

Draft CPD Guidelines
V6
24 September 2014

Continuing fitness to practise
Continuing Professional Development Guidelines
2014

DRAFT 6

These draft Continuing Professional Development Guidelines are being developed in partnership with regional groups, educational institutions and advanced practice groups and other organisations. They will be subject to a full public consultation at the end of 2014.

Disclaimer – All case studies are first drafts that have not yet been fully checked back with authors or the General Osteopathic Council – they are simply a guide.

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Introduction

This guidance supports osteopaths undertaking the General Osteopathic Council Continuing Professional Development (CPD) scheme which provides assurance of continuing fitness to practise for every osteopath on the statutory Register by encouraging osteopaths to develop their practice as part of a community of learning.

Culture

The CPD scheme is designed to promote engagement, discussion and learning communities within osteopathy, putting patients at the heart of care in order to ensure high quality patient care and patient safety.

This approach relies on osteopaths to genuinely participate and show interest in activities, helping colleagues to feel valued promoting discussion about practice. It relies on:

- A respectful environment where colleagues can share practice honestly.
- Skills of giving and receiving constructive feedback,
- Demonstrating attitudes of curiosity and the ability to learn from every encounter with colleagues
- Valuing new knowledge and insights that all colleagues and patients can bring.

We want to create a culture where osteopaths are empowered to:

- Inspire and influence others with a shared purpose creating benefits for patients, their families themselves and their colleagues both within and outside the osteopathic profession.
- Be alert to changes in society and in wider health professions and the delivery of healthcare to ensure that the services they deliver are meeting those ever changing expectations supporting effective collaboration putting patients at the heart of care.
- Develop and maintain excellent interpersonal skills understanding the impact of emotions and behaviours on others.

What is the CPD scheme?

The CPD scheme, which provides assurance of continuing fitness to practise, comprises:

A three year cycle of 90 hours of CPD including 45 hours of CPD learning with others (meaning 30 hours and 15 hours learning with others each year) which is primarily self -directed. This CPD will include:

- At least one objective activity – such as peer observation, patient feedback, clinical audit or case based discussion - which informs CPD.
- At least one CPD activity in the area of communication and consent

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- CPD activities in each of the areas of the Osteopathic Practice Standards (including communication and patient partnership, knowledge, skills and performance, safety and quality, and professionalism).
- A Peer Discussion Review towards the end of the three year cycle which will provide an opportunity to discuss practice and CPD and will confirm that these elements have been complied with by confirming that the CPD standards have been achieved.

Information about 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 |

What is CPD?

CPD is any activity which maintains, enhances and develops osteopathic professional practice. CPD comprises any learning undertaken by an osteopath and can include courses, seminars, practical sessions, e-learning, reading, researching, individual study and any other activities which can advance practice.

Undertaking CPD is an ongoing part of professional practice.

What is professional practice?

Professional practice can include clinical work, education, research or management responsibilities. Over the course of a three year CPD period, CPD should be appropriately balanced over the whole of an individual's practice. So, for example, an individual who only undertook clinical work and held no management or teaching

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responsibilities might demonstrate all their CPD in clinical work. However, an osteopath who undertook one day a week in education might expect to demonstrate a small amount of their CPD relevant to their education or teaching practice as well as their clinical practice. Over the course of a three year period, osteopaths with management responsibilities should be able to demonstrate balanced CPD in these areas.

The CPD Process – submitting information to GOsC

Each year, as part of the re-registration process, osteopaths will submit a self declaration which confirms the number of hours of CPD undertaken and also which of the mandatory activities have been covered. The CPD Cycle Table (figure 1 below) provides guidance about how the scheme should be undertaken and feedback that the GOsC will provide throughout the cycle.

It is important that all osteopaths should aim to undertake the appropriate amount of balanced CPD throughout each year of the cycle.

It is only necessary that **all** the requirements are completed at the **end of each three year cycle** in order to move to the next cycle.

Figure 1

Example of a CPD Cycle Table

| Year | CPD Hours | Activities | Annual Feedback from GOsC |
|--------------------|---|---|--|
| CPD Cycle 1 | | | |
| Year 1 | 30 hours of CPD (15 hours learning with others) CPD linked to all themes in the OPS | Objective activity, analysis and reflection | If all activities have been completed, osteopaths will receive positive confirmation of this. If all activities have not been completed, osteopaths will receive a notification advising them of this and also indicating to them the percentage of osteopaths who have complied. |
| Year 2 | 30 hours of CPD (15 hours learning with others). CPD linked to all | CPD in consent and communication | If all activities have been completed, osteopaths will receive positive confirmation of this. If all activities have not been completed, osteopaths will receive a notification advising them of this and also indicating to them the percentage of osteopaths |

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| Year | CPD Hours | Activities | Annual Feedback from GOsC |
|--------------------|---|----------------------------------|---|
| | themes in the OPS. | | who have complied. Osteopaths will also receive a warning that if they do not comply with the scheme by the end of year 3 that they are at risk of being removed from the register for non-compliance (as is the case in the current scheme). |
| Year 3 | 30 hours of CPD (15 hours learning with others). CPD linked to all themes in the OPS. | Peer Discussion Review completed | <p>If all activities have been completed, osteopaths will receive positive confirmation of this and confirmation that they have successfully completed CPD Cycle 1 and have moved into CPD cycle 2.</p> <p>If all activities have not been completed, osteopaths will receive a warning that if they do not comply with the scheme within 28 days, they are at risk of being removed from the register for non-compliance (as is the case in the current scheme).</p> |
| CPD Cycle 2 | | | |
| Year 1 | Repeat as indicated above. | | |

Osteopaths should take all steps to ensure that they meet the requirements at the end of year 3. If it becomes apparent that there are exceptional circumstances that will prevent an osteopath complying, they should notify the GOsC as soon as possible during the CPD cycle, providing documentary evidence and applying for an extension to the end of their CPD cycle.

Information about the Peer Discussion Review.

Towards the end of the CPD cycle (during year 3), all osteopaths undertake a Peer Discussion Review to enable them to complete the CPD cycle at the end of Year 3 and move to the next CPD Cycle.

A Peer Discussion Review is a conversation with a colleague or other health professional, either locally or through arrangements put in place by educational institutions, regional groups or advanced practice societies, or with the GOsC, which enables the osteopath to demonstrate that they have complied with the CPD

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requirements and therefore met the CPD Standards. It should take around an hour to an hour and a half to complete and the conversation itself is usually CPD for both parties.

The peer discussion review provides the opportunity for a respectful and supportive conversation about practice to take place.

Separate Guidance about the Peer Discussion Review process is available. The Guidance contains:

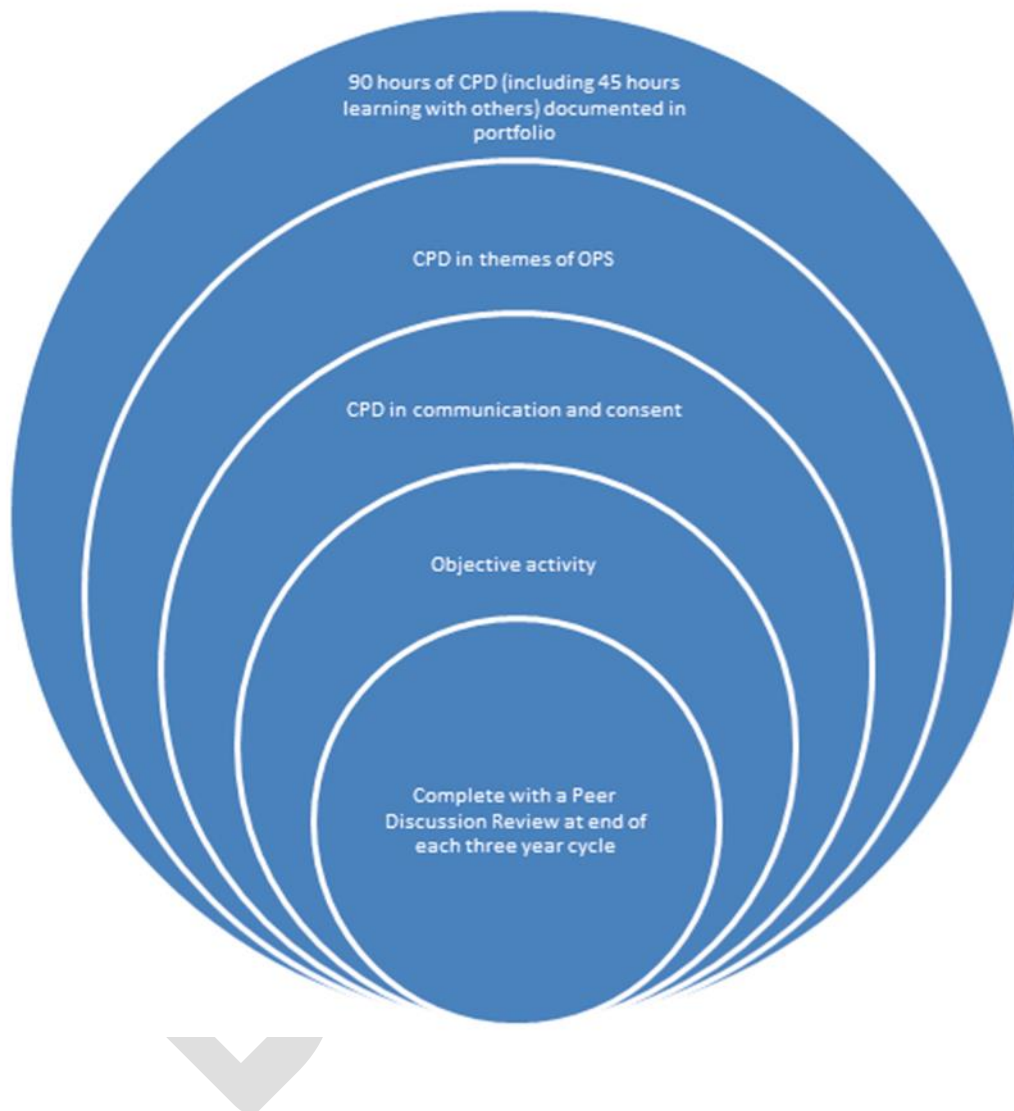
- information about how the peer discussion review works,
- frequently asked questions
- a walk through form to guide the conversation.

