Peer Discussion Review - Ref 173JBSB

with James Booth

23rd June 2021

TRANSCRIPT

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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 don't suspect it's going to get particularly complicated, is it, from what 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 CPD. There's an important point I need to make in this, in that, although you're seeing my CPD portfolio, you don't have to have anything as complicated as this. You don't have to have anything like the number of hours like I have in my portfolio, because I'm doing it 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 ought to start trying to summarise what it is we are supposed to achieve in our CPD process, shouldn't we, James?

James Booth
Yes.

Steven Bruce
Because I think 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-person groups at the moment in a single centre. But there's, to me the areas of concern that people have would be, well, how much do you have to do each year, as opposed to over the three year total? How do I know I've done the right amount of communication and consent stuff? And I'll bet you know all the answers to those, don't you?

James Booth
No!

Steven Bruce
And this is the point, isn't it? I mean, we're osteopaths, we're not bureaucrats sitting in an office devising the laws. And most people I think, I'm sure that you out there are just as, I won't say lazy, but as uninvested until the deadline approaches, we all sit there and we think, well, it can't be that difficult and leave it until the last minute. Your deadline's coming up relatively soon, same as mine isn't it? Early next year. So you're in the process of thinking about getting your peer discussion review done, but actually, you're also still wondering, have I got the right stuff in boxes for the OsC.

James Booth
Early next year. Yeah, that's right. So I've identified somebody who I'm going to use as my peer reviewer, 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 in your mind not physically because you then start thinking about the process of what you need to have ready in order to have that peer review discussion.

Steven Bruce
Who have you chosen? Have you chosen an osteopath or a doctor or...?

James Booth
So I've chosen an old colleague from the Queen's Medical Centre, Sam Morris, who now works as an advanced line practitioner up in the NHS in Hull. And we worked together, we know each other very well. We work in a very similar sort of line in that we do spinal triage.

Steven Bruce
Is he an osteopath?

James Booth
He's an osteopath by training, but 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 CPD that we're likely to do. So I thought he'd be good colleague to kind of go through the process with because, certainly for the first time around, while we're kind of tiptoeing our way through all of this, having someone who understands your own working circumstances as well as how you derive your CPD hours, I thought would be quite useful.

Steven Bruce
Well, one of the reasons I brought you in today to do this, or 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 discussion review. But we have got chiropractors watching this evening, who have volunteered to do peer discussion reviews for people and of course you can pick anybody who is a registered medical professional, yes. So you can have a physiotherapist, you could have a doctor, a nurse, all sorts of people. As long as they are statutorily registered as a health care professional, we can use them.

James Booth
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 all we were allowed to do and a colleague who was a consultant in sports and exercise medicine, Professor Bads, 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 the tick box exercise. He genuinely wanted to understand what you'd done that year, how it had 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 in the NHS were. *audio problems* He would refer 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 he knew how well patients did with us.

Steven Bruce
It would be fascinating, wouldn't it, if somebody had a good relationship with a GP and the GP had time, to ask their local GP to do this process with them.

James Booth
And I suspect that's maybe what we should try and do a little bit more rather than just turning inwards and looking to other osteopaths to do this is, 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-

James Booth
Still waiting.

Steven Bruce
Let us leave it as they have 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, the peer discussion process. One of the things that the GOsC makes very clear in their help documents is that this is not an examination.

James Booth
No.

Steven Bruce
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, for God's sake, don't ask me questions on any of the things that I've spoken about over the last-

James Booth
I might pop one or two and just to embarrass you if I can.

Steven Bruce
I wouldn't be surprised. I have to say, what have I got on here, I've got 198 hours of learning with others or something which is a reasonably high total, but ask 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 down that route.

James Booth
I think you will be unusual in the sense that you have so many hours and there'll be so diverse. And I guess in many respects, you won't have specifically chosen to do that CPD for the purposes of CPD, you've done it because this is what you do to provide a service to other osteopaths and chiropractors.

Steven Bruce

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 this evening, before we came on air, I was saying that I think the way we go about CPD as osteopaths has some advantages over the constraints which are put on chiropractors, who 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, I'll 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, 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 review in one of the comments boxes, if it were me. So should we have a look at the form? 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-don't want that one, don't want that one, we want that one-Peer Discussion Review Guidance, which has got the form. So this is taken from the form which is available on the GOsC'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 GOsC if they ask for it. And will they be asking for it? They probably will for some people, they used to vet 20% of people's CPD claims, I believe, at the end of each year statements at the end of the year and of 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 sound.

James Booth
And we should.

Steven Bruce
So this thing starts, 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 GOsC, 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 come back to those-oops, we'll get back to that, where's it gone? We can come back to that if I can get the mouse to work. Mouse has disappeared. James, help me. I saw it a minute ago. Yeah. Let's see if we can tab on to it.There we go. Technology is bound to failing at some point, isn't it? At the point you need it most. So yeah, let's see if I can move on from this document, because if we get onto the actual the form itself, here. Right so that page one is pretty much just background, isn't it? It asks who the osteopathy is, who the peer is, and what sort of practice you do, where the 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 you're not in any way prejudiced in what you're going to slag me off for.

