



General
Osteopathic
Council

**Continuing professional
development (CPD)**
DISCUSSION DOCUMENT

Executive summary

1. This paper is a discussion document looking at the purpose and structure of the General Osteopathic Council (GOsC) CPD scheme. It outlines some of the challenges with the current CPD scheme, along with some of the ways in which the scheme might be improved.
2. This discussion document is designed to generate debate during the course of the Revalidation Pilot. Responses to this discussion document, and the evaluation and impact assessment of the draft Revalidation scheme, will help to inform GOsC thinking about how best to formulate proposals for change to the CPD scheme for consultation during 2013/14.
3. It is hoped that all those with an interest in osteopathy will contribute to the debate. This includes patients and the public, osteopaths who are taking part in the Revalidation Pilot, osteopaths who are not taking part in the Pilot, those involved in education and training, those involved in specialist practice, other regulators, other health care professionals and all other interested parties.

About the osteopathic profession

4. Osteopaths are primary care practitioners who work mostly independently in the private sector. At the end of their undergraduate degree they are able to practise autonomously and must demonstrate professional qualities including putting patients' interests first, accountability, integrity and respect. There are organisations such as the British Osteopathic Association (BOA), regional societies, research hubs and specialist societies which can support osteopaths' professional development.
5. At a regulatory level, osteopaths are required to complete mandatory CPD. The current CPD scheme is very flexible. However, it includes few formal structures that assist osteopaths to reflect on their practice or obtain feedback to support the identification of learning needs.
6. From September 2011 to autumn 2012, the GOsC is testing the impact of Stage 1 of a proposed four-stage Revalidation scheme through a year-long pilot.
7. Stage 1 of the Revalidation scheme is a self-assessment, and the GOsC has developed various templates for feedback, clinical reflection, structured case-based discussion and significant event analysis, amongst others, to help inform that self-assessment, and to provide osteopaths with ways of continually enhancing their practice. The templates enable the identification of areas for development and structured action planning, and provide ways of enhancing those aspects of practice. The National Council for Osteopathic Research (NCOR) has also produced a handbook entitled *An Introduction to Clinical Audit for Practising Osteopaths*¹, which includes examples and templates that osteopaths will be able to trial in the course of the Pilot.
8. The Pilot will enable a significant proportion of the profession to receive training in how to conduct an assessment of their practice. They can do this using the templates provided to gather information which can inform them about areas of strength and areas for development in their practice.
9. An independent evaluation of the Pilot will be completed at the end of 2012/early 2013.
10. Alongside the Revalidation Pilot, the GOsC is also considering ways in which the CPD scheme might be reviewed to better meet its purpose.
11. This discussion document sets out the background and purpose of the current CPD scheme, particular issues with the CPD scheme, and ways in which it could be adapted.
12. In due course it will be vital that the CPD and any Revalidation schemes are complementary and integral parts of practice. In this way the schemes should collectively help osteopaths to demonstrate that they are up to date and fit to practise, as well as providing osteopaths with a flexible framework to enable the development of their practices in a way that suits them.
13. For this reason, we have published this CPD discussion document alongside the GOsC Revalidation Pilot. This document is designed to generate a debate about the different ways the CPD scheme could be adapted to help osteopaths to continually enhance standards in a proportionate way. It is not a formal consultation document setting out firm proposals at this stage.
14. We envisage that a document setting out firm proposals for the review of the CPD scheme and supporting continuing fitness to practise will be published in 2013/14, once we have taken on board the lessons learned from the Revalidation Pilot.

Background to the current CPD scheme

15. The current CPD scheme was launched as a pilot in 2004/05. The requirements of the CPD scheme were consolidated in legislation in March 2007.
16. The scheme is set out in the *Continuing professional development guidelines for osteopaths (CPD Guidelines)*² and requires osteopaths to:
 - > Complete a minimum of 30 hours of CPD per year, at least 15 hours of which must be learning with others.
 - > Submit a *CPD Annual Summary Form* explaining the nature of the CPD and the relevance to the osteopaths' practice.
 - > Keep a Professional Development or CPD Record Folder containing CPD activities which should be submitted to the GOsC on request for audit.
17. Anecdotally, the scheme has been successful in bringing practitioners together for the purposes of their CPD – particularly for a profession where a majority practise independently as sole practitioners.
18. A review is now appropriate to ensure that:
 - > Feedback on the CPD scheme is encouraged to identify issues with the CPD scheme and to consider ways in which it could be improved.
 - > Proposals for the CPD scheme are developed for consultation during 2013 to take account of things that work well and those that don't work so well.
 - > The CPD scheme is up to date and fit for purpose and complements any emerging thinking and learning from the Revalidation Pilot.

Consultation issues

19. We have set out below our current understanding of CPD in osteopathic practice, the issues in the existing CPD scheme and a little information about the effectiveness of CPD gathered from a selection of articles and research in this area to support the discussion.
20. Using this information, we have explored some of the ways in which the current osteopathic CPD scheme could be improved.
21. We welcome your thoughts and comments in response to the questions in this document to help to inform our thinking about the possible revisions to the CPD scheme.
22. During 2012 we also plan to institute a full data analysis of CPD moving forward to help to gain a clearer picture about:
 - > The different types of CPD activities undertaken.
 - > The areas of practice subject to CPD.
 - > The proportion of osteopaths having difficulties complying with the CPD requirements.
 - > The areas where non-compliance is high and reasons for this.

