

Findings from Pre-consultation engagement on the CPD Guidance and the PDR Form

Focus groups

1. We invited a range of key stakeholders to a series of online focus groups, so as to sense check these suggestions, before entering into a full consultation process. The following stakeholders were invited:
 - Osteopaths who comprised the CPD Evaluation Survey sample (total of 600 osteopaths' representative of the GOSc register)
 - Institute of Osteopathy (iO)
 - National Council for Osteopathic Research (NCOR)
 - Education providers
 - Regional Group leads
2. Key areas for discussion at these focus groups were:
 - What are your views on our initial edit/review of the PDR template and CPD guidance?
 - What might work well for you with the revised PDR template?
 - What might work less well for you with the revised PDR template?
 - What else do you think we could do differently to the PDR template to make it more manageable for you to complete?
 - What further ways could we make the CPD guidance quick, easy to read and understand?
 - Can we reduce any repetition between or within the documentation?
 - What are your thoughts on the additions on boundaries and EDI?
 - What additional conversational tools might be helpful (e.g. guidance pop-up bubbles, talking heads, completed examples)?

Findings from the focus groups (17 and 19 September 2024)

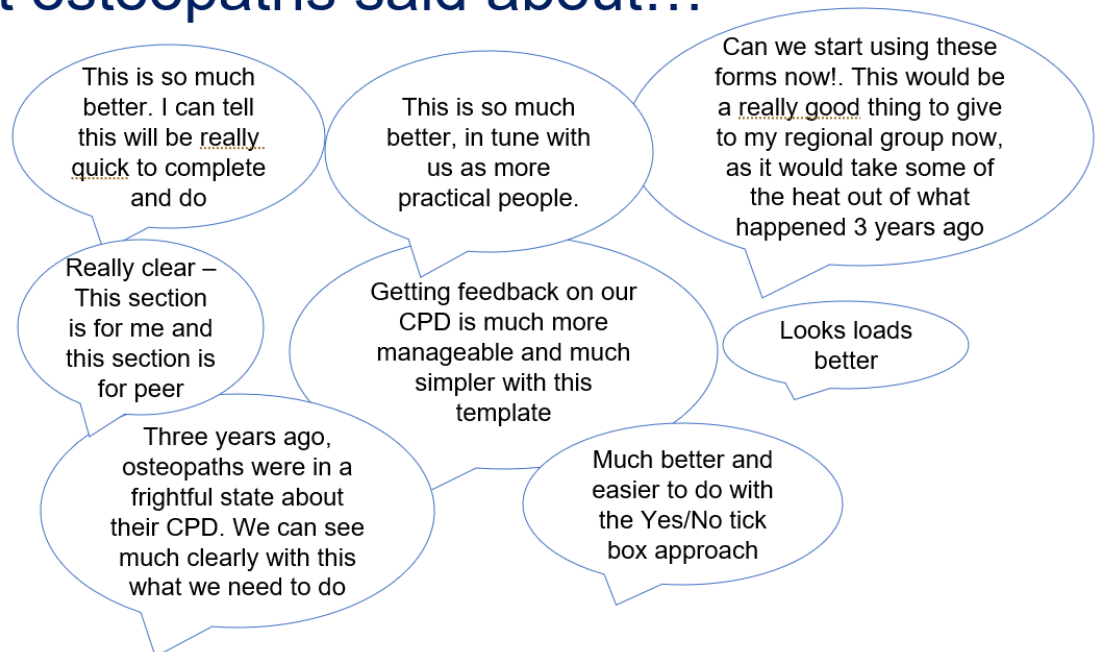
PDR template

3. Initial thoughts on the revised PDR template were overly positive (see Figure 2), with several wanting to start using the template now and thought that the template would work well for them in practice, as it was less onerous, more practical in design and layout, quicker and clearer to complete and understand what was required of them and ultimately 'less scary.'
4. Osteopaths reported the Section on the PDR template entitled 'about you as an osteopath', was a really helpful way that osteopaths could get to know each other quickly in a 10-minute chat, if they didn't know their peer already. With several reporting that under the current template this section of the template 'takes ages' and osteopaths 'hate writing blurb stuff,' 'nobody likes writing about themselves,' reporting its off putting, so the revised template responds to that

well from osteopaths perspectives.

Figure 2: What osteopaths said about the revised PDR template.

What osteopaths said about...



