



General
Osteopathic
Council

Continuing
Professional
Development

Workbook

Peer Observation Workbook



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Introduction

This workbook has been prepared to support osteopaths in planning and carrying out a peer observation activity. You can choose to carry out a peer observation to meet the objective activity requirement of the GOsC's CPD scheme.

Peer observations are a useful way to gain objective feedback on your practice from a colleague. They can help you to reflect on what you do and consider how you might enhance your practice.

Peer observations can cover one or more themes of the Osteopathic Practice Standards depending on the remit of the peer observation (see page 16).

You will find learning points throughout to help summarise the advice.

Why carry out a peer observation?

The aim of peer observation is to give you insight into what you do in everyday practice, with a view to improving quality, upholding standards and improving performance.

It gives you an opportunity to reflect on your practice, share insights and enhance patient care. It will also help you build connections with fellow practitioners.

By taking part you will gain feedback on your practice which you can implement immediately.

Repeating the peer observation activity

You might find that once you have completed your peer observation you find it so useful that you decide to do another one within the same three-year CPD cycle.

One of the requirements of the new CPD scheme is that osteopaths undertake at least one objective activity during a three-year CPD cycle, this could include: case-based discussion, patient feedback, or a clinical audit. This is a minimum, not a maximum limit.

When we worked with osteopaths developing the new CPD scheme, many decided to repeat objective activities because they found those activities helpful. The objective activities helped the osteopaths to see how their practice could be improved.

The features

of the CPD scheme



Range of practice: the four Osteopathic Practice Standards themes and breadth of practice.

You should do CPD activities in all four themes of the Osteopathic Practice Standards:

- A.** Communication and patient partnership
- B.** Knowledge, skills and performance
- C.** Safety and quality in practice
- D.** Professionalism

Your CPD should also cover the breadth of your professional practice, which may include the clinical, education, research or management aspects of your roles.

Objective activity

Your CPD needs to include at least one objective activity that informs your practice and your CPD. An objective activity is where you seek external objective feedback about your practice and then analyse and reflect on this to show how it has informed your practice or CPD. This activity might include: case-based discussion, patient feedback, clinical audit or peer observation. See page 27 for further information. This workbook gives guidance on carrying out a peer observation.

Communication and consent

You need to do at least one CPD activity in the area of communication and consent. This should include reviewing the relevant guidance in the Osteopathic Practice Standards and showing how this has informed your learning and how it has been applied in practice. Doing an activity in the area of communication and consent will help you to demonstrate how your CPD benefits patients.

Keeping CPD records

You need to keep a record of your CPD that shows you have completed a three-year cycle of a minimum of 90 hours. This must include a minimum of 45 hours of 'learning with others' and include all of the required elements of the scheme.

Peer Discussion Review

You need to complete a structured conversation towards the end of your three-year cycle with an osteopath or other health professional to confirm that you have completed all of the scheme's elements.

What is CPD?

The definition of continuing professional development (CPD) is very broad and can include any activity that maintains, enhances and develops osteopathic professional practice.

CPD can include any learning undertaken by an osteopath, for example:

- discussion of CPD and practice with a colleague
- courses, seminars or practical sessions
- e-learning
- reading, research or individual study
- Peer Discussion Review
- mentoring
- any other activities that can advance practice.

Doing CPD is an ongoing aspect of professional practice (see What is professional practice? on page 8). **Osteopathic Practice Standards:**

Theme B: Knowledge, skills and performance

B3: You must keep your professional knowledge and skills up to date.

To achieve this, osteopaths must be professionally engaged, undertaking professional development activities and keeping up to date with factors relevant to ongoing practice, including in relation to the wider healthcare environment.

For CPD to count as 'learning with others', it must also involve interaction with others to inform your learning – which means you will be both giving and receiving information. This can be carried out with osteopaths, other practitioners or other health professionals.

You should reflect on the CPD you do, and you must keep a record of it.

What is professional practice?