James Booth
There's still time.

Steven Bruce
Okay, so second page is about the osteopath. Again, we don't need to cover that here. Well, maybe we should think about what we would write in it. 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 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 than you absolutely have to. What should I write in here, James? It's my peer discussion review.

James Booth
So I'd like to know where you practice.

Steven Bruce
Okay,

James Booth
How long you've been in practice for, what the nature of your practice is. So what kind of patients do you see in your practice? Are you primarily musculoskeletal or 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, a lot of your week is actually taken up with APM.

Steven Bruce
Interestingly, I mean, I suppose I'd have to put that under either teaching or some form of education wouldn't I, because it's CPD.

James Booth
And then you could also include some information about any other associations or affiliations that you have with osteopathic organisations.

Steven Bruce
100 words, 100 words!

James Booth
A small paragraph. Which local societies, osteopathic societies you belong to or for example, your members could include that they derive a lot of their CPD hours from the APM. I think that would be useful to include in the description about yourself.

Steven Bruce
Okay, so we won't go into any more detail about that. 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 certificates, so I'll get them in the wrong wrong order and give them the wrong names but communication and consent is in there. Knowledge, skills and performance. Clinic, what's the clinical one?

James Booth
There's safety and quality in practice.

Steven Bruce
Safety and quality in practice? And usually, we tick B and C, which is safety and quality in practice and the clinical skills. And what else have I got to do?

James Booth
And then professionalism is the D.

Steven Bruce
Professionalism, which is the D. Thich is the one we hit less often, because it's more about, well, quite a lot of it's about what you don't do, 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 that.

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

Steven Bruce
So here's the thing, which I suspect might challenge, not challenge more that people might question: it says here that this standard is met if the osteopath has undertaken CPD in all the themes of the osteopathic practice standards. So what does that mean? How many hours have I got to do on theme A or B?

James Booth
Well, they don't specify 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 it's informed your practice in some way or improved your practice or made 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 biassed by saying that 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 then 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. Most times, we'll try and get a bit of communication and consent in and very often we'll cover the more legal side of things, which ends up on being the standard D. We've had a comment or two come in here. Jenny says where is this document found? Oh, Jenny, the number of times I have looked for this document and every time I have to fight to find it. I'l tell you what we will do, I will send out a follow up email tomorrow after this broadcast. It'll be late tomorrow or Friday, because I've got a meeting tomorrow, but I will send out links to all these

documents, but they are on the GOsC's CPD micro site, the web address of which is cpd.osteopathy.org.uk.

James Booth
I managed to find them yesterday.

Steven Bruce
It's a challenge to find the right one, isn't it?

James Booth
Yeah, but if I can find them, they are not too difficult.

Steven Bruce
So you have to go to that microsite to find them. But actually, if you log into the O Zone, there was a there's a link on there for CPD, My CPD, and that will take you to the microsite which is where you'll find them. So you can get to them through GOsC. If you're a chiropractor 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. One of the other things I noticed about this, 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 categories, as long as you undertake to meet that in your next round of CPD, that is acceptable. Which is one of the things that they ask at the end of this, what activities do you need to do in the next year.

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

Steven Bruce
I'm just keeping an eye on the questions as they come in as well because not surprisingly, we've been on the air for 2020 minutes and already there are loads and loads of them. Lindsay, I think it's Lindsay or it might be Lidney I'm not sure, is the osteopath or the person doing the review filling in the form? 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 peer.

James Booth
And it is colour coded. So it specifically will say, osteopath to complete this section is in blue and the peer to complete this section is in orange or amber.

Steven Bruce
And there are some sections which could be done by either person. So it is made very clear on the form who does which one. So let me just take a couple of other questions on here. Robin says, are we anticipating any problems with the GOsC 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 but I would give you a 99.9% assurance, Robin, that there will be no problem. The only problems I can envisage with, let's say you've done the bare minimum of hours, you've done 90 hours, 45 of those were recorded APM broadcasts and 45 hours were live broadcast. So 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, well, the GOsC 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've achieved the breadth of practice. GOsC is just looking at breadth of practice, so if you've ticked A, B, C and D, then you've covered those boxes, and they don't care where you get your CPD. And there is no legal fallback for them to say well, I don't like the source of your CPD. Purely if you concentrate it all in one area and they audit you, or your peer picks up on it and they say, well actually, you might want to spread it out a little bit more. But if you're doing your CPD with us, bite sized chunks every week, there's loads and loads of breadth and experience and variety. So I hope that's reassured Robin. James, does the GOsC accept the 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 where you say which category falls into A, B, C or D. Would they accept your interpretation of which of those it applies to?

Steven Bruce
Yeah. Let's say that one of us was audited, and we were selected for a particularly in depth audit where they looked at all the certificates. You and I discussed this earlier, didn't we? If you say, I've hit osteopathic practice standard A on this particular piece of CPD, why? Well, actually on my certificate it doesn't just say A, it says A1, A2, A3 or whatever else. So you could say, well, that particular standard is this and this is what we talked about in that particular broadcast. Now 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 that I put in there. 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 hit those standards.

James Booth
My feeling is that GOsC are not, this is not a witch hunt, they're not trying to find people who are not doing things properly.

