

Continuing Professional Development: proposals for assuring the continuing fitness to practise of osteopaths

[illegible]

Full consultation



February 2015

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Introducing the consultation

This consultation sets out the General Osteopathic Council's (GOsC) proposals for a new Continuing Professional Development (CPD) scheme ('the CPD scheme') that will provide assurance to the public of osteopaths' continuing fitness to practise.

In this document we set out in full the background to our proposed scheme and its key elements. It also provides all the questions on which we are seeking your feedback.

There is also a shorter [Summary](#), designed particularly for patients and members of the public. However, we welcome responses from everyone to either version of the consultation.

This consultation runs from **February to 31 May 2015**. During the consultation period there will be a range of events taking place across the UK to hear your views. These will primarily be facilitated by osteopathic regional groups, educational institutions, the Institute of Osteopathy and other osteopathic organisations. The GOsC will also host a programme of 'listening events' for stakeholders, including patients and the public, other regulators and health professionals.

The GOsC is committed to ensuring that this consultation process is as accessible as possible for everyone. Please contact us if you require any help in reading, understanding or responding to this consultation. If you would like to discuss any aspect of your response, or if you have any questions, please also contact us.

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Background

Our consultation proposals presented here represent a milestone at the end of a comprehensive programme of work undertaken by the GOsC to develop an appropriate and effective CPD scheme¹, that:

- supports osteopaths to demonstrate that their knowledge and skills are up to date and they are fit to practise
- provides assurance to the public that osteopaths' knowledge and skills are up to date and they are fit to practise.

The proposals outline a new CPD scheme that aims to provide the public with assurance that osteopaths practise in accordance with the *Osteopathic Practice Standards*. These are our core standards for registration. Initially, this work programme was driven by government expectations² and a report from the Professional Standards Authority, the body overseeing all health professional regulators in the UK.³

By working closely with osteopaths and patients, we believe we have developed a better CPD scheme for everyone. Our proposals build on what most osteopaths are already doing. The scheme aims to enhance the role of others within the learning process and focuses on the development of a respectful learning community. It is this type of environment, we believe, that fosters continual improvements in practice and patient safety.

Purpose of the new CPD scheme

Public protection must be the overarching outcome of any scheme that aims to provide assurance of the continuing fitness to practise of regulated health professionals. The CPD scheme should lead to safer and more effective practice.

The scheme should enable us to respond to the patient's question, 'how can I know that the professional looking after me is up to date and fit to practise?' The scheme should support a culture of continuous learning and improvement.³ The scheme should not encourage behaviour that could put public protection at risk. For example, requirements must not create unintended consequences, such as barriers to discussing issues with colleagues or taking action to improve areas of development.

The foundations of our scheme are the requirements for professional practice laid out by the *Osteopathic Practice Standards*, the ongoing enhancement of practice, and the ability to demonstrate these elements in a way that supports genuine improvement of practice and engagement.⁴

1 Further information about the programme of development and research that has informed our proposals is available in our document, *Introducing our new CPD proposals* available at: <http://cpd.osteopathy.org.uk>

2 *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*. Department of Health, 2007 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228847/7013.pdf) – accessed on 11 December 2014.

3 *An approach to assuring continuing fitness to practise based on right touch regulation principles*, Council for Healthcare Regulatory Excellence (now the Professional Standards Authority), 2012, p3 available at: <http://www.professionalstandards.org.uk/docs/psa-library/november-2012---right-touch-continuing-fitness-to-practise.pdf> – accessed 1 September 2014.