We may also supplement this with a survey asking about the nature of CPD and the usefulness of CPD during 2012.

23. The issues we wish to explore include:
 - i. The purpose and aims of CPD.
 - ii. Principles to underpin the CPD Review.
 - iii. The effectiveness of CPD.
 - iv. Potential issues in the current CPD scheme.

v. Options to improve the current scheme including:

- > A requirement to submit evidence of identification of learning needs as part of the re-registration process.
- > A requirement to undertake core CPD and the areas that might be included.
- > CPD quality assurance by the GOsC or other organisations.
- > A longer, more flexible CPD cycle.
- > Increases to CPD hours.
- > Measurement of the effectiveness of CPD.

i. Purpose and aims of CPD

24. Encouraging continual enhancement of practice is an important contributing factor to patient safety. It is through the identification of areas of strength and areas for further development and by undertaking learning activities that professionals can continue to deliver high standards of care in a changing environment. This learning activity is CPD.

25. The aims of CPD should be:

- > To keep up to date with osteopathic/healthcare practice, embed knowledge and maintain skills within the changing context of patient and societal expectations.
- > To strive to continually improve standards.
- > To learn new things.

26. The aims of the CPD scheme should be:

- > To encourage osteopaths to undertake CPD to support enhancement of practice and patient care.
- > To encourage a critical and reflective approach to practice and to support understanding of the limits of competence.
- > To contribute to the enhancement of professional relationships between osteopaths for the benefit of practice and patient care.
- > To support access to good quality CPD activities for all osteopaths.
- > To encourage a diversity of CPD activities.

Question 1 – Aims

a. Are these the right aims for CPD and the GOsC CPD scheme?

b. Are there any other aims we should include?

ii. Principles to underpin the CPD review

27. In considering changes to the CPD scheme, the recent Council for Healthcare Regulatory Excellence (CHRE)³ document, *Right touch regulation* confirms six principles to underpin regulation as follows:

- a. **Proportionate:** regulators should only intervene when necessary. The review of the CPD scheme should ensure that there is a clear purpose or benefit to any proposed regulatory changes which ties into patient safety or improved quality of care. The review should not seek to impose any additional burdens on osteopaths unless balanced with a clear benefit both to patients and to osteopaths. The environment in which osteopaths work does not generally involve the additional regulation provided by a team or by an employer. Changes in the scheme should take into account this environment when considering proportionality.
- b. **Consistent:** rules and standards must be joined up and implemented fairly. The review of the CPD scheme should also seek to ensure that osteopaths have the opportunity to access findings from research, fitness to practise and other sources in a consistent and comprehensive way. Effective dissemination of research should also contribute to patient safety. The scheme should be inclusive and accessible to all osteopaths regardless of the patterns of practice and should include osteopaths undertaking teaching or research activities as well as clinical practice.
- c. **Targeted:** regulation should be focussed on the problem, and minimise side effects. The issues in the current CPD scheme which prevent it from meeting its aims should be clearly described. Solutions should be innovative but focussed on mitigating the issue without unintended consequences. The scheme should address the aims of CPD which contribute to quality improvement and patient safety. It should also take account of issues in the current scheme which prevent the scheme from supporting osteopaths to meet its aims. In particular, this should also include equality and diversity issues and future proposals should include an impact assessment.
- d. **Transparent:** regulators should be open to keeping regulations simple and user-friendly. Proposals should be developed through consultation. Changes should be simple and published.
- e. **Accountable:** regulators must be able to justify decisions, and be subject to public scrutiny. All proposals for change will be based on evidence informed by our own data collection and research, feedback from the Revalidation Pilot and this discussion document. These views will be turned into clear consultation proposals.

- f. **Agility:** looking forward to anticipate change rather than looking back to prevent the last crisis from happening again. The regulatory picture in healthcare is moving to join up regulation of people and regulation of providers or environments, to ensure broad but proportionate regulation which takes account of the whole situation, any risks inherent in environment and in practice, and delivers the right outcome. This concept must be applied proportionately in osteopathy. The CPD review must complement the underpinning thinking of the draft Revalidation scheme looking forward to most effectively, but proportionately regulate continuing fitness to practise and support enhancement of practice. The GOsC's current thinking is that Revalidation could be an opportunity to embed continued enhancement of practice through implementation of processes to demonstrate and to ensure continual quality enhancement (clinical or quality governance processes in practice). The concept of continual enhancement should also be embodied in the CPD review. This will assist the CPD and Revalidation schemes to develop in a complementary manner. Further, major changes to the CPD scheme, requiring legislative change, could only take place once we have determined how the Revalidation scheme will be taken forward following consultation in 2013.

