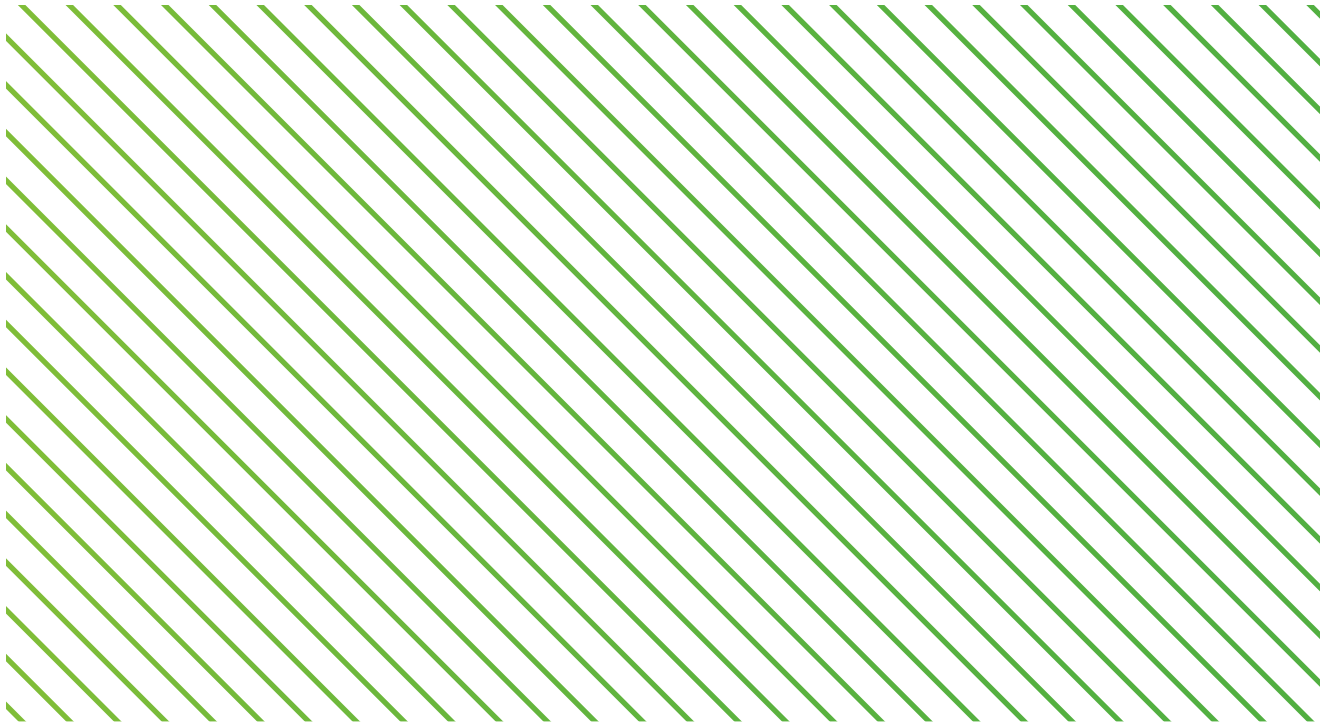


# 5

## **Continuing Professional Development:**

proposals for assuring the continuing fitness to practise of osteopaths



**DRAFT**

# **Peer Discussion Review Guidelines**



General  
Osteopathic  
Council

February 2015

# Contents

<b>3</b>	<b>Introduction</b>
<b>3</b>	<b>Culture</b>
<b>4</b>	<b>Providing assurance of continuing fitness to practise</b>
<b>4</b>	<b>The CPD Standards</b>
<b>5</b>	<b>About the CPD scheme</b>
<b>6</b>	<b>About the Peer Discussion Review</b>
<b>7</b>	<b>Frequently asked questions</b>
	<b>ANNEX A:</b>
<b>11</b>	<b>Instructions for completing the Peer Discussion Review template</b>
<b>12</b>	<b>Peer Discussion Review template (for completion during the review)</b>
	<b>ANNEX B:</b>
<b>22</b>	<b>Case study: carrying out a group Peer Discussion Review</b>

# Introduction

This guidance is for osteopaths and reviewers undertaking the Peer Discussion Review. This will normally take place towards the end of the three-year Continuing Professional Development (CPD) cycle.

