated
 - Returning to an annual component
 - Making the PDR form and guidance less repetitive and more streamlined

- Providing more objective activities and examples of professionalism-based activities.
 - Making the 'supporting role,' that GOsC is taking with the CPD scheme, much clearer to the osteopathic profession.
7. The Committee agreed with our plan to make the suggested enhancements to the CPD guidance and review, edit and streamline current forms and templates, so as to make them less time-consuming to complete for osteopaths, collaborating with osteopaths and stakeholders.
 8. The findings and PEC recommendations were reported to [Council in July](#). Council agreed to these recommendations including to update the CPD and associated guidance, for consultation later this year, by:
 - a. Strengthening CPD on Boundaries as an important part of the communication and consent requirement.
 - b. Strengthening and encouraging CPD in the area of EDI.
 - c. Reviewing and editing the CPD Guidance, the Peer Discussion Review guidance and associated templates to make them simpler and more accessible.
 - d. Strengthening the focus on the aims of the CPD scheme including promoting community and encouraging opportunities to actively engage with colleague.
 - e. Strengthening guidance about 'range of practice' so as to make more explicit that osteopaths must be up to date and competent when they use adjunctive therapies.
 - f. Making more explicit expectations about how AI could and should not be used in the CPD process.
 9. This paper reports to Committee with suggested changes to both the PDR template and CPD Guidance as a result of the above process. ¹

¹ If the committee would like to view the current PDR template and CPD Guidance in use by osteopaths, please visit: PDR template <https://cpd.osteopathy.org.uk/resources/peer-discussion-review-template/>
 CPD Guidance: <https://cpd.osteopathy.org.uk/resources/continuing-professional-development-guidance/>

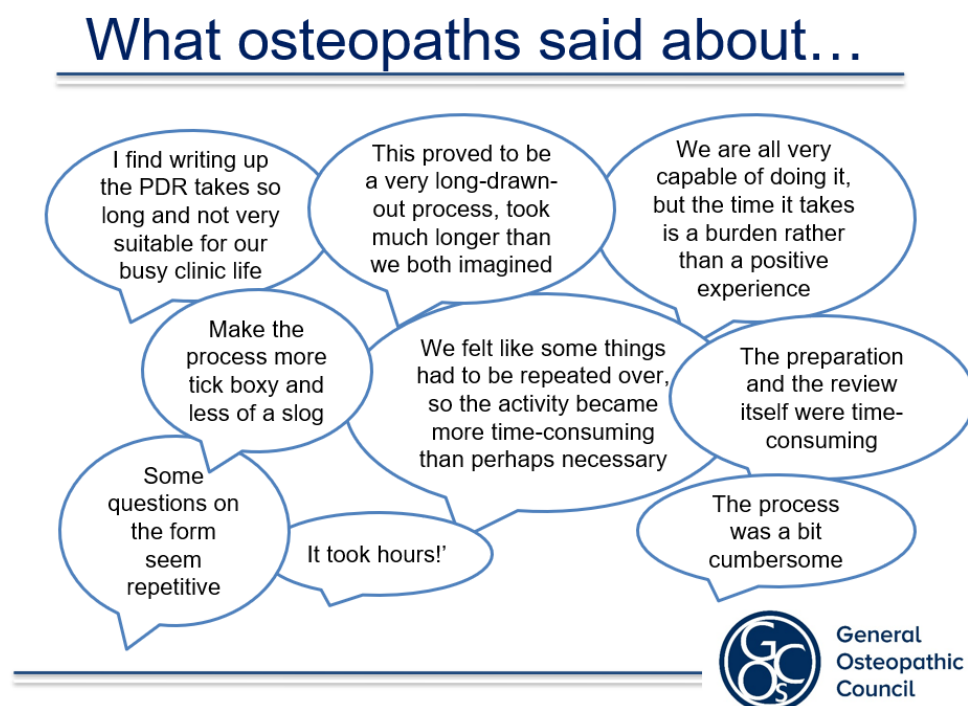
Discussion

10. We have made some amendments to both the PDR template (Annex A) and CPD Guidance (Annex B) that reflect the above. An Equality Impact Assessment is attached at Annex C.

PDR template:

11. We have tried to make this much easier to engage with for the osteopath and reviewer, enabling them to focus on the heart of the PDR itself which is the structured conversation with a trusted colleague. We have done this to address some of the difficulties reported by osteopaths through the CPD Evaluation Survey 2024 (see Figure 1). We did not want the form itself to be a distraction from its key function, but rather provide a simpler way of referencing activities, adding as much detail as may be required in text boxes, but not requiring large amounts of written information where this could be referenced elsewhere (existing CPD records, for example). There were some inconsistencies in the current PDR form, with the osteopath able to fill some sections in advance, but not others, so we have addressed this, and made it easier for the reviewer to confirm that a particular requirement has been met.

Figure 1: Osteopaths views on current PDR template



CPD guidance:

12. We have:
- Strengthened the CPD requirement on Boundaries as an important part of the communication and consent requirement – making this mandatory for those starting a CPD cycle in 2025 or after.

- Strengthened and encouraged CPD in the area of equity, diversity, inclusion and belonging (EDIB) – referencing this as a potential component of the communication and consent requirement.
 - Edited the CPD Guidance to make it more accessible.
 - Strengthened the focus on the aims of the CPD scheme including promoting community and encouraging opportunities to actively engage with colleagues.
 - Strengthened guidance about 'range of practice' so as to make more explicit that osteopaths must be up to date and competent when they use adjunctive therapies.
 - Made more explicit expectations about how AI could and should not be used in the CPD process.
13. We plan also, as part of our transition into practice work with our stakeholders, to tailor specific guidance to new graduates and this will take place over a longer period of development.
14. Further detail from pre-consultation engagement with osteopaths and stakeholders to further inform amendments is attached at Annex D.

Next steps

15. We are seeking further insights from the Committee on the suggested change. In thinking about these the Committee may wish to consider the following:
- To what extent is the feedback from the CPD evaluation (see paragraph 7 and the [published CPD Evaluation 2024](#)) and the pre-consultation engagement (Annex D) are the updated CPD Guidance and PDR Forms at Annexes A and B?
 - What gaps are there?
 - Have we acted in accordance with our values of being collaborative, influential, respectful and evidence informed?
 - Are we content to recommend to Council that this is fit for consultation (subject to any further development in response to feedback received between now and Council?)
16. If the Committee is content to recommend that Council proceed to consultation on the updated CPD Guidance and PDR Form, we will continue to develop the guidance and PDR form along with a consultation document and strategy and Council will be asked to agree these for consultation.

Recommendation:

1. To consider and provide feedback on the suggested changes to the Peer Discussion Review template and CPD Guidance.
2. To agree to recommend that Council agrees to proceed to a consultation on the updated CPD Guidance and PDR Template.