Question 2 – Principles to inform the CPD review

- a. Are our principles appropriate to inform our thinking about the CPD scheme?
- b. What principles have we not included?

iii. The effectiveness of CPD

28. Studies about CPD tend to suggest that CPD is more effective when:
- > Learning needs are identified^{4,5}.
 - > CPD is focussed on learning needs⁶.
 - > CPD is flexible – both informal (opportunistic) and planned activities can make a valuable contribution to CPD⁷.
 - > CPD relates to the impact on knowledge, skills, values, attitudes, behaviours and changes in practice in the work place⁸.
 - > CPD is of good quality¹⁰.
 - > It takes into account the wider healthcare context that meets the health and social needs of the populations being served¹⁰.
 - > Professionals have a participatory role in their learning which is 'attainable and realistic'¹¹.
 - > There is a variety of learning methods available that can be tailored to the style of the learner¹².

Question 3 – The effectiveness of CPD

- a. What is effective CPD for you?
- b. Why is this effective CPD?

iv. Potential issues in the current CPD scheme

29. Here we have set out our current understanding of osteopathic CPD alongside some potential issues that have been identified through early audits of the *CPD Annual Summary Forms* and the CPD Record Folders submitted by osteopaths. This information helps to demonstrate where the scheme is not necessarily encouraging the continual enhancement of standards.

- > As part of work on Revalidation, we have commissioned KPMG to undertake a range of reports to feed into an independent evaluation and impact assessment. KPMG surveyed a representative sample of the profession to understand more about the patterns of osteopathic practice. The KPMG report of this work, *How osteopaths practise*¹³, told us that:
 - > Most osteopaths undertake around double the required 30 hours of CPD with about 51 hours undertaken directly related to osteopathy.
 - > About 37 hours is 'learning with others'.
 - > About 22 hours is undertaken with Osteopathic Educational Institutions (OEl)s or other educational CPD providers.
 - > About 17 hours is undertaken under the auspices of regional societies.
 - > Most osteopaths did not record all the CPD they did as this was too time consuming.
 - > There was a feeling that most CPD courses were in London and that desired CPD had to be balanced with available, accessible and affordable courses.
 - > Most osteopaths from focus groups did not appear to record feedback about practice as they did not have the templates to evaluate it.
- > As part of our own observations of *CPD Annual Summary Forms* and CPD Record Folders, and from correspondence and telephone calls, we have noted that:
 - > The current CPD scheme requires osteopaths to evidence what they have done rather than what they plan to do. This is because it is only the CPD that has been completed during the CPD period that is required to be recorded, rather than the other elements of the learning cycle such as evaluating practice, identifying learning needs, identifying the best way to meet learning needs, etc.
 - > Less than 5% of personal development folders audited on an annual basis show good evidence of a learning cycle having been undertaken, including reflecting or reviewing CPD learning needs, planning CPD learning needs, and undertaking and evaluating CPD.
 - > CPD is sometimes concentrated on the same narrow area of practice year after year, rather than a rounded view of practice. Could this indicate that certain skills in other areas of practice might be weakening and highlight a lack of diversity in available CPD?
 - > One of the most represented areas in our fitness to practise procedures is communication skills. This is reinforced by findings from our Patient Expectations¹⁴ research, which suggest that communication is often at the heart of unmet expectations. Yet very little CPD appears to be undertaken in relation to communication skills. How could the GOsC encourage and support a stronger link between research or fitness to practise findings and CPD?
 - > Feedback from some osteopaths has indicated that they are not clear about the nature and purpose of CPD. This is a barrier to effective learning and the continual enhancement of standards. CPD becomes focussed on ticking boxes rather than activities of value in developing and enhancing practice.

- > Some CPD activities are difficult to verify, suggesting that either the requirement to verify is onerous or that the activities undertaken are not contributing to the aims of CPD to raise standards and continually enhance learning.
- > Approximately 5-8% of registrants are not able to complete the required number of hours due to extenuating personal circumstances and submit applications to carry over hours to the next registration period. This means significant resources are required to consider these applications. These resources might be better targeted to supporting the aims of CPD with a longer learning cycle.
- > Osteopaths sometimes report unsatisfactory CPD courses which do not contribute to learning and enhancement of standards due to their poor quality.

Observations

- > Few osteopaths appear to have structured methods for identifying aspects of practice that would benefit from further development. There is also little evidence of osteopaths accessing advice or training to assist them to identify areas for development or help them to undertake good quality CPD with colleagues, which could help to develop learning or contribute to the continual enhancement of practice. This appears to be the case from our own observations and from the KPMG report, *How osteopaths practise*.
- > The scheme encourages reporting on activity that has already happened rather than encouraging planned activity into the next year. Reporting activity may not have any obvious benefit to osteopaths in terms of raising standards. It is a compliance activity rather than a developmental activity.
- > However, in this era of autonomy partnered with accountability, it is suggested that it is no longer acceptable for professionals to simply affirm that they are continuing to learn and are up to date. Evidence about clinical and quality governance is a requirement of more and more aspects of health and professional practice. Most professionals are now required and expected to demonstrate that they are up to date and apply learning to improve their practice.