## Culture

**The Peer Discussion Review is a supportive process to help osteopaths learn from each other and demonstrate that they provide a high quality experience for patients. It takes place between two or more people.**

The supportive approach that underpins Peer Discussion Reviews relies on osteopaths (both reviewers and those being reviewed) participating genuinely and showing interest in activities, thereby helping colleagues to feel valued.

Both parties need to apply the skills of listening carefully, and should give and receive constructive and helpful feedback, show an attitude of curiosity, be willing to embrace opportunities to learn from every encounter, and value the new knowledge and insights that all peers and colleagues can bring.

These Guidelines include:

- a summary of the CPD scheme (including the CPD Standards)
- an explanation of what is the Peer Discussion Review
- frequently asked questions
- a Peer Discussion Review template for completion by reviewers and osteopaths during the review. This template is self-contained and is designed to help structure a supportive conversation, providing a 'walk-through' of the discussion for both the reviewer and the osteopath.

# Providing assurance of continuing fitness to practise

The General Osteopathic Council’s CPD scheme aims to provide an assurance of continuing fitness to practise through:

- mutual support and the development of ‘learning communities’ that will provide opportunities for osteopaths to share their experiences and expertise, and hence learn from each other
- encouraging osteopaths to discuss interesting, difficult or unusual cases and support each other by exchanging ideas about ways to handle such cases.

The desired outcome is to foster continual enhancement of practice and patient safety.

## The CPD Standards

The CPD Standards explain to others how we know that registrants are keeping their knowledge and skills up to date and meeting standards. Completing and genuinely engaging with the required CPD activities will enable osteopaths to show in the course of a Peer Discussion Review that they are meeting the CPD Standards.

Table 1

<b>CPD Standard 1</b> Range of practice	Demonstrate that activities are relevant to the full range of osteopathic practice
<b>CPD Standard 2</b> Quality of care	Demonstrate that objective activities have contributed to practice and the quality of care
<b>CPD Standard 3</b> Patients	The registrant has sought to ensure that CPD benefits patients
<b>CPD Standard 4</b> Folder	Maintain a continuing record of CPD

Further information about the CPD scheme is available in the *CPD Guidelines*. This section provides only a short summary.

# About the CPD scheme

The CPD scheme comprises a three-year cycle (of 30 hours of CPD each year, of which a minimum of 15 hours is 'learning with others'). There are four key areas of activity that must be undertaken as part of the CPD cycle:

## 1. Osteopathic Practice Standards

- CPD must be undertaken and recorded for all the themes of the *Osteopathic Practice Standards*:
  - communication and patient partnership
  - knowledge, skills and performance
  - safety and quality in practice
  - professionalism.
- CPD should also support all areas of an osteopath's individual professional practice (for example, clinical practice, education, research and management).

This activity helps to ensure that the osteopath reviews their practice of the *Osteopathic Practice Standards* and undertakes appropriate CPD.

## 2. Objective activity

- At least one objective activity must be undertaken. This might include:
  - patient feedback
  - peer observation or feedback (involving two or more people)
  - clinical audit
  - case-based discussion (involving two or more people).
- The record of the objective activity should include:
  - a note of the method used
  - the data or feedback gathered
  - how that feedback or data has fed into CPD and practice. (This will often include analysis, reflection and/or discussion with another person, and an action plan.)
  - this objective activity will enable the osteopath to demonstrate CPD Standard 2 (Quality of care – Demonstrate that objective activities have contributed to practice and the quality of care).

### 3. Communication and consent

- CPD must be undertaken in communication and consent. A range of resources exists that enable the osteopath to undertake this CPD either through self-study (including e-learning), a course or group discussion. We suggest this aspect of CPD should take around three hours.

This will enable the osteopath to demonstrate CPD Standard 3 (Patients – The registrant has sought to ensure that CPD benefits patients).

### 4. Peer Discussion Review

A Peer Discussion Review is undertaken towards the end of the three-year cycle. Discussion and review of the CPD folder should be part of the discussion.

The GOsC will automatically audit the required number of hours so this does not need to form a part of the Peer Discussion Review.

Completion of these activities will enable the osteopath to demonstrate CPD Standard 4 (CPD folder – Maintain a continuing record of CPD).

## About the Peer Discussion Review

A Peer Discussion Review usually takes place towards the end of every three-year cycle, (although it could be undertaken in the early part of Year 3 to allow time for any further CPD development to take place if needed).