5. Participants expressed that they wanted the PDR template in variety of different formats:
 - Writeable PDF (e.g. editable and Radio buttons for Yes and No, so as to prevent Yes and No being ticked simultaneously)
 - MS Word
 - Web based form (as either part or alongside the CPD diary on the o zone, that would be possible to download, easy to print version and share with another osteopaths.)
6. It was felt if we offered the PDR template as a web-based form as part of the CPD Diary it would be a move towards being more accessible, as this change would make it easier for the less IT focussed osteopaths and address an area that is commonly raised at regional group meeting: *'Where can we get at the form'*. Another participant agreed that if the PDR template was available within the CPD Diary like this, they would actually use the CPD Diary on the o zone (at the moment they don't currently use the CPD Diary because the CPD Diary felt 'disjointed' and separate from other mandatory aspects of the scheme such as the PDR template. Commenting – *'If the CPD Diary was more 'joined up' with the PDR template like this then I would definitely use the CPD Diary.'*
7. It was thought the visuals in terms of the PDR template were not unclear and could be easily completed without any further resources being provided.

8. Nevertheless, additional conversational tools that the focus group participants thought might be helpful included:

a) Some completed examples of the PDR template because it was commented that:

'We feel more confident if we can see it and how much detail is required'.



b) Additional information radio buttons () on the PDR template would be useful so that osteopaths could click for more information and guidance concerning key parts of the form (if they wanted). It was thought this would be most useful for newly qualified osteopaths who had not undertaken a PDR before. Similarly, it was thought it would be helpful if the template was able to highlight parts that the osteopath has not completed yet.

c) Talking heads, video of GOsC staff talking through the revised template and guidance, that osteopaths could effectively play and listen to while tidying up their clinic, so that they don't have lots of paperwork and are ready to complete straight away.

CPD Guidance

9. Osteopaths' views on the revised CPD guidance, which is effectively enhancing the flexibility of the mandatory component of the CPD scheme concerning benefitting patients to include CPD on boundaries and EDI alongside communication and consent was viewed in a variety of ways by the focus group participants (see Table 1).

Table 1: Participant views on undertaking CPD in Boundaries and EDI

Positives (Benefits)	Negative (Concerns)
Good idea to include these areas. It was mentioned that boundaries could encompass 'protecting ourselves' e.g. from burnout, as well as the importance of mentoring and supervision in relation to this	Concerned about when this mandatory feature would be coming into effect for osteopaths and what would happen if they hadn't managed to do this in time
Pleased that there were events on boundaries coming up in the calendar ¹	Colour coding mandatory and non-mandatory elements within the PDR template was suggested, particularly for the boundaries and EDI components with a clear message about

¹ Cited examples were the GOsC and Julie Stone event, UCO communication and consent course

	what and when these components will become mandatory, as the fear was osteopaths will read this once as 'I don't have to do that' and that message gets translated as 'I don't need to do these components forever.'
Workbooks on how to do CPD in boundaries and EDI would be useful	Ultimately, it was thought these CPD additions were more likely to be CPD that osteopaths would have to pay for
	Concerns about how many resources and events on these themes were available within the profession and how accessible these were to all osteopaths
	Type of CPD that cannot do by oneself, so there need to be plenty of events and resources set up

10. The enhancements to the CPD guidance on adjunctive therapies and AI were considered sensible additions. Participants took the view that osteopaths using adjunctive therapies should stay up to date with these as you would something like First Aid; and that as a profession more widely osteopaths need to be aware about AI and what they can and cannot do with it in terms of both practice and CPD.
11. The enhancement about creating communities was considered more difficult to do sometimes and one participant mentioned this was one reason why they mix practice with teaching (as the teaching gives that community that many osteopaths will not have or find difficult to establish/build)
12. Other additions to the CPD guidance that participants would like to see included adding a sentence in the guidance about whether an osteopath can complete their PDR with a retired osteopath would be useful. In relation to this point, our current position is that peers must be registered osteopaths or other health professionals so that they too have professional obligations to adhere to standards and keep up to date and so are 'peers'. Some osteopaths also reported wanting to be reminded every renewal year that they can start filling out their PDR template now and a link to where it is.

Meeting with Education Providers (24 September 2024)

13. We presented an item on the revised CPD guidance and PDR template at the recent RELM meeting with education providers on 24 September. Here the main point discussed was the addition in the CPD guidance about undertaking CPD in an area around boundaries. It was commented that: '*CPD on boundaries will benefit all*'. This was thought particularly pertinent given there had been another item presented on the DJS Perceptions Survey findings where there was evidence to suggest negativity about the GOsC as a regulator was being 'passed down from educator to student.' Education providers have been encouraged to

provide us with any addition comments they may have individually, so we hope to receive these in due course.

Osteopathic Development Group Meeting (18 September 2024)

14. We presented to the ODG meeting (including representatives of the Osteopathic Alliance, NCOR, the Council of Osteopathic Educational Institutions, a patient and the Institute of Osteopathy) on the suggested changes to the PDR template and CPD guidance, including the addition of boundaries and EDI activities to the Standard 3 mandatory requirement. The key feedback here was regarding a welcome of the emphasis on CPD relating to the full range of practice including adjunctive therapies, and a recognition that CPD for those in non-clinical roles (for instance, full time researchers or educators) might be focused on those activities, rather than on clinical practice, so long as the scheme elements were met.