Academy of PHYSICAL MEDICINE

Transcript

Meeting your CPD Requirements

With Steven Bettles

APM: Well, good evening and welcome to the Academy of Physical Medicine. If you're new to the academy, this is a slightly unusual broadcast, in fact whether you're new or not, this is a slightly unusual broadcast. First of all we hadn't originally scheduled one for this evening because this was due to be our holiday period. And also this one is slightly shorter than normal. As a rule we 90 minute broadcasts, this one will be 60 minutes, but as you've obvious gathered it is interactive. You can send in your questions, using the Chat button or via Facebook Live and therefore this will count towards your CPD learning with others total. It's also unusual because normally I'm in the studio with one or more guests. Today I'm largely flying solo and my guest is coming in via video link as a virtual guest. We haven't done this before, it's not something we do very often, we want to do very often because of course we like to preserve the quality of the image, the quality of the broadcast. And it does raise technical difficulties. But as you'll see there are lots of innovative things being done in the way we deliver our CPD for you as we go through tonight's program. My guest this evening is Steven Bettles, he is the Policy Director for the General Osteopathic Council in the Professional Standards Department. And we'll be talking largely about the changes which have been introduced to CPD requirements for Osteopaths. But first of all, Steven, welcome to our broadcast. I've got a lot in my tray already that came through his emails earlier on and some responses that came through to a survey that I sent out earlier today. So there's plenty for us to talk about. Now all the osteopaths in the audience will be aware of the work that's gone into changing the CPD requirements and many of them have opinions about that as I've learned from the responses to today's survey. But chiropractors, don't be disappointed because breaking news, certainly last week this wasn't even available via the General Chiropractic Council's website, but your CPD requirements are changing as well and I have spoken to Anouska Annan who is the education manager at the GCC. We had a long conversation about this

and I have the details, as far as they are aware at the moment, of how your CPD requirements are going to change. Now we'll start just by putting up what I learned from Anouska last week, so if we look at slide one, what we have in your cycle is that some things will stay the same. First of all you still have to show that you have completed one learning cycle. That learning cycle is laid down in your guidelines on the website, I'm not gonna go through that in detail here. And you still have to do 30 hours of CPD each year, of which 15 hours has to be learning with others, much as osteopaths currently have to do. And the third thing is you have to keep a record of your CPD activities. So that's the stuff that's staying the same, in the plans to revise your CPD. Now if I look at the second slide, what we've got is what's going to change. And this will be part of a three-year cycle. So what we've got are some mandatory subjects which have yet to be identified by your general council. A structured discussion with a peer about your CPD and at least one objective activity about your practice. Now we have a little bit more detail about that, but this is the start of the discussion as far as the General Chiropractic Council is concerned in the way that they're going to revise your CPD. Now, the reason that this evening's discussion's gonna be very valuable to the chiropractors is the next slide. Because this diagram shows you, in outline, what's required for the osteopaths and the CPD cycle which will start at the end of 2018. It's a three-year cycle and as you can see there is one section where we're doing CPD relevance, the full range of practice, then we've got objective activities relating to practice, we've got CPD that benefits patients, and we've got the requirement to keep a record of CPD. And at the end of the third year, or towards the end of the third year, a peer discussion review. The reason I put it up is because what the Osteopathic Council has decided to do for us is pretty much what the General Chiropractic Council has decided to do for it's members. Which means that it'll be very useful to get a heads up on how this progressing in our field. To see how our members are reacting to that and I suspect that the sort of questions which arise from this evening's broadcast will also be quite useful to you, when you're asked for our feedback by the general council. So some good stuff for us to pass on for chiropractors coming out tonight. Steven, that diagram I put up actually it was on a year-planner which I distributed to all our members at the end of last year. What was on the year-planner was actually, slightly incorrect and I've made changes to the one that I put up just a minute ago and that'll be on our website once we finish the broadcast. Would you like to just tell us why these changes have occurred and how you see it all progressing, before I get into my questions.

S Bettles: Yeah, I mean well the history of the scheme it started long before I started at the General Osteopathic Council. It's probably worth mentioning that I am policy manager at the General Osteopathic Council. I'm also an osteopath as well, so these CPD requirements will apply to me as well. So the history of this goes back a few years. There was a drive a few years ago, really in response I suppose to kind of healthcare regulation issues that had arisen as to how you ensure that people remain fit to practice, throughout their

careers. Some of the osteopaths here tonight, may have taken part in a revalidation pilot that took place around 2011/12, so a few years ago now. And was looking at ways of revalidating osteopaths to ensure that they were fit to practice in a sort of cyclical way, rather than just renewing registration on an annual basis. It was a useful process, but an onerous one, I think it's fair to say, and so the osteopaths that took part in that process, there were a lot of good aspects of it, but also you know there was a lot of stuff to do within a year's cycle. And as time has gone by, and we've looked at kind of, you know what other professions are doing and what's likely to work best for osteopaths, you know what aspects of the revalidation pilot were received favorably? Did people enjoy, did they get benefit from? And rather than go down the revalidation route, we've elected to go down an enhanced version of the CPD scheme. So that it becomes a kind of, you know the continuing fitness to practice is wrapped up within an enhanced CPD scheme.

APM: One of the comments that we had early on from the survey was something which I suspect is on the minds of a lot of osteopaths, and I'm quoting this without prejudice as they say, the person who is anonymous says, "I'd rather not see any change "as the existing arrangements are okay." So what is wrong with our current regulations, our current CPD requirements?

