

MEETING YOUR CPD REQUIREMENTS

With Steven Bettles

About Steven Bettles

- Policy Director, UK's General Osteopathic Council – Professional Standards Department
- Practising Osteopath
- Senior fellow, Higher Education Academy
- MA Education (Research) and M.Ed, Education

Relevance of the succeeding discussions to Chiropractors

- Provide useful information on how both Councils are going to implement the process
 - GCC may well follow the GOsC in terms of the changes that will be made to the CPD requirements under the new scheme and the CPD cycle which will start at the end of 2018
- Provide feedback mechanism for the members of both Councils to cite their opinions in order to influence the process of change.

Planned revisions under the new cycle

- Complete 90 hours of CPD every 3 years, half as learning with others
 - Keep a record of CPD activities
 - At least one objective activity about the practice
 - Structured discussion with a peer
- Target start-date of the three-year cycle is October 2018 for osteopaths.

On why the CPD scheme was enhanced

- To provide a mechanism of ensuring the practitioners' fitness to practise throughout their careers in a cyclical way, rather than just renewing their registration annually. The continuing fitness to practice is wrapped up within an enhanced CPD scheme.
 - Issue with the current regulation: It is quite rigid and there is no flexibility in it. A three-year cycle does give flexibility among practitioners who fall short one year to make it up on the succeeding year without the threat of removal from the register.

- To provide avenues for practitioners to interact more with their peers - osteopathic practices are often isolated.
- 40 - 50% of fitness-to-practice cases and complaints made against osteopaths involve some form of communication problem. This is one problematic aspect that the enhanced CPD scheme intends to address.
- To map the CPD activities to the themes of the practice standards and provide flexible times within the three-year period to complete the development activities for those themes. It is not as prescriptive as spending several hours in each theme.

Issues with the new system	GOsC's take on the matter
<ul style="list-style-type: none"> • More paper/computer work • More time spent to organise appointments with peers • Trust issues: worried about sharing commercial details with people they think might be rivals 	<ul style="list-style-type: none"> • Talking through cases or doing group work is what osteopaths are actually doing • The task became easier for the practitioners; it became their habit over time and they enjoyed the work/peer interaction
<ul style="list-style-type: none"> • There is no mandatory requirement to any CPD in a year and practitioners may opt to complete the 90-hour CPD in the first six months, then wait five years before they have to do another 90-hour CPD 	<ul style="list-style-type: none"> • Doing the CPD entails professional responsibility which the osteopaths do not fall short of. Even if the CPD is completed in the first six months of the cycle, one will probably find that the practitioners are doing a lot of CPD but they are not recording them.
<ul style="list-style-type: none"> • The new system is developed because the Council has seen others changing their system 	<ul style="list-style-type: none"> • Osteopathy is a regulated health profession which carries some credibility and with it comes the responsibility to demonstrate how everyone in the profession is keeping up to date for the benefit of patients. • The new system is a way to plug the gaps and to ensure that mechanisms are in place to readily solve problems in the profession as they arise.

Useful tools

- For getting patient feedback
 - NCOR uses the PROM report to get an objective patient outcome measure – to assess whether the osteopaths are improving the symptoms reported by their patients.
 - The osteopath administers the questionnaire. NCOR does the analysis. Two things are generated from this – a) patient feedback on the profession; and b) additional useful data to NCOR's research base of the profession.
- For doing reflective practice

- About 85% of the osteopaths fill in the reflective summary sheet online i.e. typing in a 150-word reflective statements on the relevance of a particular activity to the individual's practice.

- Model of reflection:

- What?|So what?|What was?; or
- What did I found out?| What am I going to do?|How am I going to start implementing it?; or
- What has been done?|What was the relevance of it?| What's going to change, if anything, as a result of it?

- Resources are being developed to guide the osteopaths on how to complete the CPD activities under the new scheme.

Particulars	Notes from APM
1. Quota/ number of hours	<ul style="list-style-type: none"> • 90 hours in three years • For chiropractors: no changes on the required number of hours per year
2. Subjects under Standard One	<ul style="list-style-type: none"> • For osteopaths: the subjects stay the same • For chiropractors: Refer to the GCC website for guidance
3. Objective activities	<ul style="list-style-type: none"> • APM can assist in doing clinic audit and in promoting what the NCOR is doing • APM can administer the Bournemouth questionnaire for chiropractors
4. Case-based discussions	<ul style="list-style-type: none"> • APM has a large network of osteopaths and chiropractors. It can help establish connection with those who want to help out with peer review. • APM does case-based discussions on a fortnightly basis via a conference call – once the momentum builds up this will be done daily
5. Patient feedback	<ul style="list-style-type: none"> • Similar to clinical audit, the Bournemouth questionnaires can be used for gathering patient feedback. APM can provide guidance/mechanisms to deliver the questionnaires to patients if necessary. • SurveyMonkey is also useful in producing survey with the questions attached – can be sent to patients via e-mail. Recommended frequency for doing this is at a one week and a six week follow-up period.
6. Communication and consent	<ul style="list-style-type: none"> • APM certificates indicate when communication and consent is covered. • APM can help keep a record of the members' CPD – can produce all the documentary evidence to graft together with the transcripts or with the summaries of what was done, plus all supporting documentations for submission to the Council.

On accomplishing activities for communication and consent

- Do not focus on stipulating the time. Focus on the outcomes.
- Build up a small portfolio of activities
- Do a case-based discussion or an objective activity
- Get a patient feedback

On peer review

- This can be done with any registered healthcare professional. Could be with a fellow osteopath or chiropractor, orthopedic consultant, nurse, a general practitioner, or a friend etc. depending whether or not the person understands the context. Does not have to be someone who is geographically or physically close to the practitioner.
- Peer reviews are structured conversations / professional interactions that can be done via Skype, e-mail, over the phone, or online discussion via Facebook. Not necessarily face-to-face.
 - Capture and keep screenshots of the interaction as evidence so that it can be credited as CPD.

On case-based discussions

- Can be done with someone from another profession (not necessarily with another osteopath or chiropractor), who has a different perspective on a particular case.
- A case-based discussion is an opportunity to break away from the isolationist aspect of being an osteopath and to reach out to other healthcare professionals.
- A 30-minute discussion over lunch with a colleague about a particular case can qualify as CPD with others. Benefits out of this type of conversation are – a) getting new perspective about a treatment or useful clinical approach; b) learning from others and getting useful feedback; and c) getting assurance about being right in certain approaches or treatments, among others.

On other ways of pursuing CPD

- Talking to colleagues via Sype, Google Hangout, etc.
- Connecting with colleagues in the profession who have advanced training on osteopathy (does not have to be a paid course)
- Accessing journals/publications/articles, and talking about them with colleagues
- Attending an event
- Lectures that are actually sales pitch for a particular treatment can still be recorded as CPD if the discussion has contributed learning (has made someone think/reflect, etc.) or has further informed someone's practice.
- Observing live surgery: a lot of enhanced knowledge about anatomy and medical approaches can be acquired from observing live surgery. It also provides understanding on how other professionals work in terms of: a) formulating treatments; b) learning about

quality of their practice and its impact on what osteopaths do; c) applying safety standards and gathering opinions on how the surgery might be better handled, among others.

On reporting scheme under the new system

- Not yet finalized. But there may be an annual summary form that will be filled out for the benefit of the practitioners.

On whether working within education makes one a better practitioner

- Working within education does not make one a better practitioner. The CPD reflects the breadth of an individual's practice of the profession. What matters most is what the practitioner does with the CPD materials in terms of application to the practice.