4 Ibid, pp6–7.

Principles informing the development of the scheme

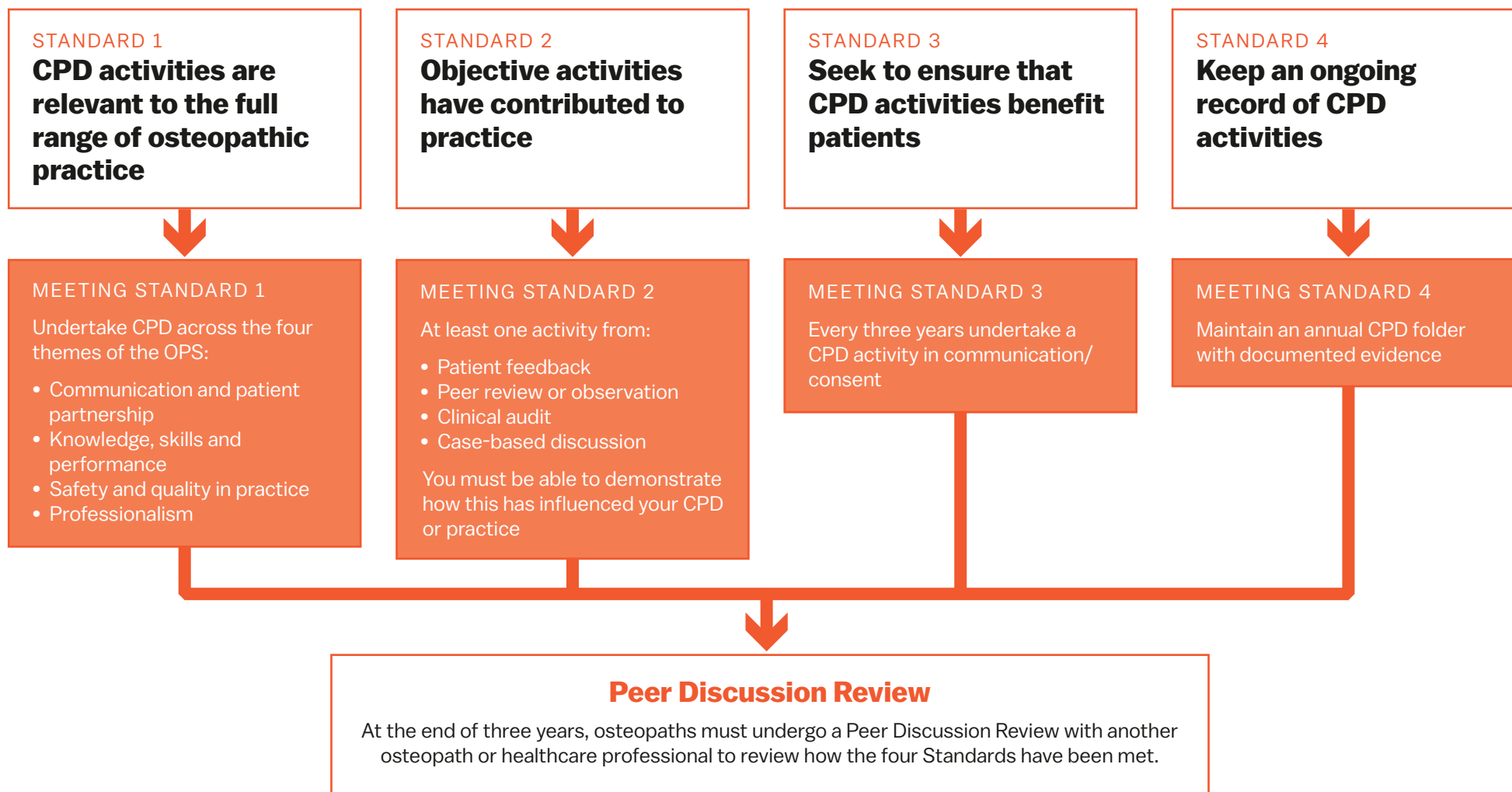
The CPD scheme should demonstrate compliance with the *Osteopathic Practice Standards* and should support the continual enhancement of quality of care. To achieve this aim, the following propositions have been drawn from our extensive programme of research, consultation and piloting:

