

## **412 - PDR**

With Steven Bruce and Claire Short

*Please note: this is an edited transcript, but might still contain errors. Please let us know if you spot any mistakes so that we can correct them. Timestamps are approximate.*

Steven ([02:06](#)):

Okay, let's get started on ripping Claire to shreds over her CPD. Claire. We don't often get you on the show. Pleasure to have you with us.

Claire ([02:34](#)):

I'm not having you ripping me to shreds. I spent hours in hair and makeup, or at least in front of the mirror and you've got Jersey on and you've got a what's going on? We've got a scruff everywhere. What's happening,

Steven ([02:48](#)):

Scruff, it says, obviously normally we're doing a formal CPD presentation as it were. I wanted to emphasise the fact that the peer discussion review is an informal discussion between two healthcare professionals, and so I've tried to make this look a little bit more like a sitting room, albeit not much like my sitting room, which is far messier than this, but

Claire ([03:09](#)):

I think translated that means you just didn't bother to make the effort for me.

Steven ([03:12](#)):

Well, that's possibly the case. Yeah, go on. You've actually, it's slightly artificial today because you actually did your CPD, your peer review yesterday. But tell me why you thought this was quite an important show to run.

Claire ([03:27](#)):

Well, the reason we changed this from being a CPD to a peer review discussion was because you were saying to me what I needed to do for my peer review and roughly what kind of things to put in the boxes. And while you were talking so calmly and waving your hands around as if it was no importance at all, I was having an internal meltdown

Steven ([03:53](#)):

Just thinking About It. You said that you were pooing your pants,

Claire ([03:56](#)):

I was pooing my pants. And I think for most people, I think you're slightly unusual in that forms don't bother you. Many, many people see a form like this and your brain just goes to mush. You see all these words and you think I'm being tested. I'm going to get it wrong. They're going to drag me up in front of the police and put me in prison if I don't put the right answers.

Steven ([04:20](#)):

That's the first thing I was going to say about this is first of all, obviously we have to do the peer discussion review at the end of the three year cycle. Obviously it has to be truthful because if you don't do it, then you're failed in one of the requirements of your CPD, and if you're not truthful, then you've definitely fallen short of the osteopathic practice standards and those things you could be held accountable for. But what's the worst that can happen in filling in the forms for the peer discussion review? You don't send it to the general osteopathic council, it stays. You keep it on your record or in your case we will because you are part of the CPD plus programme, so it stays in our electronic records for you, but what's the worst that could happen? What are you thinking would happen?

Claire ([05:03](#)):

I guess my fear is that I'm going to get told off, but also I like getting things right. I like knowing that I've done it right and not having that question mark over me or in my head saying that I might've done something wrong. I might not have done it the Way I'm supposed to and because there's lots of free text on there, you have to write what you think. And to me that's Difficult

Steven ([05:29](#)):

And my approach to this has always been (always - this is only the second cycle for both of us, and we are probably right at the front of the CPD cycle give or take one or two months) my approach has always been that you do the minimum amount of work necessary to complete what's required in the peer discussion review. You don't have to write an essay, you just have to satisfy what they ask you, and we'll run through it in a minute. And if you said get it wrong, let's say for example that, I dunno, you don't describe how you practice as an osteopath completely or accurately. You say you treat 50 patients a day when you actually treat 20 patients a day, well, first of all, that's unlikely, but what's the worst that could happen? I mean, somebody could say, well, they're never going to ask you for evidence of that.

([06:17](#)):

Probably the most likely thing you could be challenged on would be the objective activity, which in your case is a case-based discussion, but it could be a clinic audit or peer observation, things like that. You could be challenged on that, but all they can say is, we don't think you did this the way we would like you to do it. They can't fail you. They can't haul you in front of the professional Conduct committee and say, right, we're going to strike you off the register. If it can be shown that you lied about something, then that would definitely be in breach of your professional standards. So let's have a little look

Claire ([06:52](#)):

before You go any further. The one thing that I would possibly disagree with what you just said was the very first thing, which was about writing as little as possible.

(07:02):

And for me, I remember years ago I had my CPD, not audited properly, but somebody just glanced through it and I got an email from them saying they'd had a look at my CPD. It counted as an audit and they were very impressed with what I had done and what actually the thing that I had done that was possibly unusual was I had made it very personal. I said, this piece of CPD is relevant to this patient and I think it doesn't matter if you want to write extra stuff, it's not that you have to, but if it feels more personal to you to write more, you can disagree with me if you think it'd be just to be a waste of time.

Steven (07:44):

Well, I think it puts extra stress on people thinking that they've got to write an essay now there's usually a guideline on how much text you should put in, and it's usually not more than 200 words or something like that. We'll see as we go through the document. My view is if it says not more than 200 words, that's not a target, that's a ceiling. And we're only here trying to show that we've complied with the scheme.

(08:05):

We've actually had a question from Bertand already saying, is he alone in thinking that the new CPD scheme, one that's been going on for six years is a dog's dinner? And this is going to sound unusual for me, but actually I don't think it is. I think it's actually, admittedly, we spend a lot of time here thinking about osteopathic and chiropractic CPD because it's what we do, but I don't think it is. I think it's better than the old system. I think it gives you more flexibility. I think this peer discussion review, if you take it seriously, is a really useful process. And the general osteopathic council is not out to catch you out. They're not out to sanction you for no good reason. They're only there trying to make sure that we maintain our professional standards and they are out to catch people who lie obviously.

