

The General Osteopathic Council consultation on continuing professional development: proposals for assuring the continuing fitness to practise of osteopaths.

January 2015

DRAFT

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Introduction

1. This consultation sets out the General Osteopathic Council's proposals for a new CPD scheme (the CPD scheme) which provides assurance to the public of the continuing fitness to practise of osteopaths.
2. There are two consultation documents. One main version sets out the full background and detail of our proposals for completion by any interested person. There is also a shorter summary version designed specifically for patients and members of the public to encourage a variety of responses – however, we welcome responses from all to either version of the consultation.
3. This consultation runs from January 2015 to May 2015. During the consultation there will be a range of listening events taking place across the UK primarily facilitated by osteopathic regional groups, educational institutions, the Institute of Osteopathy and other osteopathic organisations. The GOsC will also have a programme of listening events for other stakeholders including patients and the public and other regulators and health professionals.
4. The General Osteopathic Council is committed to ensuring that this consultation is as accessible as possible to all to encourage diverse responses. 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

5. The proposals in this document represent a milestone in a six year programme¹ of work undertaken by the General Osteopathic Council to develop an appropriate and effective continuing professional development (CPD) scheme that:
 - a. supports osteopaths to demonstrate that they are up to date and fit to practise and
 - b. provides assurance to the public that osteopaths are up to date and fit to practise.
6. The proposals outline a new CPD scheme designed to provide the public with assurance that osteopaths practise in accordance with the *Osteopathic Practice Standards*, our core standards for registration (providing assurance of continuing fitness to practise).
7. Initially, this work programme was driven by government expectations and also through a report of the Professional Standards Authority, the body overseeing all health professional regulators in the UK.
8. However, by working closely with osteopaths and patients, we developed a better CPD scheme both for osteopaths and patients.
9. Our proposals build on what most osteopaths are already doing, enhancing the role of colleagues within the learning process focussing on the development of a respectful learning community supporting continual enhancement of practice.

Purpose

10. The overarching outcome of any scheme, providing assurance of continuing fitness to practise for regulated health professionals, must be public protection. The scheme should enable safer and more effective practice.
11. The scheme should enable us to respond to the 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.²
12. The scheme should not encourage behaviour that could put public protection at risk (for example, unintended incentives not to discuss and improve areas of

¹ Further information about the programme of development and research which has informed our proposals is available in our Background Booklet available at xxxxx.

² See p3, Council for Healthcare Regulatory Excellence (now the Professional Standards Authority), 2012, An approach to assuring continuing fitness to practise based on right touch regulation principles, available at <http://www.professionalstandards.org.uk/docs/psa-library/november-2012---right-touch-continuing-fitness-to-practise.pdf> and accessed on 1 September 2014.

development because one is trying to pass an assessment demonstrating practice in accordance with standards).

13. The foundation for our scheme must be based on practising in accordance with the *Osteopathic Practice Standards* and enhancement of practice and demonstrating this but in a way which supports genuine enhancement of practice and engagement.³

Propositions informing the development of the CPD scheme

14. The CPD scheme is based on the following propositions which are themselves drawn from a programme⁴ of research, consultation, engagement, piloting and testing work:
- a. A single scheme should enable the demonstration of the *Osteopathic Practice Standards* and the enhancement of quality of care, covering the full breadth and depth of individual practice.
 - b. The scheme should remain primarily self-directed by the osteopath, as it is now, but with some additional elements planned in over a period of three years to strengthen links to the *Osteopathic Practice Standards*.
 - c. The scheme should encourage feedback from other sources to individuals to support both the demonstration of standards and the enhancement of the quality of care.
 - d. The scheme should promote a culture where discussions of areas of development with a colleague are recognised as strong practice which can help to support safer and more effective practice.
 - e. The peer review discussion element could be delivered by people, groups or organisations outside of the GOsC supported by appropriate governance and quality assurance arrangements.
 - f. The scheme should include a specific focus on consent and communication.
 - g. The scheme should encourage the development of learning communities supporting 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.

³ See pp 6 and 7, Council for Healthcare Regulatory Excellence (now the Professional Standards Authority), 2012, An approach to assuring continuing fitness to practise based on right touch regulation principles, available at <http://www.professionalstandards.org.uk/docs/psa-library/november-2012---right-touch-continuing-fitness-to-practise.pdf> and accessed on 1 September 2014.