Professional practice can include clinical work (including safeguarding), education, research or management responsibilities (including leadership). Over the course of a CPD cycle, CPD should reflect the breadth of an individual's practice. For example, an osteopath who only undertakes clinical work and holds no management or teaching responsibilities might confine all their CPD to clinical work. However, an osteopath who undertakes one day a week in education, should do an appropriate portion of their CPD in the area of education or teaching practice. Osteopaths with research or management responsibilities should be able to demonstrate balanced CPD in these areas.

Learning points:

- The definition of CPD is very broad and includes any learning or activities that advance practice.
- Professional practice can include clinical work, education, research or management responsibilities.
- CPD should be reflected on and recorded.

What is peer observation?

Peer observation is when you are observed in practice by a peer. Practice may include clinical, educational or other practice. So, if you are an educator, being observed and receiving feedback on your teaching can count as a peer observation and an objective activity.

Remember, being observed as part of a peer observation is different to taking part in your Peer Discussion Review (PDR). The PDR is a structured conversation towards the end of your three-year CPD cycle when the peer you have chosen gets the opportunity to confirm that you have met all the requirements of the CPD scheme. You can find out more about the PDR in the Peer Discussion Review Guidance cpd.osteopathy.org.uk/PDR-guidance.

Peer observation should enable you to reflect on what you do and to consider how you might make improvements to your practice. A peer observer might be an osteopath, or you could choose another health professional. Peer observation can be a two-way process, with colleagues observing each other to provide feedback on each other's practice.

Carrying out a peer observation can help you to meet many of the elements of the CPD scheme. For example:

- Peer observation is an 'objective activity'. It provides you with external feedback that can help you to reflect, with a peer, on how you practise, and to consider how you might choose specific CPD that will meet your particular needs and interests. It can also help you make positive changes to how you practise as a result.
- It can meet the communication and consent requirements of the CPD scheme – if the remit of the observation covers aspects of communication and consent.
- Undertaking a peer observation is likely to cover more than one theme of the Osteopathic Practice Standards (OPS) which you can read at standards.osteopathy.org.uk.

Getting started with peer observation

Choosing a peer observer

You could choose a peer observer who is someone that you know well, someone you already work with, or you could choose someone who is less well known to you. They could be an osteopath or another health professional.

It is important to choose someone who will give you open, honest and helpful feedback, as the point of the exercise is to be useful to you and your practice, whether that means your patients or your students. See page 13 for tips on giving and receiving feedback.

Thinking about the areas you want feedback on

You might want to seek very general feedback on your interactions with your patients, or you may be looking for feedback on a more specific issue.

Consider what is important to you and your practice. For example, some osteopaths may wish to focus on communication and consent, or clinical reasoning, or feedback about treatments, or all of these areas. Or you may wish to seek general feedback from your peer observer about what went well and what could go better in your practice. This can be a good way to get new insights into your practice.

Remember, there are no definitive rules, and the peer observation can be guided by your own learning objectives or development needs.

Have a look at the templates at the end of this workbook and agree with your peer observer which ones you would both like to use. But remember, you don't need to use these templates, they are just suggestions. You could choose to use them, or adapt them to suit you, or you could develop something else completely.

You will need to agree the remit of the peer observation and the ground rules with your peer before the start of the peer observation. See page 18 for advice on setting the ground rules.

Ensuring patient confidentiality and gaining consent

If you are observing a clinical consultation, the peer observation process should be confidential. It is important to discuss this need for confidentiality with your peer observer and your patients and, where relevant, your students, and agree it in advance.

You must gain a patient's consent before an observer can sit in on a consultation. Patients should be informed about the proposed peer observation process and the reasons for carrying it out.

The patient should know exactly what to expect and be reassured about issues such as privacy, confidentiality and the management of their information. They should also be

informed that they are free to change their minds and withdraw consent to an observer being present, without prejudicing their treatment or care. Remember to record the presence of the observer in the patient notes and also the patient's consent.

Prior to the peer observation, take time to review the guidance in the **Osteopathic Practice Standards:**

Theme C: Safety and quality in practice

C2: You must also ensure that 'your patient records are comprehensive, accurate, legible and completed promptly' and the supporting guidance includes: 'where an observer is present (for example, a chaperone, peer observer, osteopathic student or potential student) as well as their status and identity, you should record the patient's consent to their presence.'