The Peer Discussion Review is a structured formal discussion with a peer under the auspices of a regional group, educational institution, advanced practice group, member of the Osteopathic Alliance, another osteopath or health professional, or with the GOsC.

The Peer Discussion Review is where osteopaths discuss their CPD and practice and show that they have complied with the CPD scheme and the CPD Standards using a combination of their CPD folder, patient notes and particularly discussion.

**It is important for the Peer Discussion Review to be conducted in a supportive way that emphasises and encourages engagement and enhances practice.**

The Peer Discussion Review template at **Annex A** to these Guidelines is self-contained and is designed to help structure a supportive conversation. It provides a 'walk-through' of such a discussion for both the reviewer and the osteopath.

The template should be completed and agreed by both parties and should then be included in the registrant's CPD folder for external review, if necessary.

# Frequently asked questions

## 1. Can I claim CPD for conducting or undertaking a Peer Discussion Review?

Yes, the Peer Discussion Review can be classed as CPD for both parties. CPD is any activity which maintains, enhances and develops osteopathic professional practice and professional practice can include clinical work, education, research or management responsibilities.

## 2. Do I need training to conduct a Peer Discussion Review?

Training may be provided for reviewers under the auspices of educational institutions or within some regional groups. Videos and other resources will also be available from the GOsC. However, it is not essential to undertake training. The template (see Annex A) is designed to guide the reviewer and the osteopath through the process.

## 3. What if I am unsure whether the osteopath has done enough to meet a CPD Standard?

The intention of the Peer Discussion Review is to support osteopaths to undertake the CPD process and to consider the effect of their CPD in relation to their practice, with the aim of enhancing quality of care and patient safety. If an osteopath is genuinely engaged with the CPD scheme, they are more likely to have met the CPD Standards.

Ask yourself the following questions:

- Has this osteopath tried to undertake CPD across the range of their practice and have they tried to inform their practice and learn from the CPD?
- What more should the osteopath do to meet the Standard?

## 4. What happens if I sign off an osteopath as meeting the CPD Standards and the GOsC takes a different view when they audit?

If the GOsC finds significant differences, the GOsC may provide advice about this to both parties. However, we recognise that this is not a precise science – the key outcome is to help osteopaths to conduct discussions in a way that supports and enhances practice. The reviewer will not be penalised in any way unless there is clear evidence of collusion.

## 5. Will my CPD folder be audited at the end of the three-year cycle?

We expect the GOsC will audit a significant number of CPD folders at the end of the first three-year cycle.

## 6. What resources are available to support osteopaths to undertake CPD in relation to communication and consent, and also data analysis and reflection?

See the *CPD Guidelines* for further information about resources and case studies.

## 7. How can I choose my Peer Discussion reviewer – and how do I find them?

Many of the following organisations will put in place structures for Peer Discussion Reviews:

- You can contact your local regional group – contact details are available on the **o** zone at: <http://www.osteopathy.org.uk/ozone/get-involved/regional-network/regional-groups>
- You can contact osteopathic educational institutions – contact details are available at: <http://www.osteopathy.org.uk/practice/becoming-an-osteopath/training-courses>
- You can contact members of the Osteopathic Alliance organisations at: <http://www.osteopathicalliance.org/members> and advanced practice groups such as the Osteopathic Sports Care Association at: <http://www.osca.org.uk>

However, you can also undertake Peer Discussion Reviews with local colleagues. The important thing is to select a reviewer who will help you to feel comfortable and with whom you will be able to discuss your practice openly and honestly.

Some new graduates may benefit from undertaking a Peer Discussion Review outside the practice setting where they work, for example with an educational institution, to consolidate their experiences of education as they make the transition into practice.

## 8. What should I take to my Peer Discussion Review?

You should take your complete CPD folder, including your CPD Annual Summary Forms and all other documentation (e.g. patient feedback forms and analysis, evidence of your CPD on communication and consent, and your notes on other aspects of CPD that you have undertaken during the three-year cycle).

## 9. What happens if I have a personality clash with my Peer Discussion Reviewer and I disagree with their opinions?

It is open to you to seek a further Peer Discussion Review with another reviewer, within the same cycle.

However, it is important that you record the first Peer Discussion Review that took place and file it in your CPD folder. The second Peer Discussion Review will take account of your response to earlier Peer Discussion Reviews.