(08:54):

And we know that in the past there have been a few people who've lied about various things and it hasn't done them any favours. Let's have a look at the document that we're going to be going through if we can bring that up on the screen here. So the document you used and the one we've got here, it's the same document, I have cut down from the one which is on the osteopathic website because on that, first of all, there's a column at the left which takes up space. There's acres of text which takes up space and it's just guidelines. So what we've kept in here is what you are required to submit rather than anything else. So if we go back up from here,

I don't think we need to go through this first section, which is just you saying how you did the review. You can do them, of course, sitting down as we are in our sitting room here over a cup of coffee. We can do it by Zoom. You can do it anywhere you'd like. It doesn't really matter. And it doesn't of course have to be an osteopath. Any healthcare professional is an adequate peer. I think that would probably exclude people who are not statutorily registered. So you could have nurses, you could have midwives, you can have doctors, dentists, osteopaths, chiropractors doing it for you. I think they would probably draw the line at a

massage therapist because they don't have a statutory registration, but it's easy enough to use osteopaths and so on. Of course. So if we come up through this box here, excuse me, squeaking through it, this section, this next box, you have to describe your practice and they've given you these bullet points to show what you might put in there.

(10:26):

Yours was very simple. You've said you've been practising for 25 years. You see about 30 patients over three days a week. Treat babies and adults, multidisciplinary clinic, cranial, fascial, soft tissue mobilisation, HVT, and of course you do help run the academy here. So you find interesting speakers and you help host the broadcast. What people don't realise is that behind the scenes on most of these shows, you are there moderating the chat and feeding the questions through and offering suggestions and solutions in a lot of cases. And in many cases you are the one coming up with the cases for our case-based discussion. So there's a lot of work that goes on there, which means you have to stay on your toes. So it's useful stuff to mention, but again, I don't think they've given a ceiling on text, but that's more than enough. They don't want to know the ins and outs of your daily life.

Claire (11:13):

It might be worth also pointing out that in their form they have suggested type of answer, don't they? For grant? So when you download this form, there are suggestions on how to answer the form with a character called Grant.

Steven (11:30):

Oh, right, okay. I wasn't aware of that. I'm glad I've learned about Grant. Faith says that she's been involved in peer review processes in previous lives and it just caused more stress than delivered. Improved outcomes.

**Claire** (11:42):

Interesting.

Steven (11:43):

It is interesting, isn't it? I mean, if we contrast the osteopathic system with the chiropractic system, which more closely reflects what we used to do, it's an annual thing where you upload your CPD to the chiropractic website and at the end of the year you declare that you've done it all. I'm not sure how much less stress there is involved in that because most people leave it to the end of the year because that's just the way we are. And then they've got to scabble together to get all their stuff and think about that statement of reflective learning that they have to do. It's not vastly less stressful, it's not any less stressful than doing this. This is for most people, it's a friendly chat. I

Claire (12:20):

Think that's the part that it's hard to get into your head is that this is just a friendly chat and looking at each other's CPD. It's not, and when I did it with Tilly the other evening, we had a lot of fun laughing at stuff. We've done things that we think we've done well or not well, and it gave us an excuse to sit down and talk to each other or a reason rather to.

Steven ([12:44](#)):

I have an observation here. David says, after 40 years of practice, I disagree, Claire. Now I've been married to you for 25 years and I wouldn't dare disagree with you. So he's a very brave man, but I'm not quite sure what it is he disagrees about. So maybe he just disagrees with you on principle, which I can sympathise With

Claire ([13:02](#)):

Well, that you look scruffy maybe.

Steven ([13:04](#)):

Yeah, absolutely. Right. Anyway, let's move on from this because that box is a fairly easy one to fill in. So CPD standard one, all we're going to do here is that you have to demonstrate the fact that you have done CPD across all four of the osteopathic themes, the practice standard themes, what they call which are communication and patient partnership, knowledge, skills and performance, safety and quality and professionalism. Now the way we work that is by hopefully trying to find your peer discussion review here. So I'm on the wrong one there. Just one second. I say your peer, I meant your portfolio. You are a member of the academy. So we've made this up for you as part of your CPD plus programme, and I'm just trying to find where we are. So everyone who's on CCPD Plus has a portfolio like this one got all the details for your registration and dates of the peer review at the start there.

([14:01](#)):

And then we've got a summary document here, which is the most important bit of it, which tells me at a glance that you've done 119 hours of CPD and you only need 90 for three years, 118 of those have been with others. So that's more than the required 45 hours. And then it's broken down by each year how many you've done. So the guidance to osteopaths is we should try to aim for 30 hours per year broken down with at least 15 with learning with others. Then we've got your objective activities, communication and consent, and which osteopathic practice standards you've met. And it says yes to all of the themes there. So I'll show how we work those out in a moment. I think all of your objective activities have been case-based discussions and it only says 18 on, but I know for a fact that you've been on every case-based discussion that we've run, which is somewhere between 50 and 60 over the last three years. But of course it brings up a good point, doesn't it? You don't have to declare everything you've done. This is meant to demonstrate that you are in keeping with the requirements. You can have done more. It doesn't matter.

