



Consultation Document:
**Consultation one - proposed new CPD programme
for osteopaths**

Date: 21 February 2020

Introduction

1. The Osteopathic Council of New Zealand (Council), is required by the Health Practitioners Competence Assurance Act 2003 to protect the health and safety of the public by ensuring that osteopaths are fit and competent to practise their profession.
2. One of the ways that Council does this is by setting requirements for osteopaths to maintain their competence through continuing professional development (CPD). Council acknowledges that there are multiple definitions of what constitutes CPD; however, for the purposes of this consultation, Council will refer to all continuing competence activities as CPD.
3. Osteopaths will be aware from previous Council correspondence, and through the invitation to participate in a conference on continuing competence in October 2019, that the Council has begun a review of CPD requirements to ensure that they reflect best practice and support osteopaths to undertake meaningful activities that will assist them in maintaining a safe standard of practice across all the Capabilities for Osteopathic Practice (the Capabilities).
4. This document sets out the Council's initial thinking about the possible design of an updated CPD programme, and seeks input from the profession to further inform design.

Background

5. Current CPD programme requirements for osteopaths follow a high-trust model that gives practitioners a high level of autonomy in their learning choices. The core requirements are that each osteopath identifies their learning needs and undertakes activities relevant to their scope of practice. A minimum of 25 hours (points) of CPD per year is required.
6. Since Council set these requirements, there has been significant progress – both in New Zealand and internationally – in the design of quality CPD programmes that help practitioners improve their practice.
7. Council has also benefited from research undertaken by Council member Emma Fairs as part of her Master's thesis.¹ The thesis essentially found that:
 - a) Different types of CPD achieve different results – some forms are more effective than others at improving practice. It would be a mistake to consider all CPD a homogenous group.

¹ Fairs, E. J. (2019). The New Zealand Osteopathic Profession's Understanding of Continuing Professional Development (Thesis, Master of Health Sciences). University of Otago. Retrieved from <http://hdl.handle.net/10523/9346>

- b) CPD that improves practice is CPD that:
- i. Encourages engagement and interaction; and
 - ii. Requires self-reflection.
8. This was further backed up by additional research commissioned by Council in May 2019,² which indicated that with regard to delivery of CPD programmes - both in New Zealand and internationally - it is apparent that there are some common themes as to what is currently understood to constitute a “quality” CPD programme. These are:
- a) A way to accurately assess learning needs;
 - b) Development of a CPD plan that addresses those needs;
 - c) Access to a range of appropriate activities that suit individual learning styles and are likely to improve practice;
 - d) Peer interaction to reduce risk of professional isolation;
 - e) An avenue for formal peer - and sometimes patient – feedback; and
 - f) Reflection on learning in terms of practice improvement – which leads back to a)
9. Similarly, the General Osteopathic Council in the UK has recently introduced a new CPD programme³ that reflects the above principles and provides osteopaths with guidance and resources to help with compliance. Other regulators have done or are doing similar.
10. Having reviewed all of this information, Council agreed that it was time to refresh its approach to CPD programme requirements and undertook preliminary consultation with the profession via the October 2019 conference. Council was delighted with the engagement and feedback from the profession and has considered that feedback in its discussions on next steps.

Feedback from the profession

11. Council has reviewed the feedback received through the October conference. Some general themes were clear, and are as follows:
- Regardless of the design, osteopaths would like supporting tools and guidance from Council on how to meet requirements. These might include (for example) a template for assessing learning needs; a self-reflection guide; an audit guide; and a CPD recording tool.
 - While there is acceptance that, as a regulatory tool, the CPD programme needs to provide Council with a way to measure and monitor compliance or otherwise, the profession supports a programme that is as flexible as possible.
 - It was generally agreed that a mere count-up of hours of CPD undertaken was not in itself a measure of success or compliance, and that there needed to be a focus on quality as opposed to quantity of CPD undertaken.

² “Continuing competence requirements for osteopaths: a report for the Osteopathic Council of New Zealand.” Claro Law, 2019.

³ <https://cpd.osteopathy.org.uk/>

- CPD that encourages reflection resulting in improved practice outcomes for patients is the ideal.
 - If any activities are to be compulsory, the profession prefers that these activities be directly related to patient safety.
 - The profession would prefer Council to retain its current approach for dealing with poor compliance, which is through dialogue, feedback and an opportunity for resubmission, while recognising that a total lack of engagement may need more robust intervention from Council.
 - There was general support for increasing focus on peer groups and other formal peer interaction as a useful activity.
 - There was a general preference for the cycle to be extended to two or three yearly, instead of remaining on its current one-year cycle.
12. Council has inferred from this feedback that osteopaths are more than willing to engage in a more meaningful CPD programme but need Council to lead them through how to do it, and how to record it.
13. Most importantly and, in Council's view, very encouragingly, it appears that many osteopaths are already engaging in quality self-reflective CPD activities but are perhaps not recognising some of their activities as such, or are unclear how to capture the necessary details.
14. Similarly, having reviewed the research, Council acknowledges that in the past it has perhaps devalued the role of peer interaction as a continuing competence tool, and that this review creates an opportunity to alter that position and to encourage greater peer interaction, which has the benefits of both reducing risk of professional isolation and creating opportunity for reflective practice.
15. With all of this in mind, Council has designed some proposed core features of a new CPD programme, and seeks feedback from the profession.

Proposed new CPD programme framework

16. Set out below are the key features of Council's proposed new programme. They are:
- a) The CPD programme will be on a three-year cycle.
 - b) Each three-year cycle, every osteopath must complete a minimum of 75 points (hours), and at least 15 points in each year of the cycle.
 - c) Each three-year cycle, every osteopath must assess their learning needs against each of the six Capabilities, and ensure that they undertake and document some CPD in each Capability:
 - Clinical Analysis
 - Person Oriented Care and Communication
 - Osteopathic Care and Scope of Practice

- Primary Healthcare Responsibilities
 - Inter-professional Relationships and Behaviour
 - Professional and Business Activities.
- d) Each cycle will require the osteopath to:
- i. Assess their learning needs
 - ii. Create a learning plan
 - iii. Carry out learning activities
 - iv. Reflect on the learning
 - v. Implement knowledge in practice
 - vi. Review their practice.
- e) Council will provide guidance documents to assist osteopaths with:
- i. Assessment of learning needs
 - ii. Creating a learning plan
 - iii. Setting up a peer group (including establishing peer group rules)
 - iv. Documenting peer group meetings
 - v. Reflection and review approaches
 - vi. Recording CPD activities.
- f) Council will look for ways to encourage engagement in effective CPD such as (for example) allowing double points for presentation of a case at a peer group meeting to acknowledge preparation time.
- g) Council will continue to randomly audit a sample of osteopaths' compliance with requirements, with a view to ensuring all osteopaths are participating fully. Audit is likely to be either;
- i. A full audit of all the CPD records of a percentage of the profession; or
 - ii. Requesting a random sample of osteopaths to supply documentation to verify one or more CPD activities they have recorded during the cycle.

Next steps

17. The purpose of this consultation to obtain feedback on the proposed outline of the CPD programme. If after consultation Council decides to go ahead with the proposed new CPD programme, there will be a second consultation on the details of the programme and on the supporting documents that will sit alongside it.
18. Consultation will close at 5pm on 25 March 2020. All submissions received by the due date will be considered by Council before a decision is made on next steps.