S Bettles: Well, I suppose they're a number of issues really, it's quite rigid, so there's no sort of flexibility on it. It's 30 hours a year. And so moving to a three-year scheme does give you a little bit more flexibility if you fall slightly short one year you can make it up the next without that kind of, you know threat of removal from the register hanging over your head. So there's a greater degree of flexibility about it. But we also look at kind of, you know, issues around osteopathic practice which can be quite isolated at times. You know people don't talk to each other, you know quite a lot of osteopaths work in relative isolation, if not complete isolation. And where problems arise and you know remember the job of a regulator is to protect the patients really, the safety and wellbeing of patients. And where problems tend to arise is often with you know osteopaths in isolated practice who kind of you know over years maybe move away from you know that kind of interaction with colleagues. I think when we get the revalidation part, that interaction with other people, was found to be beneficial. You know when people did it, they enjoyed it and the new scheme gives a bit more flexibility. I think it recognizes that the profession is growing up and maturing and it gives up, to an extent, that responsibility for planning and acting and implementing CPD back to the profession and that kind of role, that peer discussion review after three years, again, as a regulator we're not getting involved in that, that's kind of you know between peers, between colleagues who are gonna kinda discuss with each other what they've done to meet the requirements of the scheme. So in a way it's kind of, I think, acknowledging the fact that the profession has matured and grown up a little bit, it's a bit more flexible and it covers some of the aspects that we've found to be problematic, in terms of you know problems arising with osteopaths working in isolated practice. With

things like the requirement within that three-year cycle to do something on communication and consent, for example. Is a nod to the fact that, you know probably 40 to 50% of fitness-to-practice cases and complaints made against osteopaths involve some form of communication problem. So it's to try and really, really sort of I suppose, plug some of those gaps. To acknowledge that the profession has matured a bit and to have a more flexible approach to implementation over a longer cycle.

APM: This one is in capital letters, "Why take an onerous, wordy and largely pointless exercise "and slightly change it?" I emphasize that I'm quoting here what is written on my question, "and slightly change it "to make it significantly more onerous "and to all appearances no more useful "to the actual practice of osteopathy?" I think that business about it being significantly more onerous is one that you'll probably want to take up because it may well not be significantly more onerous.

S Bettles: It's kind of the same, the expectation is that osteopaths will continue to sort of balance that over the three-year cycle. So you know around 30 hours per year and at least half of that with other people, so that hasn't changed. CPD relevance for the full range of practice, most people are doing this anyway, even if they don't record it as such. That means two things, one is looking at you know if you work just in clinical practice, then fine, you're CPD's gonna be around clinical practice I guess, but if you do, you know a couple a days in education, you kinda think that there's gonna be some CPD over that period that's gonna reflect that osteopathic education element, and most people who work in education are gonna be meeting that expectation. So really I think mapping to the themes, and it's not mapping to individual standards, it's mapping to the themes of the practice standards, most people, I think most CPD activities are gonna cover a range of the themes if not all of the themes of the practice standards. It's not, I don't think, particularly onerous. The change is to kind of think about it and to record how that's happened really so that you can talk about it, eventually when you do peer-discussion review. It's also we're not saying people have to do so many hours in each theme, it's not as prescriptive as that. It's just over that three-year cycle you've got to do some development activity for those themes. I don't see that as particularly onerous. The objective activity requirement, standard two, you know that is a challenge and that I think, you know people may find that challenging depending on what they do, but there's lots of options as to how that could be met. You know seeking feedback from patients is something a lot of us osteopaths do all the time, it's not necessarily onerous task. Peer-review or observation process, I'm doing some work with some early adopters at the moment doing a peer observation and we're kinda midway through that and that seems to be going quite well. And again, you know there's a lot of enthusiasm for it, believe it or not. Clinical, you know there's lots of materials and support out there to help someone do a clinical if that was what they wanted to do or even just sort of a case-based discussion with a colleague talking through a case, whether that's an actual

case or you know a fictional case, I guess to illustrate a point. It's potentially worth getting objective feedback on practice, so you know these are things that aren't that complicated and they probably do them anyway, we just don't necessarily record them--

APM: We look at the objective activities and you've listed the four which we have to cover at least one thing from every three years. Presumably we could do the same type of thing--

S Bettles: Well, I mean they're examples, yeah.

APM: Okay, so there could be other things. But you talked about clinical audit and very helpfully on the General Council's website, on the CPD website there are I think 113 odd-documents to help you do your CPD under the new scheme. And the one produced by the National Council for Osteopathic Research, which talks about clinical order is 67 pages long. Now I suspect that most people will look at that and say, sod it, I'm gonna do something that is considerably easier than requires reading a 67 page document without even beginning to look at the references and the clinical audit, it frightens a lot of people I think.

S Bettles: Yeah, yeah, I understand that and it's gonna you know some people will think well actually that's quite a useful activity but it doesn't have to be, you know there's a lot of stuff in there in the core document and it could be a lot easier than that. We've done it, again, we're doing a range of sort of webinar type activities with some of the early adopters at the moment looking at some of these activities. And when you get down to it it's actually no where near as complex--

APM: Well they seem to be largely based around the Bournemouth questionnaire which I think is 10 or so questions long, isn't it?

S Bettles: Yeah.