Claire ([15:12](#)):

And From my point of view, I know that the more I do, the more I submit, the more work it causes for Becky. So I know that so long as I've filled in the right amount of hours, they're not going to pull me up on that.

Steven ([15:24](#)):

But I might say for example, well you've said you've done all these things. So let's have a look at osteopathic practice standard A and we click on, I can't click on here. The mouse is a bit shaky, right? So now this section of your portfolio says, here are all the activities where

your certificate says that it reflected osteopathic practice, osteopathic practice standard theme A, and that's quite a lot, which is why we do these detailed certificates. And if we wanted to get particularly detailed here, we could have a look at, I don't know, polycystic ovary syndrome, which is up there on the top right of that page and it's got the explanation of what the CPD was about. It's got how you met the standards, it's got the amount of time you spent on it. So we can pretty much satisfy ourselves

Claire ([16:07](#)):

Just staying on that page just to remind everybody that this is what our certificates look like and they're changed now, but it's all done for you. The osteopathic practice standards are all highlighted, so you don't have to go through and search for it yourself, even if you're not a member of Cpd Plus

Steven ([16:27](#)):

. But it means that your peer, if you sent your peer a link to this beforehand, they could have a really close look at all the things you've done. Nobody's going to go through all that lot, but they know that there are certificates for everything there. And they can check it by each of the themes of the OPS there, which is, so I can tick that box off on your form here. There's a box at the bottom here, which is where you say again, what does it say? How many words, up to a hundred words it says here. So I dunno how many words you used. If it's less than a hundred, that would be a major achievement.

Claire ([17:03](#)):

So if it's a hundred words, if you could go back up the screen just slightly to the list of themes.

Steven ([17:10](#)):

Oh, sorry, we're here.

Claire ([17:11](#)):

No, and the list of four themes there. So are you expecting that they want an example of each of those four in this?

Steven ([17:22](#)):

It said you could add some examples of CPD undertaken, and if I were going to do that, I would probably say communication and or consent. We tend to lump them together, but they are different. And possibly some of the standards under theme D, because that's the one where it is less common because that's about professionalism. So it's about your honesty, integrity and stuff like that in practice.

Claire ([17:48](#)):

That's an interesting one. Yeah.

Steven ([17:50](#)):

Yeah. And what have you said, a wide variety with others? Close attention to the themes and you've talked about getting consent. So consent for HVT communication issues, discussing having, treating a baby with a parent and B and D you said, and interesting you said themes B and D recover. When we talk about patients in clinic and shared techniques or ideas for helping a particular event, I don't think you do cover theme B or you do, but you don't actively do that because every bit of CPD you do covers theme B, which is just getting your CPDI think so, yeah, virtually.

Claire ([18:25](#)):

What was theme B again?

Steven ([18:26](#)):

Theme B is knowledge, skills and performance. And that's the one where you say, well, I've done CPD activities, I've reflected on my CPD and so on. So you basically, you do it every time you do some CPD, you're going to tick off theme B.

Claire ([18:39](#)):

No, that's interesting because I thought that meant technique

Steven ([18:43](#)):

You can do.

Claire ([18:44](#)):

So my knowledge skills and my performance about how I treat a patient. So when I say that we in our clinic discussions as opposed to case-based discussions on APM, we would often talk about technique with associates.

Steven ([18:58](#)):

I keep them because I'm a nerd and we have to do this on a daily, weekly basis, be they're forced standards under theme B, you must have them be able to apply sufficient and appropriate knowledge that getting your techniques would fit into here maybe has to worry about this. We put it on the certificates for them. You've got to recognise and work within the limits of your training. Okay, well we bring that up on the CPD events. When it's relevant, keep your professional knowledge and skills up to date. Well, we can tick that for every single time we talk about CPD in any way whatsoever because you're updating your knowledge. And then you're able to analyse and reflect. So it's simply doing CPD as theme B as That's my take on it. Who have we got here? So David says he loves the teapot and the tea cosy. That's actually courtesy of Neil because Neil is a Scotsman and he drinks tea. Very good.

Claire ([19:47](#)):

Lots of it.

Steven ([19:50](#)):

Kim says she's downloaded a form this morning and it's dated 2020 is the form I have different from hers.

Claire ([19:56](#)):

Yes, because you've deleted bits.

Steven ([19:59](#)):

Yeah, this form is different. I have deleted the wordy bits and I've spread it out to fill the page. Just that it takes up less paper.

Claire ([20:06](#)):

But The actual content, you've not changed any of the content?

Steven ([20:08](#)):

No, I haven't changed any content, any of the significant content from what's on the GSCs website. But there we go. We've done CPD standard one.

Claire ([20:20](#)):

So just to recap on that one, I mentioned that I'd covered all of the themes in my CPD, I stated that and then I gave some examples of ones that I was particularly interested in.