Theme D: Professionalism

D5: You must respect your patients' rights to privacy and confidentiality, and maintain and protect patient information effectively.

Deciding the duration of your peer observation

This depends on a number of factors. Consider how long would be reasonable to generate helpful and representative feedback. Would one new patient be enough, or would it be better to allow a couple of hours to get a broader sample? What happens if one of the patients doesn't want to be observed – how could you manage this in advance?

Learning points:

- Try to choose a peer observer who will give you open, honest and helpful feedback. The point of the exercise is to be useful to you and your practice.
- You can seek general feedback about how you practise, or you can specify particular areas.
- Consider your learning objectives and development needs and use these to inform the remit of the peer observation with your peer observer.
- Agree the ground rules for the peer observation before you start.
- Patients should know exactly what to expect prior to the peer observation so they can fully consent to the observer's presence.

(continued):

- Patients should be informed that they are free to change their minds and withdraw consent to the observer being present at any time.
- Both osteopath and observer must keep patient information confidential in accordance with the guidance in the OPS.
- You should record the presence of the observer in the patient's record along with the patient's consent to the observer's presence.
- The length of the peer observation is up to you to decide.

Tips for giving and receiving feedback

Giving and receiving feedback is a skill that may be more familiar to some osteopaths than others. Those who work in osteopathic education, mentor colleagues, or work in an NHS context, might be familiar with undergoing some form of peer observation process. If you work on your own, giving and/or receiving feedback may be less familiar and potentially daunting.

But be reassured, if you follow these useful tips you will find it much easier than you might imagine.

When giving feedback:

- Use open questions to encourage the recipient to reflect on what happened – for example, ‘did that go as planned?’, ‘how do you think the patient felt?’, ‘would you do anything differently next time?’
- Consider waiting to be invited to give your opinion before offering it and give examples to explain your opinion.
- Focus on the positive – it may be helpful, of course, to highlight areas where things could have gone better, but don’t be unnecessarily negative.
- Be sensitive about the impact of what you say – remember the feedback is for the recipient’s benefit.
- Be supportive.
- Don’t overload – focus on two or three key messages.

When receiving feedback:

- Assume it’s constructive.
- Accept it positively.
- Don’t be defensive.

If all this sounds overly formal and intimidating, please don’t worry. Remember that you’ll be undertaking this activity with someone you have chosen and have asked to do it, and you have agreed to work with them because you trust their judgement.

In most cases, it will be a two-way activity, so you'll both be giving and receiving feedback at some point.

Above all, be honest, respectful and kind.

There are some useful resources available on feedback published by the London Deanery at the end of this workbook (see page 27). These resources were designed for an educational setting, but many of the principles will apply when peer observers are giving and receiving feedback.

Learning point:

- Familiarise yourself with the key principles about giving and receiving feedback before the peer observation session.

Recording and reflecting

on your peer observation

We have provided some templates at the end of this workbook which you can use to help you to carry out a peer observation (see page 20). They are designed to help you identify strengths as well as areas to consider for development, and to identify a plan of action for future activities or a change to practice. You can adapt these templates or develop your own if you prefer.

As well as recording your activity, it might be helpful to reflect more broadly on the peer observation process after the event, and consider what you have learned from it, and the impact it has had on your practice.

A CPD reflection form is also included at the end of this workbook (see page 25). The reflection template is a prompt to help you consider and record what you gained from the experience, so that you can discuss this when you come to do a Peer Discussion Review towards the end of your three-year CPD cycle.

Learning point:

- Look at the templates to see if they suit your needs. If not, how might you change them to make them more suitable for you?

Linking to the four themes of the Osteopathic Practice Standards

The Osteopathic Practice Standards (OPS) are available at: standards.osteopathy.org.uk. Undertaking a peer observation activity is likely to impact on more than one theme of the OPS.

The table below provides a summary of the areas covered by each theme of the OPS. It will depend on the remit of your peer observation and the topics that you have chosen to explore which OPS themes will be covered.