APM: And I that's what I was trying there was make sure that they got the responses so they could do some meaningful research and I wholeheartedly support that. I imagine the chiropractic council will be trying to do the same thing for their members. But equally when we had an NHS contract we were using the revised version of the Bournemouth questionnaire to do our patient-outcome measures. On the face of it it wasn't difficult, I suppose the main difficulty was actually patients understanding questions in the way that they're framed on the Bournemouth questionnaire. And of course as soon as you start changing the questions then the form becomes less useful to the researchers.

S Bettles: I mean talking about NCOR, you know the PROMS scheme that NCOR ran, which really is getting patient reported outcomes measures, it's really a way

of getting objective feedback on your practice and patients and the analysis is all done by NCOR, you know you just kind of distribute the questions and it's all kind of done remotely really without too much involvement from the osteopaths at all and that's, you know you get feedback on your practice from that as well as contributing to their research base of the profession. So something like that would be really, really easy way of getting it figured out.

APM: We've got a couple questions which have come in from Fiona, I'm assuming it's the same Fiona. The first one is, "If someone is working within education "and therefore they're CPD is fulfilled "does that make them a better practitioner?"

S Bettles: Not necessarily, I mean I suppose if they're working full-time in education, I mean I think it's with the, looking to sort of see that your CPD reflects the kind of breadth of your practice, I suppose the thinking behind that, is if you're kind of, you know if you largely treat children say, and you know 80% of your patients are under 10 years old you would expect that kind of, that waiting I guess to be reflected in the types of CPD activity you do. And similarly if you do a couple of days a week in education or research, you'd expect that that's reflected somehow in the CPD that you do, rather than just kind of doing random stuff that crops up just before the end of your CPD cycle when you've got of sort of submerse in it.

APM: And I suppose whether you're a better practitioner depends on what you do with that CPD material afterwards, doesn't it? I mean it's applying it to your practice.

S Bettles: It is and if you're in education, you know you're kind of, if you're a lecturer, a tutor, or if you're in management within education as well. You know which is my background. There's lots of development opportunities that you're going to do that be relevant to your role. Whether it makes you a better practitioner with patients, I suppose, is a different matter. But it hopefully will enhance your role within osteo, whatever that is.

APM: Fiona goes on to say that the new system may well be flexible, she says maybe, but it looks to her like it's a lot more paper or computer work and more time to have to organization appointments with peers and maybe patients, her point is, what's the benefit? Over and above what we do now I guess?

S Bettles: Well, we've done a lot of development work with osteopaths, osteopathic groups, in putting this scheme together it's not something that's just been kind of dreamt up in some sort of diabolic meeting at the General Osteopathic Council. It has been developed with osteopaths and tried with osteopaths. And I think my colleague, another Fiona, Fiona Brown who's the head of professional standards, has been involved since the kind of development of this and has done a lot of work with some of the local

osteopathic groups around the country to develop particularly things like the case-based discussion, peer reviews, that kind of thing. And I think when she first started doing it, and this is going back two or three years now, to the sort of inception of the scheme. There was quite a lot of negativity, it's fair to say, in the groups. Once they started to actually do it and engage with it, they saw the benefit of talking to their colleagues about cases. And there is a lot of fear involved, people are worried about sharing commercial details with people they think might be rivals, you know there's that kind of element, and you've got to get through those sort of trust issues, all that sort of stuff. But essentially talking through cases or doing you know group work with a small bunch of colleagues, whether that's in your practice or with a regional group or a small sort of group of colleagues, I mean it's an additional kind of element maybe, but it's what a lot of osteopaths are doing anyway. And they found the benefits of that, they enjoyed it to the extent that they've carried on doing it even before they have to do it, you know it's just something that they've got into the habit of doing. And a lot of the osteopaths I've worked with, the early adopters of the scheme that I've worked with, have done the same thing really. You know they've found it beneficial, they've kind of carried on, they've picked up and carried on with it really. So I think once you try it, you'll find it won't be nearly as onerous as you think--

APM: It's always the fear of the unknown. I've got a question from another anonymous viewer who's asked, "What's the best way "to record reflective practice? "For example reflective practice sheets "like the ones at the College of Osteopaths?" and I'm not familiar with those, perhaps whoever else with that question would send some in so we can put them up on the website as examples. But have you got an opinion on that, Steven?

S Bettles: Yeah, well I think it essentially, in relation to, I mean at the moment we've you know, we all fill in our annual summary form, most of us, I think about 85% plus of osteopaths fill in our CPD forms, online. And you know we type in, there's like 150 words where you've gotta say what the relevance was to your practice. And essentially that's kind of a little reflective thing. I suppose really, you know, there's a model of reflection which is kind of, what, so what, now what. So, what happened, what have you done, you know? I attended a course on such-and-such. So what, is what is the relevance of that? What was, you know what did you cover, how is that relevant to your practice? And the now what is, are you gonna change anything as a result of that? Has it had any impact? And so just keeping it really simple, know one's expecting a kind of a 2,000 word essay for every particular activity that you do. But it could just be, you know, I attended an online meeting on the new CPD scheme, what did I find out, well you know I now know more about it than I did before. What am I gonna do? I'm gonna look at the CPD site and go away and kind of think about how, when it's implemented, which isn't gonna be for over a year yet, when it's implemented how I'm gonna start to work with it. You know that's the kind of, a little reflection that you might think

about for something like tonight's activity. And so it's just kind of thinking about what we've done, it doesn't have to be long. What have you done? What was the relevance of it? And what's gonna change, if anything, as a result of that. You can do that in 150 words, you know at most.