Steven ([20:31](#)):

Yeah, okay. And they give you references, but this is so easy to fill in really. And then all the peer has to do, all I have to do here is tick the box that says yes, that means I've looked at your evidence of your CPD. I can see that you've done it. Yes, you've done that. I don't have to put anything in this box. There's no reason to write stuff where you don't need to write it. What am I going to say? Yes.

Claire ([20:51](#)):

Okay, great.

Steven ([20:54](#)):

Right. So standard two. Now this is probably the most important, most challenging one of all the elements on the form. This is the objective activity, and as it says here, it's met if you can show clearly that feedback has been gathered objectively and then analysed or considered and has informed your practice and your CPD. Now, what we do, most of all through APM is case-based discussions. You've done 50 or 60 of them, you've declared 18 of them, and I think the one you used is not one that we provided it there,

Claire ([21:28](#)):

One that's coming up.

Steven ([21:29](#)):



It is one that's coming

Claire ([21:30](#)):

Up. It should have been today, but we changed

Steven ([21:32](#)):

It. Yeah, we decided to do this instead. Right. So

Claire ([21:34](#)):

Hang on before you go any further, the one I used is not actually a case of mine.

Steven ([21:39](#)):

I was just going to come on to that.

Claire ([21:40](#)):

Okay. Alright, I'll let you get on onto

Steven ([21:42](#)):

Too. Tell us.

Claire ([21:43](#)):

Well, what I was looking at was that feedback has been gathered objectively and then analysed. So my brain in panic mode is saying that this is not my case, therefore I'm not seeking feedback because we are sharing information.

Steven ([22:01](#)):

I distinctly remember calling GSK about this when the whole thing started up six years ago and saying, does it have to be your own case? And they said no. And they also said it could be a completely hypothetical case. So it can be completely made up where you just consider what might have gone on in clinic and how you would deal with it. You could be talking about a case that I had seen and brought to your attention or as it is in this case, you've dealt with a case which was brought up by a physiotherapist in our clinic. So in the box here where you state how you have met the standard, the regular case-based discussions we host at APM has given you a chance to hear. Let me, okay, so that's saying, and you're regularly learning new things and justifying your thoughts with other people participating.

([22:48](#)):

So that's a bland statement I have to say. On the other hand, how has the osteopath used feedback from their objective activity and CPD to inform their practice? And in working that out, you have completed one of these objective activity reflection sheets, which you can download them from the GOSC or we can provide them. And in fact what we are going to do from now on is that every time we do something which counts as an objective activity, we're going to fill one of these in as a draft. Not so that people would just copy my words. But we

all know how much easier it is to edit a draft than it is to come up with your own words. And people when it comes to this stage will be thinking, yeah, okay, that's not quite how I work, that's not quite how it affected me, but I can change those words and that's all I need to write. That's fine. I'll be happy about that. But you filled in a box here that talks about a description of the case. Then what went well, what went less well, what would you do differently next time, what the impact has been on your practice as an osteopath, has the activity highlighted any other learning needs? In fact, I can probably bring this up. If we go to screen here and people can see it for themselves,

Steven ([24:14](#)):

Yeah, here we go. This is the objective activity reflection sheet. So this was brought up by a physiotherapist. You talk about what the case was, you've talked about how the practitioner handled the patient well, but you also brought up the fact that the patient reacted in a very unfortunate way to being given that information. And then you've talked about how you might handle it differently next time. So it's pretty good evidence for me that you have reflected on what was discussed in that case. It doesn't have to be chapter and verse. This isn't a thesis that we're writing here. It's just for me, a fellow practitioner to say, yeah, you've done what was required as an objective activity.

Claire ([24:58](#)):

And it's interesting what you said about providing a draft of after we've done our case-based discussions, because one of the great things I think about the case-based discussions is that we get to throw ideas around with other people. So even if you don't contribute something, your thinking might have been challenged and you might have learned something changed your mind or had to reflect on what you do in clinic. So I think the way the case-based discussions just lend themselves to this is really Great

Steven ([25:31](#)):

Somebody spoke to me the other day about using an audit, a patient feedback audit in clinic and was asking really detailed questions and sounded quite anxious about have I got enough people in this feedback audit? How do I go about it? What questions do I ask? And again, I hope I was reassuring to her, I said, it doesn't have to be complete and it doesn't have to be perfect. The point is, have you done something and are you learning from it? And if you got feedback from 10 patients, let's say you sought feedback from 20 and you got feedback from 10, well, it probably wouldn't count in research terms as a meaningful audit, but as long as you said, well, 10 people have said this, I could change the signage in my waiting room. 10 people didn't answer What went wrong there? Could I have approached them differently? You and I have that discussion. We've just satisfied this section two of the peer discussion.

Claire ([26:28](#)):

Actually what you've just said is quite interesting because I had an assumption in my head that if we do a clinical audit, I have to phone people or email people and it's just occurred to me. I could ask next 10 new patients who come into the clinic how they responded, which weirdly I'm quite likely to do, and if I just have a tick for responded well, didn't respond well or the new furniture didn't like the new furniture. It

Steven ([27:00](#)):

Doesn't have to be peer reviewed research quality. It just has to be an effort to get some feedback about how your clinic operates.