Steven Bruce
The only time I think that would happen is if they've got some reason to suspect that someone is somehow trying to fiddle the system. If they think well, there's something fishy going on here. But they're not going to get that just from looking at our certificates or the portfolio that we produce.

James Booth

And if 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 unpicking within each of those CPD criteria whether you've met the standards.

Steven Bruce
So long answer but, James, no, I don't think they're gonna have any problems with the standards that are written on our certificates. Katie, is it a specific no-no to peer review your spouse if they're also an osteopath? No, you can have anyone as your peer, can't you?

James Booth
I don't think it's a specific no-no, but I'm not sure how beneficial it would be, because I'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 CPD review.

Steven Bruce
Yeah and considering that you can do these things online anyway, you might as well just say well, let's have someone different. Let's have a conversation with a colleague because it'd be fun. And I know that there are osteopaths and there are chiropractors as well who dislike the other profession, but all the people who volunteered with us they're very pro osteopaths. And I think most of our members are pro 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 have a spouse, it's not a specific no-no, there's nowhere in the rules that says you can't do it. And the only time that GOsC is going to worry about two people, the peer and 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're losing your microphone.

James Booth
It just fell off. There we go, back on.

Steven Bruce
Steve on Vimeo says can we count first aid training as CPD hours? Yeah, I mean, your CPD has to be relevant to the osteopathic practice standards. Well, of course, it's releveant. The chiropractors are required to have first aid in their armoury. Of course they can claim that.

James Booth
As are we. I think there's a requirement that we keep our first aid skills up to date, isn't there?

Steven Bruce
No, I think the requirement for us is that we meet the Health and Safety Executive Requirements. And the Health and Safety Executive very sensibly says, you must have first aid cover in your business. It doesn't say you've got to do it.

James Booth
So it could be a receptionist?

Steven Bruce
Yeah, and I've often said to people, 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 has befallen one particular chiropractor a year or two ago up in York, it would just be stupid not to have first aid training. The simple answer the question is, yes, first aid training does count as 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 in three years time you can count the same course as being new CPD. Maria, can the peer review 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 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 an electronic means, apart from the signatures probably but that's 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, all you have to do is cover the breadth of Osteopathic practice standards. Sorry, I'm answering your questions. I should be making you answer some.

James Booth
It's alright, you're looking at me while you're answering them, so I feel like I'm involved.

Steven Bruce
Tell you what, I'll gve you this and you ask the questions. Let's take another: Nita, if your CPD also covers another discipline, will it be accepted? For example, naturopathy 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, and again, it's for you to decide as a professional if it's relevant. If you're using naturopathy 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 and that 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 themes: A, B, C and D, the breadth of practice. And even if you go on a course and you think it's complete hokum, 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. Okay, Claire's taken all my questions away because she's telling me we're talking too much about questions and to get on with the form because we're half an hour in. So okay, CPD standard one, have we covered the breadth of practice, and what is the next bit of CPD standard two?

James Booth
Then there's an opportunity for the osteopath to complete this section, which is basically a brief reflection on your section one.

Steven Bruce

Right. Just at the bottom of that, has the osteopath undertaken CPD activities in relation to each of the four themes. If you tick yes, that's fine. If you tick 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's advice is, if you've ticked yes, don't fill it in, you don't need to know, unless you really, really want to.

James Booth
There are people who like to fill forms in, I'm not one of them.

Steven Bruce
And I wouldn't either. I think there are people who are worried about the forms as well. I mean, they think if they don't put words in there, they'll be marked down. If that says yes, to me, fine.

James Booth
I think the reason it gives you the opportunity to tick 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 in the future.

Steven Bruce
Right, so CPD standard two: objective activities have contributed to practice and quality of care. So what are you going to ask me about that, James?

James Booth
So this is the bit where it's not so much about taking your A, B, Cs 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, I know you've kind of gone heavily for that in your section.

Steven Bruce
Well, they're the easiest ones to do through our medium. The others would be more individual and we can't do too many of those.

James Booth
But the purpose is that it's an objective activity, it's not something that you've chosen to do as a learning. So for mine, I did a clinical audit of patients who I was triaging through a spinal service. And I audited 100 patients, consecutive patients so that I wasn't selective of the patients. And I looked at what they were being referred in with, i.e. what was the the the GP's 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's what I used as it as an audit.

Steven Bruce
That's a lot of work, isn't it?

James Booth
It really wasn't that long because I did it contemporaneously. So as I saw each patient I had a little template which I just filled in as I was going along.

Steven Bruce
Where did you get the template from?

James Booth
Just made it myself, just a table 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 an audit template, you can just do it yourself.

James Booth
Clinical audit 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, it'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 anonymously. And it was a really useful exercise to go through. So that's another way of obtaining objective feedback which ticks your second category.

Steven Bruce
The point I would make about this, let's do my objective activity here, obviously, my objective activities have all been case based discussions. And, if I just flick away to that screen again wherever 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 load of patients. 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, no minimum time you have to spend on that objective activity, all you have to do is achieve some meaningful feedback on how you're going to use it in your practice.

