 **Template**

**Peer Discussion Review Guidance and Template**

August 2020

**Peer Discussion Review**

**Please note** – in this template we use the terms:

**Osteopath**

**Peer**

**‘Osteopath’** – to describe the osteopath being reviewed.

**(Sections to be completed by the osteopath are in blue)**

**‘Peer’** – to describe the osteopath or other health professional chosen by the osteopath being reviewed to carry out their Peer Discussion Review and sign

off the form. An osteopath might use one or more peers throughout the process, or even carry out the review within a group setting. **(Sections to be completed by the peer are in orange)**

**Instructions for use**

## Preparation

1. At the beginning of the CPD cycle, the osteopath should select the person with whom they would like to undertake their Peer Discussion Review (PDR).

This may be an individual osteopath or other health professional, (the peer) under the auspices of an organisation such as a local group, osteopathic educational institution, Institute of Osteopathy or other postgraduate or CPD provider.

Some osteopaths find it helpful to keep in touch with their selected peer by email

or by telephone throughout the CPD cycle – rather than waiting until the completion of the review itself, which will generally be towards the end of the three-year

cycle. They find that this more frequent approach aids their reflections. It also enables them to have the structured conversation for a Peer Discussion Review in separate ‘modules’ after they have completed each of the features of the scheme. Discussions about CPD and practice do not simply need to happen once – they can take place throughout the cycle.

1. If you are preparing for an end-of-the-cycle Peer Discussion Review: you should arrange the review meeting about three months before you wish to have it by agreeing:
	1. the date
	2. time (allow an hour and a half) and
	3. venue

with your selected peer (or alternatively, the details for contacting each other, for example, by telephone or a web-based meeting space). This will give both parties time to prepare for the meeting.

3 months before

1 month before

2 weeks before

1 week before

On the day of your PDR

1. About three months before the meeting, the osteopath should review the CPD Guidance, the Peer Discussion Review Guidance and their CPD record and ensure that the record provides evidence that they have engaged with the CPD scheme.

This preparation for the meeting should reassure the osteopath about how their practice has developed and improved over the course of the CPD cycle.

1. About a month before the meeting, both parties should review the Peer Discussion Review Guidance, this template and examples of completed Peer Discussion Review forms available on **cpd.osteopathy.org.uk/resources**.
2. About a month before the meeting, the osteopath may find it helpful to complete the relevant sections of the Peer Discussion Review template in advance themselves (along with some completed reflections of the key elements of the CPD scheme) to help them think about how they will demonstrate engagement through their CPD to their peer.
3. About two weeks before the meeting, both parties may also find it helpful to review resources about giving and receiving constructive feedback. In some Peer Discussion Reviews, the osteopath will be well prepared and will simply

demonstrate engagement with the scheme. In other cases, the discussion may be more developmental.

1. There are plenty of resources freely available on the internet about giving and receiving feedback, which can be identified through a simple search.

Please see below examples of some of the resources available online:

* Peer observation: A tool for continuing professional development, Davys D and Jones, V, 2007, International Journal of Therapy and Rehabilitation, November 2007, Vol 14, No 11 available at: **usir.salford.ac.uk/15805/6/article\_cgi.pdf**.
* Principles of constructive feedback, University of Nottingham, 2012 available at: **nottingham.ac.uk/hr/guidesandsupport/performanceatwork/pdpr/documents/ pdprprinciplesofconstructivefeedback.pdf**.
* Extract from Coaching and Mentoring for Dummies, Brounstein M available at:

**dummies.com/how-to/content/giving-constructive-feedback.html**.

1. About a week before the meeting it may also be helpful to agree the ‘ground rules’ for the discussion. Example ground rules can be found at: **ncl.ac.uk/kite/social- renewal/learning-communities/#about**.

## On the day of the meeting

1. The osteopath should arrive on time with their records, the Peer Discussion Review Guidance and the Peer Discussion Review template.
2. As part of the introduction both parties should:
	1. introduce themselves (if they haven’t done so already)
	2. review the aim of the Peer Discussion Review – ‘to provide for a supportive and constructive discussion about practice in a ‘safe space’ (osteopaths are encouraged to discuss their practice openly and honestly in a way that fosters enhancements to the quality of care they provide and ensures patient safety’)
	3. agree the ground rules
	4. proceed to discuss each of the questions in the template
	5. agree the content and make brief notes in each section.

**Osteopath Guidance**

If you have used the online CPD Diary on the **o** zone to record your CPD activities, you can easily share it with your Peer Reviewer before your Peer Discussion Review to show that you have documented your CPD.