Claire ([27:09](#)):

And I guess my point is we are doing that every single day. We're asking how our patients, whether our patients responded well. So if you see five patients in a day or 20 patients in a day, you've got your clinical audit, haven't you?

Steven ([27:22](#)):

Yeah, they'd probably look for something a little bit more than the fact that at the end of the appointment I said, you're feeling better. And they might say do it a week later and see how they felt after treatment bedded in as it,

Claire ([27:32](#)):

That's kind of what I meant when they come in for their next appointment,

Steven ([27:35](#)):

But record it. That's the important thing and show that you've done it. So sorry, I missed over that. This is the bit that I have to fill in as your peer, although you only provided detailed analysis of one case you took part in 18. I'm saying that because what's on your portfolio, we discussed some of those cases. Well, we have, because you and I were part of all those discussions, and it's clear you've taken note of the key lessons arising, and I sometimes object to forms like this. This is where you're struggling as a peer to think, well, what do I say? She's done it. I could just say, yes, she did it.

Claire ([28:07](#)):

It's so pathetic. I look at that and I think, well, Steven said I did okay, even now.

Steven ([28:14](#)):

Well, right. Okay. And then we've got this little box here which says, have you provided evidence? And then there's a box. If there are any gaps, you can fill in the box. If there aren't any gaps, don't fill in the boxes. So I haven't filled in any of the boxes because I'm perfectly happy that you did it and did all the things that are required, which is section two of your peer discussion review.

Now, this one really does irritate me and there's feedback to the GOsC required by the end of next month. "Does the osteopath of an action plan describing how any areas of development have been identified and met", which to me the terminology presupposes that you've got something wrong.

It Presupposes that you've got to do something differently as a result of this thing. It might be that everything went swimmingly well and you struggled to think, well, what am I going to do differently next time? In that piece of paper I just showed the feedback survey thing you said that these are the things that I will do differently in order to communicate better with patients

next time so that patients react perhaps in a better way. So you've got an action plan there. And I suppose what we also should have done is we should have brought up your last peer discussion review and said, well, what were your action plans in that? And have you done it? But nobody's asked us to do that, so we're not doing it. Again, I'm not a fan of doing things we haven't been asked to do by the general Council

Claire ([29:32](#)):

For me, I would think that if they're asking that question, they would like to see that you have an action plan. Therefore, if they come to audit it and look at it, they might be happier with me if I had an action plan. And given that it wouldn't be too complicated for me to say, based on the case-based discussions I've done, I'm aware that I could do with topping up the information I have about mental health or just to put some kind of, I'd be interested in doing this in the next three years. Nobody's going to check if you do it obviously.

Steven ([30:09](#)):

But Bertrand has followed up on his earlier comment saying that the very fact that we had to do this broadcast today suggests that this CPD scheme is not all that good. And at the risk of offending Bertrand, sorry, Bertrand, I don't think it matters what the CPD scheme is. People would still be anxious about it. And what we're trying to do here is just reassure them that this one, for most people, this will only be the second time they've ever done this. For some people it'll be the first, no one will have done it more than twice. So it's still a slightly odd thing to do, and it will be every time they do it, because it's three years between the peer discussion reviews aren't there. And yes, I understand why people get stressed about it. Christ, I live with you and you are stressed as anything about the peer discussion review and what's going to happen. I'm not in the least bit stressed about it and I haven't done mine yet, and I've got to get it done by the end of the month. I'll end up thinking, oh my God, it's the 28th of February. I better get it done this evening.

Claire ([31:02](#)):

If you're really nice, I might do it with you.

Steven ([31:05](#)):

Thank you very much. So yes, people are anxious about it. So that does make it a little bit, it means that it is a stressful thing to do. We're just trying to take that stress away from people if we can, hopeful,

Claire ([31:18](#)):

Hopefully after seeing this show, people will see that actually the peer discussion review isn't a huge amount of pressure. That's the aim for today, isn't it? That you We get rid of that fear.

Steven ([31:32](#)):

Yeah. Marcy says, are Google reviews gained from each new patient good enough for patient feedback? I would argue that if I were looking at it or as a researcher, I'd say probably not. But for the basis of this, if you can say, I asked this many patients for reviews. I got this number of reviews and this is what they said, then it's a useful objective activity

provided. You can say, I looked into it and I took action, didn't take action, reinforced this part of my practice. You reflected on it, which is what they're all after here. Have you reflected on the feedback?

Claire ([32:11](#)):

My argument with that would be that what you're reflecting on is whether the way you have asked for a review is effective.

Claire ([32:19](#)):

You're not looking at your success rate as a practitioner from the reviews, you're looking at your success rate of asking for reviews. And that would be more of that I think would be what the audit would be rather than, because you haven't targeted patients specifically for that information.

Steven ([32:37](#)):

And I think also, we all know that we only really want positive reviews and patients, patients who've got something that didn't quite go well. And I don't mean that you handled them badly, I'm just saying they didn't get better, are less likely to post a review. So you won't get that information from them. They won't write an adverse comment, but they'll just think, well, I haven't got anything as positive to say as I might. So there are other ways of doing it. But yeah, you could certainly use the Google reviews and if the peer reviewer said, I think you should do this better next time. Well, you've done, it's part of the peer discussion review. Yeah, it goes in the box.