James Booth
As you said earlier, they don't even have to be your cases, you can you can be listening to two other osteopaths or 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 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 brought 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've tried to ensure that any issues of 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 quite a generic response, isn't it? 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 reflection.

Steven Bruce
Well, that 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 for that. I think where that could be an issue, let's click to one of these certificates, if I go to this case based discussion here. 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 to the dysfunction and exercise modification will prove useful in future patients." Now, I have written that reflection on that particular case and that's what will appear on the certificate in any of our members' portfolios who have these things put together. So if you were peer reviewing one of them instead of me, so it's my words there, not theirs, what do you think about that? And whoever it was asked about whether our certificates were acceptable, this is one of the few areas where I think you just have 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, and I think I would probably want to hear a little bit more about the case, before I could really understand whether you reflection...

Steven Bruce
There is a line, 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 of what that was.

James Booth
I think that's more than enough, isn't it? I mean, you don't want to burden whoever is having to go through these.

Steven Bruce

Here's what I've said to so many people who have asked me about this statement of reflection. Absolutely, I cannot write somebodies reflection for them, but provided they look at that and think about it and modify it if they want to in that first page I showed you, just reading through that and thinking "is that what I want 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 the General Osteopathic Council or anyone else could say that can't possibly be your reflection. How can they know?

James Booth
They can't.

Steven Bruce
And I'm not suggesting people cheat because the point of this, the benefit of this is 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. I have a theory that you can't do CPD without reflecting on it, except in very rare cases.

James Booth
Well, we spend all of our time reflecting, don't we? Everyday

Steven Bruce
We 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 of reflection. See the clever old linking on my certificate.

James Booth
Very good.

Steven Bruce
Yeah, so if you're somebody *loud crash in background* 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? Whatever that was it 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 I haven't gone heavily on case based discussions on my CPD. I think it depends, again, if you if you read the guidelines from the GOsC, 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 GOsC website, they are there, they are accessible, you just have to work a little bit, there is a an example reflection template here, which asks you what was the event you took part in, why did you take part in it, what knowledge or skills did you gain from taking part, and the impact it's going to have on your practice. And there's a few other boxes there.

You don't have to use this form. I mean, your reflection is individual. The good side of me says this is the GOsC trying to help people out who don't know what's expected of them in reflection.

James Booth
Just giving you guidance.

Steven Bruce
Though, somebody has already sent in a comment saying that GOsC is just giving us lots more things to fill in. But the emphasis is you don't have to fill that in. Yeah, so objective activity. That was that was pretty quick, wasn't it?

James Booth
Yeah, I think so. And again, they're 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, I've rustling on my mic. I'm not sure what I can do about it. I think my mic has disappeared. Put James on camera for a second while I find my mic.

James Booth
But I think clearly, they also say the standard is not met if the osteopath has not undertaken any activity to gather 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, or how the reflection looks, or how many forms you fill in.

Steven Bruce
I kinda lost my place there because my microphone clip was broken and I had to jury rig the microphone.

James Booth
I think we've just finished with standard two.

Steven Bruce
Oh, there was one thing else I wanted to see about, gosh, crikey, I can't remember what it was. No, it'll come back. It'll come back to me. So let's finish. We've done standard two.

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

Steven Bruce
Yeah. Interestingly, when I went through this form, I thought, 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. That's where I think

my generic comments are valuable because if you've done 50 activities, you can't possibly put all your feedback into this form.

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

Steven Bruce
No, 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 that "the osteopath 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 a whole load of boxes there?

James Booth
No, that was for the peer to complete with regards the objective activity, but it's all very straightforward. Have you have you done it, have you met the requirements.

Steven Bruce
Of course, "These a summary of results and conclusions..."

James Booth
Very straightforward.

Steven Bruce
This is supposed to take two to three hours, they say as guidance in the GOsC website and I honestly can't see how, if you've got your CPD organised, how this could possibly take that length of time.

James Booth
It shouldn't.

Steven Bruce
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 peer who's going to do the review, it may include some time for discussion.

Steven Bruce
It might do, yeah. So take me through standard three, have I met this?

James Booth
So the guidance says the standard is met, by definition of the GOsC, is met by the osteopath being able to show that you've undertaken CPD activity relating to communication and consent with patients. So we know from your very well laid out portfolio that you have done some specific training.

Steven Bruce
Well, I could go to that. So in my portfolio if I go back to the table of contents, which 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 and consent things on them. So if we do that...

James Booth
I think the point you're making here is that we don't necessarily have to do one training course 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 consenst has become a topic within the discussion.

Steven Bruce
Well, indeed, every single broadcast we do, if we talk about consent then it will be listed on the certificate. But there is at least one certificate in there which was a whole programme devoted to communication and consent. So they aren't just one offs. And here's one over here, gender diversity in the clinic. If I were to look at that, I've said that we met five different communication and consent pathways and better in position to encourage trans people, so 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
So, again, you've got the communication and consent box ticked.

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 a broadcast, which wasn't meant to be about communication and consent, it was learning how to, I suppose it was in some ways, handling gender diverse people and how we make them feel comfortable in clinic.