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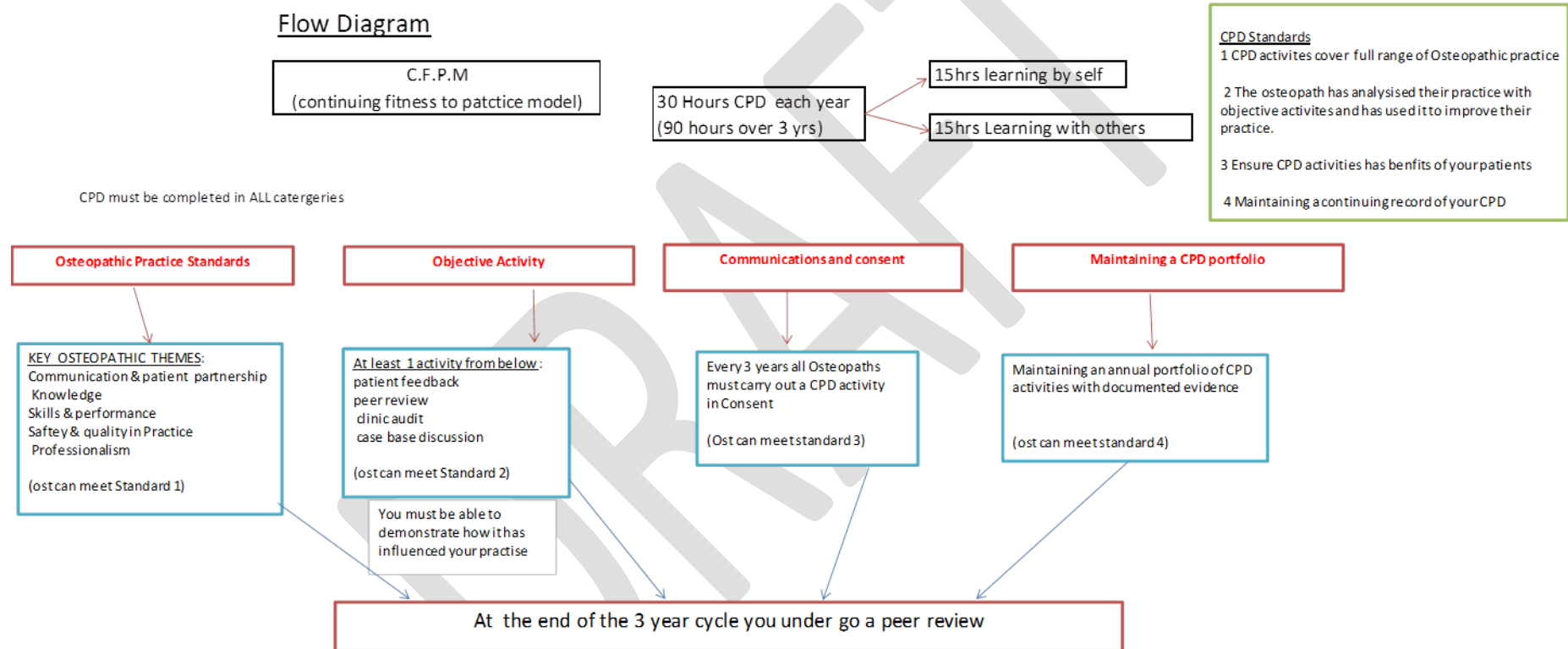
Diagrams describing the CPD process providing assurance of continuing fitness to practice.

Figure 2 – Diagram depicting the continuing fitness to practise process – this diagram shows that all the activities take place within the 90 hours of CPD over the three year cycle.



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Figure 3

Flow Diagram explaining the relationship between the CPD scheme, the CPD Standards and the Peer Discussion Review



By Kathryn de Fleury

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Audit

Audit is likely to take place as follows:

- At the end of each year, the GOSc IT system will provide automated feedback to osteopaths advising them whether or not they are on track with their three year CPD Cycle.
- The GOSc system will automatically audit submissions at the end of the CPD Cycle to ensure that a minimum of 90 hour of CPD (including 45 hours 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.
- A sample of CPD Portfolios and Peer Discussion Review forms will be audited. 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.

Quality Assurance

The system is designed so that quality assurance will be provided as part of the audit process.

Online training will be provided for peer discussion reviews. The forms have been designed so that they are a walk through process with all the same guidance being applied by all.

Organisations may put in place their own mechanisms of training and quality assurance/the need to retain all incomplete Peer Discussion Reviews in folders.

The IT system

It is likely, that in common with other health professional regulators, that online submissions will be fully automated to ensure that appropriate feedback and quality assurance can take place for all.

Resources and Case studies to help you to undertake the CPD scheme

December 2014

Resources and cases studies

This section provides more detailed guidance about how osteopaths can meet the mandatory requirements of the new CPD Scheme. These requirements are a small part of the 90 hours of CPD (including 45 hours of learning with others) throughout the three year CPD cycle and are:

- Linking CPD to the four themes of the Osteopathic Practice Standards
- CPD in communication and consent
- CPD in an objective activity

A. Osteopathic Practice Standards

What is required?

1. CPD activities should cover each of the four themes of the Osteopathic Practice Standards. These are:
 - Communication and patient partnership
 - Knowledge, skills and performance
 - Safety and quality in practice
 - Professionalism.
2. This means that during the Peer Discussion Review you have CPD activities which have covered each of the four themes and that you can discuss these as part of the review.

How do I record it and evidence it?

3. An example a completed annual summary form and CPD portfolio is attached at Annex X. The annual summary form enables you to indicate which themes an activity has covered. You should also record these themes on your notes of the activity to place in your CPD portfolio.

Does all my CPD need to be linked into the four areas?

4. It is not necessary to map all your CPD against the Osteopathic Practice Standards. However, it is important to be able to demonstrate that your CPD covers each of the four themes each year.

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How much CPD needs to be linked into each theme?

5. It is up to you to consider how much CPD needs to be linked to each theme. However, during your Peer Discussion Review you will want to demonstrate that you have undertaken CPD across all areas of the Osteopathic Practice Standards.

Do I need to cover each standard in the OPS as part of my CPD?

6. No you do not need to link your CPD to every standard of the *Osteopathic Practice Standards*. However, you may find it helpful to review each of the standards as part of your CPD and identify whether there are any areas that you may wish to focus on as part of your CPD over the course of the three year cycle.

Who can help me?

7. Many CPD providers are now linking the outcomes for their courses against the *Osteopathic Practice Standards* to support osteopaths to complete their CPD forms.
8. It is also worth spending 10 minutes at the end of activities with others, as part of your evaluation of the activity, reflecting on which themes of the *Osteopathic Practice Standards* have been covered so that you can document this on your form immediately before leaving the session to consolidate your learning.

My practice is mostly teaching or research work: how should I demonstrate this requirement?

9. Teaching and research are important aspects of osteopathic practice. Consider how you might focus on the Osteopathic Practice Standards as part of this work. For example, you may focus on ensuring that the curriculum development and delivery is mapped against the Osteopathic Practice Standards. Or you may facilitate a tutorial with students exploring specific aspects of the Osteopathic Practice Standards. Peer reviews of your research or presentations can also help you to demonstrate the themes of the Osteopathic Practice Standards as part of your practice. Further examples are provided in the case study below.

Where are there resources available to help?

10. A list of CPD providers are set out at Annex A. Many of these CPD providers will provide learning outcomes linked to the different themes of the Osteopathic Practice Standards in advance of the session as well as time at the end of the session both to evaluate the session but also to evaluate your own learning.
11. Many CPD Providers are linking their CPD courses and other activities to the Osteopathic Practice Standards in advance of the activity. As part of the quality assurance of their own activities, they commit to providing a space at the end of

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the course to support osteopaths to discuss and confirm that themes of the OPS that they have discussed as part of their CPD.

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Case studies – OPS Themes

Sutherland Cranial College of Osteopathy

Sutherland Cranial College of Osteopathy (SCCO) courses take care to include the General Osteopathic Council's four main themes of the *Osteopathic Practice Standards*: Communication and Patient Partnership; Knowledge, Skills and Performance; Safety and Quality in Practice; and Professionalism.

SCCO courses have a generous provision for close supervision of students (one tutor to 4 students) by faculty who are also practising osteopaths. Our experienced faculty are able to apply the GOSc's standards in both lectures and practical sessions. Students are both mentored and monitored. Progress is reviewed at the end of each day and at the conclusion of the course itself.