Claire ([33:13](#)):

An action plan.

Steven ([33:14](#)):

Yeah, exactly. Morgan says, I just sit and listen on the live videos or the case-based discussions. I don't write anything down. Is that okay, Morgan? Yes, that is perfectly Okay. One of my objections to the way we have to do our CPD, and I dunno if you agree with me on this, Claire, is that even back in the old days, we used to have to write our reflection on it, and I've always maintained, you cannot do CPD without reflecting on it. Everything you do, you're thinking, how can I use this in practice? That's the whole point of it, Morgan, for one of them, you need to fill in one of those forms just so that the peer who's reviewing you at the end of the three years can say, oh yes, you've clearly done the CPD as required and reflected as is stated and come up with your action plan and all that old stuff. But yeah, there's nothing that says that you have to actively participate. It's like going to any CPD event. You don't have to ask a question. Just being there is sufficient.

Claire ([34:07](#)):

This is one of the arguments about having online stuff. When we first started before covid and before everybody started using Zoom, one of the things that we were talking about was, does this count as learning with others? And because you could sit at the back of Laurie Hartman's class and not get involved, well actually not Laurie Hartman's, but

Steven ([34:27](#)):

You can go to a hotel where there's a CPD event, pick up your CPD certificate at the front desk and then just go sit in the cafe or go home.

([34:34](#)):

There have been loads of events where I could have done that, and you can sit at the back and go to sleep. You don't have to ask a question. You could be scrolling on your phone or whatever, and it would still count as a CPD event. Ours are no different. We go to, particularly if it's a learning by yourself, we go to some lengths to make sure people have paid attention. But if it's learning with others, we clock people in at the beginning. We clock them out at the end. So we know that their computer has been on during that time. There's not much more we can do to prove that they were there.

Claire ([35:01](#)):

Did you know that? We are watching you.

Steven ([35:05](#)):

We need to crack on. So we got 15 minutes to go. Vince says, I agree with Claire in that the implicit pressure of getting something wrong becomes a stuff of a total lesion pattern. Indeed, during the counselling I required to address the resultant trauma, I recollect with dread and clarity how difficult the forms and the associated boxes were to fill. I have two degrees unfortunately possess a reasonably competent mind with a particular attention to detail. Yet the entire experience of the GOsCs latest project was kafkaesque and haunting. To put it mildly, having been pulled up for a random audit during the old system, it has forever disturbed my professional existential outlook. So very philosophical output outlook there from Vince.

Claire ([35:44](#)):

It's hard for a lot of people.

Steven ([35:45](#)):

It is hard. Yes, and which is why, and again, I'm blowing our own trumpet here at APM, but I hardly need to because if you're watching this, you're a member of APM. If there's any problem like this, then they just phone us, phone us or email us and we will help them out. We will reassure them. We'll put their minds at rest. The number of people who have phoned me over complaints, not complaints that they've done anything seriously wrong, but things like their insurance expired and they didn't realise, or some minor complaint that's come in and they don't know what to do, we will go to extraordinary lengths to help them out with all of that within the limits of us not being lawyers and so on. And the same goes for the CPD. We can help 'em out. Peter says, does the peer review need to be completed by the end of February? I thought we had until the end of March, once we submitted our CPD evidence to the kiosk.

Claire ([36:33](#)):

Actually, I forced Tilly who sometimes helps us with APM. I forced her to come and do her peer review with me the other evening so that I could go through it and we can get mine done. And it was only afterwards that I discovered that hers isn't due until June. So no, not everybody's is for February.

Steven ([36:51](#)):

No, no. It's at the end of your CPD cycle, and I'm guessing that Peter's cycle ends in February. But of course you can do it anytime during your three year cycle. They recommend doing it during the last six months of the cycle. I'm pretty sure that it has to be done by the end of the cycle, but I will check that, Peter. So I think you have, well, we don't have to submit anything to G OsC at the moment. So yeah, so get it done by

Claire ([37:16](#)):

It does have to be signed off in your CPD year.

Steven ([37:21](#)):

Yes.

Claire ([37:22](#)):

But it's worth remembering that if it's fresh in your mind now and your peer review, your end of CPD year is June, you might just as well get it done. Now while it's fresh in your mind and you're feeling a bit more calm about it,

Steven ([37:36](#)):

Sasha says, I had a full on audit from the old system and I had to provide all my notes and evidence of three years worth of CPD, and it was absolutely stressful, nightmare, and something I never want to repeat. However, I still tend to leave my CPD till the last minute. Well, again, you're a member of APM. If you're on CPD Plus, we'll upload all of your CPD from whatever source into our records for you. If you are not, everything you do with us is on our records, and all you have to do is say, give me a list and you can get all the certificates from us. They're all there and they've got everything in them you need. The only thing we haven't got in there for people who aren't CPD plus is we haven't got the peer discussion review records and things like that. So I think that makes life easy because it was all very, you and I were both the same when we would go on a CPD event and somebody would give us a paper certificate and it would go in a file or a drawer or in the back pocket and we wouldn't be able to find it at the end of the year.