Question 4 – Potential issues with the current CPD scheme

- a. Do you agree with these observations in paragraph 29?**
- b. Do you think there are additional observations which reflect issues in the current CPD scheme?**
- c. What evidence can you refer to which demonstrates the issues in the CPD scheme?**

v. Considering the options for change

30. **The following five options for change are not mutually exclusive.** These options represent our emerging thinking. We want to know your thoughts about these options and any others that we should be developing for future consultation to effectively support continuing fitness to practise.
31. The options for change have been considered from a variety of perspectives and incorporate consideration using each of the following:
- > CPD – learning activities to benefit practice with objectives for the individual to enhance practice.
 - > CPD scheme – a framework within which CPD can be validated with objectives to support compliance with the scheme for all osteopaths, wherever and however they practise, in a manageable, cost-effective and time efficient way.
 - > CPD resources – the support provided to enable people to access quality learning activities with objectives to support good quality CPD in a cost-effective way.
32. In many professions, a more complex structure, including employers and perhaps chartered societies or colleges, may provide a CPD scheme or CPD resources (or a means to identify CPD resources). These structures are not yet in place in osteopathy. We have not, therefore, sought to distinguish these activities at present when considering the advantages and disadvantages of each option.
33. However, considering these different perspectives may help to generate further debate about elaborating these options effectively in osteopathy.
- Option 1:** A requirement to undertake a learning cycle – identifying, planning, doing and reflecting
34. A learning cycle means:
- > Identifying learning needs.
 - > Planning activities to meet the learning needs.
 - > Doing the activities.
 - > Reflecting on the activities and learning gained.
35. This proposal was consulted on in 2003. However, at that time, the proposal was rejected, partly because it was felt that requiring osteopaths to demonstrate learning cycles on an annual basis would be too burdensome.
36. However, without learning cycles, it is difficult to demonstrate that the CPD scheme provides benefits to osteopaths in terms of new knowledge or better patient outcomes and continually enhanced practice and standards. The CPD scheme is solely a compliance mechanism without directly demonstrable benefit to the osteopath.
37. It is recognised that at times, looking back at previous practice can be beneficial when identifying areas on which to concentrate in a forthcoming CPD period. Therefore, a balance of planned learning and spontaneous learning is needed.
38. We know that CPD can be more effective when linked to planned learning needs. There is little evidence of the formal identification and planning to meet learning needs in osteopathy from current available sources. Until the Revalidation Pilot, little in the way of tools or templates to help osteopaths identify those learning needs and identify suitable methods for meeting them were in place. More OEs are now running courses to help osteopaths identify learning needs, so more support is available to help osteopaths reflect or gain feedback about their practice and to identify areas where CPD may be better targeted to enhance practice.

39. It is therefore appropriate to reconsider the possibility of a mandatory learning cycle in this changing environment. The mandatory learning cycle would require osteopaths to evaluate their practice, identify needs and the way in which those needs might be developed either by themselves or with another person, do the activities and then reflect upon them.
40. **Advantages** of requiring a mandatory learning cycle include the following:
- CPD could be more closely tailored to an osteopath's practice, requiring activity to identify learning needs.
 - Mandatory learning cycles may support osteopaths to use a variety of ways to examine their practice and consider how CPD might be targeted to further enhance it, thus making their CPD activities more effective. Osteopaths could use:
 - > Templates from the Revalidation Pilot to support this learning process (incorporating guidance, blank templates and completed examples).
 - > The NCOR Handbook, *An Introduction to Clinical Audit for Practising Osteopaths*¹⁶ (again incorporating guidance, blank templates and completed examples).
 - > The existing CPD Guidelines¹⁷ which also include guidance, blank templates and completed example forms.
 - > Formal support from OElS or other institutions or organisations.
 - A mandatory learning cycle could encourage all parts of the profession to support each other to learn effectively. Colleagues could gain benefit from a structured session discussing CPD needs and identifying how best to meet them. OElS, regional groups, specialist societies and research hubs could increase the provision made to help osteopaths identify learning needs and the best ways of meeting those. This could be particularly beneficial in a profession where employers and teams are not prevalent.
 - If effective, such an approach to CPD could avoid the need for a 'set hours' requirement in due course, as a focus on meeting learning needs would mean that it was more outcomes focussed.
41. **Disadvantages** of this approach include:
- A further burden on osteopaths – more forms to complete which do not necessarily ensure that improvement has taken place. Osteopaths do not record a lot of the CPD they undertake because they find it too burdensome. This could be mitigated by extending the learning cycle over a period longer than the current annual period. Further support would need to be in place to help osteopaths gain access to mechanisms to help them identify learning needs in a safe environment. This may require discussions with the BOA, OElS and specialist societies, and perhaps the regional CPD groups or regional research hubs.
 - It would be difficult to regulate the planning of CPD needs in any meaningful way. This could mean that it will be relegated to a 'tick box' exercise, if the underpinning purpose was not clear to osteopaths. It would be difficult to regulate whether the learning needs were genuine and whether the way identified to meet the learning needs was appropriate. It would also be difficult to regulate as learning needs may change throughout the year and thus occasionally methods of meeting CPD learning needs might change. On the other hand, as a developmental activity, it may be that embedding a learning cycle would take time and part of the way to do this is initially to require the process to be undertaken.
 - It is possible that there would be less formal support easily accessible to osteopaths outside London. However, this could be mitigated by easier access to online materials or by supporting face to face meetings through materials already available.
 - The GOsC may be required to facilitate the development of support for osteopaths from other organisations.

