

PDR Ref 173JBSB - Transcript

Steven Bruce

You've had a link to my CPD. So you should if you chose to have been able to download the document that you can see on our screen here. And the way we're going to work this is that you'll be able to see the documents on this screen, James and I will be looking at them on that screen. And when it all gets very, very complicated, we might have to revert to bits of paper. But I suspect it's going to get particularly complicated is it from what we've we've seen already, if you've seen the portfolio there, you will know that there are some elements to it, you can click on any of these things, you've got a table of contents, you've got a summary of my CPE. There's an important point I need to make in this in that, although you're seeing my CBD portfolio, you don't complicate it as this. You don't have to have anything like the number of hours in my portfolio, because I'm doing twice a week. And so there's an awful lot of hours in there. So don't be intimidated by it. And don't be intimidated by the fact that you know, it's been put together in the fashion that it has. It's just the way that we've done it here at APM. I suppose we I said we want to start trying to summarise what it is we are supposed to achieve in our CPD process, shouldn't we, James? Yes. Because I think we here we are, there are people now approaching the end of their three year cycle, and people are still unsure about what it is precisely they're meant to do. I think we all know, you've got to get 90 hours, we all know that you have to have at least 45 hours of learning with others, which of course you can do with online groups as well as with physically in groups at the moment in a single centre. But there's, to me the areas of concern that people have would be well, how would you have to do each year, as opposed to over the three year total? How do I know I've done the right of communication and consent stuff? And I'll bet you know all the answers to those, don't you? And the answer is the point, isn't it? I mean, we're we're osteopaths, we're not we're not bureaucrats in an office devising the rules. And and most people I think I'm sure that you out there are just as I was lazy, because uninvested until the deadline approaches, we all sit by the way we think, well, it can't be that difficult and leave it until the last minute. Yeah, your deadlines coming up relatively soon, same as mine. So the next year, early next year. So you're in the process of thinking and as you'll hear discussed and reviewed, but actually, you're also still working on Have I got the right stuff in boxes with us. Yeah, that's right. So

James Booth

I've identified somebody who I'm going to use as my peer review, and I've spoken to him about it. And he's agreed that we will do peer reviews for one another, which I think is probably a good place to start and starts the ball rolling your mind not physically because then start thinking about the process of what you need to read in order to have that peer review

Steven Bruce

discussion. Who have you chose Have you chosen an osteopath or a doctor or

James Booth

so I've chosen an odd colleague from the Queen's Medical Centre, Sam Morris, who now works as an advanced line practitioner of in the NHS in home. And we work together we know each other very well. We work in a very similar sort of line in that we do spinal triage is an osteopath by train. And he did a fellowship at the Queen's when I was there. And he has gone on to work in the NHS in an advanced triage capacity. So we understand the kind of demands of our work on one another and therefore the type of CPE that we're likely to do. So I thought he'd be good colleague to kind of go through the process with because for the first time around, well, we've kind of tiptoeing our way through of this, having someone who understands your own working circumstances as well as how you derive your CPE hours,

Steven Bruce

I thought would be quite useful. Well, it's one of the reasons I brought you in today to do this, asked you to come and do this is because I thought, because this is a demonstration, it would be easier if I got an osteopath in to do the peer to session review. But we have got our practice watching this evening, who volunteered to do a discussion reviews for people and you can pick anybody who is a registered medical professional, yes. So you can have a you can have a physiotherapist, you could have a doctor, a nurse also be as long as they've got, as long as they are statutorily strata statutorily registered as ryga.

James Booth

We can use them. I used to have a similar process when I worked in the NHS, where I had to go through an annual peer review process. And we could use the same professional three consecutive years and that was that was when we're allowed to do and a colleague who's a consultant in sports and exercise medicine, Professor bat, did my peer review for three consecutive years. And I have to say, as much as we kind of almost dread this process, it was probably the most rewarding couple of hours conversation that I would have every year because he was a brilliant peer reviewer. He didn't just go through, you know the tick box exercise. He genuinely wants to understand what you've done that year, how it impacted you professionally and personally. And kind of it allowed us to have conversations around what we did at work and what the politics and the dynamics of our different teams and the NHS were Refer to patients into our service so he knew what kind of things we did. He had patients go through our service and come out the other end. So who knew how well patients did with us?

Steven Bruce

It will be fascinating, wouldn't it if somebody had a good relationship with a GP and the GP? Absolutely, to ask a local GP to do this process with them. And I suspect

James Booth

that maybe what we should try and do a little bit more rather than just turning inwards and look into other osteopaths to do this is, you know, to use it as an opportunity to really critically reflect on what you do professionally and in terms of your CPD to try and gain something from it.

Steven Bruce

Yes. And I should point out actually, that I did request a member of the general osteopathic council to come and be here with us, because I suspect that you and I won't have all the answers to the questions

that might be asked this evening. But let us leave it as still waiting. Let us leave it as they haven't chosen, or they probably haven't chosen not to send anybody but they haven't been able to deal with my request, shall we put it? anyway. So let's talk about the process itself a pure discussion process. One of the things that the GR SC makes very clear in their help documents is that this is not an examination. No, it's not to put anyone on the spot. Yes, you're here tonight to make sure that I have covered the necessary aspects of CPD. But as we said, to have that discussion earlier on, but it's not a test, you're not going to ask me quite For God's sake, don't ask me questions on any of the things that I've spoken about over the last

James Booth

one or two and just to embarrass you if I can, I wouldn't be surprised.

Steven Bruce

I have to say, I mean, what am I What am I got in here, I've got 198 hours of learning with others or something which is reasonable. It's a reasonably high total, but asked me the detail of most of those hours, because there's been so many of them. And there are some things that stick in my mind keto diet, that sticks in my mind. But we won't go We won't go down that route.

James Booth

I think you know, you will be unusual in the sense that you have so many hours and there'll be so diverse. Yeah. And I guess in many respects, you wouldn't have specifically chosen to do that CPD for the for the purposes of CPD, you've done it because this is what you do to provide

Steven Bruce

service to other osteopath, chiropractors. But as we were saying before we came on air. And don't worry, we've got time to get around to the meat of it this evening. Before we came on air, I was saying that I think the way we go about CPD is osteopaths has some advantages over the constraints which are put on clinical practice, you have to decide in advance what CPD they're going to do over the year. And I just think that saying, well, I need to improve my spinal manipulation or go on a two day course and get most of my learning with others there. I think that there are limitations in that because with the broad spread of stuff that we offer you I think we're better placed to deal with what comes through the door. And I would want to bring that up in the peer discussion with you in one of the comments boxes. If it were me. So should we have a look at the form? Yes, you've got a form, I've got a form, and we're going to bring that up on the screen as well. So this is taken from the one that one, that one or that one, we're discussing Review Guidance, which has got the form so this is taken from the form which is available on the GRS C's website. And I have to say when I started planning this, I spent quite a few pointless minutes trying to work out how we submit this after the peer discussion review. And it suddenly dawned on me that you don't submit this. This is a document that you hold at the end of your three years CPD like all your other certificates and things like that. And you only provided to the grsc if they ask for it. And will they be asking for it? They probably will though for some people, you know they used to they used about 20% of people CPD I believe at the end of each year statements into the year, and all those 20% of the audited, they did a much more in depth audit of another 20% of those. And I suspect that they'll be doing similar stuff with this. So you're gonna have to do it properly and keep it all safe and safe and sound. And we should. So this thing starts, I mean, I don't know whether we should

have a quick look at the guidance itself, because all of these documents that we can download from the GRC. There's an awful lot of preliminary stuff in them explaining what the CPD is about and what the CPD standards are, and so on. But we can probably we can come back to those. Oops, we'll get back to that. We can come back to that if I can get the mouse to work. mouse's disappeared. Gee, help me. I saw a minute ago. Yeah. Let's see if we can tab under.

Right. Every

Steven Bruce

technology is bound to failing at some point, isn't it? That's the point you need it most. So yeah, let's see if I can move on from this document. Because we get onto the actual the form itself here. Right is that page one is pretty much it's just background, isn't it? The asks who the osteopathy is, who the peer is, and what sort of practice you do, where the practice is taking whether a peer discussion review is taking place, and so on. So I don't think I don't think we'll need to go through that apart from there's a bit at the bottom which asks if there's any fee being paid. And I'm pleased to say I'm not paying James any money for coming in this evening, but I did buy him dinner. So I'm you're not in any way prejudiced in whatever and slag me off. Still time. Okay, so second pages about the osteopath. Again, we don't need to cover that here. Well, maybe we should think about what we would write in it. Yes. It says we've got to describe the type of practice. We're in clinical teaching, research management, how often you practice and so on and so forth. And it says, Please try not to exceed 100 words. Now, anyone who knows me, and I'm hoping that people watching will know me quite well. Will will know that if something says don't use more than 100 words, I would say make bloody sure you don't don't waste your time and energy putting more effort into filling these boxes in when you're actually absolutely have to. What would you What should I write in here, James? It's my it's my pure discussion review. So I'd like to know where you practice. Okay,

James Booth

how long you've been in practice for what your what the nature of your practices? So you know, what kind of patients do you see in your practice? Are you primarily musculoskeletal? What do you do visceral or cranial? How many hours per week you are in practice and how you divide that week up between managing your practice and seeing patients in a clinical setting. And doing other things? Like for example, you know, a lot of your week is actually taken up, we actually made

Steven Bruce

it interesting. Yeah. I mean, I suppose I put that I put that out to put that under either teaching or some form of education wouldn't Yes.