James Booth
I know we did a training last year on cauda equina syndrome and again, within that there's a lot of communication. Helping people to understand the importance of why they need to look for the red flags, the significance of bladder and bowel saddle anaesthesia.

Steven Bruce
Not scaring the willies out of them if you find something important.

James Booth
And they all meet the communication and consent criteria. So 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 as long as you're able to show that this activity has informed has informed their learning and practice. Yeah, so again, three hours is like an ideal. It doesn't matter if you haven't achieved three hours, as long as you've done some.

Steven Bruce
First of all it's not the GOsC who's looking at this unless they audit it, it's your peer. And so you could have a discussion and say, do you think that was enough time spent on this topic? But even if the GOsC were to audit this thing, and it turned out you'd spent, one of my broadcasts, it was a 45 minute broadcast, and we possibly spent 10 minutes talking about communication and consent. 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 a peer 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
Claire's put a whole lot of questions back in my list again. So let's have a quick look. Claire says I'm talking very fast as though I'm trying to argue with you. Would I argue with you, James?

James Booth
No, you wouldn't

Steven Bruce
Yes, I would. Okay, I'll try and slow down. I get excited, when I get excited I talk quickly. Jess, graduated in 2014 and it has been audited twice for CPD. The first time she logged way more hours than 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 Professor Bads 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 a) you want to have a record of everything you've done. Whether it exceeds the hours 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. That's not your role, there's nothing in this

to say you've done the 45 hours of whatever. The GOsC is monitoring that themselves because you have to declare every year on your annual renewal of registration. And unlike the old business where we had to put stuff into the O Zone and in case you're still in doubt, we do not have to log all our CPD in the O Zone any longer, you can log it wherever you like, the O Zone is just there if you want to use it. So they haven't got a record there of all your CPD. So if you say I have done 45 hours CPD and it covers all the themes. If they were to audit you, they could 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 want to use to support your case for having met the breadth of practice that they're asking for. So I don't have to prove to you that I've done 45 hours of learning with others, I just have to say, Well, here's the evidence that I met the standards A, B, C, and D, the themes of the osteopathic 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, it could be one piece of CPD that covers all of those.

James Booth
But again, 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 of our CPD. It's just not being made available to the GOsC unless they ask for it. Mrs. trellis wants to know, if the GsC later chose not to accept an element 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, are GOsCs really out to get people on this? I don't think they are. I think GOsC 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 GOsC's own webinar was what happens if the peer discussion review is submitted if it's requested, and the GOsC disagrees? And they categorically said that neither party is going to be blamed. So I can't see anybody being- unless there is a suggestion that there's been collusion to falsify the records, nobody's going to be blamed. If you say that sounds like really good objective activity and when they look at it, they say, well, we don't think it was that good.

James Booth
It's an honest attempt, as long as you're making an honest attempt to do the CPD.

Steven Bruce
I think 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 because 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 Anna, be reassured. Phil's asked, since his daughter is a GP, could she do his and I think that'd be 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 with his daughter as he does with his 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.

James Booth
As long as there's a critical and beneficial discussion.

Steven Bruce
Critical in the nice sense of the word.

James Booth
Yes.

Steven Bruce
Matthew, it will be helpful if the reflections on certificates you provide were easily editable. Yes, I understand that, Matthew, and it is something that we are trying to work on. The latest certificates have a different style of reflection, where it's not on the certificate as such, it's 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, show you the difference, and we've done it for that very reason. So let's have a look at year three on mine. Don't know why I've only got one in there, that'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 Robert Schleip, we had the new treatment of fascia, which is over there, you'll see on 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 place for your signature is down here next to it, just to confirm it. To explain why I do the certificates this way: I feel it's important to have that signature there because I would want the GOsC to know that though this was online learning, a medical professional such as yourself had specifically said yes, the hours that were automatically printed on this certificate are correct, or you change them and the sign to 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 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 statement of reflection. But bear in mind for the peer discussion review earlier on, actually, you didn't need to talk about your reflections on individual certificates, you just talk once about your reflection on your objective activity. So we're trying, and it is possible, but it's a little bit clunky, I accept that. Maria, I heard somewhere that the practice risk assessment document to operate safely re: COVID may count as an objective activity. That's an interesting one.

James Booth
I don't see why it wouldn't.

Steven Bruce
No, I don't see why it wouldn't either.

James Booth
I wouldn't rely on that as your only objective activity.

Steven Bruce
What have we got to do with a reflective activity? We've got to show its impact on our practice, haven't we.

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

Steven Bruce
Yeah, I would have 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 honestly can't see why it wouldn't 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 stuff in there.

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

Steven Bruce
Anna says, 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?

James Booth
Yes, I think so.

Steven Bruce
That's a case based discussion.

James Booth
Yeah. And you were both involved in the discussion. So yeah.

Steven Bruce
I mean, unless you can see any reason why that's not a case based discussion. And then yeah, definitely, that's very much an objective activity. And it's exactly what is listed as a specific. Interesting, there's four specifics in there, aren't there, 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 one.

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, they list those, but they've have said elsewhere that...

James Booth
Yes, they are, for example, yes, yes. Yeah.