Question 5 – Learning cycles

- a. How do you currently identify your CPD needs?
- b. What are the advantages of being required to demonstrate the learning cycle to the GOsC from the perspective of osteopaths, patients and other healthcare professionals?
- c. What are the disadvantages of being required to demonstrate the learning cycle to the GOsC from the perspective of osteopaths, patients and other healthcare professionals?
- d. What other points should be considered about mandatory learning cycles?
- e. What are the resource implications of implementing mandatory learning cycles?

Option 2: Mandatory or core CPD content

42. Our findings suggest that some osteopaths focus on a fairly narrow (although probably relevant) range of CPD topics every year (e.g. pregnancy or animal osteopathy). We also know that deficient record keeping and communication skills form a significant proportion of the issues identified in our fitness to practise proceedings. Our recent Patient Expectations research¹⁸, published on our website, has some interesting information in terms of how complaints escalate, which could also be of assistance to osteopaths in practice and could usefully form part of osteopathic CPD. However, CPD relating to communication skills is rarely seen on osteopaths' CPD Annual Summary Forms and in CPD Record Folders submitted to us.
43. As primary care practitioners, osteopaths must be able to diagnose and treat in all areas of osteopathy, referring to other practitioners when appropriate to do so. It is therefore even more important that CPD be used to keep abreast of areas outside their special interest. Equally, osteopaths practise in diverse ways and will have diverse learning needs requiring more bespoke CPD. This means that a 'one size fits all' approach would not be appropriate.
44. Core CPD in terms of content or area (identified through fitness to practise findings or research) – rather than method – over a period of time could be important and could encourage osteopaths to broaden the focus of their CPD. This approach could also provide a mechanism for the GOsC to disseminate some useful learning in an active way. The assumption could be that core CPD content would be undertaken by most osteopaths unless they explained why it would not benefit them to do this particular aspect of CPD. A 'comply or explain' clause should be in place for osteopaths who would not benefit from the core CPD content, perhaps because they have already undertaken similar CPD recently or have no clinical practice.
45. It would also be important not to restrict CPD just to core learning content because osteopaths practise in diverse ways and will have diverse learning needs.
46. This option assumes that core CPD content forms only part of an osteopath's CPD. Osteopaths will also be able to continue to select a variety of other content and activities suited to their practice and learning needs.
47. **Advantages** of GOsC-prescribed core CPD content are as follows:
 - a. Core CPD could help osteopaths to become more aware of the revised *Osteopathic Practice Standards*¹⁹ (OPS) if it was focussed on the four themes: Communication and patient partnership; Knowledge, skills and performance; Safety and quality in practice; and Professionalism.
 - b. Core CPD content could support some osteopaths to learn about areas of importance in osteopathic practice that they may not previously have been aware of. For example, if osteopaths were aware that increasingly not keeping adequate notes was an issue represented in fitness to practise proceedings, it may be helpful for them to reflect on this area of practice that they might not have considered.
 - c. Core CPD content would enable lessons learned from fitness to practise findings or GOsC commissioned research to be disseminated effectively.

- d. Core CPD content could enable the GOsC to focus on some methods of delivery which may be useful to osteopaths. For example, this year, we are working on the development of e-learning modules around the new OPS to help osteopaths learn about the changes to the OPS in a more interactive way. We could also design and deliver seminars for osteopaths to disseminate core learning – perhaps again using the online environment to reduce costs.
- e. Core CPD content might reduce the number of osteopaths who are not complying with the CPD Guidelines about content of CPD activity, thus reducing resources in this area.
48. **Disadvantages** of GOsC-prescribed core CPD content are as follows:
- The challenges of resourcing a 'comply or explain' clause could be disproportionate.
 - While method of delivery would not be prescribed, if resources to deliver were inadequate, core CPD content could not be applied consistently or regulated effectively. For example, if all osteopaths were required to undertake CPD in communication skills and formal courses were only available to those in London and the south east, this may be regarded as disproportionate. On the other hand, if templates and guidance were available to enable regional groups or other small groups of osteopaths to undertake the discussions and learning locally, this may not be a disproportionate requirement.

Question 6 – Core CPD content

- Would core CPD contribute to the enhancement of standards of practice?
- What benefits do you see with the core CPD content approach?
- What disadvantages do you see with the core CPD content approach?
- Are there particular areas or topics which you think should make up core CPD?
- What are the resource implications of implementing a core CPD content approach?