James Booth

And then you could also include some information about any other associations or affiliations that you have with osteopathic organisation 100 words, 100 words, a small paragraph, any law which local societies, osteopathic societies you belong to? Or, you know, for example, you may your members could include that they derive a lot of their CPD hours from the APM. Yeah, I think that would be useful to include in in the description about yourself. Okay,

Steven Bruce

so we won't go into any more detail about that that's, you know, 100 words in that box, just a very brief description of practice. And then we move on to CPD standard one, which is on the next page, which is that I have demonstrated my activities are relevant to the full range of Osteopathic practice, which is the osteopathic practice standards and breadth of practice. So I've got to admit the four themes. So the four themes A, B, C, and D. Now, those are all listed on our certificate, so I'll get them in the wrong wrong order and getting the wrong means but communication and consent is in the knowledge, skills and knowledge, skills and performance. clinic, what's the clinical one, the safety and quality, safety and quality in practice? And usually, we take B and C, which is safety, quality and practice and the clinical skills. Yes, well, so they'll do and then professionalism is the D professional as much as the D, which is when we hit less often, because it's more about what it's all it's quite a lot of it's about what you don't do as Yes, proving that you don't have improper relationships with patients. And I'm not being facetious about that. But actually, yes, you could go on a CPD course to tell you what an improper relationship was, but I suspect most people wouldn't need to do their

James Booth

whole COVID thing I think is quite interesting in the professionalism thing, because, you know, the working situation has changed quite dramatically in the last 18 months and the way we practice and applying good hygiene standards and, and following COVID compliance is all relevant stuff under that professionalism. Yeah.

Steven Bruce

So here's the thing, which I suspect my Chairman not not challenging. People might question it says here that this standard is met. If the osteopath has undertaken CPD and all the themes of the osteopathic practice standards. So what does that mean? I mean, how many Probably hours when I go to do on theme is specify

James Booth

that. And in fact, they say that you can have gaps and you can still meet the requirements. So I think essentially, as long as you've ticked an A, B, C, and D at some point in the last three years, and you can justify that it's relevant to your practice and that is performed your practice in some way or improved, your practice will make your patients safer, then you can say that you have met the the osteopathic standard.

Steven Bruce

Yeah. And I think, Well, I mean, I'm slightly biased by saying that, you know, people come to APM, then we work really hard to try and make sure that after each broadcast, I work to make sure that if we have touched on one of the osteopathic practice standards, and it's listed on the certificate, so you don't have to think about it, it's there for you. And pretty much everyone will cover B and C. So most times, we'll try and get a bit of communication and consent. And very often we'll cover the more legal side of things, which was ends up on being the standard D, we've got a comments or to come in here. Jenny, Jenny says where is this document found? Oh, Jenny, you know, the number of times I have looked for this document. And every time I have to find to find it, I tell you what we will do, I will send out a follow

up email tomorrow after this broadcast. He agreed late tomorrow, Friday, because I've got a meeting tomorrow. But I will send out links to all these documents, but they are on the GRS C's CPD micro site, the web address of which is cpd.osteopathy.org dot u. k, I managed to find them yesterday. And you know, it's a challenge to find the right one. Yeah, isn't it, but if I can find them, they they are not too difficult. So you have to go to that Microsoft to find them. But actually, if you log into the ozone, there was a there's a link on there for CBD most CBD and that will take you to the Microsoft where you know I got through it, which is where you'll find them. So you can get to them through DRC. If you're a chiropractor hoping or someone else hoping to download these documents in order that you can conduct a peer discussion review, I will make sure that they're available in the email I send out in fact, I'll probably just send a link to the documents and also the links to the website address.

James Booth

Yeah. One of the other things I noticed about that it's in one of the comments made in the template is that if you haven't quite met the requirements of one of those, those categories, as long as you undertake to meet that in your next round of CPD, that is acceptable.

Steven Bruce

Yeah. Okay. Which is one of the things that they asked at the end of this year, what activities you need to do in the next year two

James Booth

says if, for example, you undertake management responsibilities, but a very little CPD in this area, as long as you are advised to undertake CPD in the area requiring this, this attention has more attention, then you can you can still meet the standard. So, okay.

Steven Bruce

I'm just I'm keeping an eye on the questions as they come in, as well as not surprisingly, we've been on the air for 2020 minutes. And already there are loads and loads of them. Lindsay has Lindsay, I think it's Lindsay or it might be Sydney I'm not sure is the osteopath or the person doing the seat review filling in the form. When you follow when you look at the form. There are bits of it, where it's clear who has to fill in which bit. So for example, page one, which is that thing that tells you who the osteopath is, who the peer is and all the rest of it either of you could do that. Personally, I would do it I wouldn't want to impose such trivial stuff on my on my Pier.

James Booth

It is colour coded. So specifically, we'll say osteopath to complete, this section is in blue. And the pier to complete this section is in an orange or Amber.

Steven Bruce

So there are some sections which could be done by other by the person. So it is made very clear on the form. Who does which does which one. So let me just take a couple of other questions on here. So we'll move that one over. Robin says, Are we anticipating any problems with the grsc? If we do all of our hours with APM? Well, I'll be the first to let you know because all of my hours have been done with APM apart from bit of reading of stuff in the background. That's a question which it is impossible for me

to answer categorically when I would give you a 99.9% assurance Robin that they will there will be no problems. The only problems I can envisage with let's say you've done the bare minimum of hours, you've done 9090 hours, 30 of those 45 of those were recorded APM broadcasts and 45 hours were live broadcast. So you've you've hit it just right. You've spread it over the three years, which you don't have to do but you're advised to do. And you send that in with a GRC asks for it and you send it in, the only criticism they could have is if they think you've concentrated all your efforts on let's say, taking a random example barefoot running Robin. And they think you perhaps should have done more. But your peer would pick up on that. And it's your peer who's looking at whether you achieve the breadth of practice. GSC is just looking at breadth of practice. So if you've clicked A, B, C and D, then you've covered those boxes, and they don't care where you get your CPD and they can't. There is no there was no legal fallback form to say well, I don't like the source of your CPD Hello, purely if you concentrated all in one area and they audit you will appear picks up on it and they say, why don't you, you might want to spread it out a little bit more. But you know, if you're doing your CPD with us really bite sized chunks every week, there's loads and loads of breadth and experience and variety. So hope that's reassured Robin. James does the GRC except for standards printed on the APM certificates in which bits were relevant. I'm not sure about what you mean by which bits were relevant.

James Booth

I think he's what he's asking is, you know, where you say, which which category falls into ABC or D. Okay, would they accept your interpretation of which of those it applies?

Steven Bruce

Yeah, that. Let's say, let's say that one of us was audited, and we were sent and we were selected for a particularly in depth audit where they looked at all your certificates. You and it, you know, discussed this earlier, didn't we? You say Well, I've hit osteopathic practice standard a on this particular piece of CPD whatsoever. Why yes, well, that's your my certificates. It doesn't just say a it says a one, a two, a three or whatever else. So you could say, well, that particular standard is this. And this is what we talked about in the in that particular broadcast, you might not remember that. But of course, there was a transcript available where you could pull that up. And I won't have put those standards in if we didn't, in some way cover the very specific osteopathic practice standard I put in. And it's why I make them so specific, so that people don't have to worry that they're later going to have to justify why it those standards. But you know, I don't

James Booth

I feel is that you ask or not, this is not a witch hunt. They're not trying to find people who are not doing things properly.

Steven Bruce

I think the entire thing that would happen is if they if they've got some reason to suspect that someone is somehow trying to fiddle the system. Yes. If they think well, you know, there's something fishy going on here. But they're not going to get that just from looking at our our certificates, or the the portfolio that we produce, right? If

James Booth

you look at the breadth of what they allow, by way of CPD. I'd be very surprised if they were then going to start unpacking within each of those CPD criteria whether you've met this

Steven Bruce

so long answer but James No, I don't think they're gonna have any problems with the standards that Rittenhouse tickets, Katie, is it a specific Nuno to peer review your spouse if they're also not know of anyone as your peer? Can't

James Booth

you? I don't think it's a specific No, no, but I'm not sure how much how beneficial it would be you know, because if you'd like to think you and your your spouse are having discussions throughout the year, so you're not really deriving anything beneficial from a CD review. If it's just

Steven Bruce

considering that you can do these things online anyway. You might as well just say well, let's get let's have someone different. Let's let's have a conversation with a colleague because it'd be fun. And I i've series I know that there are osteopaths and chiropractors as well who dislike the other profession. But all people who volunteered with us think they're they're very pro osteopaths. And I think most of our members are a pro, you know, the collaboration between the professionals. And I just think it will be great fun to go. And if you could get a GP to do it. That would be enormous fun, because they got a totally different medical experience to us, and they will be able to offer lots of advice. But spouse, you can't have a spouse. It's not a specific No, no, there's no rule says you can't do it. And the only the only thing the only time that grsc is going to worry about two people who appear in the the osteopath is if they think there's some degree of collusion of some sort. In other words, you're conspiring to create a record which didn't really exist. You losing your microphone just fell off. Never go back on. Stephen on Vimeo, Steve on Vimeo says can we count first aid training as CPD hours? Yeah, yeah, I mean, see, your CPD has to be relevant to the osteopathic practice standards? Well, you know, of course, it's really the chiropractors are required to have CPD, are they required to have first aid in the armoury? Of course they can pass away.