Steven Bruce
And 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 to discuss as peer and osteopath to put in our forms. Amy says, do APM produce a summary similar to Steven's 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 GOsC if they audit it cannot argue, but that's in the back of our mind. It's going beyond what was on the O zone, 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 it's just that we're 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 all where previous CBD as well, including their external CPD. 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 current cycle.

James Booth
You don't need to have this either. If you'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 website, you just log into the website, you could give access to your peer and say, well here, go and look at my certificates.

James Booth
Absolutely.

Steven Bruce
And what we are able to do is offer an Excel spreadsheet which lists pretty much everything that's on the certificates but in a less pretty format. So that can be done. Carol, many of us did training with NHS test and trace 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 as CPD.

James Booth
Yeah, I did the vaccination training and there was a lot of very relevant training on that.

Steven Bruce
Comms and Consent I think.

James Booth
Comms and Consent was definitely one of them. A lot of information about the vaccine, the process of providing the vaccine to patients, 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.

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 your 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 this is, but it definitely covers communication and consent. Almost certainly doesn't.

James Booth
Yes.

Steven Bruce
Stella 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, is there?

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 be category C, that would be for me where that falls under, rather than it being an objective activity.

Steven Bruce
Okay. But as for a reflective activity, we're supposed to reflect on all our activities.

James Booth
Yeah, you reflect on how it makes your practice safer.

Steven Bruce
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, it's just the reflection is what we do on everything in our 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 the extremely 90 hours in one year?

James Booth
As my understanding is the GOsC do not specify how your overall hours are distributed over the three year cycle, as long as they are within the three year cycle. So you could do them in the first year. You could do them in the 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 all kind of crunched into one.

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. I think, you know, a competent peer or the GOsC auditing this would say, well, okay, but you're not really taking 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 peer. 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 the former.

Steven Bruce
And you might also take the view that if let's say that quite unrelated to 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 merit in it, they have to hear it because of various factors. One thing they will look at is, well, what sort of CPD have you done. And if your last CPD was two years ago and you haven't done any communication and consent, since then they might say, well, you know, they would 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 arse covering exercise. It's not a box ticking exercise, it's just actually CPD, in most people's view is a valuable activity. And it shouldn't just be shoved into one box and say, you've got that out of the way.

James Booth
And it's valuable 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. And that's when I said earlier about 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 the future, demonstrating that you tried to improve your practice in a specific way.

Steven Bruce
Okay. Claire, 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 will it have to go on before Claire's no longer anxious at all?

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

James Booth
I did loads and loads of clinical audit in the hospital. And it's a really easy thing to do, clinical audit's very easy...

Steven Bruce
Can you share a mechanism by which to do it.

James Booth
It's very easy to set up. So basically, you know, we did one clinic on a Friday afternoon, which was a coccyx clinic. And so all the patients who came in on Friday afternoon were treated for coccydynia. And at the start of the process, we just kept a record of the patient's demographic details. So their age, their gender, how long they'd had the condition for, what diagnostic criteria 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 an age group that you want to look at, or just 100 consecutive or even 20 consecutive patients. It really doesn't have to be complicated. And what you ask yourself at the beginning of the processes is, what do I want to achieve with the audit? What do I want to understand? Is it, how well I'm treating patients or what kind of patients am I treating? Or what kind of outcome 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 a really, really straightforward thing to do.

Steven Bruce
And we're not talking about randomised controlled studies standard data here, are we?

James Booth
It's 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, A that your patients are doing really well, and B that your patients are very pleased with the kind of treatment that they're getting.

Steven Bruce
Yeah, but don't forget too that 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 you spend half an hour just saying, well, how could we have done this better? You'll inevitably bring up communication and consent? And let's just 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 an objective activity.

James Booth
I think PROMs are a good thing to do as well. You know, Dawn Carnes and Carol Fawkes pushed the PROMs 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 collect 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 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 it had to be your own case that you brought, and I specifically asked this question, I think it was a Matthew Redfern, it might have been Steve Bettles. But I think it was Matthew Redfern at the General Osteopathic 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 that webinar. And I don't mean to say that he was only saying that because of that reason. But it's very clear, 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.

Steven Bruce
Half the number we have almost on our broadcast. You think I'm joking. Oh, yeah. Okay, so more about PROMs. 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 PROMs available. And they're available on the ncor websites, and I have a feeling they're available on the IO website as well.

Steven Bruce
There's also a very good one made available by the chiropractors through the Royal College of Chiropractors, which I have had unbiased opinion from people saying is more user friendly than the osteopathic version, but it might be worth a look.

James Booth
And the reason it's a good objective activity is because as by definition, it's a patient reported outcome measure. So you hand the form 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 hand them the form, they can either go home and fill it in and send it back to you or they can sit in the reception and fill it in. 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, it doesn't 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.

James Booth
You can audit your PROMs, not just the actual data. The data points and data sets within the PROMs. 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 them a few, like one or two, they're much more inclined to fill them in and return them. So we learned through that, that, you know, give, don't overwhelm people with PROMs and with forms, give them one or two, and you get 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. By which I don't mean, they don't want to do their CPD, but they don't want to go and do a lot of research into how to do a patient reported outcome measure form. So there's resources there which are available for you to...