APM: I was interested to read--

S Bettles: We will be doing more and more resources to help support osteopaths in doing this kind of stuff, as well. I've been talking this afternoon about, you know developing some guidance about recording activities and things like that as well. So there's lots of support that will be there for osteopaths.

APM: And of course there's the opportunity for me to say that the Academy of Physical Medicine is also providing CPD which meets all of the requirements of the new CPD scheme. I have to say that because, of course, this is what we do for a living down here. But I was gonna ask, when I looked at your summary on the CPD website of the CPD Osteopathy site, you said that you'd noticed that there was very little reporting or variance of the CPD standards in the CPD reports that people put in every year, online, in the ozone system. I'm quite surprised at that, because there are actually no mechanisms to record which of the CPD standards your CPD relates too. So how did you know? How do you get that feedback?

S Bettles: Well, we did a survey, we did an evaluation survey, CPD survey, a little while back, a few months ago that showed about how people record their CPD and whether they're kind of thinking in terms of themes of the practice standards and some people did, surprisingly. I'm surprised, actually, because you know we say that most people don't do it, now they don't have to do it now, we don't ask people to think about themes of the practice standards now. I've got in the habit of doing it over the last couple of years when I fill in my CPD, I've just got in the habit of doing it, just because I knew this was coming and I thought it would help if I, it helps me think about it. It helps me think about what I've done, so for example, you know I went to a sort of CPD event, like a local hospital put on a thing with some orthopedic surgeons a couple months ago and I went along. When I wrote out my activity I said, well, we've done some stuff on communication consent because they've talked to us about, you know I've got a better understanding of the evaluation, in fact it was neurological issues and dermatological issues, the last one I went to. But I've got a better understanding of the common problems and how it takes patients about those, for example, there's a couple elements in communication and consent. I've got a better understanding of what the medical interventions are on those aspects and kind of referral mechanisms and you know medical management.

APM: That's interesting stuff, because on all the certificates that we know produce following our broadcasts, the certificate will have a list of the standards to which it relates. It'll have the themes and then it will have the letter, relating

to whichever particular aspect it relates to. But, one of those is communication and consent, with patients,

S Bettles: Yeah.

APM: Now your suggestion is that we do one to three hours of that in total, over the three-year cycle, but of course it's so hard manage isn't it? Because I mean unless you do a one-hour CPD seminar purely devoted to that, how do extract those hours from the 20 odd different seminars you may have done over three years?

S Bettles: Yeah, a lot of people have asked me that question, about how do I, you know out of a two-hour seminar, how many minutes do i allocate to communication? And my answer is, don't worry about it, don't worry about the minutes, just think about the outcome. I mean what we're leading to ultimately, is at the end of that three-year cycle you're gonna sit down with a colleague and they're gonna say, "Talk to me about what you've done? "How have you met this standard?" and you get to that one, the communication one, and we haven't stipulated a time, we've said, you know in order to meet that you're probably looking at a minimum of three hours, over three years. So talk to me then about how you've met that standard? I don't care what you've done, you know pretty much, you know at least 50% of the CPD events that you've attended or been to over that time, you've actually thought well how was that impacting on communication and consent? And this is how, you've kind of put a couple of lines here just to kind of think, yeah, yeah, yeah, it has. It's made me think, how I talk to patients, it's made me think about what matters to them, it's made me think about how I explain things to them and how I you know how I communicate, the words I use, the language I use, all that kind of stuff. That's communication and consent and so recording that as you go through, you very quickly build up a kind of little portfolio of activities that overtime you've basically met that requirement as well as anything on the CPD, in a journal articles on communication and consent, you can sit down and talk to a colleague about what we do. Do a case-based discussion. You do an objective activity, if you get patient feedback, if you do the CAM measure or get some PROMs feedback, you know all those things will impact on communication. So it's gonna be really easy to do that, I think really easy. And we're not looking at a breakdown, so many minutes on this, so many minutes on that, it's just overall in the two hours I spent at that activity, what things have I covered and you know almost invariably there's gonna be something in there that impacts something--

APM: Now you've touched on peer review a number of times there and I think that's one of the factors which is a little bit unnerving for many people because of things you mentioned, commercial sensitivity, the fear of exposing themselves, effectively in front of a colleague. So there's a number of questions that have come in about that, one that I have, is that given that

my academy will be providing an awful lot of CPD for it's members, easily enough to meet the 90 hour requirement across all the fields that have standards. And given that we will be offering to provide that review service for people how does that sit with the general council? If I'm providing a CPD and then I review the member who's got his CPD that way, I can be objective and impartial and guarantee confidentiality, but you may think well I've got a vested interest in saying this was a damn good CPD. Are you gonna accept it?

S Bettles: Yeah, I mean--

APM: Glad we got it on record.

S Bettles: Yeah, well I mean you're both registered practitioners, you've got to be, you know, it's not an exam. It's a structured conversation, basically. So you know if you're gonna sit down with someone and say, well you know we're just going to spend an hour just sort of chatting through what they've done over that three-year cycle. You know you're gonna get a very good idea of what they've done, if they've done your programs and you've kind of designed your programs to help support people in meeting the requirements of the scheme, then chances are they will. You know it's gonna be surprising if they don't--

APM: Related to this conversation, I've got a number of questions coming in about this, both before and during our discussion. Is, what actually constitutes a peer? I know osteopaths who think, oh gosh, I've gotta get somebody senior than me, who's basically going to examine me, does it have to be an osteopath? Could it be a doctor, could it be a physiotherapist? Where would you draw the line? Could it be a yoga instructor?