⁴ Further information about the research and evidence underpinning the scheme can be found in our publication, *The new GOsC Continuing Profession Development (CPD) scheme: A background booklet*, 2014.

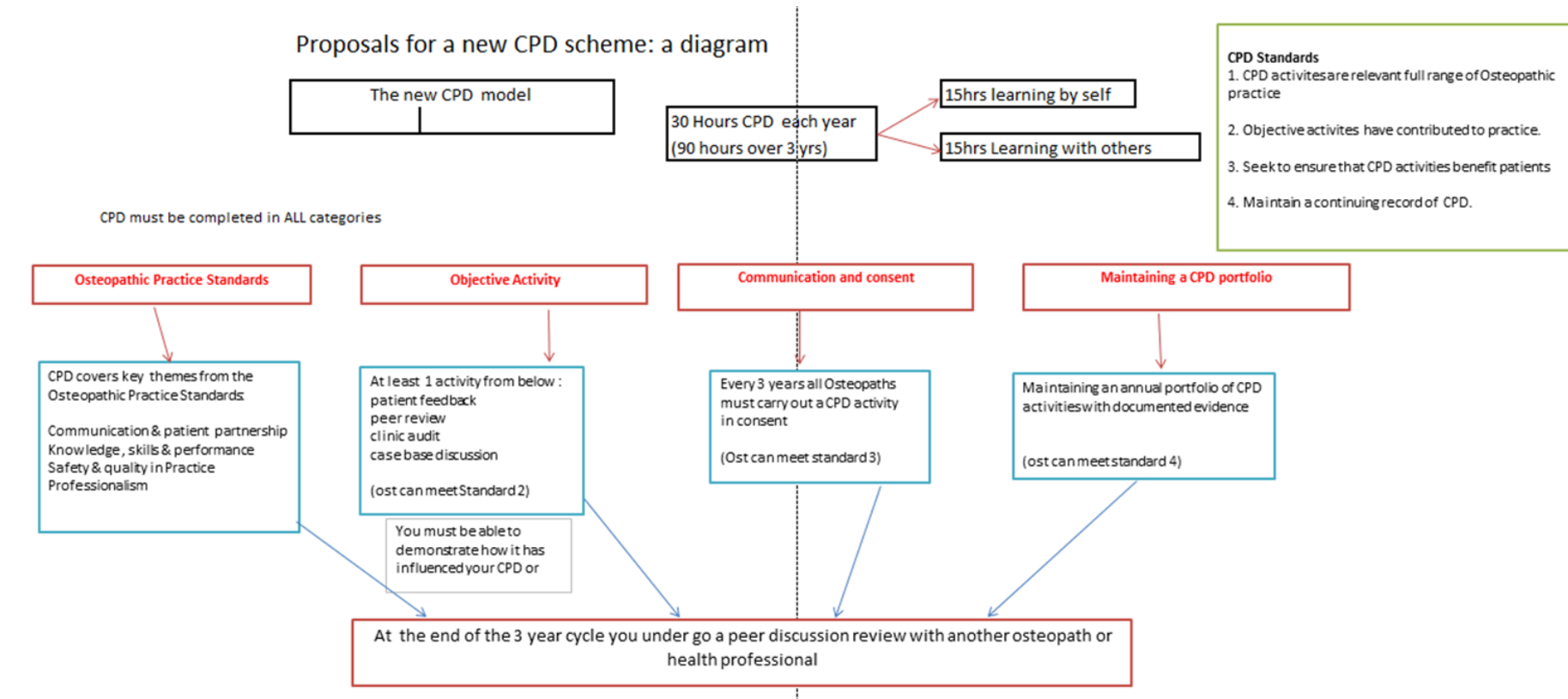
- h. The scheme should incorporate appropriate quality assurance and audit mechanisms to provide assurance as to the quality of the process and to assure compliance.
- i. There should be fair and appropriate mechanisms for people who are not engaging with the process to be removed administratively, as there are now in the existing CPD scheme.