James Booth

You know, I think we there's a requirement that we keep our first aid skills up to date.

Steven Bruce

No, I think the requirements for us is that we meet the Health and Safety Executive requirements, right, which and the Health and Safety Executive very sensibly says, You must have first aid cover in your business, right? He doesn't say you've got to do it as it could be a receptionist. Yeah, yeah. I've often said to be well, that's probably the best person to get trained if you're only going to train one because they're more likely to be there when something happens on any individual. But I agree with you, given the bad PR, which is befall and one particular chiropractor a year or two ago up in New York, you know, we just be stupid, not our first date. The simple answer the question, yes, first aid training does count a CPD. You couldn't count it every year, but you're allowed to do top up training every year, which counts for you for a couple of hours. And you have to renew first aid training to stay in date every three years. So again, three years, three years time, you can count the same course as being new CPD. Maria, can

the peer review be done? Yes. Key peer review can be done on zoom. Yeah, and please do it on zoom. There's no need to spend money or time or whatever to drive off to some exotic loop. Well, why not? Travel to some exotic location and meet face to face. Yes, you can do it on zoom. Filling in the form maybe that's a little bit more awkward but you can fill most of this in over over an electronic means apart from the signature has probably been a minor inconvenience I'd have said. Amanda, what about if you're specialising in one area, for instance, cranial? I'm not sure what the problem is. And all you have to do is cover the breadth of Osteopathic practice standards. So sorry, I'm answering your questions I should be making you I saw you looking at me while you're answering this and you asked the questions. Let's take another Nita if your CPD also covers another discipline, will it be accepted? For example, natural empathy or nutritional related courses? James, what do you reckon?

James Booth

I suspect as long as it's relevant to your osteopathic practice, then yes, I mean, and again, it's for you to decide as a professional if it's relevant, if you're using natural empathy or any other therapy to advise patients while you're treating them as an osteopath, that I can't see why it's not relevant.

Steven Bruce

And I'm thinking it is spot on, isn't it? They don't say that. It's got to be osteopathic CPD or anything else. They just say it has to cover the state the themes ABC and D, the mental practice. And, you know, even if you go on a course and you can and you think it's complete hokum, you know, you could go on it and say, Well, actually, this is contributing to my ability to communicate with patients because I have learned that a lot of people believe this, and I knew that there's this. It could be. Yeah. Okay, Claire's taken all my questions away because she's telling me what questions to get on with the form because we're half an hour in okay. So okay, CPD standard one, have we covered the breadth of and what is the next bit of CPD sentences and

James Booth

then there's a opportunity for the osteopath to complete the section which is basically a brief reflection on on your section one.

Steven Bruce

Right, and we've got the CPD I'm sorry, yeah, okay. Yeah. I've just at the bottom of that, if the osteopath has the osteopath undertaken CPD activities in relation to each of the four themes. If you take Yes, that's fine. If you take no if no, please explain where the gaps are. And yet in the demo form that they send, they've ticked Yes. And they filled in this box. Now again, Steven Bruce, his advice is, if you've ticked Yes, don't fill it in, you don't need to know unless you really, really want to. And there's no need to give them extra like to fill forms. And yeah, I'm not one of them. And I would know, I think there are people who are worried about the forms as well. I mean, they think they don't put words in there, they're marked down. If that says yes, to me, fine. I think

James Booth

the reason it gives you the opportunity to take no and then put something underneath is because as I said earlier, you can not meet all of the criteria, and yet you can still have met your overall objectives, as long as you identify how you're going to fill those gaps. Okay, so the future.

Steven Bruce

Right, so CPD standard to objective activities have contributed to practice and quality of care, yes, three months, we've been on that change.

James Booth

So this is this is the bit where it's not so much about taking your ABCs and DS, but it's more about some sort of objective activity where you're collecting either data, or you're doing case based discussions, and you've kind of gone heavily for that in your second. Well,

Steven Bruce

they're the easiest ones to do through our medium. Yes, the others would be more individual, and we can't do too many others.

James Booth

But the purpose is that it's an objective activity is something that you've chosen to do as a as a learning. So for mine, I did a clinical audit of patients who I was triage in through a spinal service. And I looked at the order 200 patients consecutive patients so that I wasn't selective of the patients. And I looked at what they were being referred in with I what was the the the GPS reason for referring them in what their clinical findings were on imaging as well as on examination, what the proposed treatment was and what the outcome was. So that was that's what I used as it as an audit work. It really wasn't that long because I did it contemporaneously. So as a storage patients, I had a little template which I just filled in.

Steven Bruce

So I was going along, where did you get the template from just

James Booth

made it on myself a table that in the word in a Word document

Steven Bruce

that could be useful for people to know, because you don't have to go to Oscar or anywhere else. And find a period of an audit template, you can just do it yourself.

James Booth

It is really, really easy to do, you've just got to think through what kind of information you want to achieve at the end of your audit. And then you go about laying out a little table. And if you fill it in as you go along, you get to the end of 100 patients and you've done nothing other than fill in a couple of lines after each patient's no more than writing an extra line in your notes, essentially. So that's what I did. But I know you can do case based discussions, you can do patient feedback. When we were at the hospital, we had a system called MSF, which was multi source feedback on a three year cycle again, interestingly, and it was basically every three years we had to get 30 patients to provide feedback about our performance, their satisfaction with treatment. And we had to ask 12 colleagues to do the same. And it was done anonymous anonymously. And it was a really useful exercise to go through and again.

So that's another way of obtaining objective feedback which She's, you know, ticks your your second category.

Steven Bruce

The point I would make about this my objective activity here, obviously, my objective activities are all being case based discussions. And if I just flick away to that screen again whenever it's gone. So I have done 50 objective activities, because every single one of my case based discussions is an objective activity, you did something which took you quite a long time, because it went through a lot of patience. But you didn't have to spend that length of time you don't have to do 50 you've only got to do one in the three years. Yeah. And there's no time set on new minimum time you have to spend on that object of activity, all you have to do is achieve some meaningful feedback on how you're going to use it in your practice. Now,

James Booth

as I said earlier, if you don't even have to be your cases, you know you can you can be listening to to other osteopath saw two other chiropractors discussing a case. And that still meets the criteria of objective feedback.

Steven Bruce

So as part of this, you will want to see how I have reflected on these because that's the only way you can tell that I've used that case base those case based discussions or my objective activity to benefit my practice. Yes, so I've just clicked on the the link cleverly linked in my documents to my 50 case based discussions. And if I click on any one of those, it'll take me to the individual certificate, each of which has reflection on it. But I've also reflected on the side underneath this on those activities. Now, what do you think about that I have said, I'll read it for you. These activities were a mixture of cases brought by me and by others, most of them are by others. I mean, a couple of them would have been my cases. But no more than that. In each case, I've reflected on how the lessons learned might affect my own practice. And this is clear from the individual statements or reflection appended to each of those certificates. In particular, I tried to ensure that any issues or communication or consent have been explored, as I'm aware that these are areas which can give rise to complaints if appropriate mechanisms are not in place, I found it very instructive to learn from the way others have dealt well with difficult cases. And it's helped me to be prepared for the unexpected in my own clinic.

James Booth

So that's come on let's I wanted a generic response, isn't it? Yeah, because obviously, that's covering 50 different case studies. I guess what's interesting is whether your reflection is then pertinent to the individuals who have watched the case based discussion or whether they would like to do their own personal report,

Steven Bruce

well, if it is my personal reflection from my portfolio, and anyone who has this portfolio will have to write their own reflection there. And we have guidance from that. I think where that could be an issue, let's click on one of these certificates. If I go to this case based discussion, where a case based discussion here, I have this is a fairly early one. But I've said although no conclusion was reached regarding the

muscle deformation, the options of dry needling and strapping in the case of elbow pain together with the need to look at other contributory sides of the dysfunction, and exercise modification will prove us prove useful in future patients. Now, I have written that reflection on that particular case, right. And I've that's what will appear on the certificate in any of our members portfolios, you have these things put together. Yeah. So if you appear reviewing one of them instead of me, so it's my words, then there's Yes. What do you think about that? And what and whoever it was asked about whether our certificates were acceptable? This is one of the few areas where I think you have to just to think about it a little bit harder, because obviously, I cannot do your reflection for you. I'm not legally allowed to nor can I rationally do it?

James Booth

No, I think I would probably want to hear a little bit more about the case, before I could really understand whether you refer

Steven Bruce

there was a line, these most of these are all divided into two sections, one explains what we did. And then the next bit is the reflection, okay. And this one is we looked at the possible causes of asymptomatic muscle deformation in a patient who had suffered minor trauma and possible remedies for elbow pain. So it gives a an outline what that was.