James Booth
They really are not a lot of work.

Steven Bruce
And actually the one through ncor 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 PROMs. And you can look at that, we did talk about the ncor PROM, we talked about their'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 through people filling these forms in. However, that's not peer discussion. Melanie says, I'm in mountain rescue and we have lots of training around casualty care, first aid and clear communication, would any of these be able to count towards osteopathic CPD. Again, 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. I think that probably, I remember under the old system, it was made clear to us, 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 that or something along those lines. Where have we got to?

James Booth
So at the end of that process, there is a section for the peer to complete that says CPD standard three, the peer 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, 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 you feel that the osteopath has met the standard, then you can tick 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 the criteria.

Steven Bruce
Within the three year cycle?

James Booth
Yeah, you can say to them, if you select No, please explain where the gaps are, and discuss where the osteopath's 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 what they need.

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.

James Booth
It is about identifying the strengths and the weaknesses of your CPD cycle. And if we all absolutely nailed it, and were perfect, it wouldn't be a need for a review process.

Steven Bruce
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 I don't have to because this form doesn't get sent to the General Osteopathic Council.

James Booth

But this is not a pass, fail form.

Steven Bruce
No, but every single year, you fill in an annual reregistration form on which you have to say whether you did a communication and consent activity. And if you've gone for three years, and you haven't ticked that box, then they will pick that up at GOsC I expect.

James Booth
They would. 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 GOsC the next year and you've done something about it, again, the GOsC are not going to turn around to you and say, you know, you've failed in your CPD review.

Steven Bruce
It sounds like this process should work, it's a rolling process. Not necessarily, 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. The osteopath maintains a continuing record of their CPD. Well, how would you do that, you can use the O zone. You can formally put up all your stuff to the O zone. You could actually, 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 your profile. So that's fine. Or you could stick all your paper certificates in a cardboard file in the back bedroom somewhere if you wanted to, it doesn't matter. You just have to be satisfied, that's what I've done.

James Booth
You have to demonstrate to your peer that you've done that.

Steven Bruce
Yeah, were you satisfied?

James Booth
Well, it's all right.

Steven Bruce
Where is it gone?

James Booth
It's okay. I've seen better.

Steven Bruce
Thanks, James. I knew you were going to be constructive and helpful in this. Okay, so we've done that.

James Booth

Yeah. And that is relatively straightforward, in the sense that the peer 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? It couldn't be more straightforward.

Steven Bruce
Yeah. Super.

James Booth
And then in this example that the peer then goes on to congratulate the osteopath on their very good record keeping.

Steven Bruce
Yeah, and I'm resistant to all that sort of stuff in these things.

James Booth
Well it's waffle 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 CPD overview. That's the next section.

Steven Bruce
Sorry, I'll go back to the CPD form. I beg you pardon. 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, the peer can. Or you can do it as a combined effort.

Steven Bruce
Interesting that, I suppose this is a measure of political correctness here. There's comments, strengths and areas for development as opposed to weaknesses. Come on then, 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 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 face to face treatment.

Steven Bruce

Which is an interesting thing to examine here because 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 up. And yet I've got so much more CPD 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 CPD to address my weaknesses, well, I do you actually pick the CPD. We pick our speakers, and we pick them probably because they're interesting, rather than because they address weaknesses. But if there were things I'm curious to know about in clinic, then I would probably look for speakers on those subjects. But you're right. Yeah, it is an interesting one. And of course, that might actually be a point in favour of the chiropractic system where you address what CPD you're going to do 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 look for stuff that's interesting. I do kind of think about my practice and think, 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 the kind of the biomechanisms, 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's spines, I spend a lot of time reading the latest research, the latest evidence on spines, and I try to stay as current as I can. So that's a big area for me that I tend to focus on. And I think it's important to reflect not just on, what do I enjoy doing, but also where I need to focus my CPD requirements.

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

James Booth
So they're 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 your understanding of Osteopathic practices and standards? And then so basically, you move on to this, 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 planning, by sharing it with your peer, 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, the peer and the osteopath can agree who completes the section 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 1, 2, 3 and four, dated, signed and confirmed.

Steven Bruce

And then the last part is a declaration by both, which is signed by both with their registration number. Yes, if applicable and I imagine it must be applicable from the part of the peer because they've got to be registered healthcare professionals, they must have a registration number. But that's that's all of that. As I said we will make those documents available through our own website, we'll provide the links to the GOsC 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 A, B, C and D, e.g. A one, A two, whatever.

James Booth
I think 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, 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 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. Salome Olivia, as proof of attendance apart from the certificate will GOsC need my scribblings too?

James Booth
They ask 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, perhaps if I go back to, again, I don't want to bore everybody with my CPD 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 Gotzsche's book on breast cancer screening, which we talked about earlier on. The other one is Sebastian Rushworth's book on the evidence for what is going right and wrong in our COVID response. So I've simply produced a thing here which 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 see a sheet of paper or a book where you've got pencil jottings in the margins.

James Booth
I use the O zone way of documenting my CPD. And they do ask you at the end of each little reflection box to then tick which of 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. And then 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'll make a note of either a reference or a book that I've taken it from and it's just more to give you an aide memoire. So that if you need to refer back to it for the purposes of evidence you have something to go back to.