- a. A single scheme should cover the full breadth and depth of individual practice.
- b. The scheme should encourage the development of 'learning communities' that support personal responsibility for learning, recognising the risk that autonomous practice can occasionally lead to professional isolation, which in turn can lead to less safe practice.
- c. The scheme should remain primarily self-directed by the osteopath, as it is now, but with some additional elements during the scheme's three-year cycle.
- d. The scheme should be explicitly linked to the *Osteopathic Practice Standards*.
- e. The scheme should include a specific focus on consent and communication.
- f. The scheme should encourage feedback to individual osteopaths from other sources.
- g. The scheme should promote a culture in which discussion with colleagues on areas of development is recognised as good practice, helping to support safer and more effective osteopathic care.
- h. The review and sign-off element could be delivered by people, groups or organisations outside the GOSc, fostering genuine discussion about practice and CPD.
- i. The scheme should incorporate appropriate quality assurance and audit mechanisms to provide assurance on the quality of the process and to monitor compliance.
- j. When individuals do not engage with the CPD process, there should be fair and appropriate mechanisms for removing them administratively from the Register of osteopaths, as already exist in the current CPD scheme.

Figure 1

Structure of
the CPD Scheme

Osteopaths should meet four CPD standards within a total of 90 hours CPD over three years (30 hours each year).
Of the 90 hours, at least 45 must be 'learning with others'.



About the scheme

Mandatory requirements of the scheme

As now, the CPD scheme will require 30 hours of CPD per year including a minimum of 15 hours of learning with others⁵. The complete scheme cycle will take three years, making a total of 90 hours of CPD, including 45 hours of learning with others.

The 90-hour CPD cycle remains primarily self-directed. It builds on what many osteopaths are already doing, but must include four key activities:

Activity 1: Osteopathic Practice Standards

- CPD must be undertaken in all the themes of *Osteopathic Practice Standards*:
 - Communication and patient partnership
 - Knowledge, skills and performance
 - Safety and quality in practice
 - Professionalism.
- CPD should also support all areas of the osteopath's individual professional practice (for example, clinical practice – including the range of patients treated, education, research and management where relevant).

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

Activity 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 objective activity should be recorded to include:
 - A note of the method used

⁵ Learning with others: any relevant activity that involves interaction with osteopaths, healthcare practitioners or other professionals.

- The feedback or data 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 on their practice helps to ensure that the osteopath is undertaking appropriate CPD that is based on feedback on their practice from another source, thus supporting safer and more effective practice.

Activity 3: Communication and consent

- CPD must be undertaken in communication and consent. A range of resources exist 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.

Research suggests that communication and consent are areas where patient satisfaction is lower and complaints are more common. Requiring all osteopaths to undertake CPD on these topics should help to address this problem. It also meets public expectations about incorporating areas of higher risk into any scheme that provides assurance of continuing fitness to practise.

Activity 4: Peer Discussion Review

A Peer Discussion Review:

- takes place towards the end of every three-year CPD cycle
- is a dynamic, guided discussion with a peer (selected by the osteopath), who may be an osteopath or another health professional or an individual under the auspices of:
 - a regional group
 - an educational institution
 - a group overseeing advanced practice or a member of the Osteopathic Alliance
 - the GOSc.
- enables the osteopath to discuss their own practice and CPD with a peer (this will include considering and discussing areas of development and receiving supportive and constructive feedback)
- enables the osteopath to show they have complied with the CPD scheme and the CPD Standards (summarised on page 9), using a combination of their CPD folder, and discussion.

The draft *Peer Discussion Review Guidelines* set out how to deal with circumstances when an osteopath does not meet the CPD Standards, and what to do if concerns about patient safety are identified.

Choosing their own peer reviewer should enable the osteopath to discuss their CPD and practice in an environment in which they feel professionally comfortable. This encourages individuals not only to demonstrate that they have engaged with the CPD scheme, but also promotes a mutual focus on safe and effective practice and the continual enhancement of care quality.

The Continuing Professional Development (CPD) Standards

The CPD scheme is based on the four CPD Standards, which must be demonstrated by the osteopath in the Peer Discussion Review before they can move to the next three-year cycle.

Engagement with the scheme and completion of the four activities outlined here on pages 7 to 8 (designed to support safer and effective practice) will enable an osteopath to meet the CPD Standards.