Option 3: A better understanding about the nature and purpose of CPD

- The principal reason for CPD should be to enable osteopaths to maintain, enhance and develop knowledge to provide a better level of osteopathic care for their patients. While CPD is a mechanism to enable practitioners to keep up to date with new procedures, thinking and research, the ultimate goal should be for the benefit of osteopathic patients.
- CPD offers an opportunity for an osteopath to take time to reflect on their professional life, their goals for the future, and to assess how they are going to achieve this. Committing to CPD not only brings benefits for osteopaths and their patients, but it also benefits the profession as a whole by demonstrating to the public that osteopaths take seriously the enhancement of quality and safety in patient care.
- In today's context, being an autonomous professional requires the demonstration of accountability and this includes quality of care or service provided.
- Demonstrating accountability for quality of care as an autonomous professional is illustrated both within and outside healthcare. In healthcare, for example, many aspects both in the NHS and in the private sector are required to demonstrate a commitment to enhancing the quality of care. For example, the requirements of the Care Quality Commission (or Monitor) in England for many healthcare providers, both in the NHS and the independent sector, to regularly assess and monitor the quality of the services provided having regard to the views of patients (among other things), show that increasingly this is the norm in healthcare provision. Similar requirements are also in place in Scotland through Healthcare Improvement Scotland²⁰, in Wales through Healthcare Inspectorate Wales²¹ and in Northern Ireland through the Regulation and Quality Improvement Authority²². We also see the requirement to demonstrate accountability in many areas outside healthcare. Examples include lawyers, who are members of particular accreditation schemes, having to demonstrate

quality services by undertaking client surveys for re-accreditation and are subject to annual accredited CPD requirements²³. Members of the Gas Safe Register are also required to be retrained and reassessed every five years before being able to renew their registration and undertake CPD activities²⁴. CPD is an essential part of enhancing the quality of provision.

53. However, our anecdotal feedback suggests that some osteopaths do not appreciate the nature and purpose of CPD. For some, there is little recognition of the beneficial changes that can be brought about by research and collaboration with other healthcare professionals or of the detrimental effect of the development of bad habits or reducing knowledge of the efficiency or effectiveness of clinical practice.
54. There can also be confusion about the type of activities that are CPD and those which are not. Issues we encounter include challenges in relating activities to osteopathic practice or in identifying the learning from an activity which enhances practice.

Question 7 – The nature and purpose of CPD

- a. What are the benefits of undertaking CPD in your practice?**
- b. How can we further develop and integrate values of accountability and quality enhancement into osteopathic CPD and practice?**

Option 4: Changes to CPD cycle

i. Changes to the length of the CPD cycle

55. The current CPD scheme is linked to the annual re-registration process, with a declaration of compliance made two months before registration is due to be renewed. However, this link is confusing and many osteopaths are not clear about the start and end dates of their CPD year. Further, because the annual cycle is relatively short in terms of learning, some osteopaths have reported to us that they undertake CPD courses towards the end of the year to meet the CPD hours requirement, rather than because the course may enhance their practice. CPD is chosen because of when it takes place rather than because of the content.
56. There are also circumstances in which an osteopath has been unable to meet the minimum requirement due to ill health or other personal reasons. Currently, an application has to be made to the Registrar to defer any outstanding hours into the following year, requiring associated administration. Current estimates suggest that around 5-8% of registrants (around 200 to 350 applications per year) need to be considered. If the CPD cycle was extended, osteopaths would be able to make up the time themselves when they were better placed without having to involve their regulator.
57. Osteopaths are permitted to undertake more than the minimum 30 hours of CPD required. However, this is not recognised in regulatory terms, so there is no regulatory incentive to undertake more CPD.
58. **Advantages** of a longer CPD cycle – perhaps two or three years – include:
- Fewer osteopaths may need to make applications to the Registrar to carry over hours on an annual basis.
 - GOsC resources could be reduced as half the number of forms would need to be scrutinised over a two-year period.

c. Alternatively, the number of forms scrutinised could be increased using the same resources. This could place more emphasis on the quality of CPD in relation to practice which may in itself contribute to the enhancement of standards.

59. **Disadvantages** of a longer CPD cycle could include:

a. The possibility that CPD is completed at the last moment if no other mechanisms are in place to encourage 'continuing' development and so is not targeted to learning needs – only to what is available. We understand this has been a challenge with other regulators who have longer CPD cycles. There are also indications that some osteopaths wait until the final few months before undertaking any CPD activities. While 30 hours is not an unachievable number to complete in a relatively short space of time, if the same strategy were to take place in a two-year cycle, 60 hours would be much more daunting and could lead to more cases of non-compliance, which could eventually lead to removal from the Register. This is a particular risk given the fact that most osteopaths work outside any other clinical governance mechanisms. This could be mitigated by encouraging or requiring the submission of the identification of learning needs (perhaps as part of a Revalidation scheme), or perhaps by the submission of some CPD each year, but only requiring a particular total of CPD hours at the end of the longer cycle.

ii. Changes to the number of CPD hours required over a specified period

60. It may be difficult to identify any coherent reasons for changing the numbers of hours required over an annual period. If changes to CPD hours were combined with other mechanisms, such as lengthening the CPD cycle, it could better contribute to the aims of CPD without being a disproportionate additional burden.