The CPD scheme

15. The new CPD scheme is outlined in the diagram below.



Proposals for a new CPD scheme: a diagram



Mandatory requirements of the CPD scheme

16. As now, the CPD scheme will continue to incorporate 30 hours of CPD per year (including 15 hours with others) but there will be a three year cycle comprising 90 hours of continuing professional development (CPD) including at least 45 hours of CPD learning with others.
17. As now, the 90 hour CPD cycle remains primarily self-directed but building on what many osteopaths are already doing, must now include four key activities:

Activity 1 – Osteopathic Practice Standards

- CPD must be undertaken and recorded in all themes of *Osteopathic Practice Standards*:
 - Communication and patient partnership,
 - Knowledge, skills and performance,
 - Safety and quality in practice and
 - Professionalism.
- CPD should also support all areas of osteopathic professional practice (clinical practice, education, research and management).

Completion of these activities helps to ensure that the osteopath reviews their practice, 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,
 - the feedback or data gathered, and
 - how that feedback or data has fed into CPD and practice (this will usually include analysis, reflection or discussion with another and an action plan).

Undertaking an objective activity helps to ensure that the osteopath is undertaking appropriate CPD based on feedback from another source about their practice – thus supporting safer and more effective practice.

Activity 3 – Communication and consent

- CPD must be undertaken in communication and consent. There are a range of resources to enable the osteopath to undertake this CPD either through

self study, through a course, or through e-learning, or through group discussion. A suggested guideline is around 3 hours.

Research suggests that communication and consent is an area where patient satisfaction is lower and also that complaints in these areas feature more prominently. Requiring CPD in this area for all osteopaths provides guidance about areas of potential risk for osteopaths. It also meets both public and osteopathic expectations about incorporating higher areas of risk into any scheme providing 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) which takes place with a local osteopath or health professional or under the auspices of:
 - a regional group,
 - educational institution or
 - Osteopathic Alliance (advanced practice or special interest) group
 - Or the GOsC.
- Enables the osteopath to discuss their own practice and continuing professional development (CPD) with a peer (this will include considering and discussing areas of development and supportive and constructive feedback).
- Enables the osteopath to show that they have complied with the CPD scheme and the CPD Standards using a combination of their CPD portfolio, patient notes and particularly discussion.

Guidance is provided about the circumstances under which an osteopath does or does not meet the standards and what to do if concerns about patient safety are identified.

Choosing their own peer enables the osteopath to discuss their own CPD and practice in a professional safe space. This enables them not only to demonstrate that they have engaged with the CPD scheme but also, ensures a focus on safe and effective practice and continual enhancement the quality of care through peer discussion.

The CPD Standards

18. The CPD scheme is based around four CPD standards (set out in the table below) which are demonstrated in the Peer Discussion Review before moving to the next three year cycle.

19. Engagement with the scheme by completing the four activities outlined above (which are designed to support safer and effective practice) will enable an individual to meet the CPD standards. The CPD Standards are:

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 – Portfolio	Maintain a continuing record of CPD

Continuing professional development scheme consultation questions

20. The consultation questions are based around the following topics including:
- The draft *Continuing Professional Development Guidelines*
 - The draft *Peer Discussion Review Guidelines*
 - 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 issues
 - Any other comments

[DN: Insert final list of consultation questions]

The Continuing Professional Development Guidelines

21. The draft *Continuing Professional Development (CPD) Guidelines*, describing the Scheme assuring the continuing fitness to practise of registrants, available at www.osteopathy.org.uk. They differ from the current CPD Guidelines in that they are much shorter and less prescriptive. However, they do focus on the importance of professional judgement, culture and community.