James Booth

So that's more than enough, isn't it? I mean, you don't, you don't want to burden whoever is having to

Steven Bruce

here's what, here's what I've said to so many people have asked me about this statement of reflection. Absolutely. I cannot write somebodies reflection for them. No, but provided the look at that and think about it and modify it if they want to in that, then that first page I showed you, you know, just reading through that and thinking is that what I wanted to reflect on is reflection in itself. And even if someone were to use exactly the same words that I use there, there is no way on Earth a general osteopathic counsellor or anyone else could say that can't possibly be your reflection. How can they know they can't and I'm not suggesting people cheat because the point of this the benefit of this in thinking about how you use this information in practice, but provided you've looked at it and thought about it, you have reflected on it. Yes. I have a favourite theory that you can't do CPD without reflecting on it except in very rare cases. But what we spend all of our time reflecting don't we everyday like to think so. So I'm just gonna take my mouse and take us back to wherever we were. Where were we? So there's my statement ever seen a clever blinking on my Yeah, so if you are if you're somebody Oh my gosh. I don't know what the hell that was, but our newly redesigned studio is falling apart around our ears. Would you like a hardhat? No, whatever, they sounded heavy. Blimey, if I was somebody who had only done one case based discussion, would you be criticising them for that?

James Booth

No, I don't think I would. Because, you know, I haven't gone heavily on case based discussions on my way. I think it depends, you know, again, if you if you read the the guidelines from from the GS, they're, they're clearly saying that there isn't a specific amount of personal reflection that you have to do or

objective activity that you have to do, you just have to show that you've done some and that it's impacted your practice in some way. So I don't think we should necessarily quantify what we do just rather make sure that you do something that's meaningful. And that does have a positive benefit to your practice.

Steven Bruce

And again, amongst those things that are hidden on the GRC website. They are there they are accessible, you just have to work a little bit. There is an example reflection template here, which asks you what was the event you took out in a party? And why did you take part in it? What knowledge or skills did you gain from taking part? And the impact is going to have on your practice, and there's a few other boxes there, that you don't have to use this form? I mean, your reflection is individual, but it's just yeah. The good side of me says this is the god trying to help people out if you don't know what's expected of you guidance in reflection, though, somebody already sent in a comment saying that Jesus could just give me lots more things to fill in. But the emphasis is you don't have to fill in. Yeah, so objective activity. That was that was pretty quick, wasn't it?

James Booth

Yeah, I think so. And again, they clear that it can be met, if you've taken documented steps to inform and enhance practice as a result of external feedback. That's all it is. It's just looking for external feedback.

Steven Bruce

Okay, let me rustling on my mic. I'm not sure what I can do about it. I think my mic has disappeared. So maybe I was on camera.

James Booth

But I think clearly, they also said the standard is not met if the osteopath has not undertaken any activity together objective feedback. So it doesn't quantify how much objective activity you have to have done. All they're saying is you have to have done some, it has to be objective, and you have to have reflected on it however you choose to reflect on it. So no, I don't think we should get too hung up on how much your how the reflection looks, or how many forms you fill in. Yeah, I

Steven Bruce

kinda lost my place there because my microphone clip was broken and jury rigged the I think we've just finished with standard two. And then there's no no there was one thing else I wanted to see about our gosh Crikey. I can't remember it was no, it'll come back. It'll come back to me. So let's, let's finish we've done standard two. So let's move on to

James Booth

again an opportunity for the for the both the osteopath and the peer to complete the reflection process on that.

Steven Bruce

Yeah. Interestingly, I when I went through this form, I thought, you know, this, paragraph three says, has the osteopath undertaken at least one objective activity that produces evidence and provided a summary comprising the aim of their objective activity. So it doesn't have to be one. But it sounds here as they're asking you to comment on a single activity, particularly when it says ask for comments later on. Yes, but that's where I think my generic comments are valuable because if you don't 50 activities you can possibly put only Okay, back into this,

James Booth

my impression is they're not expecting you to do more than one objective activity, you know, on a cycle.

Steven Bruce

Now they're not expecting it at all, we might set the bar a bit higher than they expect. Okay, so what comes next then.

James Booth

So then we go on to standard three which is the the last graph demonstrates that they have sought to ensure that their CPD benefits patients and this is to do largely with communication and consent?

Steven Bruce

Do we miss out 100 of boxes there? Was that just my

James Booth

no that was that was for the peer to complete with regards the objective activity but it's all very straightforward. You know, have you have you done it? Have you met the

Steven Bruce

user a summary of results and conclusion so very straightforward. This is supposed to take two to two to three hours they see as guidance in the NGO SC website and I honestly can't see how if you've got your CPD organised how this could possibly take that length of time Shouldn't you know we're spinning this out because we're trying to explore all the possible avenues but

James Booth

does that two to three hours include the preamble as well because they do want you to identify the the pier who's going to do the Royal might it may include some time for discussion.

Steven Bruce

Okay, proceeding so take me through centre three have I met this

James Booth

so the guidance is the standard is met by definition of the GR SC is met by the osteopath, being able to show that you've undertaken CBT CBT activity relating to communication and consent with patients. So you know, we know from your very well laid out portfolio that you have done some

Steven Bruce

specific training I will I could go to that. And so in my portfolio if I go back to the table of contents, just gives us that summary page. I have done 54 activities, which include communication and consent. And I can go to a page, which shows you all the activities which have those communication, consent things on them. So if we do that click,

James Booth

I think the point is mostly, we don't necessarily have to do one training course on on consent. I mean, I did my vaccination training recently. And part of that involved consenting patients for vaccination. That could be my consent training for my three year cycle. But equally, what you've done is you've looked at various case based discussions where consensus become a topic within

Steven Bruce

well, indeed, every single broadcast we do if we talk about consent, then it will be listed on the certificate, yes, but we have got, you know, there is at least one, one certificate in there, which was a whole programme donated, devoted, devoted, devoted to communication and consent. So they aren't just one of them. Let's assume in this, here's one over here, which looks gender diversity in the clinic. If I were to look at that, I've said that we met for five different communication, consent pathways, and better in position to encourage trans people through encouragement means I'm communicating with them. So it's not consent necessarily, but it's communication with patients. And up here, we talked about the significance of how trans people might be reluctant to seek medical aid for various reasons. And we might be the first people to support them. And we need to inspire confidence in the patient and so on.

James Booth

Said, again, you've got the communication and consent. But

Steven Bruce

very importantly, what I've done there is shown which of the particular standards were met. So I'm hoping that nobody's going to argue that they weren't met from that. And that's just, that's just a broadcast, which wasn't meant to be about communication and consent, it was learning how to mess with it was in some ways, handling gender, diverse people in how we make them feel comfortable in clinic.

James Booth

I mean, I know, we did a training last year on cord recliner syndrome. Yes. And again, within that there's a lot of communication. She's, you know, helping people to understand the importance of why they need to look for the red flags, but the significance of bladder and Bell satellites, these

Steven Bruce

are scaring the willies out of the Murphy's, actually find something,

James Booth

and they all meet the communication and consent criteria. So you know, use those. But then, as I say, I've also done a dedicated consent training package as part of my NHS training. So there are different

ways that you can meet this criteria. And again, it doesn't specify that you have to have done a certain amount. There is this figure of three hours that they've put in, but it does specifically say that your standard can be met by an osteopath, who has undertaken less than three hours of relevant, CPD. But as long as you're able to show that this activity was informed has informed their learning and practice. Yeah, so again, three hours is like an ideal. It doesn't matter if you haven't actually three hours, as long as you've done some, there's no, first of all,

Steven Bruce

it's not the GRC who's looking at this unless they audit it. It's your peer. Yes. And so you could have a discussion and say, What do you think that was enough time spent on this topic, but even if the GR scores are audit this thing, and then it turned out, you spent one of my broadcasts was a 45 minute broadcast, and we possibly spent 10 minutes talking about communication and consent. they've they've stipulated quite categorically, there is no minimum requirement for that. So they can't say you haven't done enough time, they could support the pier and say, Well, maybe you should do a bit more next time because this was a specific area of communication and you haven't looked at consent.

James Booth

Or as appear you could identify that in the things that you need to perhaps focus more on your next cycle of CPD a little bit more on your communication and consent.

Steven Bruce

Class put a whole lot of questions back in my list again. Some quick glances. I'm talking very fast as I'm trying to argue with you. No, I wouldn't. Okay, I'll translate. And I get excited when I get excited. I talk quickly. Jess graduated in 2014. And it has been audited twice for CPD. Yes. The first time she logged away more hours. And she needed and didn't have evidence for all, they wouldn't let me edit out the hours that were way over. So even if we have done more than we need, should we leave it out.

James Booth

So I had this discussion with with Professor Batts when I did mine because I had something like 190 hours in one year. And I said to him, I was tempted to leave it out. And he said you shouldn't because you want to have a record of everything you've done. Whether it exceeds the out or not. It's important to have the record. But also sometimes it's good to be able to refer back to stuff that you've done.

Steven Bruce

There's an interesting take on that under the new system, this three year rolling system that we've got, because you are not here to check how many hours I've done. No, that's not your role is no there's nothing in this to say you've done the 45 hours of whatever the GLS is monitoring that themselves because you have to declare every year on your form that you fill in on your annual renewal registration. And it doesn't unlike the old business where we had to put stuff into the ozone and in case you're still in doubt, we do not have to read local our CPD in the ozone any longer. You can log it wherever you like the ozone is just there if you wanted to use it, so they haven't got a record there of all your CPD. So if you say I have done 45 of our CPD, and it covers all the themes. If they wanted you, they can ask you for evidence, you can keep that evidence if you want to. They specifically say for the peer discussion review, you only bring to the party, you only need to bring to the party the evidence you

wants to use to support your case for having met the breadth of practice that they're asking for. So you don't i don't have to prove to you I've done 45 hours of learning with other they just have to say, Well, here's the evidence that I met the standards A, B, C, and D, the themes of the osteopathic private practice standards. And here's the evidence that I did communication and consent. And here's the evidence that I did an objective activity. And that's really all you need could be one piece of CPD that covers all of those. Yeah.