OPS theme	Areas include	Relevant CPD activities may cover:
A Communication and patient partnership	Listening, giving information, consent, partnership	Giving or receiving positive or developmental feedback about: <ul style="list-style-type: none"> particular ways to elicit what is important to a patient in a consultation the process of obtaining consent and continuing consent discussion about non-verbal communication from a patient meeting different patient requirements for maintaining dignity and modesty
B Knowledge, skills and performance	Sufficient knowledge and skills, working within competence, keeping up to date	Giving or receiving positive or developmental feedback about: <ul style="list-style-type: none"> the knowledge and skills required to see particular patients working within the limits of competence analysis and reflection on feedback
C Safety and quality in practice	History taking, examination, treatment, modesty, safeguarding	Giving or receiving positive or developmental feedback about: <ul style="list-style-type: none"> having a safe, clean and hygienic practice being aware of wider role as a health professional contributing to the health and wellbeing of patients
D Professionalism	Ethics, integrity, honesty, candour, responding to complaints, confidentiality	Giving or receiving positive or developmental feedback about: <ul style="list-style-type: none"> maintaining appropriate boundaries with individual patients being open and honest with patients maintaining patient confidentiality considering the role and contributions of other health professionals

Learning point:

- Peer observation could cover all four themes of the Osteopathic Practice Standards but this depends on its remit and the topics you choose to explore.

Guidance for peer observers

Once you have agreed to observe a colleague's practice – whether clinical or in an education setting, you might find it useful to read the following guidance. You might also want to check the tips for giving and receiving feedback on page 13.

Agreeing the remit of the peer observation

Check that you and the osteopath being observed are both clear about the remit for the peer observation.

Have a look at the templates at the end of this workbook and see whether you feel the templates meet your needs and circumstances. You might prefer to adapt them or use something you develop yourselves. For example, if you will be observing teaching, then you will probably want to change the templates. Think about whether the osteopath being observed wants general or specific feedback. How many patients will you be observing with the osteopath?

Agreeing the ground rules

You will find it very helpful if you can agree the ground rules before you start, for example:

- Will you have a preliminary meeting before the session, and a debrief afterwards? If so, where?
- Who will be in the room during the observation?
- What ground rules will apply for each session?
- What questions/issues does the osteopath want to address?
- What data/information does the osteopath need at the end of the observation?
- How will the osteopath record and capture their learning?

Raising concerns

It is unlikely that a peer observer will witness something to make them concerned for the safety of patients. However, if you have concerns, the Osteopathic Practice Standards sets out the overriding duty to act in the interests of patients:

Theme C: Safety and quality in practice

C4: You must take action to keep patients from harm.

The guidance for this standard provides examples depending on the severity of the concern. You can read it here: <https://standards.osteopathy.org.uk/standards/c4-you-must-take-action-to-keep-patients-from-harm/>

In most cases, if any concerns are identified, these can be discussed supportively between the observer and the osteopath and together they will identify and agree further CPD or training that will support the osteopath to improve practice.

Work with osteopaths has shown that the matter can usually be managed supportively and effectively between the osteopath and their peer without anyone else needing to be involved, in the following circumstances:

- Information about what has happened has been given to the patient if relevant (anything that has gone wrong has been disclosed to the patient).
- The patient has information about the complaints procedure in place. For example, they have access to the Institute of Osteopathy and they are aware that they can make a complaint to the General Osteopathic Council.
- Where relevant, insurers have been informed.
- The osteopath has had the opportunity to fully discuss the mismatch between osteopath and patient expectations, has responded to feedback by identifying what went wrong and has put in place a plan of action to enhance this area.

We have found that osteopaths may wish to seek advice about whether they should take further action in the following circumstances:

- There is no contrition or insight into what went wrong.
- Despite feedback the mistake or issue is repeated/the osteopath is not learning and improving.

If concerns are identified that may cause harm to patients because they will not immediately be remedied, the observer should seek external advice about the appropriate action to take.

Advice may be sought from the Institute of Osteopathy, your insurer, from Protect (formerly Public Concern at Work) at: protect-advice.org.uk or the GOsC's Regulation Department.

If you have any queries or concerns, then do please get in touch.

Templates

Template: Peer observation form

Osteopath name:

Peer name:

Date:

Location:

Does the osteopath attempt to discover the reasons for the patient's attendance?