22. The *CPD Guidelines* describe a CPD scheme which is designed to provide assurance of continuing fitness to practise for osteopaths by encouraging osteopaths to develop their practice as part of a community of learning.
23. The *CPD Guidelines* are structured as follows:
- Culture – they describe a culture of engagement, discussion and learning communities within learning with a view to ensuring continual enhancement of quality of care and patient safety.
 - The CPD scheme - A description of the new CPD scheme including three year cycle of 90 hours and describing the mandatory activities to be undertaken as part of that CPD.
 - CPD Standards – The CPD standards to be demonstrated through a peer discussion review enabling the registrant to move on to the next CPD cycle.
 - What is CPD – A definition of CPD.
 - What is professional practice – a definition of professional practice which is designed to emphasise the broad nature of osteopathic practice including clinical, education, research and management.
 - The CPD Process – Examples of how the CPD scheme could work.
 - Information about Peer Discussion Review – Description of the Peer Discussion Review process which 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.
24. There are also some additional supplementary resource guides available at www.osteopathy.org.uk providing examples of how osteopaths can meet the requirements of the new CPD schemes.
- *Demonstrating the Osteopathic Practice Standards* – Some case studies illustrating how osteopaths can undertake CPD in relation to the four themes of the *Osteopathic Practice Standards*. This guide also includes example CPD Annual Summary Forms and an example CPD Portfolio demonstrating a range of activities and evidence for the whole CPD scheme.
 - *Demonstrating communication and consent* – Some case studies illustrating how osteopaths can undertake CPD in relation to communication and consent.
 - *Undertaking an Objective activity* – Some case studies illustrating how osteopaths can undertake CPD in relation to an objective activity.

Questions about the draft Continuing Professional Development (CPD) Guidelines

25. After reading the draft CPD Guidelines, please respond to the following questions:

26. Please tick all statements that apply and provide any comments if you wish to do so.

	Statement	Strongly disagree	Disagree	No view	Agree	Strongly agree	Comments
1	A section about culture is important in the CPD Guidelines						
2	The section on culture describes the culture I would like to see in osteopathy.						
3	The section describing the CPD scheme is clear.						
4	The definition of CPD is clear.						
5	The definition of CPD is appropriate.						
6	The definition of professional practice is clear.						
7	The definition of professional practice is appropriate.						
8	The description of the CPD process of clear.						
9	Information about peer discussion review is clear.						
10	The CPD Guidelines are clear						
11	The CPD						

	Statement	Strongly disagree	Disagree	No view	Agree	Strongly agree	Comments
	Guidelines are accessible						
12	This is a scheme that I can comply with.						
13	This is a scheme that is likely to help me to enhance patient care.						
14	This scheme will encourage me to discuss my practice with others.						
15	The CPD Guidelines overall are clear						

Q16. Please provide any other comments or feedback about the draft CPD Guidelines here:

The Peer Discussion Review Guidelines

27. The *Peer Discussion Review Guidelines* are available at www.osteopathy.org.uk. The *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 have previously been available in osteopathy.

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

- Introduction (including culture) – a short introduction about the guidance and how it is to be used.
- The CPD model (including the CPD Standards) – a short summary of the scheme.

- About Peer Discussion Review – More detailed guidance about how to undertake a peer discussion review.
- Frequently asked questions – a list of frequently asked questions designed to support osteopaths and reviewers preparing for and undertaking a peer discussion review. This includes questions such as can I claim CPD? What if I am unsure whether an osteopath has done enough to meet a standard?
- Case study for carrying out a group peer discussion review – a case study for one way of undertaking a peer discussion review as part of a day long CPD meeting with other osteopaths.
- Instructions for completing the peer discussion review template – A summary of how to use and complete the peer discussion template.
- Peer Discussion Review Template (for completion during the Peer Discussion Review) – a template suggesting questions to structure the discussion and criteria for demonstrating whether or not a standard is met. It also contains a declaration to be signed off by both parties at the conclusion of the successful peer discussion review.

Questions about the Peer Discussion Review Guidelines

	Statement	Strongly disagree	Disagree	No view	Agree	Strongly agree	Comments
17	A section about culture is important in the Peer Discussion Review Guidelines						
18	The section on culture describes the culture I would like to see in osteopathy.						
19	The frequently asked questions are appropriate.						
20	The instructions for completing the peer discussion review template are clear.						
21	The						

	Statement	Strongly disagree	Disagree	No view	Agree	Strongly agree	Comments
	instructions for completing the peer discussion review template are appropriate.						
22	The Peer Discussion Review template is easy to follow.						
23	The guidance about when a standard is met is clear.						
24	The guidance about when a standard is met is appropriate.						
25	The guidance about when a standard is not met is clear.						
26	The guidance about when a standard is not met is appropriate.						
27	The guidance about when a standard may be met is clear.						
28	The guidance about when a standard may be met is appropriate.						
29	The information provided helps me to understand						