([38:32](#)):

Well, nowadays, if you attend one of our events, yes, the CPD certificates are all there. You don't really have to do very much about 'em other than fill in that reflection box, which we draft for you. And if you're audited, it's there. If you're on CPD plus that portfolio that I brought up earlier on, no one, no one is going to fault that as evidence of your CPD, but it's got every certificate. He's got summaries of the hours done in every respect. It's just faultless. I see. So yeah, Sasha, I am with you that I can't keep records, paper records of things, and so I'd have found it the same if they'd audited me in the old system. Rupert says,



I've made up quite a number of hours since the beginning of this year to meet the requirement thanks to APM for the library and for lunchtime thing. It's brilliant. Excellent. Thank you. Rupert. Like that sort of thing.

Rod,: do you have to use a different peer to the one you used for last one? No. Use anyone you like within the professional capacities that we spoke about earlier on, it could be the same person. Funnily enough, mine will probably be my wife again,

(39:32):

And that's perfectly acceptable as well.

Bob says, your debate about what the different themes mean is always an issue for him. I think he thinks they're very woolly and open to interpretation. And any stress I experienced is always around, have I done the right thing and put the correct info in the right box? I'm lucky not to have been audited yet, but after 13 years, I'm expecting a metaphorical knock on the door. It says, no knock on the door any day now. And the audit stories I've heard sound labour intensive and not straightforward. Well,

Claire (40:00):

I'm going to answer this one.

Steven (40:00):

Go on.

Claire (40:02):

Well, all of our certificates have got All Of the standards listed on them. Whichever show you have watched, it will say which standards we have covered.

Steven (40:14):

So let's have a look at one. Let's have a look at, well, A is communication and consent. So everything you've done in communication and consent is here. Chronic pain management is in there, one of these things. So chronic pain up here, we've ticked A, B, C, and D, and underneath it, we've illustrated exactly which of the elements of theme A, B, C, or D were met. So it's not just we are ticking those boxes randomly. We've actually, I've personally looked at those and said, those are the themes. Those are the osteopathic practice standards that we targeted on that particular show.

Claire (40:47):

So when it comes to filling in the form, if you get really stuck, you can just grab a certificate that has got the standards that you are writing about and say, and one of the things I did was this and list it as an example.

Steven (41:01):

Yeah. And that's statement of reflection just down. Let's click on this thing for a second. And so just down at the bottom of that, the certificate is a statement of reflection. Now, obviously,



I produce a draft for everybody to use, and you can look at it, reflect on it and use my words. That's fine. Or you can edit the words or put in something completely different. But everything that is needed for your record of that CPD is in that certificate. They're slightly different now, I picked an old there, but the newer ones are, they don't include the chiropractic principles unless you're a chiropractor, in which case they don't include the osteopathic practice standards. But everything you need is on there. And it takes away all that stress that Bob was talking about, because I understand people's concerns about this. This is my crib for when I'm doing the certificates for you. And so I've got the basic principles of standard A written down here, but further back in the document, it's all downloaded from the osteopathic website. Each one of those is broken down into even greater detail. So that's what I'm looking through on your behalf to make sure these certificates are accurate.

(42:12):

Now we better get back to,

Claire (42:13):

It's very good of you. Thank You

Steven (42:14):

So that was the difficult bit I think that we just did there. So CPD standard three, have you, it says, to sought to ensure your CPD benefits patients, surely all CPD benefits patients. But it says here in communication, it says here in communication and consent. Well, we just targeted one of those, and the certificates reflect that.

Claire (42:44):

Anybody who's done a case-based discussion with us, we make a point of bringing that up in almost all of them, Don't we?

Steven (42:51):

Yes, we do. So

Claire (42:52):

That's a really important one to us.

Steven (42:54):

And the peer has to review that has to fill in this bit, not you. I have to tick in this case to say, yes, you did it. And then I have to come up with some words and I forget what we said you'd done on this. I think. Well, just what you've said. In fact, you bring up communication and consent in almost every case-based discussion. And you've attended numerous other CPD events where communication and consent, communication and or consent were part of the discussion. So I've preloaded this so people don't have to watch me typing. So now we can put that in. Now,

Claire (43:26):

One of the things that Tilly and I discussed is that even with if you don't attend one of the case-based discussions, if you're having a conversation with another practitioner, the chances are you'll discuss communication and consent. It's almost impossible if you're discussing a case

Steven ([43:44](#)):

The GOsC have given guidelines. They're saying you should do two hours or so on the topic of communication and consent. But it's a guideline - you can't quantify this. Because if it comes up in virtually every one of our shows here and every one of our case-based discussions, and it might come up for five minutes or it might be the topic of the whole show. But if you can show a record as I did just now on your portfolio where you've got, God knows how many certificates I've forgotten, but acres of certificates, all of which covered communication and consent, no one is going to object to the, or complain about you not having done it.

Claire ([44:16](#)):

Certainly anybody who watches the case based discussions shouldn't have to go and do a separate course on communication and consent because it's all Covered.