S Bettles: It's, we're talking really kind of, sort of registered healthcare professional, I guess. So someone who's, you know, an osteopath, chiropractor, physio, GP, orthopedic consultant, you know, all that, a nurse maybe, a practice nurse. All those kind of things, it kinda depends on, you know it's someone who kind of understands the context. You choose your own peer, they're not gonna be imposed upon anyone. So you know most of us, and it doesn't you know, and I wouldn't say don't go with a friend. I mean, you're married to an osteopath, Steven, I'm married to an osteopath, you know and I've had people say to me, look, you know can I do it with my wife? You know and she's an osteopath as well, you know potentially you could, but I wouldn't act as my wife's peer-reviewer. I'd kind of steer her to one of our friends I think to do that. But you know most of us have got a friend that we know and trust, doesn't have to be someone you're physically, you know geographically close to. You could do it by Skype or whatever, or over the phone, it doesn't have to be face-to-face.

APM: Right.

S Bettles: It's just having that kind of structured conversation with someone that you know and trust. And we're saying to people, look you know, don't leave it until you know nine months, 10 months into your third year of the cycle, then cast around and try to find someone. I mean try and find someone in year one and establish, a bit of a sort of working relationship with them so you can talk to them.

APM: Another question that's coming about the three-year cycle, I mean do we have a start date for that cycle?

S Bettles: We're looking, we don't have a definite start date yet, because there are some rule changes that we need to get through before we can be definite about that. We're looking at October next year as a start of the cycle. So if someone, my CPD cycle ends at the end of February, then we'll start a new year, at the start of March, same as a lot of osteopaths. Though if a new scheme were to be implemented from say, just say for example, first of October, next year, then I would start on the new cycle from the first part of March--

APM: Oh I see, so we're not having everybody start at the same time.

S Bettles: No, it will phase in, so until your three-year cycle will commence at the next cycle after it's been implemented really, so yeah it would be for a lot of people would start in 2018.

APM: I don't know what's happened back-scene here but through my earpiece I'm learning that we have to get you off this video conference call and get you in on another one. So while we do that I'm going to talk for a few minutes--

S Bettles: Okay.

APM: What APM is doing regards to new CPD structures. We put up the diagram some time ago, of the osteopathic changes, and as you saw there are four themes there. The first is pretty much what we're doing at the moment. Now chiropractors, according to your scheme you'll be doing the same quota or hours every year, under your new system as you were doing under the old. Well that was what they told us as osteopaths when they started the process of evolving our own standards. Now it's 90 hours in three years, which is much the same as yours except, you know yours may evolve into doing any of your hours over those three years, as ours has. The subjects under that Standard One, the actual osteopathic standards may be whittled down slightly but they will stay pretty much the same. And chiropractors you've already got guidance on your own general council site which gives you the subjects which will be of use to you. When it comes to the objective activities, we're able to help with things like clinic audit because we can help by promoting the stuff that the National Council for Osteopathic Research is doing. Of course we can share that with chiropractors if you wish. We can let

you have things like the Bournemouth questionnaire and I'm not suggesting that you can't do this, very easily yourself, but if you want to take the weight off your minds then we can do that for you. When it comes to case-based discussions, we're actually starting the first of these next week. And we'll be doing them on probably a fortnightly basis to start with, once they get more popular and the momentum builds we'll be doing those case-based discussions on anything up a daily basis. And that'll be 30 minutes of CPD with a number of people via a conference call, not in the format that we're doing at the moment with one or more people presenting a case and just saying hey, did I do the right thing? Should I do something else? What have you got to suggest regarding this particular case under consideration? There are some things we can't do easily. We can't easily do peer review, but what we can do is we'll be able to put you in touch with people who would like to help out with peer review. And it's observation, it must be somebody who's fairly close to you, but again, we've got a large network of osteopaths and chiropractors so we can put them in touch and hopefully make that as easy as possible for you. The other thing on the list of course is patient feedback, now getting patient feedback is, not entirely different from clinical audit because you might want to use the Bournemouth questionnaire for that. But again, we can provide you with guidance to where you can get the sources for that. We can provide you with the mechanisms to deliver those to patients if necessary. But again, you could use something as simple as SurveyMonkey to produce your own survey with the questions attached. And send that out to your patients via email. And I think they recommend doing that at a one week and a six week follow-up period. Regarding communication and consent we can easily help with because on all of our certificates we list when communication and consent is covered. And we try to invoke that whenever we're doing a piece of CPD. So for example we did one broadcast devoted entirely to that and on others where we've been talking about treatment we've asked orthopedic consultants or others, you know how they went about getting informed consent, from their parents, from their patients. So we can really help with that and keeping a record of your CPD is something that we can do very easily. Every thing you do with the Academy of Physical Medicine is recorded. If you are ever audited which is something we can Steven about now that he's back online, if you are ever audited, then we can produce all that documentary evidence to graft together with the transcripts or with the summaries of what was done. Plus all supporting documentation, which you can put into your submission to the council. And provided you're keeping up with your CPD, which lets face it, it's fairly easy. There's two of these a month, first Wednesday, second Tuesday and now the case-based discussions. So there'll be plenty of CPD on offer for you and we're trying to make it as easy as possible for you to get the stuff which relates to the osteopathic standards. And most likely to the chiropractor standards as well. Anyway, welcome back Steven, now I've got you online again. You heard me making much of how APM can help people with their CPD. Again, there's that three-year cycle, I asked this of you and Fiona when I first started looking into this a couple of years ago I think now,

what is there to stop somebody, over two, three-year cycles, doing 90 hours CPD in the first six months, then waiting five years before they have to do another 90 hours CPD? But the bottom line is that there is no mandatory requirement to any CPD in a year and this could mean for example, that you could go for four years, or five years without doing any CPD at all. What would the GOsC do about that?