	Statement	Strongly disagree	Disagree	No view	Agree	Strongly agree	Comments
	how to prepare for a peer discussion review for myself.						
30	The information provided helps me to understand how I might undertake a peer discussion review for myself.						
31	The information provided helps me to understand how I might undertake a peer discussion review of someone else.						
32	The peer discussion review could contribute to safer and more effective practice.						
33	The peer discussion review will not contribute to safer and more effective practice.						
34	The peer discussion review is a hierarchical process.						

	Statement	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.						

Q36. Please provide any other comments or feedback about the draft Peer Discussion Review Guidelines here:

Questions on specific topics

IT and online submission

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

- An electronic system enabling osteopaths to record CPD and upload evidence at the same time. (For example, taking a photo and uploading it, or enabling analysis of patient feedback to be retained).
- Automated feedback telling the osteopath what they need to complete in order to move to the next CPD cycle but also showing them how they are doing in relation to others. For example:
 - 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).
30. Such automated feedback would only be feasible if all CPD submissions were required to be submitted online. Currently some regulators require all their CPD to be submitted online (for example, the General Optical Council and the Pharmaceutical Society of Northern Ireland require online submission of CPD). Other regulators allow postal submission of CPD (for example, the General Pharmaceutical Council and the General Dental Council). Currently around 85% of registrants complete their CPD online.
31. The advantages of having all CPD online include that comparative feedback can be provided instantaneously to osteopaths without the requirement for staff resources. Once initial set up costs had been undertaken, manual auditing for completion of the required hours would not be required – reducing GOsC staffing costs.
32. However, the disadvantages would be that some registrants do not have easy access to internet facilities. It is estimated that around 90% of the adult population will have a smart phone by January 2018.⁵

Q37. What are the barriers to prevent a fully automated CPD process?

Comments:

Audit

33. Audits are important to ensure compliance with any scheme. In part, audit will be undertaken in an automated way by a new IT system. Such a system should deliver the following:
- At the end of each year, a new GOsC IT system should provide automated feedback to all osteopaths advising them whether or not 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 that a minimum of 90 hour of CPD (including 45 hours

⁵ See for example <http://www.theguardian.com/technology/2014/apr/30/featurephone-smartphone-uk>

of learning with others) has been undertaken and the a Peer Discussion Review has been declared before osteopaths can move into the next CPD cycle.

34. In addition to this, it will be necessary to undertake a qualitative audit of a sample of CPD Portfolios and Peer Discussion Review forms. This is likely to comprise of a % of reviews undertaken by individuals and a % of reviews undertaken under arrangements taking place under the auspices of organisations, such as regional groups, educational institutions and advanced practice organisations or other CPD providers.
35. In our focus group (June 2014), patients suggested that they would want reviewers to be independent of the osteopath being reviewed. However, we also know from our revalidation pilot, that the important issue at this stage is for osteopaths to be able to find a space where they feel comfortable discussing their practice and areas of development. This is particularly important given the independent nature of practice without teams and employers.
36. We hope that reviews taking place under the auspices of the educational institutions and other groups and providers will be more independent and quality assured with a greater community to turn to in the event of uncertainty or advice being needed as part of the peer discussion review process.
37. We therefore propose to target our auditing strategy to ensure that we will audit a greater proportion of peer discussion reviews undertaken outside of the auspices of the regional groups, educational institutions and postgraduate CPD providers to mitigate any risk of collusive activity but also to support those undertaking peer discussion reviews more locally by providing feedback which allows them to compare what they are doing in the peer discussion reviews with what others are doing.
38. Such an approach enables us to provide a greater degree of objectivity to informal reviews.

Q38. Is a targetted audit strategy, as proposed above appropriate?

Yes/No

Comments:

Q39. If such a targetted audit strategy was in place, would you be more or less likely to choose an organisation to undertake your peer discussion review? Please select the statement which best describes your approach.