James Booth

But again, you know, is this about ticking a box and meeting criteria? Or is it about having a good record of everything you've done?

Steven Bruce

Oh, one of the standards is we must keep a record. So we do have to keep a record while CPD we just were not when it's not being made available to the GR SC unless they ask for it. Yeah, yeah. So Mrs. trellis wants to know, if the gms later chose not to accept an elements of your CPD, there's no formal right of appeal, is there, even if they change their mind concerning what has previously been said?

James Booth

I don't know. But I get the impression, you know, Archie is really out to get people on this. I don't think they are. I think God want people to have met their CPD requirements. And they're not going to go after you eliminating things from your record, because they don't think it's appropriate.

Steven Bruce

One of the questions that was asked on the G o s c s own webinar was what happens if we saw the peer discussion review is submitted if it's requested, and the geoss disagrees. And they categorically said that neither party is going to be blamed. No. So I can't see anybody being unlisted unless there is a suggestion that there's been collusion to falsify the records. because nobody's going to be blamed. If you if you say that sounds like really good, objective activity. When they look at it, they say, well, we don't think it was that good.

James Booth

Yeah. It's an honest attempt, as long as you're making an honest attempt to do the CPD i think i think

Steven Bruce

going through this process is the more valuable parts of analysis, if every bit of CPD was done online, rather than face to face? Would that be a problem? Well, that question was kind of asked earlier on, and no, there is no requirement to do face to face learning. There are, there are stipulations about what counts as learning with others online, there has to be there has to be you have to have the opportunity to participate, you have to participate. But you have to be able to participate. So you can just like go into a group discussion, you don't have to put your hand up and ask a question. But the opportunity is important.

James Booth

And I think particularly if given what's happened in the last 18 months, there has got to be an opportunity for people to do their learning online.

Steven Bruce

Yeah, well, I think it's gonna expand. I think a lot of people will discover that you can learn a lot more this way than you can just by going on weekend courses or one day courses. So we're gonna be reassured Phil's asked, since his daughter is a GP, could she do his and I think that'd be a really, I mean, we have the same concern that you might have with a spouse, but then he probably doesn't spend as much time though his daughter as he does with a spouse. And a GP would be a perfect person to do someone's peer review. Yeah, really good. And I think you could make a note in the introductory boxes that you were related, if you felt that way inclined, as long

James Booth

as there's a critical and beneficial discussion, critical in the nice sense. Yes. Yes.

Steven Bruce

Matthew, it will be helpful if the reflections on certificates you provide are easily editable. Yes, I understand that Matthew. And it is something that we are trying to work on the the latest certificates have a different style of reflection, where it's, it's not on the certificate as such is not contained within the box, it's in a little separate area of its own. In fact, I can probably if I show you one of those, to show you the difference, and we've done it for that very reason. So let's have a look at year three on mine. And the wife and he got one in it's learning by oneself, I don't want that. Let's get back. So if I were to look at year three of learning with others, and go down to so Robert schleife, we had the new treatment of fascia, which is over there, you'll see all of these that the statement of reflection is down here at the bottom, rather than being in the body of the certificate and the police for your signature is down here next to it just to confirm it. And to explain why I do the certificates this way. I feel it's important to have that signature there because I would want the GSC to know that though this was online learning. A medical professionals such as yourself had specifically said yes, the hours that were automatically printed on this certificate are correct, or you change them and the signs say they're correct. And the statement of reflection is what you want to say. We are really trying hard to get certificates where you can edit that. But at the moment, the only way you can edit the certificate is if you have probably Adobe Acrobat because you need to be able to edit a PDF format file. The other alternative You have this is being brought up on Microsoft, Apple's preview system, you could stick a white rectangle over it. And you could add text over that, in which case, blot out all of my text and put your own in there. It's a little bit clunky. But we're trying to make it easier for you to change that statements of reflection. But bear in mind for the peer discussion review earlier on, actually, you didn't need to talk about your reflection individual certificates, you just talk once about your reflection on your reflective activity. Yeah. So we're trying, but it is possible, but it's a little bit clunky. Maria, I heard somewhere that the practice of risk assessment document to operate safely re COVID may count as an objective activity. It's an interesting one.

James Booth

I don't see why it wouldn't. No, I don't see why I wouldn't rely on that as your only objective activity.

Steven Bruce

We What have we got to do with reflective activity? We've got to show its impact on our practice.

James Booth

Yes. It's got to be some sort of audit, which I would think that that probably means. Yeah, I

Steven Bruce

never thought so. Actually, Maria, I'll come back to you on that. I will look into that and see that it meets the requirements of the objective activity, which will take a little while to look through, but I can't see I honestly can't see why it wouldn't make because you are auditing what's going on in your practice. You're auditing patients, you're auditing safety procedures, and so on. And it will have a definite impact on how often you ventilate the rooms and clean themselves. For patients moving

James Booth

say I wouldn't have that as the only one. But definitely, I would include it in your in your evidence of the objective activity.

Steven Bruce

Analysis, her colleague did a case presentation to me for his own objective activity. So can I claim that as my own objective activity, because we discussed it? Yes, I think so. That's a case based discussion. Yeah. And you were both involved in the discussion. So yeah, I mean, unless you can see any reason why that's not the case based discussion. And then yeah, definitely, that's very much an objective activity. And it's exactly what is listed as a specific in doing this for specifics in their own their own use case by case based discussions, peer review, appear observation and one other. But they say those are not the only things you can use as your objective activity, if you can think of something else. And maybe that safety audit is where

James Booth

so they are patient feedback, peer observation, case based discussion, patient reported outcome measures or prompts or a clinical audit. So you've got five options.

Steven Bruce

Yeah. Okay. But you can have other things that they list those, but they've have said elsewhere that yes, they are, for example, yes, yes. Yeah. And when let's say that, if you and I agree that a safety audit of the clinic counted as an objective activity, that would be perfectly legitimate thing for you. And I do discuss this Yes. Here in osteopath forms. Amy says do APM produce a summary similar to Stephens for its subscribers with blank areas for personal review? Yes, we produce these for our subscribers, but we produce them for people who are on our CPD plus level of membership, because there is a lot of work that goes behind producing these portfolios. It's relatively tricky to produce a document like this. And I won't say we did it so that we've got something with which the GSC if they audit, it cannot argue, but there was that's in the back of our mind. It's going beyond what was on the ozone, I think in the old days. So yes, we do. But we're not able to take any more of those on at the moment. And if you care to send us an email we'll talk about what we're going to do in the future is just that we were getting to the end of the first three years cycle. Which means if someone comes to us now

and says, Well, can we go on to this system, we've got to log on where previous CBD as well, including their external CBD. And we just don't have the manpower to do it at the moment. But we will be letting people go on to this after the currency, you

James Booth

don't need to have this either. If they've done all your training through APM, you don't need to have one of these portfolios, you can produce your own.

Steven Bruce

Yeah, and APM gives you a record, all your certificates are logged on the websites, you just log into the website, you could give the give access to your peer and say we're gonna look at my certificates. Absolutely. And what we are able to do is offer an Excel spreadsheet which lists pretty much everything was on the certificates being less pretty format. So that can be done. Carol, many of us did training with NHS test and trace and test and traced and trust. Many of us did training with NHS test and trace and trust me it was many, many hours but also quite relevant to the current COVID. Practice. Could we include this, we can definitely include it a CPD?

James Booth

Yeah, I did the vaccination training and there was a lot of very relevant training on that comes and consent I think, was definitely one of them. A lot of information about the vaccine the the process of providing the vaccine to patients, the the biological processes behind the development of the vaccine, and I was able to talk to a lot of patients who had some reluctance, some anxiety about having the vaccine, I was able to reassure them about how the vaccine was manufactured, how it worked at a biological level. So you know, I think that that's all very relevant to practice in Africa.

Steven Bruce

So could we call it an objective activity?

James Booth

I don't think it would be objective because I don't see there's any audit or case based discussion with it, but I think it definitely adds to you professionalism and your communication.

Steven Bruce

As I understand it, the objective activity is looking at your own practice and see how that works rather than learning a new skill, which is what it is, but it definitely covers communication and consent. Almost certainly doesn't. Yes. stellar says, are we talking about reflective or objective activity when talking about risk assessments, etc? Well, to be honest, I'm not sure what's meant by reflective activity, there's not really any such thing in the peer discussion review, as

James Booth

I would say the risk assessment is more likely to come under the standard one, particularly in terms of safety and quality in practice. That would, that would be category C, that would be familiar that falls under rather than being an objective activity, okay.

Steven Bruce

But as for a reflective activity, we're supposed to reflect on how it makes your practice safer. So. Okay. So the point there is that a reflective activity is not an object in its own right in the discussion review or our CPD is just reflection is what we do on everything. Yes, your CPD. Steve has asked this, I hope it's Steven, he's not calling me, Steve. He says, Do we still have to do 30 hours each on each of the three years? Or can we to be extremely 90 hours in one year,

James Booth

as my understanding is that the gf did not specify how your your overall hours are distributed over the three year cycle, as long as they are within the three year cycle. So you couldn't do them in the first year. You could do it last year. But they do recommend that you try and distribute them evenly. Because, you know, obviously, there's some benefit to doing them yearly, rather than kind of crunched.

