

Peer Discussion Review Template

Osteopath to complete this section

About your Peer

1. Name of osteopath	
2. Name of Peer	
3. My Peer is:	
	An osteopath I work with
	An osteopath known to me but who doesn't work with me directly
	With an osteopath not known to me
	With another health professional
	Other
If you selected Other, please specify below:	
4. My Peer was put in place by	
	Myself
	Regional group
	Osteopathic education provider
	Clinical interest group or member of the Osteopathic Alliance
If you selected 'Regional group', please specify which Regional Group	

5. Date of review	
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6. Location of review	
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7. Fee paid (if any)	
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Osteopath to complete this section
About you as an osteopath

8. How long have you been practising as an osteopath?					
	Less than a year		16-20 years		31-35 years
	1-5 years		21-25 years		41+ years
	6-10 years		26-30 years		36-40 years
	11-15 years				
9. Context in which you work:					
	Practising as an osteopath in a sole private practice		Providing other health services (eg dry needling acupuncture, ultrasound treatment, sports massage, orthotic prescription, naturopath, herbal medicine, nutritionist)		
	Practising as an osteopath in a multidisciplinary private practice		Working in a field unrelated to osteopathy		
	Practising as an osteopath in the NHS or seeing NHS patients		Non-practising		
	Working in research		Other (please specify below)		
	Working in education				
10. How many hours do you practice each week?					
	0-4 hours		25-34 hours		55+ hours
	5-14 hours		35-44 hours		Other (please specify below)
	15-24 hours		45-54 hours		
11. How many patients do you typically treat in a week?					
	1-10		31-40		Other (please specify below)
	11-20		41+		
	21-30				
12. Type of patients I treat					
	Babies (Under 1yr)		Children (4-17yrs)		Animals
	Toddlers (1-3yrs)		Adults (18 yrs and above)		Not currently seeing patients
13. Other roles that you may have:					
	Regional Lead		Education		Other (please specify below)
	Research				

CPD Standard 1: Range of Practice

Osteopath to complete this section

14. Have you undertaken CPD in the four themes of the Osteopathic Practice Standards (OPS) and in any areas relating to your different practice roles. Please provide an example of each below:			
CPD undertaken [tick]			
<input type="checkbox"/>	Theme A	<input type="checkbox"/>	Theme C
<input type="checkbox"/>	Theme B	<input type="checkbox"/>	Theme D
<input type="checkbox"/>	Specific CPD relating to practice roles		
Provide example below			
Theme A			
Theme B			
Theme C			
Theme D			
Specific CPD relating to practice roles			

Peer to complete this section

15. Has the osteopath undertaken CPD activities in relation to each of the four themes of the Osteopathic Practice Standards, and also CPD appropriate to their osteopathic practice?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
If no, please explain where the gaps are and how these could be addressed:	
Any other comments the Peer may want to add:	

CPD Standard 2: Objective activity**Osteopath to complete this section**

16. Which of the following objective activities have you undertaken for your CPD during this cycle?	
<input type="checkbox"/>	Case based discussion
<input type="checkbox"/>	Clinical audit
<input type="checkbox"/>	Patient feedback
<input type="checkbox"/>	Peer observation
<input type="checkbox"/>	Patient Reported Outcome Measures (PROMs)
<input type="checkbox"/>	Other
If you selected Other, please specify below:	
17. Have you completed the Objective Activity Reflection Template	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Peer to complete this section

18. Has the osteopath completed an objective activity?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
Has the osteopath detailed the following according to their chosen objective activity:	
<input type="checkbox"/>	Aims & Objectives
<input type="checkbox"/>	Method used
<input type="checkbox"/>	Outcome
<input type="checkbox"/>	Conclusion
<input type="checkbox"/>	Action Plan
Any other comments the Peer may want to add:	

CPD Standard 3: CPD benefiting patients

Osteopath to complete this section

19. Have you undertaken a CPD in the following three areas?					
Communication and consent		Yes			No
Boundaries		Yes			No
Equality Diversity and Inclusion (EDI)		Yes			No
20. Which of the following best describes your activities in these areas?					
Please tick which activities apply to the CPD you have undertaken in these three areas	EDI	Comms & Consent	Boundaries		
A taught course					
CPD event					
A face to face group discussion (eg practice meeting or local or regional group)					
An online activity (eg webinar or group discussion)					
Patient stories or case studies					
Reading activity (eg Osteopathic Practice Standards, journals, GOsC guidance: Obtaining patient capacity to consent)					
NCOR Research					
Other					
If you selected Other, please specify below:					

Peer to complete this section

21. Has the osteopath undertaken CPD in relation to benefiting patients?	
	Yes
	No
Any other comments the Peer may want to add:	

CPD Standard 4: Continuing record of CPD

Osteopath to complete this section

22. Which of the following have you used to record and reflect on your CPD activities?	
	GOsC Online CPD Diary (via the ozone)
	My own reflective diary
	Paper record containing CPD evidence
	Electronic record containing CPD evidence (eg MS Word, Apple Pages, Google Doc, Dropbox, Google Drive)
	Eportfolio platform (eg Pebblepad, Folio Spaces, Padlet, Mahara)
	Other (please specify below)
23. Have you shown your Peer documented evidence of the CPD you have mentioned in your Peer Discussion Review (eg objective activity, communication and consent based activity)	
	Yes
	No

Peer to complete this section

24. Does the CPD record demonstrate documented CPD for this CPD cycle, including notes of all activities discussed in this Peer Discussion Review?	
	Yes
	No
Any other comments the Peer may want to add:	

Overview and Planning

Osteopath to complete this section or Peer to complete this section

Through discussions with your Peer, what have you identified in terms of the following:

25. Strengths during this CPD cycle:
26. Areas for development
27. What activities or actions have you planned or scheduled for your next 3 year CPD cycle?

Sign off

Peer to complete this section

28. Individual sign off of components of the scheme when completed			
Standard 1:			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Date:			
Signature:		Printed name	

Standard 2:			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Date:			
Signature:		Printed name	

Standard 3:			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Date:			
Signature:		Printed name	

Standard 4:			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Date:			
Signature:		Printed name	

Declaration

Declaration by Peer

To be signed by the Peer only when the Peer Discussion Review has been successfully completed.

I confirm that I have completed this Peer Discussion Review and that, in my opinion, the CPD standards have been met. I confirm that the osteopath I have reviewed appears to provide good quality and safe patient care on the basis of the information that we have discussed. I confirm that all information provided on this form is correct to the best of my knowledge.		
Date:		
Printed name:		
Registration number (if applicable)		

Declaration by osteopath

To be completed in all cases.

I confirm that I have participated in this Peer Discussion Review, and that the information provided on this form is correct to the best of my knowledge. I confirm that I will retain a copy of this form in my CPD record.		
Date:		
Printed name:		
Profession		
Registration number (if applicable)		