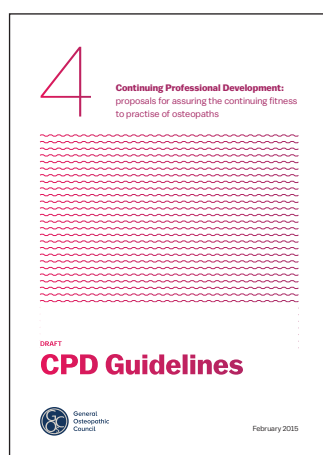
Table 1
The CPD Standards

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

Consultation questions

The consultation questions are based around the following topics:

- The draft *CPD Guidelines* (Doc 4)
- The draft *Peer Discussion Review Guidelines* (Doc 5)
- Other topics (Doc 6)
 - IT and online submission
 - Audit
 - Quality assurance
 - Charging
 - Guidance on disagreement about outcomes
 - Guidance about what to do if concerns about practice are identified
 - Equality and diversity implications.



The draft CPD Guidelines

Please read Document 4 before responding to the consultation questions

The draft *CPD Guidelines* describe how the CPD scheme will assure the continuing fitness to practise of registrants. These are much shorter and less prescriptive than the current *CPD Guidelines* and focus on the importance of professional judgement, culture and community. The draft *CPD Guidelines* are available at: <http://cpd.osteopathy.org.uk>

The draft *CPD Guidelines* describe a CPD scheme that is designed to provide assurance of continuing fitness to practise for every osteopath on the Register, by encouraging osteopaths to develop their practice as members of a community of learning.

The CPD Guidelines are structured as follows:

- **Culture** – a culture of engagement, discussion and learning within supportive communities of osteopaths striving to ensure continual enhancement of care quality and patient safety.
- **What is the CPD scheme?** – a description of the new CPD scheme, including the three-year cycle of 90 hours and a description of the scheme's mandatory activities.
- **CPD Standards** – the CPD Standards that must be demonstrated through a Peer Discussion Review before a registrant can move into the next CPD cycle.
- **What is CPD?** – a definition of CPD.
- **What is professional practice?** – a definition of professional osteopathic practice that is designed to emphasise its broad nature, including clinical practice, education, research and management.
- **The CPD process** – examples of how the CPD scheme could work.
- **Peer Discussion Review** – a description of the review process and how it enables an osteopath to complete one cycle and move into the next.
- **Audit** – a description of the proposed audit process.
- **Quality Assurance** – a description of the quality assurance process.
- **The IT system** – a description of the IT system planned to enable a smooth delivery of the new CPD process.

Supplementary resources

There are additional supplementary resource guides available at: <http://cpd.osteopathy.org.uk>, providing examples and case studies of how osteopaths can meet the requirements of the new CPD scheme:

7

Resources and case studies to help osteopaths meet the requirements of the proposed GOsC CPD scheme

Osteopathic Practice Standards



General Osteopathic Council

February 2015

8

Resources and case studies to help osteopaths meet the requirements of the proposed GOsC CPD scheme

Communication and consent



General Osteopathic Council

February 2015

9

Resources and case studies to help osteopaths meet the requirements of the proposed GOsC CPD scheme

Objective activity



General Osteopathic Council

February 2015

Questions about the draft CPD Guidelines

After reading the draft *CPD Guidelines* (Doc 4), please respond to the following questions. Please tick all statements that apply and provide comments if you wish.

IF ADDITIONAL SPACE IS NEEDED, PLEASE USE THE PAGE PROVIDED AT THE END OF THE DOCUMENT

1.

A section about culture is important in the CPD Guidelines
(see page 4 of the draft *CPD Guidelines*)

☐ Strongly disagree

☐ Disagree

☐ No view

☐ Agree

☐ Strongly agree

Comments:
2.

The section on culture describes the culture I would like to see in osteopathy

☐ Strongly disagree

☐ Disagree

☐ No view

☐ Agree

☐ Strongly agree

Comments:
3.