We recommend that you share the records with your peer, which detail the activities that you are going to discuss as part of the Peer Discussion Review. For example,

if you have undertaken a case-based discussion and have completed an Objective Activity Reflection Template you could share that document with your peer.

1. This template is designed to be completed at the Peer Discussion Review, during discussion between the osteopath and the peer. The template can be used as a ‘walk-through’ to guide the conversation.
2. The template is self-contained. Simply discuss each question in turn.

## Completion of the template

1. Brief notes of what is discussed should be written on the template – these include both areas of strength and achievement, and areas of development (including where future action is agreed.
2. If, at the conclusion of the discussion, it is felt that the osteopath needs to engage further, undertake specific additional CPD or seek advice about a particular issue in order to meet one or more of the CPD Standards, the peer should ensure that the reasons for this are documented sufficiently clearly for the osteopath, and for future peers, to understand what needs to be done by the osteopath before their next Peer Discussion Review.
3. Osteopath and peer should discuss who will complete the different parts of the form and when. We have indicated which parts may normally be completed by a peer or the osteopath, but it is a matter for the osteopath and peer to agree. For

example, some osteopaths have told us that they will prefer to complete a draft Peer Discussion Review form and submit this to the peer in advance to help to structure the discussion. Others have indicated they would prefer to jot down notes during the meeting and others after the meeting. The important point is that the document is agreed and signed by both parties.

**Osteopath**


# Osteopath to complete this section

|  |
| --- |
| **Name of osteopath** |
| Grant Small |

|  |
| --- |
| **Name of peer(s)** |
| Amy Smith |

This review is taking place in the following way: Please put an (x) in the relevant box

|  |  |  |
| --- | --- | --- |
| **A** | **Within a framework put in place by your local group**  |  |
| Please provide the name of the regional group: |

|  |  |  |
| --- | --- | --- |
| **B** | **Within a framework put in place by an osteopathic educational institution**  |  |
| Please provide the name of the institution: |

|  |  |  |
| --- | --- | --- |
| **C** | **Within a framework put in place by a clinical interest group or member of the osteopathic alliance**  |  |
| Please provide the name of the institution: |

|  |  |  |
| --- | --- | --- |
| **D** | **With an osteopath you work with** |  |

|  |  |  |
| --- | --- | --- |
| **E** | **With an osteopath known to you but who you do not work with directly** | **X** |

|  |  |  |
| --- | --- | --- |
| **F** | **With an osteopath not known to you**  |  |

|  |  |  |
| --- | --- | --- |
| **G** | **With another health professional** |  |

|  |  |  |
| --- | --- | --- |
| **C** | **Other**  |  |
| If the ‘Other’ option has been selected please describe: |

|  |  |
| --- | --- |
| **Date(s) of review** | 31/7/2020 |
| **Location(s) of review** | Online via Zoom |
| **Fee paid (if any)** | N/A |

# About the osteopath

**Osteopath Guidance**

We indicate which parts of the form may ‘normally’ be completed by the osteopath, but it is a matter for you and your peer to agree.

For example, some osteopaths will prefer to complete a draft Peer Discussion Review form in advance of the Peer Discussion Review and submit this to the peer in advance to help to structure the discussion.

Other osteopaths might prefer to talk through the form during the discussion. For example, the osteopath may want to tell the peer about their practise and the peer could then use this section of the form to make notes.

The important point is that the document is agreed and signed by both parties.

 **Osteopath normally to complete this section**

This section encourages the osteopath to introduce themselves by providing a brief summary of how they practice and how they approach their CPD activities.

The peer will use this information to guide the conversation and explore your CPD with you. (Please try not to exceed 200 words)

**Osteopath Guidance**

In this box please describe:

* How long you have been practising
* How often you practise
* The number of patients you treat in a typical week
* What type of patients you treat
* The context in which you work (eg sole practitioner, multidisciplinary practice)
* Your approach to practice
* Other roles you may have (eg regional lead, research, education)

|  |
| --- |
| I have been qualified and practicing as an osteopath for fifteen years. I work in my own practice for four days a week, seeing, on average, 30-40 patients a week. I also work as a clinic tutor on a Wednesday at the Anytown School of Osteopathy (ASO). In my practice, I see a wide range of patients of all ages from teenagers to the elderly. I tend not to treat infants and children under 13, and instead refer these to a colleague in my practice who specialises in paediatrics. My particular clinical interests are in the treatment of patients with chronic pain conditions, particularly headaches. I’m also a committee member of the Anytown Osteopathic Society. We meet as a group around four times a year, either with speakers or for group activities that we run ourselves such as case-based discussions. My CPD tends to be a mix of specific courses, informal activities, and group work/activities with the Society. As a clinic tutor, I also engage in educational CPD through the ASO, and see this as an important part of my professional role. |

# CPD Standard 1

The osteopath demonstrates that activities are relevant to the full range of osteopathic practice (Osteopathic Practice Standards and breadth of practice).