61. **Advantages** of an increase to the CPD hours could include:

a. Recognition of the additional CPD that many osteopaths are already undertaking.

b. Further time to formalise the inclusion of evaluation of practice, evaluation of learning needs and identification of the appropriate ways to identify learning needs.

c. Many comparable professions appear to have equivalent annual 'hours requirements' of 40 to 50 hours although usually this was expressed as a total number of hours over three to five years. Further research could be undertaken to explore the comparisons in more detail.

62. **Disadvantages** of an increase to the CPD hours are as follows:

a. A lack of evidence about the optimum number of CPD hours and impact makes it difficult to make changes to the hours requirement of CPD without further evidence.

b. The additional recording and requirement to retain evidence for additional CPD could be regarded as disproportionate. However, this could be mitigated by allowing some CPD to remain unverified, as occurs in other healthcare profession CPD schemes.

Question 8 – Changes to the CPD cycle

a. Do you feel the current CPD cycle of a 12-month period to be appropriate?

b. Do you feel the minimum number of hours required is set at an appropriate level?

c. If the decision were made to extend the cycle, which would be preferable, a three year or six year cycle? What are the reasons for your choice?

Option 5: Quality assured CPD

63. In order to be effective, CPD should be good quality. We know from our findings that around a third of CPD is undertaken as formal courses provided by groups, specialist societies or under the auspices of the OEs. However, we also know that some formal CPD provisions are not considered good quality by some of those attending.
64. The current CPD Guidelines provide some questions for osteopaths to consider before booking a CPD course, including:
- Is the activity relevant to your professional work as an osteopath?
 - Does the activity have clear learning aims and objectives that meet your requirements?
 - What are the standards, qualifications and reputation of the speaker or lecturer?
 - What is the cost of the activity?
 - What accommodation and facilities are provided? Is the course accessible?
 - How is the activity quality monitored? Are you invited to provide feedback to improve the activity in the future?
65. In other professions, there is usually a Royal College or Chartered Society which accredits CPD courses or can provide advice about the quality of CPD courses. This is not a role that the GOsC undertakes. On the other hand, there is no Royal College or other professional body which undertakes this role either.
66. Therefore we need to consider both GOsC quality assured CPD and CPD quality assured by other organisations. CPD can also be quality assured by providing feedback to osteopaths.
67. It is of note, though, that currently the debate about osteopathic quality assured CPD has been framed in relation to courses. However, as opportunities for online learning in osteopathy grow, the debate about quality assured CPD should also broaden to consider modes of delivery of CPD other than face to face courses.
- ### i. GOsC quality assured CPD
68. There could be some advantages of the GOsC quality assuring CPD.
69. **Advantages** of the GOsC quality assuring CPD include:
- Osteopaths could be more certain about the quality of certain types of CPD.
 - It might encourage the market in CPD courses and could be targeted to encourage provision outside the south east region.
 - If the issue about poor quality of courses was extensive, it might be considered proportionate to introduce a form of GOsC CPD accreditation.
 - If the GOsC focussed quality assurance on modes of delivery which are accessible to all osteopaths, such as online learning, it might be possible to reduce the assumption that CPD 'learning with others' has to be a face to face course.
70. **Disadvantages** of the GOsC quality assuring CPD include:
- The GOsC would be making commercial decisions enabling some providers to obtain a market advantage. This could compromise the independent relationships between the GOsC and stakeholders such as the OEs, the BOA and other specialist societies or institutions.
 - GOsC accredited CPD courses may inadvertently suggest that this type of CPD was better than CPD undertaken in a structured way between individuals. This might have the effect of encouraging osteopaths to attend more courses and to engage less in different types of 'unaccredited' activity which may better meet their learning needs.
 - Osteopaths who live and practise internationally may feel at a disadvantage as it would likely be more difficult to access courses – although not necessarily online learning.

d. Many CPD courses are run in the south east of England. A lack of quality assured CPD activities across the country may mean that the GOsC contributes to the raising of standards in some areas and not others. This could be a challenge to the statutory duty of the GOsC Education Committee to promote high standards of education.

e. There would be a resource impact to undertake quality assurance of CPD activities. This would either be an additional cost to be met from registrant fees or a charge that the GOsC made to the course providers for consideration of applications.

ii. CPD quality assured by other organisations

71. What organisations might be in a position to accredit CPD offered by other providers? Organisations such as the BOA, the Council of Osteopathic Educational Institutions and specialist societies could all provide a marker of quality CPD. Would this be sufficient? What sort of criteria should be satisfied to be good quality CPD? How much does an individual influence the quality of CPD? If a course is delivered excellently, but there is no assessment of individual needs prior to the course, can this be good quality CPD? What role might the GOsC have in setting a framework for such accreditation?

72. **Advantages** of CPD quality assured by other organisations could include the following:

a. Osteopaths could be more certain about the quality of certain types of CPD.