The section describing the CPD scheme is clear
(see pages 5–8 of the draft *CPD Guidelines*)

☐ Strongly disagree

☐ Disagree

☐ No view

☐ Agree

☐ Strongly agree

Comments:

4. The definition of CPD is clear (see page 7 of the draft *CPD Guidelines*)

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

5. The definition of CPD is appropriate

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

6. The definition of professional practice is clear
(see page 7 of the draft *CPD Guidelines*)

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

7. The definition of professional practice is appropriate

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

8. The description of the CPD process is clear
(see pages 7–8 of the draft *CPD Guidelines*)

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

9. Information about the Peer Discussion Review is clear
(see page 9 of the draft *CPD Guidelines*)

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

10. The draft *CPD Guidelines* are clear

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

11. The draft *CPD Guidelines* are accessible

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

12. This is a scheme that osteopaths can comply with

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

13. This is a scheme that is likely to help osteopaths to enhance patient care

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

14. This scheme will encourage osteopaths to discuss their practice with others

☐ Strongly disagree

☐ Disagree

☐ No view

☐ Agree

☐ Strongly agree

Comments:

15. The draft *CPD Guidelines* overall are clear

☐ Strongly disagree

☐ Disagree

☐ No view

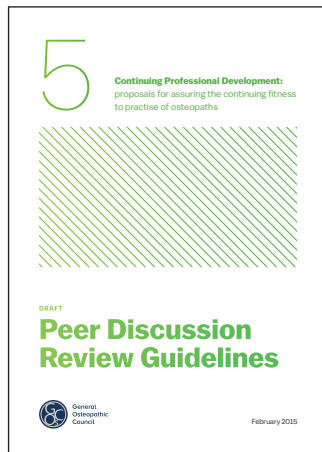
☐ Agree

☐ Strongly agree

Comments:

16. Please provide any other comments or feedback about the draft *CPD Guidelines* here:

If additional space is needed for handwritten comments, please use the area provided at the end of the document.



The draft *Peer Discussion Review Guidelines*

Please read Document 5 before responding to the consultation questions

The proposed *Peer Discussion Review Guidelines* are designed to support an osteopath and their reviewer to discuss practice and CPD in a structured and supportive way. This is a new process, and no guidelines on Peer Discussion Review have previously been available in osteopathy. The proposed *Peer Discussion Review Guidelines* are available at: <http://cpd.osteopathy.org.uk>

The *Peer Discussion Review Guidelines* are structured as follows:

- **Introduction (including culture)** – brief introduction to the Guidelines and how they are to be used.
- **The CPD model (including the CPD Standards)** – a short summary of the scheme.
- **About Peer Discussion Review** – detailed guidance on how to undertake a Peer Discussion Review.
- **Frequently asked questions** – questions and answers to support osteopaths and reviewers preparing for and undertaking a Peer Discussion Review.
- **Case study for carrying out a group Peer Discussion Review** – undertaking a review with other osteopaths as part of a CPD meeting
- **Instructions for completing the Peer Discussion Review template** – how to use and complete the template that confirms completion of the three-year CPD cycle.
- **Peer Discussion Review Template (for completion during the review)** – a template with questions to structure the discussion, and criteria for demonstrating whether or not a standard is met. Also contains a declaration to be signed by both parties at the conclusion of the Peer Discussion Review.

Questions about the draft *Peer Discussion Review Guidelines*

After reading the draft *Peer Discussion Review Guidelines*, please respond to the following questions. Please tick all statements that apply and provide comments if you wish.

IF ADDITIONAL SPACE IS NEEDED, PLEASE USE THE PAGE PROVIDED AT THE END OF THE DOCUMENT

17. A section about culture is important in the *Peer Discussion Review Guidelines* (see page 3 of the draft *Peer Discussion Review Guidelines*)

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

18. The section on culture describes the culture I would like to see in osteopathy

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

19. The frequently asked questions are appropriate (see pages 7–10 of the draft *Peer Discussion Review Guidelines*)

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

20. The instructions for completing the Peer Discussion Review template are clear (see page 11 of the draft *Peer Discussion Review Guidelines*)