**Range of practice**

## Guidance:

This Standard is **met** when the osteopath has undertaken activities in all four themes of the Osteopathic Practice Standards (see below) and appear to cover all aspects of their osteopathic practice. For example, clinical practice, teaching responsibilities, research, management in a way that is appropriate for their context.

1. Communication and patient partnership
2. Knowledge, skills and performance
3. Safety and quality in practice
4. Professionalism

This Standard **may be met** if the osteopath has undertaken CPD in all the themes

of the Osteopathic Practice Standards but has minor gaps in relation to their practice.

For example, if they undertake management responsibilities but have very little CPD

in this area, so long as the osteopath is advised to undertake CPD in the areas requiring more attention.

This Standard is **not met** if the osteopath has not undertaken CPD in all the themes of the Osteopathic Practice Standards.

**Osteopath**


# Osteopath to complete this section

1. Indicate in this section, how you’ve met this standard.

**Osteopath Guidance**

You could add some examples of CPD undertaken in the four themes and in your different practice roles.

For example, if you work in osteopathic education, show that you’ve covered some CPD in education. This will help your peer to understand your approach and provide a basis for discussion. If you are using the online CPD Diary you could share that with your peer to demonstrate the CPD you have undertaken across the four themes of the Osteopathic Practice Standards.

For further ideas on the type of information you could include see completed examples of Peer Discussion Review forms available on :**cpd.osteopathy.org.uk/resources**.

Be brief – up to 100 words should be sufficient to outline your approach, and you can then discuss this in more detail with your peer.

|  |
| --- |
| I was in the habit of recording the themes of the OPS relevant to every recorded activity, and so over the three year cycle, I had covered each theme multiple times. My approach would be to review the OPS and the contents of each theme to enhance my familiarity with these, and make it easier each time to see how my CPD related to these, which also helped me to see where elements might have been missing from my CPD plan. See below examples.In the first year of my CPD cycle I attended a lecture on common neurological conditions which covered themes A, B, C and D of the OPS. This was a presentation from a local neurologist which covered the assessment and screening of these conditions, and medical interventions. It was useful and helped me better understand their medical management and referral processes. This has helped me in discussing treatment options with patients and in understanding how osteopathy can help alongside medical approaches to management.As part of my role in at the Anytown School of Osteopathy a student asked me some detailed questions about Somatic Dysfunction. To ensure my knowledge was up to date I read a research paper from IJOM– ‘Somatic Dysfunction – an osteopathic conundrum’, by Gary Fryer (International Journal of Osteopathic Medicine, Volume 22, December 2016, Pages 52-63). This activity covered themes A, B and C of the OPS. |

**Peer**


# Peer to complete this section

1. Has the osteopath undertaken CPD activities in relation to each of the four themes of the Osteopathic Practice Standards, and also CPD appropriate to their osteopathic practice? Please put an (x) in the relevant box

**Peer Guidance**

**Yes x No**

If you selected no, please explain where the gaps are and how these could be addressed.

**Comments**

|  |
| --- |
| Grant has clearly mapped his CPD activities to the four themes of the practice standards over the course of the CPD cycle. His CPD reflects the breadth of his practice undertaking clinical CPD which reflects his clinical interests, and educational CPD in relation to his role as a clinic tutor. Grant used the online CPD Diary on the o zone to record his CPD, as a result he was able to email me a copy of his CPD record. I found this a particularly useful prompt for our discussion and it was clear that he had considered the OPS when undertaking CPD. |

# CPD Standard 2

The osteopath demonstrates that an objective activity has contributed to practice and quality of care.

**Objective activity**

## Guidance:

The Standard will be **met** by the osteopath showing clearly that feedback has been gathered objectively and then analysed or considered and has informed their practice and their CPD.

Osteopaths should demonstrate genuine attempts to improve their practice through the use of information or data generated objectively. Examples of objective activities may include patient feedback, peer observation, clinical audit, case-based discussion with other osteopaths, or even a previous Peer Discussion Review where the osteopath can show that their practice has been informed by such a discussion based on evidence.