- 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 undertake my peer discussion review.
- The audit strategy would encourage me to seek out a local colleague to undertake my peer discussion review.
- Other – please describe

Quality Assurance

39. There will be a level of quality assurance provided by 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 osteopath or reviewer will be penalised through the audit process – unless there was clear evidence of collusion).
40. Quality assurance will also be provided 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 portfolios showing examples of standards met, not met and borderline cases. GOsC may also 'pump prime' organisations undertaking peer discussion reviews by providing 'train the trainer' type courses, to enable organisations to support their own peer discussion reviewers to undertake reviews.
41. It is hoped that over time, organisations will put resources into enhancing the peer discussion review experience for osteopaths.

Q40: Are these sufficient mechanisms to provide assurance to external observers about the quality of the scheme?

Yes/No

Comments:

Charging

42. In developing this scheme, we are exploring the option for allowing charging as part of the Peer Discussion Review. Any charges paid would have to be declared on a peer discussion review form. Some providers have indicated to us that they would wish to charge for offering a peer discussion review service. Such a fee would enable them to train and quality assure peer discussion reviewers, and

perhaps also support a local complaints mechanism. It would, in no way, guarantee the signing of a successful peer discussion review form. We also note that the GMC will be charging doctors to without a 'responsible officer' to go through the annual appraisal and revalidation process.

43. However, some providers and others have been strongly against 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 peer discussion review being signed off.
44. With a menu of options for an osteopath to choose a peer discussion review, all osteopaths would have a choice of providers – some who may charge and some who will not.

Q41 In what circumstances is it reasonable to charge for a peer discussion review?

Comments:

Disagreement about outcomes guidance

45. The Peer Discussion Review Guidelines contain two specific frequently asked questions about disagreements about outcomes as follows:

'10. 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 Portfolio. The second Peer Discussion Review will take account of your response to earlier Peer Discussion Reviews.

11. 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 within the cycle at earlier stages?

- 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 – 'Seek to ensure that activities have contributed to the quality of care through analysis and consideration of how it might influence practice and consideration of a

range of types of evidence including objective evidence and discussion with peers.

It does not matter if the reviewer signing off your Peer Discussion Review form is different to the reviewer who undertook an incomplete Peer Discussion Review form.

If such a disagreement takes place under the auspices of a provider, there will be an opportunity to discuss this locally. However, this is less likely to be the case for independent peer discussion reviewers.'

Q42. Is the guidance on disagreement about outcomes from the peer discussion review sufficient?

Yes/No

Comments:

Guidance about what to do if concerns about practice are identified e.g. when should concerns be raised, reported and remediated?

46. A critical part of the peer discussion review process is to know how to address concerns in practice. On most occasions, concerns about practice will be discussed and a plan for addressing those concerns agreed. However, occasionally, concerns will be identified, which continue to put patients at risk. The *Peer Discussion Review Guidelines* provide the following advice:

'18. What should I do if I am concerned about an osteopath's practice during a review?

In most cases, if concerns are identified, these will be discussed between the reviewer and an 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 completes the further CPD or training suggested before completing the Peer Discussion Review in that cycle. Alternatively, it may be sufficient to note the discussion and to identify appropriate CPD or training in the next three year cycle, signing off this Peer Discussion Review cycle.

If there are concerns identified which may cause harm to patients as they will not be immediately 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 calling 020 7357 6655 x 248. Advice may also be sought from the Institute of Osteopathy or from an insurer. The GOsC will be developing further advice about this shortly.'

Q43. What further guidance about raising concerns is required?

Comment:

Equality and diversity implications

47. The General Osteopathic Council is committed to promoting equality in all its statutory duties. We want to ensure that people with protected characteristics are not adversely affected by any of the outcomes set out in this *Guidance*. The equality impact assessment for our revalidation pilot noted that people declaring disabilities were less likely to complete the pilot and that a greater proportion of people under 30 did not complete the pilot. Our pathfinding groups include people declaring a disability and also recent graduates less than 30 years of age as part of our development work to help us to ensure that there were no adverse impacts to these groups particularly.

Q44. Do you consider that any aspect of the *draft Continuing Professional Development 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

Comment:

Q45. If so, please make suggestions about how the impact could be eliminated or reduced.

Comments:

Other comments

Q46. Please provide any other comments about the draft CPD scheme.

Comments