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

21. The instructions for completing the draft Peer Discussion Review template are appropriate

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

22. The Peer Discussion Review template is easy to follow

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

23. The guidance about when a standard **is met** is clear (see pages 13, 14, 17, 18 of the draft *Peer Discussion Review Guidelines*)

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

24. The guidance about when a standard **is met** is appropriate (see pages 13, 14, 17, 18 of the draft *Peer Discussion Review Guidelines*)

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

25. The guidance about when a standard **is not met** is clear
(see pages 13, 14, 17, 18 of the draft *Peer Discussion Review Guidelines*)

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

26. The guidance about when a standard **is not met** is appropriate
(see pages 13, 14, 17, 18 of the draft *Peer Discussion Review Guidelines*)

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

27. The guidance about when a standard **may be met** is clear
(see pages 13, 14, 17, 18 of the draft *Peer Discussion Review Guidelines*)

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

28. The guidance about when a standard **may be met** is appropriate
(see pages 13, 14, 17, 18 of the draft *Peer Discussion Review Guidelines*)

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

29. The information provided helps osteopaths to understand how to prepare for their own Peer Discussion Review

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

30. The information provided helps osteopaths to understand how they might undertake their own Peer Discussion Review

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

31. The information provided helps osteopaths to understand how they might conduct a Peer Discussion Review for someone else

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

32. The Peer Discussion Review could contribute to safer and more effective practice

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

33. The Peer Discussion Review will not contribute to safer and more effective practice

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

34. The Peer Discussion Review is a hierarchical process

☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

35. The Peer Discussion Review process encourages discussion about areas of development in a supportive environment
- ☐ Strongly disagree ☐ Disagree ☐ No view ☐ Agree ☐ Strongly agree

Comments:

36. Please provide any other comments or feedback about the draft *Peer Discussion Review Guidelines* here:

If additional space is needed for handwritten comments, please use the area provided at the end of the document.

Questions on specific topics

IT and online submission

As part of the implementation of any CPD scheme, a specific IT system to support delivery will be necessary. Some initial research has been undertaken to look at similar IT systems operated by other regulators and professional bodies. While no specification has yet been developed for a new IT system to deliver this scheme, it would be expected that an appropriate system would probably include the following:

- An electronic system (compatible with smartphones, tablets and computers) enabling osteopaths to record CPD activities and upload/retain evidence (photographs of CPD undertaken, analysis of patient feedback, etc).
- Automated feedback telling the osteopath what they need to complete in order to move into the next CPD cycle, and their progress compared to others on meeting the CPD scheme's requirements.

Example feedback could include:

- 'CPD in the area of communication and consent and 34 hours of CPD (including 12 learning with others) remains outstanding.'
- 'You are one of the 70% of osteopaths who has completed the objective activity.'
- 'You are one of the 45% of osteopaths who has completed CPD in communication and consent.'
- 'You are one of the 85% of osteopaths who has not yet completed CPD in the four themes of the *Osteopathic Practice Standards*. (The theme of professionalism remains outstanding.)'

Such automated feedback would only be feasible if all CPD submissions were required to be submitted online. Currently, some regulators require all their CPD data to be submitted online (e.g. the General Optical Council and the Pharmaceutical Society of Northern Ireland). Other regulators allow postal submission of CPD (e.g. the General Pharmaceutical Council and the General Dental Council). Currently around 85% of osteopaths complete their CPD online.

The advantages of having all CPD submissions made online include the provision of instantaneous comparative feedback to osteopaths. It is recognised that there would be disadvantages for registrants who do not have easy access to internet facilities. However, it is estimated that around 90% of the UK adult population will have a smartphone by January 2018.⁶

37. What are the barriers that may prevent a fully online CPD process?

Comments:

If additional space is needed for handwritten comments, please use the area provided at the end of the document.