Steven Bruce

And there are people who've gone on long courses where they've covered all 90 hours in the first month or so of the year. Who would say well, that means I don't have to do any more CPD. Yeah, I think, you know, a competent peer. Yes. Or the GRC. auditing this would say, Well, okay, but you're not really taking a CPD seriously, if you think it's a tick box exercise where I've got them all, I don't need to do any more.

James Booth

That would be my feedback as as appear and you know, what's the purpose of doing CPD? Is it just to say I've met the minimum hours? Or is it say I'm developing my practice and improving myself professionally? I'd like to think that we're all doing this more based on the latter rather than before. And

Steven Bruce

you might, you might also, you might also take the view that if let's say that require unrelated, your CPD, you're the subject of a complaint in your practice. And it goes to the Professional Conduct committee, and they have to hear the case, regardless of whether there's any marriage, they have to hear it because of various factors. One thing they will look at is well, what sort of CPD? Have you done? Yeah, and if it was, if your last CBD was two years ago, when you haven't done any communication and consent, since then they might say, Well, you know, they will take a view on that, that you aren't paying serious attention to the need for communication and consent. And again, this is not an ask clearing exercise that was covering exercise. It's not a box ticking exercise, it's just actually at CPD in most people's visa valuable activities. And it shouldn't just be shoved into one box and say, you've got that that is valuable,

James Booth

both prospectively and retrospectively, you know, it helps you to get on and do better in your work. But there may also be a time when it comes back and serves you when you're having to defend a position or a decision. Yes. And that's why when I said earlier about, you know, include all of the CPD that you've done, whether you've exceeded the hours or not, because you don't know when that particular element of CPD that you've done might be helpful to you in future in demonstrating that you You didn't have to write to not review your practices particularly.

Steven Bruce

Okay. Carol says many of us did training and testing distressing. I'm sorry, Carol asking your question. It's clear, the more this broadcast continues, the less anxious she is about it, that's really encouraging because that's the point of this broadcast

James Booth

how much longer we'll have to go on before Claire's, not like no longer anxious at all,

Steven Bruce

I would say 29 minutes. Okay. If anyone has any clinical audit examples, please Can they be passed on? Okay, well, let's, let's go. Yeah, that'd be nice if they could share them with us. And we can make them available to the wider osteopathic professional. I did

James Booth

loads and loads of clinical audit in the hospital. And it's a really easy thing to do clinical audits very easy to share as a mechanism by which to do it. It's very easy to set up. So basically, you know, we did we did one clinic on a Friday afternoon, which was a Cox six clinic. And so all the patients who came in on Friday afternoon were treated for coxy denier. And at the start of the process, we just kept a record of the patient's patient's demographic details. So their age, their gender, how long they'd had the condition for, what diagnostic criteria that they'd met, what treatment they had, and what their outcome was on either pain scale or quality of life scale, that sort of thing. It's really easy to set up and you can identify a type of patient you want to look at, or a group, an age group that you want to look at, or just 100 consecutive or even 20 consecutive patients. It doesn't really doesn't have to be complicated. And what you do you ask yourself, the beginning of the processes, what do I want to achieve with the audit? What do I want to understand? Is it How will I'm treating patients or what kind of patients Am I treating? Well, what kind of hours Are they getting or how satisfied are they? And by understanding what it is you want to know, you then ask the question at the start of the process, and then you analyse your data at the end of it, it's really, really straightforward thing to do.

Steven Bruce

And we're not talking about randomised controlled studies, standard data here,

James Booth

real life pragmatic data. And it's probably the most rewarding type of audit that you'll do. Because hopefully you get to the end of it, and you realise, hey, that your patients are doing really well, and be that your patients are very pleased with the kind of treatment that they're getting.

Steven Bruce

Yeah, but don't don't forget to that, you know, these are not the only types of objective activity you can do, you could simply ask a colleague, any other healthcare professional, to come into the treatment room with you and watch you with the patient's consent, obviously, watch, you go through your initial cases, three, or a follow up or whatever else. And then afterwards, over a cup of coffee has been half an hour just saying, Well, how could we have done this better? you'll you'll inevitably bring up

communication and consent? And because you say, well, could I have explained this better to the patient? Should I have know more about this or that? And that's a really simple way of doing objective activity. So

James Booth

I think problems are a good thing to do as well. You know, we don't cams in Caroline, Carol Fox, were pushed to the promised data quite a lot. And that's a very good thing to do. And again, you don't have to do with every single patient, but you could choose 20, or 30 or 100 consecutive patients and just collecting data over a week or two weeks.

Steven Bruce

Andrew has asked a question about whether she can reflect on other people's case based discussions rather than bring any case of her own. Now, I was I was a little concerned about this some time ago, because somebody had said somewhere probably on social media, which is where most myths and legends start. That you had to it had to be your own case that you brought in I specifically asked this question. I think it was a Matthew Redfern. It might have been Steve bettles. But it was I think it was Matthew Redfern at the general strategy Council. And he was absolutely categoric, it does not have to be your case. And you don't have to say anything. And I guess the reason he had to say that is because they had just run a webinar themselves in which people could attend. And they all got ticked off for objective activity, even if they hadn't said anything during the webinar. And I didn't mean to say that he was only saying that because of that reason. But it's very clear when you don't always have to ask questions, as long as you can reflect on it.

James Booth

Yeah. If you go to a conference with 100, or 200, or 500 delegates, not every single one of them is going to comment on a case based discussion at half the number we have almost Well,

Steven Bruce

you think I'm joking? Oh, yeah. Okay, so more about problems I've been asked to, can you elaborate a bit more about patient reported outcome measures and what we can do with those.

James Booth

So there are problems available. And they they're available on the end call websites, and I have a feeling they're available on the IO website as

Steven Bruce

well. There's also a very good one made available by a chiropractor's through the Royal Royal College of cards, which I have had unbiased opinion from people saying this is more user friendly than the osteopathic school, it might be worth a look.

James Booth

And the reason it's a good objective activities, because that is by definition, it's a patient reported outcome measure. So you hand the phone to the patient, the patient fills it in and hands it back to you, you're not biassing the outcome by filling the form in on behalf of the patient or asking the patient the

questions, you basically at the end of the treatment handled the form, they can either go ahead and fill it in and send it back to you or they can sit in reception affiliated. And I think it's a really useful thing to do. And we should all be looking to do, we got a lot of really, really good data from it. And again, it's generally good data, you know, just say you're doing your job badly, it often says you're doing a really good job.

Steven Bruce

And probably you could do a worthwhile audit on how many of the forms were returned, you can

James Booth

audit your problems is not just the actual data, you know, the data points and data sets within the problems. But you can audit the process, which is another thing that we did, looking at how many patients gave us the forms back, there was one interesting stat that came out of it was when we gave patients a lot of forms, they were less inclined to return the forms. Whereas if you gave him a few, like one or two, they're much more inclined to fill them in return. So we learned through that, that, you know, give, don't overwhelm people with problems and with forms, give them one or two, and you get more much more data.

Steven Bruce

But I suspect that a lot of people are going to want to be they're going to want to find the easiest way to satisfy these requirements and not make life too complicated for themselves. Yeah, but which I don't mean, they don't want to do their CPD, but they don't want to go into a lot of research into how to do a patient reported outcome measure form. So there's resources there which are available for you too. They really are not a lot of work. And actually the one through n call or the one that I mentioned with the chiropractic Council, and if you look through our recordings, there is a recording, which we did with Jonathan field from the Royal College of chiropractors and another chiropractor whose name escapes me for a second. And the title is problems. And you can look at that we did talk about the end core problem we talked about there's and the great thing about filling them is that it informs their research as well, doesn't it so we're getting a much better body of evidence for what we Do people filling these forms in? However, that's not pure discretion. Melanie says I'm in mountain rescue and we have lots of training around casualty care first aid and clear communication with any of these be able to count towards osteopathic CPD. Again, it's Yes, yes. And yes, of course it would. And none of our CPD has to be about specifically osteopathic practice. Because if you learn how to communicate with a casualty on a mountain, you're learning about communicating with somebody who's in need of information. Exactly. I think that probably, I remember under the old system there, it was made clear to us, you know, when we first graduated, that it's all very well, but you can't claim the same CPD over and over and over again. So if you're doing the same piece of comms and communication training in your mountain and rescue, and you do it every month, I think they probably say, well hang on once every year is probably enough to make sure you're up to date with yourself or something along those lines. What do we got to

James Booth

so at the end of that process, there is a section for the pier to complete that says CPD standard three the pier has to complete a section, which basically asked the question, has the osteopath undertaken

CPD activities in relation to standard a4 of the osteopathic practice standard five, which is communication and consent? And it says, you know, a box x Yes, or x? No. And then a little bit of guidance. So in other words, if, if you feel that that the osteopath has met the standard, then you can take Yes, if no, then there are some options for you to encourage them to go off and do a little bit more CPD. But again, I don't think that they have to have completed it within that cycle in order to still having met Nick the criteria that three years ago. Yeah, you can say to them, if you select No, please explain why the gap where the gaps are, and discuss where the osteopaths options are for seeking support to meet their development needs. So, you know, you can direct them off to go and do a little bit more CPD in an area if you feel that they haven't quite met.