S Bettles: Well, I think we're talking about kind of outlying behavior here I guess really. I think you know if someones motivated enough to 90 hours of CPD--

APM: Let's say they did a short course, they did a couple of months course or something, maybe the Sutherlin Institute, they get their 90 hours out of the way, they don't have to worry about it for another five years then, but that means that they're going for a very long time with no CPD at all.

S Bettles: Yeah, I mean, I think that scenario is gonna be unusual, I think most people are gonna you know balance it out, probably much as they do at the moment really. Is it feasible, yes, it could happen, but we had this conversation last week didn't we, and I think you know if I was doing a peer review with someone, and we got to the end of that three-year cycle for example, and I say talk to me about your CPD and it transpired that the whole thing had been done in year one and they hadn't really done much for two years. I'd kind of be, you know, they might have met the spirit of the scheme, but I'd be kind of asking, well just talk to me a bit about the last couple of years, what have you been doing? And you know I reckon through exploring that you'd find that actually they have done CPD, they might just have not recorded it and if they've read the journal, if they've read any journal, if they've talked to a-- if they've attended one of your sessions, they will have done something. And it's just kind of exploring what that is, you know I'm not too worried about those kind of issues because I think they're gonna be unusual, to be honest. You know we're talking about professionals, you know you've gotta accept professional responsibility for your learning and development. The osteopathic practice standards, you know it says you've gotta keep--

APM: Yeah, I know we're dealing with professionals, but I've had some fairly, what's the word? Forceful feedback from this afternoon's survey. From a very small number of people, admittedly, and you know they are very critical of this, in one case critical of the need to CPD which I think is one of those outliers that you were talking about. But others about the whole bureaucracy and the mechanism of doing CPD and predicatively criticism of the council itself for being a self-perpetuating bureaucracy, which you know, I'm not saying that's my opinion, that's just what I understand from, is coming in here that a lot of people see it that way. And it was a concern I had about this whole new CPD process, that you know are we just doing this because of the council has seen that someone else is doing something different and we think like we've gotta keep up with them and.

S Bettles: Yeah, to be honest, I've been an osteopath for 20 years and I've come across a range of kind of you know attitudes and thinking over the years really and the way I look at it is, we are you know we're a regulated health profession. And that carries some credibility, and status to a large extend which we benefit from and with that comes responsibilities and there's a responsibility there to demonstrate how you're keeping up to date for the benefit of patients, really. And yeah, we can all argue about, well how do we know that it really works and how do you assess that. All the healthcare professions are doing they're best to try and find a way that is resonable, that isn't you know unduly onerous on their registrants. But is a way of trying to ensure that we plug those gaps where problems arise and they do arise, you know and I know there's, you know a feeling amongst some in the profession that you know they don't like the responsibilities that come with that kind of registered status. I understand that, but there we are, that's the nature of 21st century healthcare really and I think probably if, if we were to say well let's forget about being registered osteopaths and forget all that, we'd quickly bemoan the loss of that kind of status. And you know credibility that registration--

APM: Let me give you a nice easy one that relates to the specifics of how we conduct new CPD, it's from Robin. Robin has asked whether case-based discussion has to be with another osteopath or could it be with a physio or a chiropractor? And I'm pretty sure I know the answer to that one.

S Bettles: Oh, no, no, no, it could, no, it could very easily be with someone from another profession, really who's got a different perspective on that particular case, who might kind of you know, you're looking at a range of aspects--

APM: Actually I've--

S Bettles: Yeah, no, absolutely, a lot of osteopaths work with chiropractors or physios or in a GP surgery or within the NHS, or in education you know there's lot of opportunities for us to talk to other healthcare professionals.

APM: And actually the very point of us having to do learning with others is so that we break away from this isolationist aspect of being an osteopath, isn't it? So actually talking to other professionals makes that much more relevant.

S Bettles: Absolutely and I think as well it's kind of how we think about it, you know I've been to CPD events you know where it's a lecture. You know you go and sit at the back of the class and you know you may not talk to anyone, you might just sit there for two hours and listen to someone telling you stuff and then you go away and because you've been in a class with 50 people you put down learning with others, but you're not really learning with others because you haven't spoken to anyone. And yet sitting down with a colleague a half an hour and talking through a case over lunch even is development, that's CPD

with others, you're gaining a perspective on something that you, you're getting some feedback on how you approach, you're getting reassurance that what you're doing is the right thing. You know all those things, that's what we're talking about. It's really not about trying to make a sort of set of bureaucratic rules just for the sake of it. It's trying to help develop as professionals really, that's kind of the--

APM: I've been sitting on this one for awhile, which is anonymous. "in reality an isolated practitioner "chooses their CPD by location and cost. "There's very little choice, "are there any plans to encourage CPD options "throughout the country?" other of course than through the Academy of Physical Medicine, which is worldwide, but I have to put that in.