⁶ <http://www.theguardian.com/technology/2014/apr/30/featurephone-smartphone-uk>

Audit

Audits are important to ensure compliance with any scheme. In part, audit will be automated by an IT system as described on page 23. Such a system should deliver the following:

- At the end of each CPD year, the GOsC IT system should provide automated feedback to all osteopaths advising them whether they are on track with their three-year CPD cycle.
- The GOsC system should automatically audit submissions at the end of the CPD cycle to ensure a minimum of 90 hours of CPD (including 45 hours of learning with others) has been recorded and the Peer Discussion Review has been satisfactorily completed. Only then can an osteopath move into their next CPD cycle.

In addition to this, it will be necessary for us to undertake a qualitative audit of a sample of CPD folders and Peer Discussion Review forms. This is likely to comprise a percentage of Peer Discussion Reviews conducted by individual osteopaths and a percentage of reviews conducted under the auspices of organisations such as regional groups, educational institutions, advanced practice organisations, a member of the Osteopathic Alliance, or other CPD providers.

In a GOsC patient focus group (June 2014)⁷, participants suggested that they would want reviewers to be clearly independent of the osteopath being reviewed. However, we also know from our 2012 revalidation pilot that the important issue at this stage of the CPD cycle is for osteopaths to be able to establish an environment in which they feel comfortable discussing their practice and areas of development. This is particularly important given the independent nature of practice, and the high proportion of osteopaths who practise without teams or employers.

We hope that the Peer Discussion Reviews taking place under the auspices of educational institutions and other osteopathic organisations will be demonstrably independent and quality assured. In addition, these reviewers will have a wider immediate community to turn to in the event of uncertainty or advice being needed as part of the Peer Discussion Review process.

We therefore propose to target our auditing strategy so that we put more emphasis on auditing Peer Discussion Reviews undertaken outside the auspices of the regional groups, educational institutions or other CPD providers. This will help mitigate any risk of collusive activity and will also help us to provide feedback to support those osteopaths undertaking Peer Discussion Reviews more locally. Such feedback will allow them to compare their approach to Peer Discussion Reviews with what others are doing.

This approach will enable us to introduce a greater degree of objectivity into informal reviews.

38. Is a targeted audit strategy, as proposed above, appropriate?

☐ Yes ☐ No

Comments:

If additional space is needed for handwritten comments, please use the area provided at the end of the document.

⁷ Community Research, 2014. Public and patient perceptions of osteopaths and osteopathy, 2014, available at: http://www.osteopathy.org.uk/uploads/public_and_patient_perceptions_of_osteopaths_and_osteopathy_2014.pdf – accessed 7 December 2014.

39. If such a targeted audit strategy were in place, would you be more or less likely to choose an organisation or regional group to undertake your Peer Discussion Review? Please tick the statement that best describes your view.

☐ The audit strategy would not affect my choice of Peer Discussion reviewer.

☐ The audit strategy would encourage me to seek out an organisation or regional group to conduct my Peer Discussion Review.

☐ The audit strategy would encourage me to seek out a local colleague to conduct my Peer Discussion Review.

☐ Other – please describe below.

Comments:

If additional space is needed for handwritten comments, please use the area provided at the end of the document.

Quality assurance

There will be an appropriate level of quality assurance provided by the GOsC through the audit process. Over time, as part of the audit process, feedback will be provided both to osteopaths and to reviewers about their Peer Discussion Reviews. (Note that it is not expected that the osteopath or their reviewer will be penalised through the audit process, unless there was clear evidence of collusion.)

Quality assurance to support consistent decisions and quality discussions between osteopaths and their reviewers will also be important. We intend to support this through online training videos demonstrating how to undertake a Peer Discussion Review; through specific guidance about when a criterion is met, not met or may be met; through frequently asked questions; and, over time, through completed examples of CPD folders showing examples of standards met, not met and borderline cases. We may also ‘pump prime’ organisations undertaking Peer Discussion Reviews by providing ‘train the trainer’ type courses, thus equipping organisations to support their own reviewers to conduct Peer Discussion Reviews.

It is hoped that, over time, organisations will put resources into enhancing the Peer Discussion Review process for osteopaths.

40. Are these sufficient mechanisms to provide assurance to external observers about the quality of the scheme?

☐ Yes ☐ No

Comments:

If additional space is needed for handwritten comments, please use the area provided at the end of the document.