Some osteopaths may choose to seek help to analyse their data – the use of data analysis packages and resources is perfectly acceptable. The important aspect of meeting this standard is to demonstrate how evidence gathered objectively has influenced or informed practice.

This Standard **may be met** if the osteopath has taken documented steps to inform and enhance practice as a result of external feedback, but there are still areas of development to be addressed.

This Standard is **not met** if the osteopath has not undertaken any activities to gather objective feedback during the three-year cycle.

It will also not be met if the osteopath is unable to show how they have learned from objective feedback and how this has been applied to their practice.

**Osteopath**


# Osteopath to complete this section

3. Indicate how you’ve met this standard. For example, if this was through **patient feedback, peer observation, case-based discussion, Patient Reported Outcome Measures (PROMs)** or a **clinical audit**. (Please try not to exceed 100 words)

**Osteopath Guidance**

You will need to demonstrate in the Peer Discussion Review that you’ve recorded the aim of the objective activity, what you did, and what the outcomes were, including any impact on your practice or further learning needs.

|  |
| --- |
| I used two types of objective feedback to inform my practice:Patient feedback: I used the CARE Measure (a standardised feedback questionnaire) to seek feedback from patients during a six week period from October to December 2019. This was generally very positive (see the analysis documents), but highlighted that I could work harder to understand what was particularly important to patients in relation to their care. As a result of this, I intend to undertake some CPD in communication and values-based practice, which I believe will help reframe my approach to this. Another area of development for me is ‘making a plan of action’ with the patient. In my education role, I receive feedback from students at the end of each term in relation to my role as a clinic tutor. This is then incorporated within my annual performance review at the ASO, which is carried out by the Head of Clinic. In my first year within the role, I received some feedback which indicated that I was influencing students a little too much to practice in the same way as me. I subsequently undertook the PG Cert HE, which has helped me to understand the educator role to a far greater degree, and I now provide far more space for the students to develop themselves without imposing my own views so strongly. This has led to consistently positive feedback from student groups.  |

**Peer**


# Peer to complete this section

4. How has the osteopath used feedback from their objective activity and CPD to inform their practice? (Please try not to exceed 100 words)

**Comments**

|  |
| --- |
| Grant was familiar with seeking objective feedback from students but not from patients. He had never run a formal survey within his practice. He opted to trial both a hard copy and online questionnaire and really invested in the process. The majority of the CARE Measure statements he received were recorded as excellent by his patients, with all of the respondents, stating he was excellent at explaining things clearly as well as showing compassion and care.Grant has reflected on the feedback, particularly the two areas for development:1. *Could work harder to understand what was particularly important to patients in relation to their care.* He has already identified CPD activities that focus on communication and values-based practice.
2. *Making a plan of action with patients.* He acknowledged that he often feels a bit rushed at the end of the consultation so helping the patient to take control/ build an action plan with them doesn't become priority. He has begun considering how he can leave sufficient time at the end of the consultation to discuss the prescription of exercises and what the patient can do for themselves, explore lifestyle advice problems and formulate an action plan around time pressures (eg breaking up the consultation into segments of time).

His patient feedback survey was a pilot for a larger one later in the year, possibly looking to collect between 50-60 completed responses, given that he sees around 30-40 patients a week. |

5. Has the osteopath undertaken at least one objective activity that produced evidence, and provided a summary which includes the information outlined in the table below?

**Peer Guidance**

Please indicate in the box below which objective activity the osteopath has undertaken:

* Case-based discussion
* Peer observation
* Patient feedback
* Clinical audit
* Patient Reported Outcome Measures (PROMs)

|  |  |  |
| --- | --- | --- |
| **Objective Activity** | **Yes No** | **Comment** |
| Patient feedback |  |  |
| *(Please put an x in the relevant box)* | *(Indicate in the relevant box below if there are any gaps in these elements, and how they might be addresses)* |
| **Has the osteopath provided evidence on the aim of the objective activity?** | X |  |  |
| **Has the osteopath provided a description of method used and discussion of why this was chosen?** | X |  |  |

**Peer Guidance**

The osteopath could provide the following type of evidence:

* A summary of results for patient feedback, PROMs or clinical audit
* Examples of the strengths and weaknesses from a case-based discussion or peer observation they have undertaken.
* An Objective Activity Reflection Template (see: Case-based discussion workbook on **cpd.osteopathy.org.uk/resources**)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comments** |
| **Outcome** | X |  |  |

**Peer Guidance**

Has the osteopath reflected on the feedback they have received and indicated what they would do differently if they were to carry out this objective activity again?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comments** |
| **Conclusion** | X |  |  |

**Peer Guidance**

Does the osteopath have an action plan describing how any areas of development that have been identified will be met? If gaps have been identified, please discuss with the osteopath and highlight the available options for seeking support to meet the development needs. (Please note – resources to support the osteopath to undertake the required objective activities are available at: **cpd.osteopathy.org.uk/resources**).