Steven Bruce

Absolutely. And again, here we're talking about the benefit of this process is a conversation where you decide where your shortcomings are, or it is about identifying the strengths and the weaknesses of your your, your CPD cycle. And if we all absolutely nailed it, and we're perfect, it wouldn't be a need for a review process. And here's the question that's going to be asked, they're gonna say, Well, okay, but if you haven't met this standard, sure you have failed in your CPD. But how, but I don't have to because this form doesn't get sent to the general sporadic Council. So this is not a pass fail form. But every single year, you fill in an annual rate re registration form on which you have to say whether you did communication and consumer activity. And and if you've gone for three years, and you haven't ticked that box, then they will pick that up at GRC. I expect

James Booth

they work. And I also think that if you take the I have not met section three, and it was identified that you needed to go off and do something, as long as when you went in front of the GR SC The next year, I've acted on it and you've done something about it. Again, the chiefs are not going to turn around to you and say, you know, you've you've failed in your CPD review.

Steven Bruce

Whatever this process should work is it's a rolling process. Not necessarily that here's the deadline, you haven't quite met it. Okay, so as CPD section three, standard three, I should say. So now we're on standard four. Yes, we'll see if maintains a continuing record of the CPD Well, yes. How would you do that you can use the ozone. Yep, you can formally put up all your stuff to the ozone. You, you could actually, if you want to, if you're one of our members, of course, all of your certificates are in your profile that counts as keeping a record because all of your certificates, everything you've done with us will be in your portfolio in my file. So that's fine. Or you could stick all your paper certificates in a cardboard file in in the back bedroom somewhere if you want to do doesn't matter. No, you just have to be satisfied. That's what I've done.

James Booth

You have to demonstrate to your peers that you've done that. Yeah,

Steven Bruce

we were satisfied. Well, it's all right. Was it gone? Okay. Thanks, James. I knew you were going to be continuing to be constructive and helpful in this. Okay, so we've done that.

James Booth

Yeah. And that that is relatively straightforward, in the sense that the pier goes on to the next page and says, Does the CPD record demonstrate documented CPD for the CPD cycle including notes of all the activities discussed in the peer discussion review? Yes or no? Yeah, it couldn't be more straightforward.

Steven Bruce

Yeah. Super.

James Booth

And then in this example that appeared and goes on to congratulate the the osteopath on they've, they're very good record keeping.

Steven Bruce

Yeah, and I, I'm resistant to all that sort of stuff in these things. But it's, it's waffle

James Booth

but if some people want to do it, you know, the box is there for them to fill in. Then you move on to your your CPD overview. That's the next section

Steven Bruce

is where I'll go back to the CPD. I didn't touch on that communications.

James Booth

And this is just a section which allows either the peer or the osteopath or both the peer and the osteopath to comment on the overall CPD portfolio, the strengths and the areas for development. So again, you know, the osteopath can fill in all of those the reviewer can fill in all of those pay account. Or you can do it as a combined effort.

Steven Bruce

Interesting that, I suppose is a measure of political correctness here. There's comments, strengths and areas for development. Yes, you were witnesses. And again, come on, man, I hit me with it, where are my weaknesses in my CPD.

James Booth

I would say that you have a huge amount of CPD, but that you don't specifically choose areas that you need to develop, your CPD kind of comes to you rather than you going out and looking for it. And so consequently, if you have an area of weakness in your practice, you may stumble across some CPD which addresses it, but I wouldn't say that you specifically go out and look for to address any weakness. That will be one comment I've made. The second comment is probably about the amount of clinical practice that you actually do. Because when you filled in that first part of your CPD review, about how your professional practices divided up, I would suggest that a huge amount of your time is spent doing APM. And a small amount is spent doing clinical hands on or

Steven Bruce

face to face treatment. Which is an interesting thing to examine here because this is this. This peer discussion review is designed to show that I have met the breadth of CPD and the breadth of Osteopathic practice, and doesn't specifically look at the osteopathic practice itself. But you're right, I spend very, very little time in clinic because APM takes so much time. And yet I've got so much more CBD than probably most osteopaths will achieve. It's not a competition, you know, the counter, of course, to the idea that I don't pick CBD to address my weaknesses. Why do you actually pick the CBD? You know, we pick our speakers, and we pick them, we pick them probably because they're interesting, rather than because they address weaknesses. Yes. But if there were things I'm curious to know about in clinic, then I would probably look for speakers on those subjects. Right. But you're right. Yeah, it's, it is an interesting one. And of course, that that might actually be a point in favour of the chiropractic system where you address what CPD you're going to do in advance in advance of the year that you do it.

James Booth

I have to say, I try and think about my CPD for the next year. And I don't just, I don't just look for stuff that's interesting. I do kind of think about my practice and think, you know, what are areas that I could perhaps update my knowledge on, I think updating knowledge is a really important thing. Because stuff that we learned 15 or 20 years ago, when we first qualified, perhaps has moved or almost certainly has moved on our understanding of, of the kind of the buyer mechanisms, our understanding of the latest research, and the latest treatment has probably changed. And I think it's always good to kind of make sure that, particularly if you have an area of specialism for me it spines, I spend a lot of time reading the latest research the latest evidence on spines, and I tried to stay as current as I can. So that's a big area for me that I I tend to focus on. And I think it's important to reflect not just on know, what do I enjoy doing, but also where my time I need to focus my CPD requirements.

Steven Bruce

Okay. Should we just read a lot of questions to deal with them? The final part of this is the CPD action plan is the final part. Again, not difficult to fill in I think, what are they asking us? In addition to courses, there are different types of activities? There are some there's an opportunity for comments in there. What are their example comments?

James Booth

So they you know, they asking, you know, would you perhaps seek out a mentor to support your development in terms of your business or clinically or communication, undertaking some e learning to increase, increase your understanding of Osteopathic practices and standards? And then so basically, you move on to this, you know, what is your next three year cycle going to look like? which areas do you feel you need to develop in order to meet the requirements. So, complete the seat the the planning, by sharing it with your pair, the template details what activities or actions you've planned or scheduled for your next three year cycle? I think it's really difficult to think three years in advance, I would probably think broadly over the next year, and maybe look to spread that out if more things emerge that perhaps you haven't touched on. And then they can also disappear. And the osteopath can agree who completes the section on on the final bit before they sign it off. And then there's a final section at the

end for the peer to complete, which is basically saying have the standards be met standard 123 and four, dated signed and document and,

Steven Bruce

and confirmed. And then the last part is a declaration by both yes signed by both with their registration number. Yes, if applicable and imagining must be applicable medical care because they've got to be registered healthcare professionals have a registration number. Yes. But that's that's all of that. As I said we will make we will make those documents available through our own website will provide The links to the GRC website where you can find those documents. And let's have a look at some of these other questions. Allison says a very basic question Do we have to have evidence for every subsection of themes ABC and D, Eg a one a two, whatever.

James Booth

I think it's, it's probably helpful to have in your reflection is to make some comments about each of those sub sections.

Steven Bruce

But there isn't a specific reason.

James Booth

It doesn't say that you have to do but I think if you're going to look for some sort of structure to help you to reflect on why it was beneficial to you, breaking those subsections down is probably a good way of giving that structure.

Steven Bruce

And like I said earlier on that the reason I put those sub subdivisions into the certificates is to make it quite clear why I think that particular CPD was relevant to that osteopathic theme. So if you ever asked you didn't have to go hunting for the particular theme, it was related to selling Olivia as proof of attendance apart from the certificate will God need my scribbles to

James Booth

save us they asked for documented evidence. So you know, it doesn't say you have to have handwritten notes. If you have a certificate that may be documented evidence that you attended.

Steven Bruce

And if you look on the prompts, if I go back to, again, I don't want to bore everybody with my CV too much. But if I look at my learning by oneself, which is an area where you might not normally get certificates. In our certificate here. I've got two pieces of self certification we've called them which is where I did some reading one is on Professor gorgeous book on breast cancer screening, which we talked about earlier on. The other one is Sebastian rushworth, some book on the evidence for what is going right and wrong in our COVID response. So I've simply produced a thing here it says this is when I did it. This is whether it was an objective activity or communications and consent. Here's a summary of what I did with the reference to the book title. And here's my reflection on both of those things. That's

all you need. They don't need to shoot to see a sheet of paper or a book where you've got pencil drawings in the margins, I

James Booth

use the ozone way of documenting my my CBD. And they do ask you at the end of each little reflection box to then tick which of these the osteopathic standards you've met in that particular bit of CPD and they don't break it down into subsets. But they do give you an opportunity to tick which of the four you feel you've met with that which is if I've reviewed a paper, I tend to keep a copy of that paper that I've reviewed. If I've read something I make a note of either a reference or or a book that I've taken from and it's just more to give you an aide memoire. So if you need to refer back to it for the purposes of evidence you have something to go back to.

Steven Bruce

Okay. These these asked a question which neither of us needs to be an expert in peer discussion review to answer. She says do you think a practitioners CPD could be penalised if they're only practising part time or their short term non practising?