Charging

In developing this scheme, we have explored the option of allowing reviewers and reviewing organisations to charge for their role in the Peer Discussion Review. Any fees paid would have to be declared on the Peer Discussion Review form.

Some providers have indicated to the GOSc that they would wish to charge for offering a Peer Discussion Review service. Such a fee would enable them to train reviewers and provide quality assurance for the reviews, and perhaps also support a local complaints mechanism. Charging would in no way guarantee a successful Peer Discussion Review. We note that the General Medical Council will be charging doctors without a ‘responsible officer’ to go through the annual appraisal and revalidation process.

However, some providers and others have been strongly opposed to the idea of osteopaths paying a fee for a Peer Discussion Review. They consider that charging would ‘deprofessionalise’ the process. They are also concerned that payment of a fee might raise expectations of a review being signed off positively.

Given the options open to an osteopath when organising their Peer Discussion Review, all osteopaths will have a choice of type of reviewer – some who may charge and some who may not.

41. In what circumstances will it be reasonable to charge for a Peer Discussion Review?

Comments:

If additional space is needed for handwritten comments, please use the area provided at the end of the document.

Guidance on disagreement about outcomes

The draft *Peer Discussion Review Guidelines* contain two specific frequently asked questions relating to disagreements about outcomes:

Q9. What happens if I have a personality clash with my Peer Discussion reviewer and I disagree with their opinions?

A 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.

Q10. 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?

A 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 incomplete Peer Discussion Review.

42. Is the guidance sufficient on disagreement about outcomes of the Peer Discussion Review?

☐ Yes ☐ No

Comments:

If additional space is needed for handwritten comments, please use the area provided at the end of the document.

Guidance about what to do if concerns about practice are identified

A critical part of the Peer Discussion Review process is to know how to address concerns about practice. On most occasions, these concerns will be discussed and a plan agreed to address them. However, occasionally, concerns about patients at risk will be identified. The *Peer Discussion Review Guidelines* provide the following advice:

Q17. 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 there are concerns 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 Regulation Department. Advice may also be sought from the Institute of Osteopathy or from an insurer. The GOsC will be developing further advice about this shortly.'

43. What further advice and guidance about raising concerns is required?

Comments:

If additional space is needed for handwritten comments, please use the area provided at the end of the document.

Equality and diversity implications

The GOsC is committed to promoting equality in all its statutory duties. We want to ensure that no groups are adversely affected by any of the outcomes proposed by this CPD scheme. The equality impact assessment for our 2012 revalidation pilot noted that people declaring disabilities were less likely to complete the pilot, as were people under the age of 30. As part of our development work, our osteopathic Pathfinder Groups included people declaring a disability and recent graduates under 30 years of age. This has helped us to ensure there are no adverse impacts on these groups.

44. Do you consider that any aspect of the proposed CPD scheme may adversely impact on anyone because of their gender, race, disability, age, religion or belief, sexual orientation or any other aspect of equality?

☐ Yes ☐ No

Comments:

If additional space is needed for handwritten comments, please use the area provided at the end of the document.

45. If yes, please suggest how the impact could be eliminated or reduced.

Comments:

If additional space is needed for handwritten comments, please use the area provided at the end of the document.

Any other comments

46. Do you consider that our approach enables patients to know that the knowledge and skills of the osteopath looking after them are up to date and s/he is fit to practise?

☐ Yes

☐ No

47. What else would help patients to know that the knowledge and skills of the osteopath looking after them are up to date and s/he is fit to practise?

Comments:

If additional space is needed for handwritten comments, please use the area provided at the end of the document.

48. Please provide any other comments about the proposed CPD scheme.

Comments:

If additional space is needed for handwritten comments, please use the area provided at the end of the document.

Thank you for your response to this consultation

About you

We would also like to ask some questions about you. Completing the [diversity questionnaire](#) is optional but we would welcome information about our respondents.

The information you provide will only be used for the purposes of analysing the consultation responses.

Additional comments: