



**Osteopathic Practice Committee**  
**25 June 2014**  
**Continuing fitness to practise**

<b>Classification</b>	Public
<b>Purpose</b>	For noting
<b>Issue</b>	The development of the draft continuing fitness to practise framework
<b>Recommendation</b>	To note the development of the draft continuing fitness to practise model.
<b>Financial and resourcing implications</b>	The costs of the development of the draft continuing fitness to practise model comprise c. £3000 which includes the cost of venue and refreshments.
<b>Equality and diversity implications</b>	Equality and diversity implications are being explored as part of the consultation.
<b>Communications implications</b>	Updates about the development of our framework have been provided to all our key stakeholders this year. Ongoing path-finding work is communicated to registrants through regular articles in the osteopath and key presentations across the UK.
<b>Annexes</b>	A. Draft CPD Guidelines B. Draft Peer Review Guidelines.
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## Background

1. Our Corporate Plan 2013-16 sets out the statutory duty of the GOsC which is to 'develop and regulate the profession of osteopathy' in order to ensure public protection. Our aim as a regulator is: 'To fulfil our statutory duty to protect public and patient safety through targeted and effective regulation, working actively and in partnership with others to ensure a high quality of patient experience and of osteopathic practice.'
2. The work that we undertake to support registrants to remain up to date and fit to practise in accordance with the standards and the way in which we assure continuing fitness to practise is critical to the way that we achieve our aim of public protection.
3. Our Business Plan for 2014-15 states that we will 'Develop operational proposals within which the continuing fitness to practice framework could be realised with key osteopathic partners including BOA, COEI, Osteopathic Alliance and regional groups.' We have also committed to consulting on these proposals this year.
4. In October 2013, Council considered research, the evaluation of our CPD Discussion Document and the evaluation and impact assessment of our revalidation pilot and agreed the draft framework for further discussion with key groups. Council also agreed that the draft framework and more detailed guidance should be subject to consultation during 2014. Detailed background information is available at [http://www.osteopathy.org.uk/uploads/item\\_10\\_continuing\\_fitness\\_to\\_practise\\_final.pdf](http://www.osteopathy.org.uk/uploads/item_10_continuing_fitness_to_practise_final.pdf)
5. This paper outlines the model that Council have agreed, the methods used to develop both the framework and detailed guidance and the plans for consultation towards the end of 2014. It aims to provide the Osteopathic Practice Committee with an update of progress ahead of the next meeting, when the Committee will be asked to recommend that Council publishes the document for consultation.

## Discussion

### *The draft continuing fitness to practise framework*

6. In October 2013, the Council agreed a draft framework. The draft framework (in this paper termed 'our draft CPD model') provides an assurance about continuing fitness to practise.
7. In summary, the draft CPD model comprises a three year cycle (rather than a one year cycle as now) incorporating a total 90 hours of CPD (including 45 hours learning with others). Of this 90 hours, there are three mandatory elements which are:
  - An objective activity to inform CPD and practice. This might be patient feedback, peer observation, clinical audit or a case based discussion.

- CPD in communication and consent.
  - CPD in each of the four themes of the Osteopathic Practice Standards (communication and patient partnership, knowledge, skills and performance, safety and quality in practice and professionalism).
8. The CPD cycle is concluded at the end of each three years by completing a 'Peer Discussion Review' (PDR). The PDR is an opportunity for the registrant to discuss their CPD, their practice and their patient care and to demonstrate that they have complied with the scheme.

### *The consultation*

9. It is planned that we will be recommending that Council publish the framework for consultation towards the end of 2014.
10. The consultation will comprise:
- Consultation document setting out the key issues for consultation.
  - Revised draft CPD Guidelines with case studies (current draft attached at Annex A).
  - Revised draft Peer Discussion Review Guidelines, frequently asked questions and forms (current draft attached at Annex B).
11. Since October 2013, we have been working with a range of osteopathic groups in order to develop, iteratively, the detailed CPD Guidelines, case studies and the Peer Discussion Review Guidelines and also the issues for consultation. We are currently working with:
- Four cross-regional pathfinder groups in Belfast, Carlisle, London and Lymm (comprising representatives of seven regional groups, practising in a range of environments (group practice with osteopaths, group practice with other health professionals, sole practice, NHS practice and non-practising) and using a range of different approaches to practise.
  - Osteopathic educational institutions.
  - Osteopathic Alliance member organisations.
  - British Osteopathic Association.
  - Patient focus groups.
12. We have also shared our thinking with:
- Patients
  - Osteopaths across the country

- Other regulators
- The Department of Health (England)
- The Professional Standards Authority.

### *Issues for consultation*

13. The issues that we intend to consult on include:

#### *The Guidelines*

- The CPD Guidelines?
  - Are they clear?
  - Are there gaps?
- The CPD Standards?
  - Are they clear?
- The Peer Discussion Review Guidelines, frequently asked questions and the walk-through form to guide the discussion
  - Are they clear?
  - Are there gaps?
  - Is the guidance about whether or not a CPD standard is met sufficiently clear to support discussion?

#### *Other issues*

- Guidance about what to do if concerns about practice are identified e.g. when should concerns be raised, reported, remediated?
- What self-training resources are required? (e.g. online videos and role plays)
- Charging (some organisations e.g. CPD providers may choose to charge for offering a PDR, others will not wish to).
- Quality assurance.
- Audit.
- Disagreement about outcomes guidance.
- Online submissions.

#### *Next steps*

14. We will continue to work with our pathfinder group and other stakeholders to refine the guidelines ahead of consultation.

15. It is planned that the Osteopathic Practice Committee and Council will be asked to agree the final documents for consultation towards the end of 2014.

**Recommendation:** to note the development of the draft continuing fitness to practise model.