## **10. Will I be at a disadvantage if I have two or three incomplete Peer Discussion Review templates in my folder, indicating that I have not been successful at earlier stages within the cycle?**

No, it does not matter if you have a number of incomplete Peer Discussion Review templates in your folder. On the contrary, if you have been able to complete the areas of development identified in previous Peer Discussion Reviews, this can be good evidence of meeting CPD Standard 2 – ‘Demonstrate that objective activities have contributed to practice and the quality of care’. It does not matter if the reviewer signing off your Peer Discussion Review form is different from the reviewer who undertook an earlier incomplete Peer Discussion Review.

## **11. What if I can't find a reviewer who agrees to sign off my Peer Discussion Review during this cycle?**

It is open to you to ask the GOSc to undertake a Peer Discussion Review with you.

## **12. What happens if I do not get a Peer Discussion Review signed off before the end of my three-year cycle?**

It will be possible for you to apply for an extension to your cycle in ‘exceptional circumstances’. However, if you are unable to undertake a Peer Discussion Review demonstrating that you have met the CPD Standards within the three-year cycle, you are at risk of being administratively removed from the Register until you are able to do so.

## **13. Will I have to pay for my Peer Discussion Review?**

Some organisations may choose to charge a fee for conducting a Peer Discussion Review. Payment will not guarantee that a Peer Discussion Review template will be signed off as complete.

Many organisations choose not to charge for conducting Peer Discussion Reviews.

Organisations that charge are more likely to train their reviewers, provide quality assurance activities around the Peer Discussion Review and provide a complaints process.

Individuals also may choose to charge a fee for undertaking a Peer Discussion Review.

Charging is not a mandatory requirement.

## **14. Do I need to disclose any fees paid?**

Yes, any fees paid must be disclosed on both complete and incomplete Peer Discussion Review templates.

## **15. How long does the Peer Discussion Review take?**

Pilots have shown that the Peer Discussion Review takes between an hour and an hour-and-a-half. It is important to remember that the review can be a learning activity for both parties, so both parties may be able to claim CPD for undertaking it.

## 16. Can I undertake a Peer Discussion Review with more than one person?

Yes. There are different models for undertaking a Peer Discussion Review. Some people may wish to undertake their Peer Discussion Review within a group setting or with two or even three reviewers. The format is not prescribed. However, it is important that all reviewers sign the declaration at the end of the form. There is a case study in these *Guidelines* (see Annex B on page 11) on how to undertake a Peer Discussion Review within a group setting.

## 17. What should I do if during a review I become concerned about an osteopath's practice?

In most cases, if concerns are identified, these will be discussed between the reviewer and the osteopath and together they will identify further CPD or training that will support the osteopath to improve practice.

In some circumstances, it may be appropriate for the reviewer to suggest that the osteopath undertakes further CPD or training before completion of the Peer Discussion Review in that cycle. Alternatively, it may be sufficient just to note the discussion and identify appropriate CPD or training for the next three-year cycle, and then sign off the current Peer Discussion Review cycle.

If concerns are identified that may cause harm to patients because they will not immediately be remedied, the reviewer should seek external advice about the appropriate action to take.

### **The Osteopathic Practice Standards (2012) state:**

*'C9: Act quickly to help patients and keep them from harm.*

*1. You should take steps to protect patients if you believe that a colleague's or practitioner's health, conduct or professional performance poses a risk to them. You should consider one of the following courses of action, keeping in mind that your objective is to protect the patient:*

*1.1. Discussing your concerns with the colleague or practitioner.*

*1.2. Reporting your concerns to other colleagues or the principal of the practice, if there is one, or to an employer.*

*1.5. Where you have immediate and serious concerns for a patient, reporting the colleague to social services or the police.'*

Advice may be sought from the General Osteopathic Council's Regulation Department. Advice may also be sought from the Institute of Osteopathy or from your insurer. The GOsC will be developing further advice about this.

## TEMPLATE

# Annex A

## Peer Discussion Review template

### *Instructions for use*

This template is designed to be completed at the Peer Discussion Review, during discussion between the osteopath and the reviewer. The template can be used as a 'walk-through' to guide the conversation.

**The aim of the Peer Discussion Review is to provide for a supportive and constructive discussion about practice in a 'safe space'. Osteopaths are encouraged to discuss their practice openly and honestly in a way that fosters enhancements to the quality of care they provide and ensures patient safety.**

The template is self-contained. Simply discuss each question in turn. Brief notes of what is discussed should be written on the template – these include both areas of strength and achievement, and areas of development and where future action is agreed.