The 9 SCCO Modules have been (and are continuing to be) reviewed for to ensure a well rounded and complete alignment with GOSc requirements.

Our osteopathic faculty participate in a yearly Faculty Development Weekend where they can undertake self reflective exercises, have opportunity for peer review and discussions regarding difficult cases. Our mentoring system extends this opportunity for personal review and supervision to Pathway students. This helps our SCCO Pathway completers maintain and develop good standards. We also open some "general interest" courses to any registered osteopaths and ensure that the GOSc's standards are included throughout our course provision.

London School of Osteopathy

The London School of Osteopathy link all their courses to the *Osteopathic Practice Standards (OPS)*. 'Our courses are aligned to the OPS and we make this explicit at the beginning of the course, and in the guidance at the end for participants to reflect further on the standards for their CPD and to support their continuing reflection.'

Fiona Hamilton, Principal

College of Osteopaths

The College of Osteopaths have developed a range of case studies designed to bring out discussion in each of the four themes of the *Osteopathic Practice Standards* to help to guide osteopaths to discuss all the themes within the case studies. The case studies have been used by staff and have been found to be helpful in terms of developing and discussing practice as well as exploring key themes of the *Osteopathic Practice Standards*.

British School of Osteopathy

The British School of Osteopathy have linked all their courses to the *Osteopathic Practice Standards* providing a resource for osteopaths to explore if they are looking for courses in particular themes of the standards.

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'At the BSO we understand the importance of holding CPD courses which meet the General Osteopathic Council's four main criteria: Communication and Patient Partnership; Knowledge, Skills and Performance; Safety and Quality in Practice; and Professionalism. Taking part in CPD courses can help to maintain and develop these standards, as well as being an essential requirement for all registered osteopaths.'

A researcher's perspective

'As a researcher, I have considered how the themes in the *Osteopathic Practice Standards* are reflected in my work.

- Communication and patient partnership could be in the form of student-centred learning in a small tutorial, where rather than the transfer of knowledge by a senior and authoritative lecturer (this would be an equal partnership); student-centred learning may involve sharing knowledge and ideas around areas of clinical practice and research so that knowledge is mutually constructed.

Another example may be the partnership which takes place during supervision of student research projects. Here, the student embarks on their own learning journey guided by the supervisor. The student takes ultimate ownership of the project, but thorough and active partnership problems are solved and ideas are shared.

- Knowledge and skills may be easily exemplified by the more explicit aspects of a lecture where the lecturer needs to communicate knowledge or skills (e.g. research methods, clinical examination, manual therapy skills etc).
- Safety and Quality in practice could be explored via a reflective diary, or more formally assessed via student feedback or course/unit evaluations.
- Professionalism may be exemplified in the management and negotiation of complaints, or student appeals.
- Examples of all themes may also be found in the conducting of research projects. Communication may be in the form of clearly outline the purpose of a research study to participants and establishment of a trustful and respectful participant-research relationship. Managing power imbalances. Knowledge skills may be demonstrated by the application of research methods (surveys, focus groups, interviews, experimental studies). The researcher would be bound by the ethical code of informed consent, anonymity/confidentiality, minimising psychological/emotional/physical distress, avoidance of coercion.

At my institution we have journal clubs, lunchtime research tutorials which cover current research and workshops in research methodologies and staff conferences- these would be opportunities to develop some of these skills.'

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The Foundation for Paediatric Osteopathy - DRAFT

The Diploma in Paediatric Osteopathy (DPO) has always ensured that the General Osteopathic Council's four main themes: Communication and Patient Partnership; Knowledge, Skills and Performance; Safety and Quality in Practice; and Professionalism are both mentored and monitored. Participants in the DPO have termly assessments taking into account these criteria as well as their paediatric knowledge and practice with regular tutorials and seminars cover aspects of this relating to paediatric osteopathic practice. Our osteopaths undertake self reflective exercises, have opportunity for peer review and discussions regarding difficult cases, issues regarding consent for minors and aspects of child welfare and safeguarding. This helps our DPO graduates maintain and develop these standards. We offer our alumni courses that continue to help them in these key areas.

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B. Communication and consent

What is it?

1. Osteopaths must undertake CPD in the area of communication and consent during the three year cycle to refresh their knowledge in this area.

Where can I do this CPD?

2. CPD in communication and consent can be undertaken by yourself as follows:
 - using an e-learning programme available on the GOsC website at
 - reviewing guidance and supplementary materials, including case studies, such as the *Osteopathic Practice Standards*, or *GOsC Guidance on consent*.
 - Reviewing relevant research available on the National Council for Osteopathic Research website.
3. CPD in communication and consent can also be undertaken with others as follows:
 - As a component of a commercially provided CPD course which also deals with other aspects of care. (Many course providers will provide information about whether their courses cover these mandatory elements as part of their course advertising)
 - Through case based discussion or case study with colleagues.

How should I record it and evidence it?

4. You should take notes of your CPD activity to enable you to discuss it as part of your Peer Discussion Review at the end of the three year cycle. Your notes should be recorded in your CPD portfolio.

Who can help me?

5. Regional groups and CPD providers (including osteopathic educational institutions) can help you to undertake CPD in the area of communication and consent and can support you to record the activity to enable you to discuss it at our peer discussion review.
6. A list of regional groups and CPD providers appears at annex A to this guidance.

Where are there resources available to help?

A wide range of resources exist that support osteopaths to learn more about consent including:

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Resources for osteopaths:

- The Osteopathic Practice Standards, 2012 (see in particular standards A3, A4 and A5 and the associated guidance) available at: www.osteopathy.org.uk/uploads/osteopathic_practice_standards_public.pdf
- New guidance on consent, 2013, available at:
www.osteopathy.org.uk/uploads/patients'_capacity_to_give_consent_guidance_england&wales.pdf (England and Wales);
www.osteopathy.org.uk/uploads/patients'_capacity_to_give_consent_guidance_northern_ireland.pdf (Northern Ireland)
www.osteopathy.org.uk/uploads/patients'_capacity_to_give_consent_guidance_scotland.pdf (Scotland)
- GOsC E-learning module exploring communication and consent (September 2014) available at: <http://professionalstandards.articulate-online.com/p/2434080801/DocumentViewRouter.ashx?Cust=24340&DocumentID=66177d9c-27f8-4a7a-8350-9b6e5affd8ee&Popped=True&v=1&&InitialPage=quiz.html>
- Conference video: Risks and benefits: adverse events and outcomes in UK osteopathy, Steven Vogel, osteopath, 2012, www.youtube.com/watch?v=tiDxxonw1U
- Conference video: Communicating benefits and risks effectively with patients, Pippa Bark, lay person and psychologist, 2012, www.youtube.com/watch?v=I3-Y4wd1y2Q
- Evidence for osteopathy – summary sheet of relevant research, National Council for Osteopathic Research (NCOR) available at www.ncor.org.uk/research/evidence-for-osteopathy/
- Links to the Adverse Events research study reports: <http://www.osteopathy.org.uk/resources/Research-and-surveys/GOsC-research/Adverse-events-studies/>
- Over time, NCOR will be providing summary documents for osteopaths containing information about benefits and risks of osteopathy to support practitioners in gaining consent from patients.

Resources for patients:

- The National Council for Osteopathic Research (NCOR) has a range of resources available on its website for patients at: www.ncor.org.uk/patients/information-for-patients/
- Over time, NCOR plans to provide more details summaries for patients about the benefits and risks of osteopathic treatment. How much CPD needs to be done?

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Case study – Communication and consent

Belfast Regional Group

January 2014

Summary

The Belfast Regional Group led by Ben Jarvie and Kate De Fleury ran a CPD session where they viewed videos about communication and consent – one by an osteopath, Steve Vogel and one by a clinical psychologist, Pippa Bark and then had a discussion about it.

Planning

They planned this to test out whether viewing videos from osteopaths about research and from a lay person provided a useful way of undertaking CPD in relation to communication and consent.

How did they do it?

The videos are about 45 minutes each and the internet connection was not great. They set up a laptop in a room with a projector and watched the videos live from the internet. Discussion took place throughout the videos playing.

What did participants learn?

The first video from Steve Vogel was about some research called the *Clinical Risk in Osteopathy Management* undertaken in 2011 and 2012. The research gathered data from both osteopaths and patients and collected information about their reported pain levels before treatment, 48 hours after treatment and 6 weeks after treatment. The group were able to consider the likelihood of patients having side effects after treatment and of responding favourably to treatment which was helpful for context.

However, one of the main messages from the research was that adverse events, although rare, do happen. However, we noted that the risk of adverse events was much more related to the individual patient and their history, rather than to the particular osteopathic treatment provided. For example, we noted that patients at risk were likely to report symptoms and that we needed to be particularly careful to ask the right questions.

The video from Pippa Bark was extremely helpful as it allowed us to put ourselves in the shoes of a patient and explore alternative perspectives. We particularly liked her analogy of a dentist providing information about the risk involved in removing a wisdom tooth. We also liked her reminder about how much we would be listening to our accountant if we were sat in our pants in front of her!

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At the end of the session, we were able to reflect on what we had learned in relation to our own cases within our regional group.

What were the concerns / barriers and how were these overcome?

Some of us felt a bit nervous about sharing anonymised cases with colleagues, but being supported by colleagues and getting different opinions about how something might be handled next time gave us confidence in the process. It was more interesting than we expected.

The internet connection was a bit patchy which was annoying and disrupted the flow slightly. Next time, we would download the whole video first and then watch it avoiding the need for a good internet connection.

How long did it take?

It took us about 3 hours in total.

Would you do it again?

Yes. We would recommend that this was something done in a small group of people who are comfortable discussing cases with each other. The key is for everyone to share difficult cases as this helps to build up trust and to be reassured that everyone can learn new things no matter how long they have been in practice.

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Communication and consent in research

As a researcher, exploring consent as part of research work is critical to the delivery of robust and ethical research. Regular review and feedback about ethical approaches to research can help to demonstrate this requirement for CPD – for example, feedback from Ethics Committees and then successfully gaining ethical approval. Equally, reviewing up to date literature about managing power imbalances, providing sufficient information about a research project, thinking through the implications for patients and the public potentially involved in the research can constitute CPD in this area.

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Case study – Communication and consent**British School of Osteopathy****July 2014***Summary*

The British School of Osteopathy ran a day long “Communication and Consent” CPD course led by Mark Waters, Andrew Maddick and Craig Ward in July 2014. As well as reviewing GOsC guidance about communication and consent in osteopathic practice, presenters focused on the specific needs of children/teenagers and those with conditions that might limit their capacity to consent to treatment.

Planning

The School planning team talked to practising osteopaths, who felt that ‘revision’ and case-based discussions around communication and consent would be helpful to them. The team also wanted to build on this foundation for more challenging areas of consent, so extended the afternoon session with speakers focused on children and patients with dementia or similar conditions.

How did they do it?

The morning session started with an overview of the guidance given in section A4 of the Osteopathic Practice Standards leading into a guided discussion on how participants were making this work within their own settings. Mark Waters, who teaches Communication and Consent on the M.Ost programmes, lead an interactive session using case-based learning. Participants were able to bring their own experiences into the session and as a result, there was a great deal of peer support and wide sharing of good practice. The morning also included some concentration on best practice in case history taking and record keeping and concluded with a review of the recently published GOsC research on Public and Patient Perceptions of Osteopaths and Osteopathy.

In the afternoon Craig Ward, a solicitor with an expertise in this area, updated participants with the relevant legislation on capacity to consent for patients with dementia or similar mental health conditions. This was followed with a presentation by Andrew Maddick, an osteopath with a specialist interest in paediatric care, looking at communication with children and their ability to consent to treatment.

What did participants learn?

Participants commented in their feedback that they felt that they had updated their skills and had new information in this important area of the Osteopathic Practice Standards. They liked the ability to discuss situations they had found challenging in their own practices, and gain peer support and advice about the best ways of dealing with these.

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Several participants commented about the new information they had learned in relation to consent for children, and others commented that the information about dementia would be really helpful.

Participants seemed to like the interactive style of the session, and commented that the area is so broad that it needed to be kept under review.

What were the concerns / barriers and how were these overcome?

Feedback showed that the session about barriers to consent from a mental health perspective was quite information-heavy, and could be more related to clinical scenarios. One participant suggested role-playing as a way of developing the skills in a practical way.

How long did it take?

The day ran from 9:30am to 5pm, with an hour's break for lunch.

Would you do it again?

Yes. The feedback we have had was overwhelmingly positive, and participants seem to have gained more from the day than they'd anticipated. We will run the course again in 2014-15, and work to ensure that all the information being presented is made accessible and clinically-relevant. We will consider including role-play activities, but are aware that these are not welcomed by some participants.

Dates for the Communication and Consent course in the year ahead have been set as 7 November 2014, 6 March 2015 and 12 June 2015 and places can be booked at www.bso.ac.uk/cpd

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C. Objective activity

What is the purpose?

The purpose of the objective activity is to enhance and inform practice and inform CPD using the views of others which should be analysed and reflected upon. This means that some osteopaths may choose to use others to analyse their data and to support their reflection.

What is an objective activity?

An objective activity might be:

- Patient feedback analysis and reflection
- Peer observation feedback, analysis and reflection
- Clinical audit, analysis and reflection
- Case based discussion, analysis and reflection

What do you mean by 'analysis' and 'reflection'?

Further guidance can be obtained from the case examples below, but broadly:

- Analysis - Feedback or data gathered has been considered and areas of strength and areas that could be improved even further (areas of development) have been identified.
- Reflection – The areas of development have been considered and CPD has been identified and carried out in order to improve them.

How do I record it and evidence it?

Completed examples of patient feedback and analysis are available in the dummy portfolio at annex b. The next section also contains information about resources developed by osteopaths in relation to peer observation and case studies.

Who can help me?

Pilots have showed us that the use of objective feedback, analysis and reflection are areas where additional support is required for many osteopaths – particularly those who did not undertake analysis and reflection as part of their pre-registration training. There are many organisations and resources to help.

Can I use another organisation to design a template, do the analysis for me and then provide me with the results.

Yes – some CPD providers are providing packages to support osteopaths to undertake automated feedback and analysis as well as support

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Where can I get hold of resources?

This section of the guidance provides information about organisations and groups that can help you to undertake objective activities.

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Case studies/examples

Case study 1 – objective activity - peer observation

Carlisle Regional Group

February 2014

Guidelines for Peer Observation

Summary

The Carlisle Regional Group are a group of about 10 osteopaths some of whom work together in a group practice and others who are based in sole practice or who are non-practising. The osteopaths all practise using a variety of different approaches.

We set out to observe the actual practice of another osteopath in order to provide supportive and helpful feedback.

Planning

The peer observation method involves two osteopaths or another healthcare professional and the osteopath. We agreed a date and time and set aside additional time for the peer observation by booking a free appointment during the session to allow time for discussion.

How did they do it?

- The two people involved in the observation set out their aims. These can be general or may be on a particular topic agreed beforehand, for example, discussing consent, a specific technique, explaining the diagnosis etc...
- One osteopath (or other health care professional), one observer and one real patient are required.
- After gaining permission from the patient the osteopath conducts their normal consultation. This can be with a 'new patient' or a 'follow on' one.
- The observer, who could be an osteopath or other health professional, sits in the corner and makes notes.
- Time is then set aside (approx. 30mins) to discuss the findings.

What did the participants learn?

We have found these to be extremely helpful. Very rarely has a patient refused to take part and every time both the observer and the osteopath have gained from the experience. If appropriate, areas to research or techniques to practice are discussed together and a plan for the future is made. This helps to consolidate the experience and support reflection for both parties.

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What were the concerns or barriers and how were these overcome?

The main concern is to build up a trustful and supportive relationship ahead of the peer observation. It can be intimidating to allow another osteopath to observe one's practice. We recommend that the osteopaths spend some time getting to know each other before beginning the observation and that the peer observation is treated as a reciprocal experience so that both parties experience the giving and receiving of feedback. It is also important that osteopaths are comfortable with the approach so that confidence is given to the patient and so that patients can consent fully to the process.

Would you do it again?

Yes we started to do these peer observations as part of the revalidation pilot and found them so helpful that we undertake them about twice per year. We find that both parties learn so much from the process.

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Case study 2 – objective activity - role playing case histories as a group learning experience

Carlisle Regional Group

February 2014

Summary

Ensuring patient confidentiality, we role play scenarios that we have encountered in practice to enable it to be a learning experience for all those present.

Planning

This session works best by setting aside a group CPD session of about 2 and a half hours and inviting a group of up to 10 osteopaths to attend a clinic to discuss the role play. It helps for osteopaths to bring their own case history sheets. We have attached the example that we used at the end of this case study.

How did they do it?

- Osteopath A picks an interesting case they have seen (ensuring that identifying details remain anonymous). Other participants are not aware of the details of the case beforehand.
- Osteopath A plays the part of the patient during the case history whilst the group watch. It is helpful to give a brief physical description of the patient, including any obvious visual clues such as mobility, whether they look well or not, any evident disability etc.
- The case history is taken by Osteopath B – who has no knowledge of the case. Try to replicate a typical clinical encounter.
- Following the case history ask other participants if there are any additional questions they would like to ask.
- At this point ask participants what their possible differential diagnoses are. There may be discussion as to how these were arrived at. These learning points and discussions should be recorded by all.
- The Osteopath B, who took the case history in this role play, now consents to play the part of the patient and the Osteopath A – who saw the original patient - performs the physical examination they originally carried out. Again, try to replicate what actually happened.
- Ask the other participants if they would perform any other testing. Have the differential diagnoses now been revised? Discussion regarding next course of action. Again, these learning points and discussions should be recorded.

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- What course of action did the Osteopath A actually take? Osteopath A explains what happened along with the eventual outcome.
- General discussion. Again – all participants record their own observations on the case, feedback and learning points.
- At the end of the session, participants take a few moments to reflect on what they have learned and whether there is any additional CPD that they may benefit from. It is also helpful for all osteopaths to consider which themes of the Osteopathic Practice Standards have been covered during the discussion. Often all themes of communication and patient partnership, knowledge, skills and performance, safety and quality in practice and professionalism will be covered in a case based discussion.

How long did it take?

The session took about 2 and a half hours in total.

Would you do it again?

Yes! Our experience is that generally we all learn something about our own practice as a result of the role play. Identifying just one learning point and CPD to address that point can be sufficient to meet the requirement of objective feedback to form discussion as part of your peer discussion review.

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Role playing case histories as a group learning experience

Example template to support the session

CASE HISTORY

Gender / Age / Height / Weight

Presenting Complaint

Recent History

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Past History

Aggravating Factors

Relieving Factors

Medical History/General Health

Family History

Medication

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Systemic (CVS / RESP / GI / GU / NEURO)

Any Additional Case History Questions

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Differential Diagnoses at this point

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Physical Examination

Which Tests Were Originally Performed (Demonstrate)

[Empty box for recording tests originally performed]

Any Additional Examination / Testing Suggested?

[Empty box for recording additional examination or testing suggested]

Any Change In Differential Diagnoses?

[Empty box for recording any change in differential diagnoses]

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 Next Course Of Action?

Practitioner's Original Diagnosis and / or course of action?

Eventual Outcome ?

Discussion

Learning points

Which themes of the Osteopathic Practice Standards were covered?

| Communication and patient partnership | Knowledge, skills and performance | Safety and quality in practice | Professionalism |
|---------------------------------------|-----------------------------------|--------------------------------|-----------------|
| | | | |

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Case study 3 – objective activity – group case based discussion

Cheshire CPD Group

April 2014

Introduction

Members of the Cheshire CPD Group work in a variety of practices – sole practice, in practice with other health professionals and use a variety of different approaches. They have formed a community within the Cheshire CPD Group which provides an opportunity to undertake CPD together.

Summary

Discussion of a hypothetical case history at host osteopath's practice and group discussion of learning points to inform application of the *Osteopathic Practice Standards*.

Planning

All osteopaths were invited to the host osteopath's practice for an evening session. We made sure that 7 osteopaths could attend to ensure a good variety of discussion. All osteopaths were known to each other through the Cheshire CPD Group. The lead osteopath, developed a hypothetical case, based on cases that they had seen in advance, in the group for discussion.

How did they do it?

The meeting started by the host osteopath introducing the case, providing anonymised information about the case history taken, their examination, differential diagnosis, explained their clinical reasoning and discussed the treatment plan.

Other osteopaths then discussed and explored each of these aspects including the clinical reasoning and the different approaches that they might have taken with the patient. The discussion was open allowing for different osteopathic approaches and perspectives and also allowed for review of aspects of the *Osteopathic Practice Standards* including confidentiality and safety and quality in practice.

What were the concerns / barriers and how were these overcome?

Developing trust to share our own approaches to cases was important. We were a little unsure about some of the questions we asked and were not sure we fully answered them all.

What did the participants learn?

The participants felt reassured exploring and explaining their approaches. However many other learning points were identified too. These included:

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- Inclusion of more information about confidentiality to reassure the patient.
- Red flags – further exploration of the 'pathological sieve'
- Referral letter to GP – providing updates reflecting progression of treatment for symptoms
- The need to keep up to date with current health and safety legislation, insurance and the *Osteopathic Practice Standards*.

Was it useful?

Yes. "We enjoyed being together – talking 'Osteopathic shop. We had six strong personalities working together. I felt it was an achievement developing and trusting each other and not judging others. We developed support, explanation and sharing of practice. I thought it was very good for strengthening relationships for the future osteopathic network and peer group and for strengthening our approach to enhancement of practice and patient care."

We found that through our discussion we covered aspects of all of the themes of the Osteopathic Practice Standards including communication and patient partnership, knowledge, skills and performance, safety and quality in practice and professionalism.

Would you do it again?

Yes. Next time, now we have built up trust and confidence, we will present our own cases and gather feedback on these in the same way in order to inform our CPD. We may also want to design our own templates, as we used ones from the revalidation pilot and we felt these needed adapting slightly for the method that we used.

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Case study 4 – objective activity – clinical audit

Belfast Pathfinder Group

April 2014

Summary

One of the members of the Belfast Pathfinder Group has developed a secure 'app' which enables him to record data at the end of each consultation and providing a resource to enable clinical audit data analysis to take place automatically supporting reflection on practice.

Planning

Once the application is set up, it is simply a question of adding in the relevant data which takes five minutes at the end of each consultation. Data fields include:

- Gender
- Age
- Demographics
- How patients are hearing about me
- Symptoms
- Patient outcomes
- Patient treatment reactions
- Post-treatment advice
- Average number of patient visits / number of treatments
- Information about patients not returning

This case study provides information about how the tool can automatically analyse data for the purposes of clinical audit, providing information about practice over time.

Some pre-planning is needed in relation to the questions asked. These questions can be asked at regular intervals to see if results are changing.

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How did they do it?

I began recording information over the course of a month for all patients and new patients that I saw during that time. All consented to me retaining their data for these purposes.

I identified the following questions to explore my practice – and to compare my results with those of my colleagues so that we can start to develop 'benchmarks'.

- How successful am I? If Percentages are lower in some areas it prompts me to reflect further on these areas and perhaps indicates areas of CPD for me to develop further.
- What is my percentage of patients getting worse? If this consistent, moving up or moving down. This allows me to reflect further on these cases and again indicates area of CPD for me to undertake?
- Looking at advice post treatment: How often is this done? Does this impact on patients returning if not provided, for example?
- How many patients get treatment reactions? Is this above or below the average? If so are the treatments too intense? Again, this is an opportunity for me to reflect on appropriate CPD to explore these questions through course or through my own reading and discussion with colleagues.
- How are patients finding out about me?

What did the participants learn?

It is currently giving data which is very useful for clinical auditing, for example, how are patients hearing about me, gender, age and demographics of patients, and occupation. My own use, for example, has already shown me that less patients come from yellow pages and yell.com than I thought, so I will not advertise as much with these. Also more patients come from my website, which I will have to improve further to ensure that they have the right information pre-treatment to support them in terms what to expect from their first appointment, information about complaints etc.

Other areas which may be useful is seeing what age are your patients, are there age groups missing, or like wise with professions, and then market in these areas.

It is also helping me to develop a 'starting point' in terms of patient care and I am collecting and analysing data around patient outcomes including:

- How successful am I with particular groups of patients / symptoms?
- How many patients get treatment reactions?

What were the concerns / barriers and how were these overcome?

There were some challenges in ensuring that the app was appropriate to secure anonymised information about patients, but I have now been able to secure this successfully.

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The next challenge is being able to ask the right questions and explore whether the data is giving me the right answers. For example, if my rate of 'success' is lower than my colleagues, is that because of my treatments, or is it because we have a different patient profile – for example, my patients tend to be patients with chronic pain and co-morbidities and my colleague tends to have patients who are generally more acute?

Aside from that, my colleagues and I are finding it a useful tool to explore our practice in a way that is simple and straightforward.

How long did it take?

Developing the right questions has taken about an hour. Analysing the data is instant. Reflecting upon the data with colleagues, developing CPD action plans has taken a further half hour.

Would you do it again?

Yes – I am continuing to work on this app. I feel it is a very useful tool. Looking at average number of patient visits which is helpful information for patients as they often ask this question. It is also potentially useful for larger clinics, are some associates not getting patients to return so much? What is the reason for this? Is it the type of patients seen? Are they very good osteopaths? Or is something putting patients off?

I think most of this information would be a very useful self reflective tool to guide CPD.

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Case study 5 – objective activity – Cased Based Discussions

College of Osteopaths

June 2014

The College of Osteopaths design several OSCE case studies each academic year against the Osteopathic Practice Standards to help advance understanding of the four themes of the *Osteopathic Practice Standard*. Although the cases are hypothetical, they draw on real clinical experience (ensuring anonymity and seeking consent where appropriate).

The case studies are currently used both by students and also for staff development. Participants who have discussed these case studies have found them extremely helpful to promote the discussion of their own knowledge, skills and experience with others.

It is planned that some of these case studies will be developed for inclusion in this Guidance in due course.

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Case Study 6 – A researcher or teacher

For an academic / researcher, undertaking an objective activity might include peer review of journal articles, student feedback, peer observation of preparing or teaching a lecture.

Further, peer observation of conference presentations could also be of value; I recently presented in Barcelona along with a colleague and we were able to provide valuable feedback to each other.

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Peer Discussion Review

There is separate guidance which sets out how the peer discussion review will work, along with FAQs and in due course, examples of completed folders and completed peer discussion review forms.

List of organisations who can provide peer review discussions

- Osteopathic educational institutions
- Regional societies
- Osteopathic Alliance groups

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Who can help me undertake this new CPD scheme?

The following organisations comprise regional groups, educational institutions, advanced practice groups and CPD providers can help you to undertake the new CPD scheme.

Regional Groups

| Name of regional group | Location of meetings and frequency | Name of lead contact | Contact details |
|---|------------------------------------|----------------------|-----------------|
| London Osteopathic Society | | | |
| Waltham Forest Osteopathic Group | | | |
| Central Sussex Osteopaths | | | |
| Kent and East Sussex Osteopaths | | | |
| Reigate and Redhill Osteopaths | | | |
| West Sussex Regional Group | | | |
| Bristol Osteopathic Society | | | |
| Wessex Group of Osteopaths | | | |
| Western Counties Society of Osteopaths | | | |
| Anglian Osteopathic Group | | | |
| BBENSCH Osteopaths | | | |
| Cambridgeshire Osteopathic Group | | | |
| Essex Osteopaths | | | |
| Norfolk Osteopaths | | | |
| Suffolk Osteopaths | | | |
| Central England | | | |
| Birmingham Osteopathic Network and Education Society | | | |
| East Midlands Osteopathy CPD | | | |
| Gloucestershire, Wiltshire, Oxfordshire Osteopathic Group | | | |
| Osteopaths | | | |

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| Name of regional group | Location of meetings and frequency | Name of lead contact | Contact details |
|--|---|-----------------------------|------------------------|
| @Worcester | | | |
| Oxford Osteopathic Network | | | |
| South Bucks Osteopathic Society | | | |
| North and Mid Wales Osteopathic Society | | | |
| South Wales Osteopathic Society | | | |
| Osteopathic CPD - Cheshire | | | |
| Northern Counties Society of Osteopaths | | | |
| Northern Cumbria Osteopaths | | | |
| Northumberland, Tyne and Wear, Durham, Cleveland: regional co-ordination | | | |
| Sheffield Osteopathic Association | | | |
| South Manchester Osteopathic Group | | | |
| Scottish Osteopathic Society | | | |
| Northern Ireland Osteopaths | | | |

Osteopathic educational institutions offering support for CPD

| Name of institution | Frequency and location of meetings | Name of lead contact | Contact details |
|---|---|-----------------------------|------------------------|
| British College of Osteopathic Medicine | | | |
| British School of Osteopathy | | | |
| College of Osteopaths | | | |
| European School of Osteopathy | | | |
| Leeds Beckett University | | | |
| London College of Osteopathic Medicine | | | |
| London School of Osteopathy | | | |

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| | | | |
|--|--|--|--|
| Oxford Brookes University | | | |
| Surrey Institute of Osteopathic Medicine | | | |
| Swansea University | | | |

Advanced practice groups and CPD providers

| Name of Group | Description of CPD offered | Frequency and location of meetings | Name of lead contact | Contact details |
|--|-----------------------------------|---|-----------------------------|------------------------|
| Osteopathic Sports Care Association | | | | |
| Foundation for Paediatric Osteopathy | | | | |
| The Institute of Classical Osteopathy | | | | |
| Molinari Institute of Health | | | | |
| Osteopathic Pelvic, Respiratory, Abdominal Association | | | | |
| The Rollin E. Becker Institute | | | | |
| Sutherland Cranial College | | | | |
| Sutherland Society | | | | |
| Society of Osteopaths in Animal Practice | | | | |

**Continuing fitness to practise – dummy portfolio:
Angela Noreen Osteopath**

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CPD Folder

- Patient feedback analysis pages 14 to 16
- CPD Action Plan pages 17 to 18
- Reflection statement about consent pages 19 to 20
- Diploma in Statistics page 21

| <p>Name: <i>Angela Noreen Osteopath</i></p> <p>Registration Number: <i>9992</i></p> <p>CPD Years <i>May 2013 to April 2016</i></p> <p>Description of practice: <i>I am an osteopath in sole practice working with a patient of different ages, presenting with a range of problems in a rural area. Occasionally I provide a session as a clinical tutor at Oldtown School of Osteopathy where I am responsible for teaching students in clinic.</i></p> | | | | | |
|--|---|--|---|---|--|
| Date | Name of Activity and short description | Osteopathic Practice Standards Themes covered | Reflection statement | Number of hours learning with others | Number of hours learning by oneself |
| CPD Year 1 May 2013 to April 2014 | | | | | |
| 1 May 2013 | Patient feedback and analysis – Designing form, designing electronic survey, publicising link to patients, collecting results, analysing results and preparing action plan. | Communication and patient partnership | This activity has helped me to reflect on how my patients feel about treatment. All my ratings were very positive, however, some patients did not feel as engaged as I might like them to. I have adapted my appointments to ensure that I am not distracted and repeat the survey next year. | | 8 |

| <p>Name: <i>Angela Noreen Osteopath</i></p> <p>Registration Number: <i>9992</i></p> <p>CPD Years <i>May 2013 to April 2016</i></p> <p>Description of practice: <i>I am an osteopath in sole practice working with a patient of different ages, presenting with a range of problems in a rural area. Occasionally I provide a session as a clinical tutor at Oldtown School of Osteopathy where I am responsible for teaching students in clinic.</i></p> | | | | | |
|--|---|--|--|---|--|
| Date | Name of Activity and short description | Osteopathic Practice Standards Themes covered | Reflection statement | Number of hours learning with others | Number of hours learning by oneself |
| 23 June 2013 | Review material on consent. | Communication and patient partnership | I reviewed a number of resources in relation to consent including presentations from Vogel and Bark, a summary fact sheet by Leach and GOsC Consent Guidance. I was able to learn about different ways of communicating with patients about capacity and consent and I hope to discuss this further at the consent workshop at the Dingwall Osteopathic Society next week. | 8 | |
| 30 June 2013 | Day long workshop at the Dingwall Osteopathic Society to discuss consent. | Communication and patient partnership | I reviewed my understanding of consent and talked through how I would approach the issue of consent with colleagues in a range of different scenarios. I found this helpful to put into practice some of the suggestions from the presentations | 7 | 0 |

Annex B to 7

| <p>Name: <i>Angela Noreen Osteopath</i></p> <p>Registration Number: <i>9992</i></p> <p>CPD Years <i>May 2013 to April 2016</i></p> <p>Description of practice: <i>I am an osteopath in sole practice working with a patient of different ages, presenting with a range of problems in a rural area. Occasionally I provide a session as a clinical tutor at Oldtown School of Osteopathy where I am responsible for teaching students in clinic.</i></p> | | | | | |
|--|--|---|--|--------------------------------------|-------------------------------------|
| Date | Name of Activity and short description | Osteopathic Practice Standards Themes covered | Reflection statement | Number of hours learning with others | Number of hours learning by oneself |
| | | | that I reviewed last week. | | |
| 20 January 2014 | Significant Event Analysis and case based discussion | Communication and patient partnership, Knowledge, skills and performance, Safety and quality in practice, professionalism | Patient with significant dysfunction in cervical spine in relation to postural control of head and neck. Significant anxiety and I struggled to manage this. I undertook a significant event analysis and discussed it with my colleague at my local group who had experience of managing chronic pain to discuss options and whether I should refer. We spent some time considering | 3 | 8 |

Annex B to 7

| <p>Name: <i>Angela Noreen Osteopath</i></p> <p>Registration Number: <i>9992</i></p> <p>CPD Years <i>May 2013 to April 2016</i></p> <p>Description of practice: <i>I am an osteopath in sole practice working with a patient of different ages, presenting with a range of problems in a rural area. Occasionally I provide a session as a clinical tutor at Oldtown School of Osteopathy where I am responsible for teaching students in clinic.</i></p> | | | | | |
|--|--|---|--|--------------------------------------|-------------------------------------|
| Date | Name of Activity and short description | Osteopathic Practice Standards Themes covered | Reflection statement | Number of hours learning with others | Number of hours learning by oneself |
| | | | the patient expectation and goals. We also spent time exploring my scope of practice and identified research in relation to migraines that I could read. We discussed psycho social aspects of care in great detail and explored the idea of setting social goals to support the patient. I saw the patient again and planned a staged introduction of treatment with clear instructions to the patient about pain. We also agreed how we would monitor progress throughout treatment. | | |
| Total Hours 2013/2014 | | | | 18 | 16 |

Annex B to 7

| <p>Name: <i>Angela Noreen Osteopath</i></p> <p>Registration Number: <i>9992</i></p> <p>CPD Years <i>May 2013 to April 2016</i></p> <p>Description of practice: <i>I am an osteopath in sole practice working with a patient of different ages, presenting with a range of problems in a rural area. Occasionally I provide a session as a clinical tutor at Oldtown School of Osteopathy where I am responsible for teaching students in clinic.</i></p> | | | | | |
|--|--|---|----------------------|--------------------------------------|-------------------------------------|
| Date | Name of Activity and short description | Osteopathic Practice Standards Themes covered | Reflection statement | Number of hours learning with others | Number of hours learning by oneself |
| | | | | | |

Annex B to 7

Name: *Angela Noreen Osteopath*

Registration Number: *9992*

CPD Years *May 2013 to April 2016*

Description of practice: *I am an osteopath in sole practice working with a patient of different ages, presenting with a range of problems in a rural area. Occasionally I provide a session as a clinical tutor at Oldtown School of Osteopathy where I am responsible for teaching students in clinic.*

| Date | Name of Activity and short description | Osteopathic Practice Standards Themes covered | Reflection statement | Number of hours learning with others | Number of hours learning by oneself |
|------|--|---|----------------------|--------------------------------------|-------------------------------------|
| | | | | | |

Annex B to 7

| <p>Name: <i>Angela Noreen Osteopath</i></p> <p>Registration Number: <i>9992</i></p> <p>CPD Years <i>May 2013 to April 2016</i></p> <p>Description of practice: <i>I am an osteopath in sole practice working with a patient of different ages, presenting with a range of problems in a rural area. Occasionally I provide a session as a clinical tutor at Oldtown School of Osteopathy where I am responsible for teaching students in clinic.</i></p> | | | | | |
|--|--|--|---|--------------------------------------|-------------------------------------|
| Date | Name of Activity and short description | Osteopathic Practice Standards Themes covered | Reflection statement | Number of hours learning with others | Number of hours learning by oneself |
| <p>CPD Year 2 May 2014 to April 2015</p> | | | | | |
| 20 May 2014 | Review of IJOM articles – Which is the better method to improve “perceived hamstrings tightness” – Exercises targeting neural tissue | Knowledge, skill and performance and professionalism | This article suggested that “exercises which target neural tissue mobility are more effective than exercises targeting hamstrings muscle extensibility in treating “perceived hamstrings tightness”. This will help to inform my own practice and advice to patients. | 0 | 2 |