S Bettles: Yeah, well I mean you know there are technical ways that you can talk to colleagues. I mean using Skype, Google Hangouts, you know there are kind of technical, free technical ways that you can use to kind of talk to colleagues. Most people, even if they're, you know working in the Outer Hebrides, will have a friend, who's an osteopath because they trained with you for four years and you kind of, you know those relationships go deep. And there's someone that they can talk to about this, it doesn't have to be a paid course, it doesn't have to be a paid, you know event, it could just be sitting down with some colleagues and talking through some kind of tricky issues or working through some of the materials that we're putting out on our CPD site around you know case-based discussion, or whatever, you know there are things that you can do that don't involve you know paying to go and attend a course which is you know for some people quite a distance away. I mean the resources we've got, you know and a lot of osteopaths don't actually use them, but you know if you go onto the Ozone and the publications, you know you've got access to a load of journals, you can download loads of articles for reading. And read an article, think about it, talk to a colleague about it, you've basically got a couple of hours CPD in a range of elements potentially. So there's stuff that can be done that isn't complicated and probably what a lot of people are doing anyway, but they're just not putting down.

APM: I've got a question here which is not strictly relevant to the new osteopathic guidelines or any others, but we've had somebody ask and he's anonymous about attending a CPD lecture which is marketed as being suitable for osteopaths and physios but turned out to be little more than a sales pitch for somebody who had a particular treatment in mind and it's been of no value in his own practice, but how does he record that as CPD? How can he reflect on that being useful and informing his practice? Or can he not record it at all, he'll have to write it off?

S Bettles: Well, it's an interesting point. It's one I've considered. You know and sometimes, you know we've all been to CPD events where at the end of it you think, what was all that about, I don't know. And you know if you're being absolutely honest sometimes you walk away from an event with that,

you know that's two hours of my life I'm not gonna get back and it's been of no use whatsoever. Should I record that as CPD? Well it depends, if it's made you think, actually well they talked about this, but I'm not sure that's right, I'm gonna go away and look up whatever it is and try and fill those gaps a bit and it generates a bit of kind of work afterwards so you kind of think about it and you reflect on it and you kind of come up with a plan to try and actually do what you were hoping that session was gonna do in the first place. Then maybe it has generated something that's recordable as CPD. But you know we're not gonna, that's something for you to kind of reflect on yourself and kind of think, you know if you spent two hours doing it and it was useless, was there any aspects of that that has made you consider anything about your practice? Has it just actually made you think, yeah I wasn't doing this the right way of doing it. You know I don't know, there's often something that you can get out of it, even if it's not the obvious. You know from the sort of range of objectives of the session, it depends--

APM: Steven, I booked you for half an hour and you said you were on double-time after 8 o'clock and we're very nearly at the end of our one-hour broadcast. I wanna raise one thing with you. Much was made in either the osteopath or osteopathy today about observing live surgery. Now I was intrigued to wonder where that actually fits in to one's CPD? Because clearly it was valuable from the student's point of view. But actually we don't do surgery and I ask because we're planning to lay on within APM, we're going to lay on some major surgery, filmed live, talking to the consultant while he's operating, but also filming the initial consultation and the rehab as well, so we're gonna take you from start to finish, with questions throughout. But the live surgery itself, I mean is that a good option for CPD?

S Bettles: Why not, I mean it, you know if you think about in terms of the practice standards, it's definitely knowledge skills and performance isn't it? Because it's kind of, you're gonna get quite a lot of enhanced knowledge about anatomy and medical approaches. You're looking at professionalism as well, aren't you really? That kind of relationship with other professionals and supporting colleagues, that kind of stuff, you know understanding how others work and that kind of respect element. You know that kind of stuff. Potentially communication and quite possibly the, you know, safety and quality in practice, as well, if you're thinking about examination and diagnosis, formulating treatment kind of things, a lot will come from that and that interaction.

APM: And interesting way to perform a case-based discussion, as well, I mean the live case as it's proceeding, we can have lots of opinions on how it might better be handled.

S Bettles: Yeah, absolutely. No I mean great, there are different kind of sort of things out there that you know there's kind of activity and I think it's kind of what you, it's what you draw from it, isn't it. You get out of these things, what you

put in and if you kind of approach it in a sort of an open way and think about well, what actually is the impact of this on what I do? When you start, you know drilling down afterwards and thinking about you know what's changed. Sometimes it's just one kind of aspect that you're, suddenly there's been that kind of light-bulb moment where you've realized that you know a particular nerve is there or is larger than you imagined and you know that kind of thing, you know that actually has a massive impact on what you do, but it's kind of unpredictable when you go into that kind of thing. So sometimes the relevance of these things isn't apparent until afterwards. So we can think in advance, well if you do this activity, you're gonna cover this theme and that theme and that theme and you're gonna do this and you're gonna do that, but actually everyone goes away individually and reflects on it and thinks and it sparks all sorts of other things.

APM: Can I ask you a couple of very quick ones, again, as I say we've got about six or seven minutes left. Someone has asked, "Would we not better, "to still submit every year and meet the criteria "over the three-year cycle?" and I'm guessing that that's still an option?