If, at the conclusion of the discussion, it is felt that the osteopath needs to engage further, undertake specific additional CPD or seek advice about a particular issue in order to meet one or more of the CPD Standards, the reviewer should ensure that the reasons for this are documented sufficiently clearly for the osteopath, and for future reviewers, to understand what needs to be done by the osteopath before their next Peer Discussion Review.

TEMPLATE

# Peer Discussion Review Template

Name of osteopath

Name of reviewer(s)

This review is taking place:

**Please tick**

- a. Within a framework put in place by your regional group ☐

If so, please name the regional group here:

- b. Within a framework put in place by an osteopathic educational institution ☐

If so, please name the institution here:

- c. Within a framework put in place by an advanced practice group or member of the Osteopathic Alliance ☐

If so, please name the organisation here:

- d. With an osteopath you work with ☐

- e. With an osteopath known to you but who you do not work with directly ☐

- f. With an osteopath not known to you ☐

- g. With another health professional ☐

- h. Other ☐

Date of review

Location of review

Fee paid (if any)

## TEMPLATE

## ABOUT THE OSTEOPATH

(TO BE COMPLETED BY THE OSTEOPATH BEING REVIEWED)

Please describe your practice (e.g. clinical, teaching, research, management; how often you practice; where and how you practice; the patients you see, and perhaps also an indication of why patients consult you).

*(This section encourages the osteopath to introduce themselves by providing a brief summary of how they practice and how they approach their CPD activities.)*

The reviewer will use this information to guide the conversation and together explore your CPD.

**(maximum 40 words)**

## CPD STANDARD 1:

Demonstrate that activities are relevant to the full range of osteopathic practice (*Osteopathic Practice Standards* and breadth of practice)

### Guidance:

This Standard **is met** when the activities that the osteopath has undertaken incorporate all four themes of the *Osteopathic Practice Standards* (communication and patient partnership; knowledge, skills and performance; safety and quality in practice; and professionalism) and appear to cover all aspects of their osteopathic practice (e.g. clinical practice, teaching responsibilities, research, management).

This Standard **may be met** if the osteopath has undertaken CPD in all the themes of the *Osteopathic Practice Standards*, but has minor gaps in relation to their practice (e.g. if they undertake management responsibilities but have very little CPD in this area), so long as the osteopath is advised to undertake CPD in the areas requiring more attention.

This Standard **is not met** if the osteopath has not undertaken CPD in all the themes of the *Osteopathic Practice Standards*.

## TEMPLATE

1. Has the osteopath undertaken CPD activities in relation to each of the themes of the *Osteopathic Practice Standards*, and also CPD appropriate to their osteopathic practice?

☐

Yes

☐

No

**Comments:**

If yes, please explain how.

If no, please explain where are the gaps and how these could be addressed.

## CPD STANDARD 2:

Demonstrate that objective activities have contributed to practice and the quality of care

**Guidance:**

The Standard will be **met** by the osteopath showing clearly that feedback gathered objectively and then analysed or considered has informed their practice and their CPD.

Osteopaths should demonstrate genuine attempts to improve their practice through the use of information or data generated objectively. Examples may include patient feedback, peer observation, clinical audit, case-based discussion with other osteopaths, or even a previous Peer Discussion Review where the osteopath can show that their practice has been informed by such a discussion based on evidence.

Some osteopaths may choose to seek help to analyse their data – the use of data analysis packages and resources is perfectly acceptable. The important aspect of meeting this standard is to demonstrate how evidence gathered objectively has influenced practice.

This Standard **may be met** if the osteopath has taken and documented steps to inform and enhance practice as a result of external feedback, but there are still areas of development to be addressed.

This Standard is **not met** if the osteopath has not undertaken any activities to gather objective feedback during the three-year cycle.

It will also **not be met** if the osteopath is unable to show how they have learned from objective feedback and how this has been applied to their practice.

TEMPLATE

2. How has the osteopath used feedback and CPD to inform their practice?

3. Has the osteopath undertaken at least one objective activity that produced evidence, and provided a summary comprising:

*a. Aim of activity*

☐ Yes      ☐ No

**Comments:**  
If yes, please explain how.  
If no, please explain the gaps that need to be filled and how this could be done.