73. **Disadvantages** of other organisations quality assuring CPD could include the following:

a. There would be no obligation to ensure fair access to provision across the country.

b. Quality assured CPD may inadvertently increase the numbers of osteopaths attending courses when this might not be the best way for them to meet their own learning needs.

c. CPD courses may not be sufficiently frequent to enable fair access to all osteopaths.

d. The quality assurance mechanisms and information would need to be available to all osteopaths and not just 'members' or alumni of those organisations. Otherwise there would be a risk that the quality assurance inadvertently discriminated against some practitioners and therefore did not achieve the aims of CPD for the profession as a whole.

iii. Feedback to osteopaths

74. Supporting quality CPD is also achieved by providing feedback on submission to osteopaths either when osteopaths' *CPD Annual Summary Forms* or CPD Record Folders are considered by the GOsC. This feedback could be in writing – about whether CPD activities meet the requirements of the CPD Guidelines²⁵ – or it could be a telephone conversation with an osteopath providing advice and guidance about the types of activities that may assist in terms of CPD.

75. Providing feedback on all submissions reviewed (or all submissions), rather than just the ones where issues have arisen, could strengthen the importance of CPD and would include the provision of positive feedback to osteopaths to reinforce their individual CPD approach. The current approach is that osteopaths are only contacted if their form is audited and if it does not meet the requirements of the CPD Guidelines.

76. **Advantages** of increasing the provision of feedback about CPD to osteopaths could include:

a. Reassuring osteopaths that they were undertaking CPD in accordance with the CPD Guidelines.

77. **Disadvantages** of increasing the provision of feedback about CPD to osteopaths could include:

a. There would be an additional resource impact in providing feedback to all osteopaths. However, this could be mitigated by lengthening the CPD cycle.

- b. The people providing feedback may have expertise in terms of the CPD Guidelines rather than osteopathy and thus the advantages of any feedback may be limited. This could be mitigated by looking at alternative ways to provide feedback which may also have resource implications.

Question 9 – Quality assured CPD

- a. Why is quality assured CPD required?**
- b. What sort of CPD activities could be quality assured?**
- c. Do you support the GOsC quality assuring CPD?**
- d. Do you support other organisations quality assuring CPD?**
- e. Would you like to see more feedback to osteopaths about the content of *Annual Summary Forms* or folders?**
- f. What are the resource implications of quality assured CPD?**

Measurement of the effectiveness of CPD

78. Measuring CPD is a challenge. Measuring inputs such as the number of hours completed is relatively easy but challenging in terms of demonstrating the benefit.
79. However, measuring the outcome and the effectiveness or usefulness of CPD is very difficult too, because of the different starting points of individuals, the lack of appraisals or other mechanisms to provide a measure of the effectiveness of CPD and the challenge of obtaining evidence generally in measuring the effectiveness of CPD.
80. As we develop our thinking about CPD we will also consider further the reasons for measurement and the challenges of measurement. These could include the opportunity to move to a more outcomes-based approach for CPD.

Question 10 – Measuring the effectiveness of CPD

- a. How do you measure the effectiveness of your practice?**
- b. How do you measure the effectiveness of your CPD?**
- c. How do you think the GOsC may best measure the outcomes of CPD?**

Conclusion

81. The current CPD scheme has been in operation for just over five years. Feedback from osteopaths, from our KPMG survey about how osteopaths practise²⁶ and our evaluation of the submissions of both the *CPD Annual Summary Forms* and the CPD Record Folders have helped to inform the thinking in this paper.
82. CPD is designed to be a mechanism to enable practitioners to keep up to date with new procedures, thinking and research. The current CPD scheme allows osteopaths to choose their own path by identifying strengths and areas for development. However, while this has been successful for many osteopaths, without additional guidance, many more appear to have found it burdensome and of little value.
83. It is hoped that the discussion generated by this document will inform our thinking as we move forward to consider how best to regulate the area of continuing fitness to practise effectively for the benefit of patients and osteopaths.

Question 11 – Conclusion

- a. Do you consider that any proposals in this paper may adversely impact on anyone because of their gender, race, disability, age, religion or belief, sexual orientation or any other aspect of equality? If so, please make suggestions about how the impact could be reduced.
- b. Please let us have any other comments on this paper.

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- 3 The Council for Healthcare Regulatory Excellence (soon to become the Professional Standards Authority when the Health and Social Care Bill becomes law), is the body which oversees the nine health professional regulators and in doing so promotes the health, safety and wellbeing of patients and the public. Further information can be found on their website at: <http://www.chre.org.uk/>.
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- 15 See for example Schostak J et al, 'Effectiveness of Continuing Professional Development' available at http://www.gmc-uk.org/Effectiveness_of_CPD_Final_Report.pdf_34306281.pdf, p126, and accessed on 13 June 2011 which stated that 'It is no longer acceptable for a doctor to affirm that, as a professional, they are continuing to learn and are up-to-date.'
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- 21 See for example the National Minimum Standards for Independent Health Care Services in Wales available at <http://www.hiw.org.uk/Documents/477/NMS%20IHC%20Services%20in%20Wales-e.pdf> accessed on 1 August 2011.
- 22 See for example The Quality Standards for Health and Social Care available at http://www.dhsspsni.gov.uk/qpi_quality_standards_for_health_social_care.pdf and accessed on 1 August 2011. Whilst these provisions in all four countries do not, generally, apply to osteopaths at present it is worth being aware of the requirements to demonstrate the quality of practice of many healthcare professionals and the expectations of patients that this takes place.
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