For example: encourages the patient's contribution; responds to cues; places complaints in appropriate psychosocial context; explores patient's health understanding.

Observation:

Does the osteopath define the presenting problem?

For example: includes or excludes likely relevant significant condition; appropriate examination; makes an appropriate working diagnosis; sound clinical reasoning.

Observation:

Does the osteopath agree the treatment approach with the patient?

For example: treatment options explained to patient; patient consents to agreed treatment approach.

Observation:

Treatment approach for patient

For example: does the osteopath offer options of plans for treatment and care; agree them with patient; take into account the working diagnosis or rationale for care, the best available evidence, the patient's values and preferences, and the osteopath's own skills and competences?

Observation:

Overall observations

Osteopath's strengths identified:

To be completed after discussion with the osteopath being observed, as part of a feedback session.

Areas for development identified:

Next steps agreed:

Areas of the Osteopathic Practice Standards covered

At the end of the peer observation feedback session, take 5 to 10 minutes to review the Osteopathic Practice Standards and agree which themes were covered during this discussion between you and your peer observer.

Communication and patient partnership <input type="checkbox"/>	Knowledge, skills and performance <input type="checkbox"/>	Safety and quality in practice <input type="checkbox"/>	Professionalism <input type="checkbox"/>
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Template: Peer observation form – related to the OPS themes

Osteopath name:

Peer name:

Date:

Location:

Theme A: Communication and patient partnership

For example: communicates effectively; listens to patients; provides information to patients to help their decision making; obtains consent; works in partnership with patients.

Observation:

Theme B: Knowledge, skills and performance

For example: demonstrates a broad knowledge base and technical skills to support their work as an osteopath.

Observation:

Theme C: Safety and quality in practice

For example: demonstrates awareness of wider role as health professional.

Observation:

Theme D: Professionalism

For example: maintains confidentiality and clear boundaries with patients.

Observation:

To be completed after discussion with the osteopath being observed, as part of a feedback session:

Osteopath's strengths identified:

Areas for development discussed:

Next steps agreed:

Template: CPD reflection form

To be completed by the osteopath after the peer observation to help you reflect on learning activities. Keep it as evidence in your CPD records.

About the activity

Describe the event or activity which you took part in.

What were your reasons for undertaking the activity?

Outline your reasons, and any other relevant details.

Knowledge and skills gained

What knowledge, skills or other insights did you gain from taking part?

Impact

What impact is this activity likely to have on your practice as an osteopath?

Osteopathic Practice Standards

Which of the four themes of the OPS have been addressed by undertaking this activity?

Has the activity highlighted any other learning needs, and, if so, how do you plan to meet these?

Are you planning any further activities as a result of undertaking this one?

Overall reflection

You can use this space to record any other thoughts or reflections you have on the activity.

Further information

Read the Osteopathic Practice Standards online: standards.osteopathy.org.uk

Visit the CPD microsite: cpd.osteopathy.org.uk

There are many publications about peer observation, not specifically related to osteopathy, which are worth looking at if you would like to do some further reading in this area. A small selection of publications is set out below:

- Read about how to use peer observation as a tool for continuing professional development: usir.salford.ac.uk/15805/6/article_cgi.pdf
- Read about the Carlisle Osteopathic Group and their approach to peer observation at: cpd.osteopathy.org.uk/peer-observation-carlisle-osteopathic-group
- Find out more about the London Deanery guide to feedback: faculty.londondeanery.ac.uk/e-learning/feedback
- The University of Nottingham – principles of constructive feedback provides a practical guide to giving and receiving feedback: nottingham.ac.uk/hr/guidesandsupport/performanceatwork/pdpr/documents/pdprprinciplesofconstructivefeedback.pdf
- Find out more about Learning Communities, groups which foster reflective practice: ncl.ac.uk/kite/social-renewal/learning-communities

A range of workbooks is available on our CPD microsite which cover various aspects of the CPD scheme. These workbooks have been designed to help you to plan your CPD and support you in meeting the requirements of the scheme.

The full range of workbooks are available at: cpd.osteopathy.org.uk/workbooks

Titles include:

- Planning your CPD
- Keeping CPD records
- Patient feedback
- Communication and consent
- Case-based discussion

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