*b. Description of method used and discussion of why method was chosen*

☐ Yes      ☐ No

**Comments:**  
If yes, please explain how.  
If no, please explain the gaps that need to be filled and how this could be done.

## TEMPLATE

*c. Summary of results*☐

Yes

☐

No

**Comments:**

If yes, please explain how.

If no, please explain the gaps that need to be filled and how this could be done.

*d. Conclusion, which should include a review of the method chosen, a summary of the strengths identified and a summary of the areas for development*☐

Yes

☐

No

**Comments:**

If yes, please explain how.

If no, please explain the gaps that need to be filled and how this could be done.

*e. An action plan describing how those areas of development will be met*☐

Yes

☐

No

**Comments:**

If yes, please explain how.

If no, please explain the gaps that need to be filled and how this could be done.



## TEMPLATE

**Comments:**

If gaps have been identified, please discuss with the osteopath the available options for seeking support to meet the development needs. (Note – resources to support the osteopath to undertake the required objective activities are available at: [www.osteopathy.org.uk](http://www.osteopathy.org.uk))

## CPD STANDARD 3:

The osteopath has sought to ensure that CPD benefits patients  
(CPD in communication and consent)

**Guidance:**

This Standard is **met** by the osteopath able to show they have undertaken CPD activity relating to communication and consent with patients. We recommend around three hours of CPD.

This Standard **may be met** by an osteopath who has undertaken less than three hours of relevant CPD, but is able to show this activity has informed their learning and has been applied in their practice.

This Standard is **not met** if the osteopath is unable to show that they have undertaken an activity relating to communication and consent.

4. Has the osteopath undertaken CPD activities in relation to Standard A4 of the *Osteopathic Practice Standards* – communication and consent?

☐

Yes

☐

No

**Comments:**

If yes, please explain how.

If no, please explain where the gaps are and discuss with the osteopath options for seeking support to meet the development needs (e.g. attendance at a course, detailed discussion with a mentor, use of GOSc or NCOR resources).

TEMPLATE

# CPD STANDARD 4:

Maintain a continuing record of CPD

**Guidance:**

This Standard is about the osteopath showing documented CPD for the activities that are discussed in the course of the Peer Discussion Review – their CPD folder. It is not necessary for the osteopath to show that they have completed the 90 hours of CPD (with at least 45 hours of learning with others). This will be verified through the GOsC’s automated system.

This Standard is **met** when the osteopath is able to show documented evidence of compliance with the CPD scheme.

This Standard is **not met** when the osteopath is unable to show documented evidence of compliance with the CPD scheme.

5. Does the CPD folder demonstrate documented CPD for this CPD cycle, including notes of all activities discussed in this Peer Discussion Review?

☐ Yes

☐ No

**Comments:**

If no, please indicate gaps here.

## OVERVIEW

This section allows the reviewer and the osteopath to summarise their overall views of the osteopath’s CPD and practice.

Overall discussion and feedback

**Comments:**

## TEMPLATE

**Strengths:****Areas for development:**

## CPD ACTION PLAN FOR THE NEXT THREE-YEAR CYCLE

This section should consolidate the earlier discussions by identifying potential CPD activities to address areas of development during the next three-year CPD cycle.

In addition to courses, CPD can include many different types of activities, such as:

- seeking out a mentor to support development of business skills, clinical skills or communication skills
- undertaking GOSc e-learning to increase understanding of the *Osteopathic Practice Standards* and their application in practice
- learning about and applying clinical audit in practice to gain a picture of practice to improve understanding of prognosis.

**Comments:****Plans for CPD over the next three years – practitioner directed:**

## TEMPLATE

**Plans for CPD over the next three years – to meet areas for development identified during the most recent three-year cycle?**

## CONCLUSION

Have the CPD Standards been met?

**CPD Standard 1**

Has the osteopath demonstrated that their CPD activities are relevant to the full range of their osteopathic practice?

☐

Yes

☐

No

**CPD Standard 2**

Has the osteopath demonstrated that objective activities have contributed to practice and the quality of care?

☐

Yes

☐

No

**CPD Standard 3**

Has the osteopath sought to ensure that CPD benefits patients?

☐

Yes

☐

No

**CPD Standard 4**

Has the osteopath maintained a continuing record of CPD activities?

☐

Yes

☐

No

**Note:**

The CPD Standards can still be met even if the Review has identified areas in need of further development.