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

James Booth
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, they allow you to be non registered, 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, actually Katie, 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 the GOsC asks for it, then you submit it.

James Booth
Yeah, I assumed we would just have to submit it as...

Steven Bruce
And I spent ages trying to find this. And then it suddenly dawned on me that there is no mechanism to do it. Each year we do our annual renewal of registration, where you tick 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 had discussion reviews, but they aren't going to read through 5000 peer discussion reviews. Or you could be like, I think it was Amy earlier on who's been audited twice in the time since 2014. Maria, is the peer discussion review three hours? Yes, the peer discussion review does count towards your learning with others quota for both James and me. So and for your peer and yourself. So I mean, that takes a little bit of an edge off the number of hours you've got to get for one year at least, doesn't it? So that's a simple question. Matthew, just a thought, might not be relevant. He says, If you deregister partway through a CPD cycle, what type and amount of CPD do you need to submit? If a proportion of the hours, how do you do a 1/3 of a peer discussion review? Oh dear, that's a complicated one, isn't it? I'm guessing by this you mean he's deregistered and then re registered again. Because if you deregister, you've got no reason to keep any CPD because they can't audit you.

James Booth
No, they're not. And you could conceivably go through a 30 year career and never have your CPD reviewed or your peer discussion. I would be asking the GOsC for advice on that one?

Steven Bruce
Yeah, I think we'd have to seek out that one. 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 GOsC 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 or 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.

James Booth
I assume that's what most osteopaths, I expect that's what most people do.

Steven Bruce
Yeah, then you could do it all at the same time, couldn't you? Well do one first and then do the other one. Ruth says, will there be a link to the chiropractic PROMs form that was mentioned? Yeah, Ruth, it's on the website already. If you go to the recording of our broadcast on PROMs. One of the participants was Jonathan Field from the Royal College of Chiropractic and inside it there is a link to the PROMs form. And Carey says how do people manage or risk assess handing out forms for PROMs during COVID? I've stopped handing any paper or cash or anything, that's an interesting one.

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

Steven Bruce
You could do it electronically.

James Booth
You could do that electronically. Although again, 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, I'll 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 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. 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 their only sanctions on you or to restrict your practice or remove you from the register. So if you come off the register anyway, then it's irrelevant. 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, has to be. Rebecca, do I need to have a reflective write up or some notes with each CPD I have done or would a brief overview that APM provides be enough. Tricky one that, 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 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
Run for the hills. I think the question is, does doing telephone consultations provide you with an opportunity 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 consultations in in both spinal triage and in osteopathic treatment. And it is a different skill set. You know, you have to question people in a way that you don't when they're face to face with you. You have to provide information that you 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 a lot of us, things like checking, is there anyone else in the room with you? 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's injured, unless they were on a mobile, they could give their mobile number perhaps So that's communication. Yeah.

James Booth
Consenting to a telephone consultation. Again, it's a slightly different process, you know, because...

Steven Bruce
And consent doesn't have to be written, does it? If you've got all consent and you've recorded it in your notes, that is consent. And how you use it as 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 were you going to go about communicating and consenting patients? So that could all be part of your reflection.

Steven Bruce

Vicki has said, do we know how many years we need to keep our CPD records for. 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 obscure. But if we are to go by normal NHS standards, it's eight years, isn't it?

James Booth
Seven I think.

Steven Bruce
Seven years or slightly longer if the patient was a minor 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, Vicki, 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 Curleen has asked whether, oh, another one's 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, 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 your point. But nevertheless, I mean, rollover insurance cover relates to when you move to a different insurer, doesn't it, but actually your insurers generally will cover you for after you retired for the period that you might be, or may seem to be vulnerable, which presumably can only be the seven years that they've told you to keep the records for. Although, I suppose 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 law doesn't ask you to keep notes. Curleen asks whether somebody from APM could do peer reviews for people. Curleen, the answer to that is yes. Somebody from APM could do peer reviews for people. I'd be very, very, very hard pushed 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 don't ask you don't get so. James, thank you. Is that a useful process for you?

James Booth
I think it is. Yeah, 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 and train in thinking about how you're going to go about the process yourself. It's always good to talk about these things. It demystifies it slightly as well, I hope so.

Steven Bruce
I have touched my face with this hand. But I'm going to break COVID laws and touch your hand with the other to thank you very much for coming to the studio and being our first guest in the studio. I mean the second guest in the studio in the whole of the last 19 months I think.

James Booth
I feel honoured.

Steven Bruce
Thank you. Well, we're honoured. We're very pleased to have you with us again.

James Booth
It's been a pleasure. Thank you.

Steven Bruce
Thank you. What do I think you should have got from that discussion this evening. I'm really hoping that as was made clear by somebody watching earlier on and apologies, I've 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 peer, it's very easy to go through this. There's a dummy 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 GOsC unless they ask for it. They're not going to find fault with you or with your peer if you get something wrong in their eyes. As James has said, they're not out to nail people to the mast 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 actually yes, we are. We're up there with other primary health care practitioners. And I have to say I know that there are people who don't believe this or perhaps are 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.