Annex B to 7

| <p>Name: <i>Angela Noreen Osteopath</i></p> <p>Registration Number: <i>9992</i></p> <p>CPD Years <i>May 2013 to April 2016</i></p> <p>Description of practice: <i>I am an osteopath in sole practice working with a patient of different ages, presenting with a range of problems in a rural area. Occasionally I provide a session as a clinical tutor at Oldtown School of Osteopathy where I am responsible for teaching students in clinic.</i></p> | | | | | |
|--|--|--|--|---|--|
| Date | Name of Activity and short description | Osteopathic Practice Standards Themes covered | Reflection statement | Number of hours learning with others | Number of hours learning by oneself |
| | mobility or exercises targeting hamstrings muscle extensibility?' Mhatre B et al, 2013 | | | | |
| 20 October 2014 | Attend course about Chronic Hidden Hyperventilation at the ABC CPD provider | Knowledge, skill and performance | This course helped me to refresh my knowledge of breathing disorders and learn new techniques to support patients. | 7 | 2 |
| 31 October 2014 | Managing patient complaints | Safety and quality in practice | Discussion with colleague about patient complaint and how she managed it herself. We discussed and reflected on the circumstances leading to the complaint, a number of different things had happened all of which seemed to | 4 | 5 |

Name: *Angela Noreen Osteopath*

Registration Number: *9992*

CPD Years *May 2013 to April 2016*

Description of practice: *I am an osteopath in sole practice working with a patient of different ages, presenting with a range of problems in a rural area. Occasionally I provide a session as a clinical tutor at Oldtown School of Osteopathy where I am responsible for teaching students in clinic.*

| Date | Name of Activity and short description | Osteopathic Practice Standards Themes covered | Reflection statement | Number of hours learning with others | Number of hours learning by oneself |
|------|--|---|--|--------------------------------------|-------------------------------------|
| | | | <p>contribute. These included the osteopath being late for the appointment distracted, not talking during the treatment whilst the patient was talkative and wanted a running commentary and the patient suffering increased levels of pain in the two days after treatment.</p> <p>I then reflected on my own complaints procedure and reviewed the <i>Osteopathic Practice Standards</i> to check that my procedures were compliant and that I was bringing them to the attention of patients appropriately.</p> | | |

| <p>Name: <i>Angela Noreen Osteopath</i></p> <p>Registration Number: <i>9992</i></p> <p>CPD Years <i>May 2013 to April 2016</i></p> <p>Description of practice: <i>I am an osteopath in sole practice working with a patient of different ages, presenting with a range of problems in a rural area. Occasionally I provide a session as a clinical tutor at Oldtown School of Osteopathy where I am responsible for teaching students in clinic.</i></p> | | | | | |
|--|--|--|--|---|--|
| Date | Name of Activity and short description | Osteopathic Practice Standards Themes covered | Reflection statement | Number of hours learning with others | Number of hours learning by oneself |
| 31 January 2015 | Treating sports injuries course – CDE CPD Provider | Knowledge, skills and performance | <p>This course helped me to understand through examination of cases involving Meniscal tears and ligamentous injuries. It also alerted us to less common but serious pathologies. My range of patients involving sports injuries is increasing and so this course helped me to begin to explore in more detail these types of presentations to support a consolidation of my knowledge.</p> <p>After the course I consolidated my knowledge by reading some of the additional reading and I made notes on this with a view to reviewing again when the next suitable patient comes in.</p> | 8 | 2 |

Annex B to 7

| <p>Name: <i>Angela Noreen Osteopath</i></p> <p>Registration Number: <i>9992</i></p> <p>CPD Years <i>May 2013 to April 2016</i></p> <p>Description of practice: <i>I am an osteopath in sole practice working with a patient of different ages, presenting with a range of problems in a rural area. Occasionally I provide a session as a clinical tutor at Oldtown School of Osteopathy where I am responsible for teaching students in clinic.</i></p> | | | | | |
|--|--|---|----------------------|--------------------------------------|-------------------------------------|
| Date | Name of Activity and short description | Osteopathic Practice Standards Themes covered | Reflection statement | Number of hours learning with others | Number of hours learning by oneself |
| | | | | | |
| Total Hours 2014/2015 | | | | 19 | 11 |
| CPD Year 3 – May 2015 to April 2016 | | | | | |

| <p>Name: <i>Angela Noreen Osteopath</i></p> <p>Registration Number: <i>9992</i></p> <p>CPD Years <i>May 2013 to April 2016</i></p> <p>Description of practice: <i>I am an osteopath in sole practice working with a patient of different ages, presenting with a range of problems in a rural area. Occasionally I provide a session as a clinical tutor at Oldtown School of Osteopathy where I am responsible for teaching students in clinic.</i></p> | | | | | |
|--|---|--|--|---|--|
| Date | Name of Activity and short description | Osteopathic Practice Standards Themes covered | Reflection statement | Number of hours learning with others | Number of hours learning by oneself |
| 5 June 2015 | Undertake GOsC e-learning on professionalism and review the <i>Osteopathic Practice Standards</i> | | The e-learning was really useful as it helped me to consider the relationship between the <i>Osteopathic Practice Standards</i> and a range of scenarios that could be encountered in practice. This provided a useful refresher about my own practice and the requirements of the <i>Osteopathic Practice Standards</i> . | 3 | 2 |
| 22 and 23 July 2015 | Emergency First Aid at work Course | Safety and quality in practice | As part of my duty as a business owner, it is part of my own health and safety assessment that I need qualified first aider on site. I therefore undertook this course as a refresher. | 6 | |
| 24 October 2015 | Attendance at Dingwall Osteopathic Society | Safety and quality in practice and | Learning about how to undertake a clinical audit and discussing form of collection of data and | 3 | |

Annex B to 7

| <p>Name: <i>Angela Noreen Osteopath</i></p> <p>Registration Number: <i>9992</i></p> <p>CPD Years <i>May 2013 to April 2016</i></p> <p>Description of practice: <i>I am an osteopath in sole practice working with a patient of different ages, presenting with a range of problems in a rural area. Occasionally I provide a session as a clinical tutor at Oldtown School of Osteopathy where I am responsible for teaching students in clinic.</i></p> | | | | | |
|--|---|--|--|---|--|
| Date | Name of Activity and short description | Osteopathic Practice Standards Themes covered | Reflection statement | Number of hours learning with others | Number of hours learning by oneself |
| | session on clinical audit of notes. | professionalism | standards in place. | | |
| 15 February 2016 | Analysis of data of notes and write up | Safety and quality in practice and professionalism | Analysis of the data and writing up the data ahead of presentation to the Dingwall Osteopathic Society helped me to identify that I was not recording the information that I needed to in relation to consent more recently, although there were some very good examples in notes from 2014. | 7 | |
| 18 February 2016 | Presentation of data to Dingwall Regional Society Group and discussion about standards. Could | | The discussion about the relationship of audit and enhanced standards was helpful. I have noted that my practice in recording consent properly has slipped in terms of the detail I | 3 | 4 |

Annex B to 7

| <p>Name: <i>Angela Noreen Osteopath</i></p> <p>Registration Number: <i>9992</i></p> <p>CPD Years <i>May 2013 to April 2016</i></p> <p>Description of practice: <i>I am an osteopath in sole practice working with a patient of different ages, presenting with a range of problems in a rural area. Occasionally I provide a session as a clinical tutor at Oldtown School of Osteopathy where I am responsible for teaching students in clinic.</i></p> | | | | | |
|--|---|--|--|---|--|
| Date | Name of Activity and short description | Osteopathic Practice Standards Themes covered | Reflection statement | Number of hours learning with others | Number of hours learning by oneself |
| | we as a group agree to raise the relevant standards re recording of data? | | should be recording. I have now designed a new template to use. | | |
| 20 April 2016 | Dingwall Regional Society Group – patient lecture about living with multiple sclerosis and methods of managing the condition at home. | Communication and patient partnership, Knowledge, skills and performance and Professionalism | The patient perspective on this condition was very helpful and helped me to realise that my understanding of neurological conditions. I also reviewed again anatomy of joints. | 3 | 6 |

Annex B to 7

| <p>Name: <i>Angela Noreen Osteopath</i></p> <p>Registration Number: <i>9992</i></p> <p>CPD Years <i>May 2013 to April 2016</i></p> <p>Description of practice: <i>I am an osteopath in sole practice working with a patient of different ages, presenting with a range of problems in a rural area. Occasionally I provide a session as a clinical tutor at Oldtown School of Osteopathy where I am responsible for teaching students in clinic.</i></p> | | | | | |
|--|---|--|-----------------------------|---|--|
| Date | Name of Activity and short description | Osteopathic Practice Standards Themes covered | Reflection statement | Number of hours learning with others | Number of hours learning by oneself |
| | Research about implications of multiple sclerosis | | | | |
| Total CPD Hours 2015 / 2016 | | | | 25 | 12 |