However, if the osteopath has not addressed areas of development flagged at the previous Peer Discussion Review, or there is evidence that the osteopath is not engaging in the CPD process, the osteopath should be advised to carry out relevant further CPD and seek a Peer Discussion Review from another reviewer or from the GOsC.

TEMPLATE

# DECLARATION BY REVIEWER

(TO BE COMPLETED BY THE REVIEWER ONLY WHEN THE PEER DISCUSSION REVIEW HAS BEEN SUCCESSFULLY COMPLETED)

I confirm that I have conducted this Peer Discussion Review and that, in my opinion, the CPD Standards have been met and that the osteopath I am reviewing appears to provide good quality and safe patient care. I confirm that all information provided on this form is correct to the best of my knowledge.

Signed

Print name

Profession

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 folder.

Signed

Print name

Registration number:

# Annex B

## Case study: Carrying out a group Peer Discussion Review

Belfast Pathfinder Group  
April 2014

### Introduction

The Belfast Pathfinder Group is a group of osteopaths who meet regularly to discuss practice. The osteopaths have different experiences of practice, ranging from newly-qualified osteopaths to those who have been in practice for more than 40 years. The osteopaths practise using a range of different approaches and treatments with a variety of patients.

### Summary

This case study outlines how to undertake a Peer Discussion Review within a group forum.

### Planning

The osteopath undergoing the Peer Discussion Review must bring their CPD folder and make a prepared presentation to the group about their practice. All participating osteopaths should take the opportunity to look through the *Peer Discussion Review Guidelines* and materials before the meeting.

### What happens at the group review?

1. An introduction is made, setting out the purpose and process to be followed. The scene is set and it is important and necessary for everyone to agree to create a trusting and supportive environment.
2. The osteopath(s) being reviewed each make a 15-30 minute presentation, covering the questions in the Peer Discussion Review document, and should include:
  - a. A general presentation of material covered over three years of CPD
  - b. A more in-depth presentation of how their CPD learning has informed their professional life (or why it did not prove useful personally/professionally). This will help all in the group to gauge the usefulness of certain CPD activities.
3. At the end of the presentation, there is a 15–20 minute discussion between peers in a relaxed interview process. This discussion should explore the reasoning behind chosen CPD activities and further professional development. The exchange will help peers ensure all aspects of the CPD Standards have been met and also provide an opportunity for clinical discussion around particular cases and approaches, creating a learning forum for all.

4. Following the peer discussion, there is a 5-10 minute peer feedback session to discuss what was good/bad, strong/weak about the osteopath's ability to understand the concepts behind CPD use and whether they have covered the aspects of CPD that keep their professional standards and skills up to date. This feedback will highlight areas where further work is needed and/or areas of strength that could be shared with others to aid in their development through use of the group review system.
5. There is a further 10-minute informal discussion relating to what needs to be addressed, if anything. This allows each individual to learn from their peers as a group. It helps everyone to understand the Peer Discussion Review process and to develop that process in more detail, leading to a better appreciation of what is expected from everyone. Certain protocols will hopefully be made available for this final stage, so that the osteopath under review can address any weaknesses after the meeting, if this is felt by peers to be necessary, and demonstrate that they have done so.

## **What have been the concerns/barriers and how were these overcome?**

Within the Belfast group, it was recognised that some people do not function well in groups or in discussions with larger numbers of people. Until the process of reviewing is more widely understood, the Peer Discussion Review process may appear to some osteopaths to resemble a trial by jury. It is important for participants to understand that this is not what is intended. Osteopaths found themselves willing and able to share details of their practice in a constructive group environment and that it was a good learning experience to have a variety of perspectives focusing on their practice.

## **What do participants learn?**

Participants have the opportunity to receive feedback from more than one peer and to benefit from several opinions on whether their CPD was helping them to keep up to date. The group involvement can also make the process more objective and robust as it decreases the chance of 'friends' ticking boxes. It also allows individuals to learn from others taking part in the process and builds confidence for osteopaths to discuss their own work within a group setting.

## **Was it useful?**

Yes, it enables up to seven or eight osteopaths to undertake a Peer Discussion Review on one day and hopefully provides a learning experience for all taking part, regardless of whether they are being reviewed or conducting the review. It also enables a community to understand the standards of practice of colleagues, and promotes collegiality and a strong sense of professionalism.

## **How long did it take?**

About an hour for each osteopath.

## **Would you do it again?**

Yes.