James Booth

And I don't think there's any mention of that in the peer review

Steven Bruce

none at all. If you are registered as non practising, you have to keep up your CPD if you come off the register, you don't. But you know, how can they allow you to be non registered to be competent to be non practising, so we can't penalise you for that. So as long as you've got the hours, then that's that's absolutely fine. Katie says once the peer discussion review is done, and the form filled in what happens to it next? Well, as you can see, we did mention this at the beginning, actually nothing happens. So you keep it as a record with your CPD the same way you would anything else. And if God asks for it, then you submit it. Yeah,

James Booth

like there was no seemed we would just have to submit it as I

Steven Bruce

did. And I spent ages trying to find this. And then it suddenly dawned on me that there there is no mechanism to do and each year we do our annual renewal of registration, where you take what you've done, and at the end of your three year cycle, which they will know because obviously they set the dates on that they will pick a random selection of people and want to see that we have discussion reviews, you can but they aren't going to read through 5000 peer discussion or

James Booth

no they're not and you could conceivably go through a 30 year career and never have your your CPD reviewed or your

Steven Bruce

peer discussion or you could be like I think was Amy earlier on. It's been reviewed been audited twice. time since 2014. Yeah. Maria, is the peer discussion review three hours counter? Yes, the peer discussion review does count towards your learning with others quota for both James and me. So and for your peer discussion group, peer to peer and yourself. So I mean, that takes a little bit of an angel for the number of hours you've got to get for one year at least doesn't say that's a simple question. Matthew, just a thought might not be relevant. He says, If you d register partway through a CPD cycle, what type and amount of CBD Do you need to submit? If a proportion of the hours How do you do a 1/3 of a peer discussion of repair discussion review? Oh, that's a complicated one, isn't it? I'm guessing by this You mean he's D registered and then re registered again. Because if you d register, you've got no reason to keep Any CPD because they can't audit you because either I would be asking do you ask for advice on that one? Yeah, I think we'd have to seek that one from you'd have to be very clear what you want to know. If you want me to do it I'm very happy to Badger Ji asked about things like this. They've kind of annoyed me over not turning up for this programme. Helen says can you do a mutual review peer to peer discussion review for each other? I see no reason why you couldn't. I mean, there's no reason why we couldn't have been doing each other's and

James Booth

I assume that's what most is osteopathy. osteopath, I expect that's what most people do.

Steven Bruce

Yeah, when you could do it all at the same time. Can you? Well do one first and then do the other one. Ruth says, will there be a link to the chiropractic problems form it was mentioned? Yeah, Ruth, it's on the website already. If you go to the recording of our broadcast on problems. One of the participants up participants was Jonathan field from the Royal College of Chiropractic and inside it there is a link to the problems form. And Kari says how do people manage or risk assess handing out forms for problems during COVID? I've stopped handing any paper or cash or anything soon as an interesting one.

James Booth

Yeah. Again, you know, I think there just has to be a bit of common sense applied to it. If you

Steven Bruce

do electronically,

James Booth

you could do that electronically. Although again, people you know, do people do it at home, so you could email them a form to fill in electronically, so there isn't any contact. No, to my mind, if somebody sanitises their hands, or hand them a piece of paper, they fill it in, you put it into a folder and it goes away for 72 hours. And you take it out and sanitise your hands again, I'm not sure how great the risk is. But I understand that people will still may still have some concerns about it. So if you do have some concerns, I would go down the electronic route.

Steven Bruce

Allison, what happens if you retire just before your review date, run for the hills? Why, as I said a moment ago, if you've retired, well, not so much. If you've retired, if you have removed yourself from the

register, there is no requirement to do any of this. There's no requirement to have met the 90 hours because they're only they're only sanctions on you or to restrict your practice or remove you from the register. So if you come up with a register anyway, then it's irrelevant. They can still you can still go before the Professional Conduct committee if a complaint is lodged against you, in which case your record of CPD could be useful. But your peer discussion review is irrelevant. If you've come off the register, as to be Rebecca, do I need to have a reflective write up or some notes with each CPD I have done with a brief overview that over the APM provides be enough tricky one that because you are supposed to reflect on because you are supposed to reflect on your own CPD. Now, as I said earlier on, you could look at my reflection and say, coincidentally, that's exactly what I think. And the very process of looking at it reading it and thinking about your own practice is reflection. So that's a perfectly reasonable thing to say. I think, on the certificates that we provide, this is obviously my self certification from my own learning by myself. So there's no signature box on it. But on the signature on the certificates that we provide for you where there is an option to sign it. The fact that you've signed it means you pretty much certainly have read it and just check that it is what you think. So I think that would be enough. And as I say, I can't see any mechanism by which anyone could say no, that is definitely not your reflection, because how can they possibly know I would like to think that people will read it reflect on it and say yes or no, it is. Kim, you update knowledge according to what the patients present with, because of COVID. I haven't worked for a year as I have a son that's vulnerable. So I had to self isolate with him. Therefore the hands on has been difficult. How can I use telephone advice as communication consent? I've read that out verbatim.

James Booth

I think I think I think the question is, does doing telephone consultations provide you with an opportunity to to communicate in a different way with patients? And can you use that as evidence of communication and consent? And I would say yes, because I think it presents a new challenge to you. I've done telephone telephone calls consultations in in both spinal triage and in osteopathic treatment. And it is a different skill sets. You know, you have to you have to question people in a way that you don't when you're when they're face to face with you. You have to provide information that they otherwise wouldn't.

Steven Bruce

And we did it very early on last year we did a programme on telephone consultations. One of the things in that was questions that, you know, probably wouldn't have occurred to us things like checking, is there anyone else in the room with you? Yeah, asking where are you? Because if I see something happened to you, and some two people I think said they had patients faint on them during a telephone consultation. But if they didn't know where that patient actually was, they couldn't call the emergency services and say that person injured unless they were a mobile they either move on or perhaps So that's communication. Yeah.

James Booth

Consider not consenting to telephone consultation. Again, it's a slightly different process, you know, because

Steven Bruce

consent doesn't have to be written. If you've got all consent and you've recorded it in your notes, that is consent. And you if how do you use it a CPD I suppose, somewhere you have to show that you have reflected on how you gain that consent effectively and meaningfully?

James Booth

And how you develop the skills to do the telephone consultation. Did you watch one of your shows? Did you read something about it? Did you discuss it with a colleague? How did you decide you were going to go about doing your telephone consultation and how we're going to go about communicating and consensus patients? So that could all be part of your reflection?

Steven Bruce

Vicki has said how do we know how many years we need to keep our CPD records for I I hate coming back to the Professional Conduct committee. But since you're supposed to keep your patient records, and actually the law for us is a bit bit obscure. But if we go to by normal NHS standard, it's eight years, seven years, and seven years or a slightly longer if the patient was minor when you when you saw them. So if we work on the principle that you could be the victim of a claim a victim of a complaint seven years after you saw a patient, I said we'll keep your CPD records that long because at least you'll be able to show the Professional Conduct committee what you did. And since most records are electronic, it's hardly any burden is it? Hope that helps make you I can't be firm on that. But it would seem that it would be useful to have CPD records at any point where a complaint was taken to the Professional Conduct committee. And the final question is kirlian has asked whether they got another ones just come in. Matthew says disagree. What about rollover insurance cover? Don't know.

James Booth

You know, just hold on to your stuff. Hold on to it.

Steven Bruce

Yeah, I guess we could we could look at that. And there's nothing in the rules that I've seen, which stipulates how long we have to keep CPD records. But Matthew, I take I take your point. But nevertheless, I mean, rollover, rollover insurance cover. rollover insurance cover relates to when you move to a different insurance, doesn't it, but actually your insurance generally will cover you for after you retired for the period that you might be, we seem to be less vulnerable, which presumably can only be the seven our seven years that they've told you to keep it. Although, as we say, you still can be the victim of a complaint from 20 years ago. But you aren't required to have notes for that. Because the Lord has asked you curliness whether somebody from APM could do peer reviews for people. Currently, the answer to that is yes. Somebody from APM, could do peer reviews of people. I'd be very, very, very hard push to find anyone in APM, who has the time on their hands to do these things, given the number of members that we've got. But hey, who knows, if you ask if you don't ask you don't get to. James, thank you. This year, we welcome it's a useful process for you. I

James Booth

think it's always good to talk about these things. Because both it helps you to understand what it is that you're going to do. But it also starts to set your mind in train in thinking about how you're going to go

about the process yourself. It's always good to talk about these things. demystifies it slightly as well, I hope so.

Steven Bruce

I have touched my face with this. But I'm going to bring COVID was in touch your hand with the others to thank you very much for coming to our first guest in the studio. Me the second guest in the studio in the whole of the last 19 months. I think I feel honoured. Thank you. Well, we're honoured. We're very pleased to have with us again, a pleasure. Thank you. Thank you. What do I think you should have got her from that discussion this evening. I'm really hoping that as was made clear by somebody watching earlier on and apologies, I forgotten your name. You should be reassured that this is not an arduous process, download the form, get a cup of coffee, and it's dead easy. Have your CPD records provided to your PA, it's very easy to go through this. There's a WC W form available, which again, we'll make available through our website as well, where you can see what sort of comments might be expected. It's not arduous, you don't have to submit it to the the GRS, the NSA asked for it. You can't, they're not going to find fault with you or with your pa if you get something wrong in their eyes in their eyes. As James has said, they're not out to nail people to the most with this. They're just trying to make sure that we as professional medical practitioners are doing everything we can to be as competent as we should be and to demonstrate to the rest of the medical profession that so Yes, we are. We're up there with other primary health care practitioners. And I have to say I know that there are people don't believe this or perhaps even more cynical than I am. But I think that this is a reasonably simple and a fairly good process quite well thought through, and there's no need to spend too much time or effort worrying about it.