Regional Communications Network Autumn 2013 Forum

Friday 22 November 2013

Continuing fitness to practise – dummy CPD folder: Angela Noreen Osteopath

Patient Feedback Analysis Template – completed example

Method

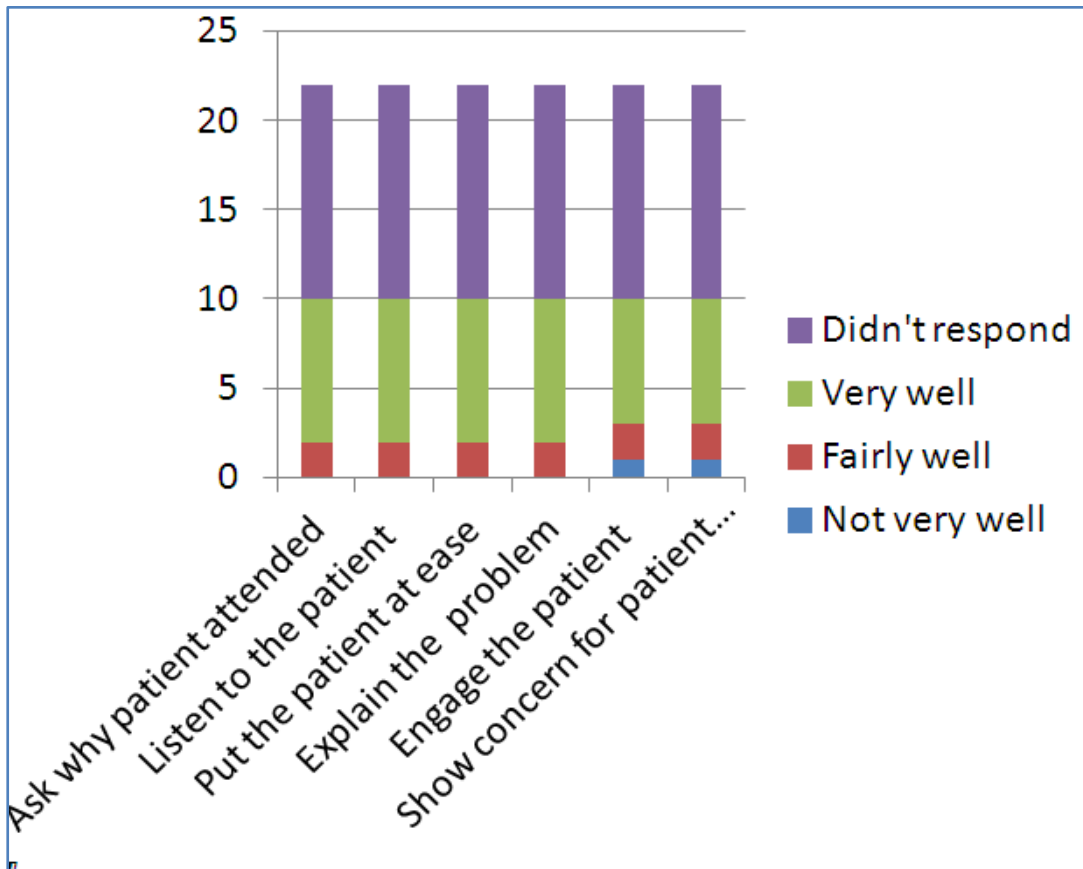
I gave out a questionnaire to every patient seen from 7 to 21 November 2011 and asked them to complete it and put it in the box by reception. I also emailed the questionnaire to patients and asked them to email to me or to post in the stamped addressed envelope enclosed.

I decided to use consecutive patients so that I had a good balance of new and ongoing patients.

I gave out a total of 22 surveys to 22 patients who attended during this time. Three of the patients were children. I gave the questionnaire for the children to the parents.

I received 10 responses.

Results



Strengths

Areas of strength included:

- *How thoroughly I asked about why the patient had attended*
- *Listening to what the patient had to say.*
- *Putting the patient at ease during their physical assessment and examination.*
- *Explaining the patients problem.*

Areas for Development

Areas for development included:

In two of the questionnaires for patients coming in on a Tuesday I noticed that scores were slightly lower for engaging the patient in consultation and demonstrating concern for your welfare'.

Action Plan and next steps

Action Plan

I realise that I am always keen to finish on time on Tuesday as I have to pick up my daughter from after school club. I have now ensured that I schedule the last appointment on Tuesday at an earlier time.

I recognise that my responses are not 'significant' of the population of patients that I see yet. However, I am interested to explore further patients to see if I can gather any other information about my practice that I wasn't previously aware of.

I am not an expert in statistics and I feel that I may benefit from learning more about how to analyse my patient feedback. I intend to explore this with some of my colleagues to see if they can recommend some useful CPD in this area for next year.

I intend to repeat the questionnaires early next year to see whether there have been any changes.

Mapping Grid

The patient questionnaires have helped me identify evidence that I appear to be meeting the requirements in Theme 1 – Communication and Patient Partnership.

CPD Action Plan – 2012 – 2013

| Identified learning need | Learning Objective | Planned learning activity | Estimated hours | Target completion date | Evaluation – what experience did I gain from this activity relevant to my work as an osteopath | Evaluation – what further CPD do I need to undertake in this area | Notes |
|--|--|--|--|------------------------|---|--|-------|
| To analyse patient feedback questionnaires and data more effectively | To learn about statistics | Course on statistics – online diploma in statistics – Alison.com | 10 hours – learning by oneself | May 2014 | The information should help me to undertake a further patient feedback analysis next year which will help to develop my osteopathic practice. | I need to put the knowledge I have gained into practice to ensure that I consolidate my skills. | |
| To learn about shared decision making | To learn more about consent and different models of shared decision making to support patients to feel more engaged with the consultation. | Self-study about consent. Attending consent workshop at local regional society. | 8 hours learning by oneself 8 hours learning with others. | June 2013 | I feel that I have a much better understanding of the standards in relation to consent and how to put these into practice. | I need to adapt my approaches in relation to recommending treatment and to explore whether this has an impact on the feedback from | |

Annex B to 7

| Identified learning need | Learning Objective | Planned learning activity | Estimated hours | Target completion date | Evaluation – what experience did I gain from this activity relevant to my work as an osteopath | Evaluation – what further CPD do I need to undertake in this area | Notes |
|--------------------------|--------------------|---------------------------|-----------------|------------------------|--|---|-------|
| | | | | | | <p>patients next year.</p> <p>I also need to read some more of the underpinning research relating to risk to enhance my understanding of this area.</p> | |

Reflection Statement about Consent

23 June 2013

I will be attending a consent workshop facilitated by the Dingwall Osteopathic Regional Group next week in order to review the NCOR Guidelines about osteopathy, and the GOsC presentations about consent from the website from Steve Vogel and also Pippa Bark.

Review of Presentations:

Risks and benefits – adverse events and outcomes in UK osteopathy – Steve Vogel

This presentation explored definitions of adverse events in the context of osteopathy and shared some of the key results from the Clinical Risk, Osteopathy and management study looking at the frequency and character of minor and major adverse events. The presenter also shared some information about how to share risk information with patients to enable them to consent fully to treatment. This involved looking at the patient and tailoring information about risks to them as an individual, whilst also presenting this information in the context of do nothing or alternative approaches.

It was interesting to note that the major adverse events described were not necessarily a causal effect of the osteopathy, but could be due to the type of patient presenting to an osteopath being more likely to be susceptible to such an event.

It was also helpful exploring a summary by Leach (2011) which summarised the risks and benefits of osteopathic care as:

Benefits – For back pain, manipulation is likely to reduce the level of pain by approximately 30%. For neck pain, manipulation or mobilisation may give immediate or short term relief of pain especially if combined with exercises.

Risks – The risks of mild effects such as short term increase in pain or stiffness lasting a few days is high. Most patients experience these effects.

The risk of serious effects such as damage to nerves or arteries is very low, occurring less frequently than 7 to 10 in 100 000 treatments.

Communicating benefit and risks effectively to patients – Pippa Bark

This presentation was very helpful and put in the context of a patient perspective about how to present information and support a shared decision making which I found very helpful.

Rather than trying to present information about the treatment I thought was best for the patient, the presenter discussed models of shared decision making, e.g. Epstein and Alber:

- a. understand the patient's experience and expectations
- b. build partnership

- c. provide evidence including uncertainties
- d. present recommendation
- e. check for understanding and agreement. I found this really helpful and she used some helpful phrases to help me to present information.

The presenter suggested that when discussing treatments we could:

- Inform patients of benefits first as well as and relevant significant or material risks of treatment. It was also important and ok to be clear about uncertainty.
- Explain alternatives to treatment – e.g. manipulation compared to exercise or analgesics
- Consider emotional issues – e.g. giving information before the treatment begins
- Consider practical issues – e.g. personalising the information provided to the individual patient.
- Use averages and ranges e.g. ‘most patients get some increase in movement within 3 to 6 sessions. Some reported an immediate difference and others said it took longer before they saw a real change.

It is important to record the discussion.

GOSc Guidance on consent

I also reviewed the GOSc guidance on Consent and capacity for Scotland and I thought that this raised interesting discussions in relation to teenage children when their parents do not attend for follow up treatment.

Diploma in Statistics – Alison.com

May 2014

I completed this online course with modules in data analysis, probability, range, variables, types of data, regression analysis and analytical models.

I am intending to apply the knowledge I have learned to a more in-depth patient feedback analysis next year.

I obtained a 'better knowledge and understanding of basic statistical methods such as sampling and collecting data, probability, distributions, regression analysis.' I now have the 'knowledge and understanding to confidently read statistics and apply statistical methods' in my day to day work.