S Bettles: It's, well the scheme has been--

APM: But you can continue on your CPD, you can't continue to submit it and say, well I've done my 30 years in year one.

S Bettles: Well again, we haven't kind of finalized exactly what the reporting's gonna be, but I suspect it will be something like you know, at the moment when you have to fill in that annual summary form and say what you've done, the relevance of it and all that kind of stuff, you probably won't need to do that. There may be an annual summary form that you can complete for your own benefit, but not for ours. But what, when you register, when you re-register every year, now you have to kind of tick the box that says, I haven't been convicted of any criminal activity and I remain healthy and fit to practice, there's no health issue that prevents me from practicing. We'll probably have something there that says, that I have done so many hours of CPD and maybe you know this element or that element of the CPD scheme. The purpose of that isn't that we're necessarily gonna, you know if someone hasn't done enough CPD in that year, we're not gonna, you know, you can't remove them from the register at the moment if you don't complete your CPD requirement you know in a timely way and there's no reason for that. You know you could potentially, ultimately be removed from the register. Under the new scheme you won't be able to remove someone from the register until that kind of three-year cycle has transpired because they haven't met the requirements of the scheme. But what will probably happen is when you do register on an annual basis. Let's say I've done 33 hours of CPD and I've done an objective activity. Okay, so we kind of have an idea of what people are up to. And the feedback that we'll give to people will probably be something like you know, because if I've done 15 hours of CPD it doesn't really help me to get a letter

back saying, you've only done 15 hours of CPD, because you know I know that 'cause I've told you I've done 15 hours of CPD. But what might be helpful is if I get a letter from GOsC to say, you've only done 15 hours of CPD which puts you in the kind of the bottom 20% of the profession. And so some sort of feedback relative to what other people are doing might act as a bit-- 'Cause we're mindful of the fact that people might think this is a two-year holiday, and you know so we've got to kind of, it will help us to kind a keep an eye on it. Hopefully it help the profession to get some feedback like that. So you, yeah, I mean if it helps for people to just think about in on an annual basis then think about on an annual basis, but you won't actually have to submit.

APM: I'll ask you two questions in one if I can? The first on is can the same two osteopaths be each other's peer reviewers? And the second is does offering oneself as a peer reviewer make you eligible for CPD time as an activity in itself? That was from Anna, that last one.

S Bettles: Yeah, no it does. Doing a peer review, I mean you could peer review each other, there's no reason that you couldn't, if you've got that kind of relationship. Some people may think, well supposing, you know you may feel there's a pressure on you, you know I'll pass you. It's not a pass/fail element, but I think if you've got a good relationship with someone, you trust each other and your kind of open and honest about how you've approached it so there's no reason why you couldn't potentially review each other. And the same way as doing a peer observation, you know it works both ways, you observe each other and you benefit from that kind of feedback. So you could potentially do that, and can you claim it as CPD? Yes, you can. So you know if you sit down with someone to do a peer review and it takes an hour-and-a-half, that's an hour-and-a-half--

APM: I've got an interesting one for you here and I'm conscious again, of time. Someone has asked, they're in a closed Facebook group with some osteopaths they trained with, can an online discussion between them be included as CPD or must it be face-to-face or live on the phone? Because it's very hard to measure the time that you spend discussing things with each other if it's by text, through a Facebook group as opposed to in a live broadcast like this.

S Bettles: It is, I mean, yeah, it could be, there's no reason why it couldn't be. It's professional interaction with colleagues over osteopathic issues or professional issues, no reason why it couldn't be. How do prove that? Well, I mean you could screen-shot it. You could keep a record of the screen-shot of your contribution, maybe do stuff like that. You know just sort of as evidence that you've done it in the same way that you'd keep notes from a lecture session or something like that, you know there are ways of recording it. So yeah, absolutely, yeah, yeah. I mean I'd certainly count that. You know anything where you're interacting professionally with someone.

APM: Steven, I've got a lot of other questions which have come in during this discussion and what I propose to do if you're willing to do this is to send them to you afterwards and then we'll post them on the website as a sort of part of a forum of what we're doing. Would that be alright with you? Because some of them are quite lengthy and I'm conscious that we are now out of time. So if you're happy I'll do that, I'll get those to you by tomorrow.

S Bettles: Yeah.

APM: And then we'll post them when you've eventually got the time to answer them. And I'll send you some of the constructive stuff that came from the survey as well. I hope that hour's discussion has been useful to you. There's an hour of learning with others there, reflecting on your own practice, how the new CPD guidelines will affect you. For the chiropractors I know it was very osteopathic centered, once the General Chiropractic Council gets going with it's discussions it would be very useful for us perhaps if we could do the same thing with them and perhaps some of the material from this evening will provide you with useful ammunition or material in itself to ask them questions on how they're going to implement the process. You'll have seen some of the concerns that are coming up here, follow our website and you'll see the other concerns as I post them tomorrow and you'll see what Steven's feedback is. It does seem that, I'm not saying the Chiropractic Council simply follows the Osteopathic Council, but it seems that they've obviously taken on board what the GOsC has been doing and following the process fairly closely. But it's clearly up to you to influence that process by feeding back your opinions on this. So there you are, that's an hour of CPD, not our usual bag, as you will have noticed if you're one of our regulars. That's it for this evening, thanks for joining us, I hope you got some benefit from that. I hope you've enjoyed it, I know I have, and I hope to see you in a couple weeks time.