Steven ([44:22](#)):

And this one, the CPD standard 4 is just have you maintained a record of your CPD where we showed the portfolio? If you're a member of APM, then we have got your records here. We know what you attended, and you can get them from us. If you're on Cpd Plus, then you have a portfolio just like Claire's, which is very, very good. I know I invented it, and so all I have to do is tick that to say yes. And I don't have to fill anything in unless I've ticked no. So I'm not going to say, put anything in there. You've got an immensely good record of your CPD. So that pretty much is the whole of the peer discussion review apart from this bit at the end, we have to invent some stuff, which either of us can fill in here. So overall discussion and feedback, some comments. So I can't remember what you said

Claire ([45:12](#)):

On this. Yours was lovely.

Steven ([45:13](#)):

Was it? I said something nice about you.

Claire ([45:16](#)):

That's why it stuck in my mind.

Steven ([45:18](#)):

Well, I said, well, let's fill it in. Your portfolio is clear, comprehensive. It makes it easy for the peer reviewer, which is what we want diligent and professional approach to CPD reflecting a recognition of the importance played by continuing development. It's what they want to hear. And I'm not lying. It's true.

So areas strengths, you said wide variety of topics, topics, greater ability to deal with the unexpected, all of it, learning with others more or less, which makes it good.

Then I filled in the next bit. I mean, you could have done all of this or I could have done all of it. It doesn't matter. Nobody cares. There are no obvious areas for development. And this is, again, this is me objecting to the idea that there should be areas for development. How do you improve on the amount of CPD you've done? It's a huge range covering everything. So I'm happy with that. And if you were called for audit and they say that's not possible, there must be areas for development. Well, we can ask them to say how we should have altered that action plan of the next three year cycle. You're going to do more CPD, you'll be alert to specific shortcomings,

Claire ([46:32](#)):

Knowing that if I were reading this bearing in mind, it's going to be a person who assesses this. If they decide to assess me, I put in that I would like to do more dissections in the next three years because I think that the human being reading this would like to see that I've got an interest in something and I feel motivated to go and learn something extra new or whatever.

Steven ([47:00](#)):

But let's say the next cycle, you've done lots of dissections. Even say, what I'm going to do even more next time round. It might just be that your CPD over the last three years has met every expectation and every requirement. There's no need to add more to it. And for most people, what you've done would be perfectly adequate, if not more than adequate to run a successful practice safely within all the guidelines that we're set. And I do object to having to come up unnecessarily with new ideas every time. So you don't have to do that. But you have said that you're going to look for more dissections in your report here. We're going to have to finish very shortly.

Claire ([47:34](#)):

But if I've written that, it doesn't mean to say that I have to do it. I think that's really important. So if you've got an interest in learning something about athletes, you can put that in there. But it doesn't mean to say they're going to kill you in prison or chop your legs off if you don't do it.

Steven ([47:48](#)):

No, quite. I've got to some questions before we finish. Kerry says, I'm so beyond grateful to, I like these questions, Kerry. I'm so beyond grateful to APM. I've never worried about all the osteopathic practice standards, et cetera. I can just check on my log. I've covered them. I'd go mad if I had to do it all myself.

([48:03](#)):

And we keep the log better than she could and and better than I could myself if I were doing as well. Mandy says, fascinating discussion. Thank you. Yes, she's a chiropractor, but our paths meet and cross in many ways. I meet with a fellow chiropractor every three weeks. We inevitably discuss interesting, tricky cases and so on. And yes, agree that any case-based

discussion results in periods of reflection and review. So we actually got, I've seen in the records here, we've got 10 chiropractors watching today. Oh, cool. So either they're looking to see how we do it in comparison with what they are, or they're just genuinely interested in different approaches to CPD.

Steven ([48:38](#)):

In fact, we've got 485 people watching off whom 475 or osteopaths. So that's not surprising because it's an osteopathic orientated CPD. But yeah, I hope it's put people's minds at rest. I mean, it shouldn't be a stressful process. I mean, the key thing is get it done sometime in the six months before it's due.

([49:00](#)):

And yeah, sure. If you're doing it six months beforehand and you've only done 80 hours of CPD, well, you can say, well, I'm going to get the 10 hours done in the next six months. That's fine. And you might not, but that is fine. You still have, you notice with this, you don't have at any point in this, you don't have to declare how many hours you've done, but you will have to do that when you come to Reregister at the end of the three year cycle at the end of this year. You have to do it every year, and at that point you're going to have to say how many hours you've done and they will check you've done your 90 hours in the three years and they get a bit sniffy if you haven't done, but they're not going to strike you off unless you've done none, in which case they will. They are reasonably flexible at least. Well, it depends who you speak to. I suppose when you speak to the registrar in a studio here, he's reasonably flexible. Sometimes they're a bit less flexible when you speak to the staff. What else do you want to add in the last minute before we go then, Claire?

Claire ([49:53](#)):

I guess the other thing that I was going to say is to actually turn the tables now and say, yes, it's not as stressful as it looks like it will be, but given that we have just gone through it For Goodness sake, go and organise it now and get it done because it's there in your mind.

Steven ([50:13](#)):

I've got to cut you off there because we've got to finish. As Claire says, get it done and remember that we are here to help and if there's something about it causing you stress, then ask us. Send us your questions, get us to do it for you, because then you can get on your job and not have to worry about it. Anyway, that's it for this afternoon.