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comments** |
| **Action Plan** | X |  |   |

# CPD Standard 3

The osteopath demonstrates that they have sought to ensure that their CPD benefits patients (CPD in communication and consent).

**Communication and consent**

## Guidance:

This Standard is **met** by the osteopath being able to show:

* they have undertaken CPD activity relating to communication and consent with patients
* they have reviewed the guidance in the Osteopathic Practice Standards
* that this has informed their learning and has been applied in practice.

**Peer Guidance**

We recommend that an osteopath spends around three hours of CPD on communication and consent, but this is not essential. The important outcome is that the osteopath has undertaken CPD which has informed practice.

This Standard **may be met** by an osteopath who has undertaken less than three hours of relevant CPD, but is able to show that this activity has informed their learning and practice.

This Standard is **not met** if the osteopath is unable to show that they have undertaken any activity relating to communication and consent.

**Peer**


# Peer to complete this section

6. Has the osteopath undertaken CPD activities in relation to Standard A4 of the Osteopathic Practice Standards – communication and consent? Please put an (x) in the relevant box

**Yes x No**

**Peer Guidance**

If you have selected **yes**, please explain how the osteopath has met this requirement of the CPD scheme. For example, an osteopath may have undertaken a CPD activity that solely focused on communication and consent or a CPD activity in which communication and consent has featured as part of the activity.

If you have selected **no**, please explain where the gaps are and discuss with the osteopath options for seeking support to meet their development needs.

For example:

* supporting resources available at: **cpd.osteopathy.org.uk**
* attendance at a course, detailed discussion with a mentor, use of NCOR resources.
* review of the Osteopathic Practice Standards, see: **standards.osteopathy.org.uk**

**Comments**

|  |
| --- |
| Grant undertook a range of activities relating to Standard 3 over the three-year cycle. He attended a specific event on communication and consent run by the Institute of Osteopathy. The event provided Grant with an opportunity to explore the OPS requirements, the legal position (including the Montgomery judgement), and to discuss specific challenges with colleagues. Grant’s work as a clinic tutor involves him running sessions on communication and consent with students. In preparation for his sessions, he refreshed his knowledge by re-reading journal articles produced by NCOR which he then recorded and reflected on. |

# CPD Standard 4

The osteopath maintains a continuing record of CPD.

**Keeping Records**

## Guidance:

This Standard is about the osteopath showing documented CPD for the activities that are discussed during the Peer Discussion Review – their CPD record. It is not necessary for the osteopath to show that they have completed the 90 hours of CPD (with at least 45 hours of learning with others). This will be verified through the GOsC’s automated system on the basis of the osteopath’s self-declaration.

This Standard is **met** when the osteopath is able to show documented evidence of compliance with the CPD scheme.

This Standard is **not met** when the osteopath is unable to show documented evidence of compliance with the CPD scheme.

**Osteopath Guidance**

If you have used the online CPD Diary on the **o** zone to record your CPD activities, you can easily share it with your Peer Reviewer before your Peer Discussion Review to show that you have documented your CPD.

We recommend that you share the records with your peer, which detail the activities that you are going to discuss as part of the Peer Discussion Review. For example,

if you have undertaken a case-based discussion and have completed an Objective Activity Reflection Template you could share that document with your peer.

**Peer**


# Peer to complete this section

1. Does the CPD record demonstrate documented CPD for this CPD cycle, including notes of all activities discussed in this Peer Discussion Review? Please put an (x) in the relevant box

**Yes X No**

**Comments**

**Peer Guidance**

If you have selected no, please indicate gaps within the osteopath’s CPD record. Please note the role of the peer is not to verify an osteopath’s entire CPD cycle. It is to have an open and constructive dialogue between two practitioners about their learning.

|  |
| --- |
| I wanted to take this opportunity to say that Grant’s CPD record was very comprehensive and it’s clear his CPD has helped to inform his practice. He shared his CPD Online Diary with me as well as some CPD record templates, like the objective activity reflection template, ahead of our Peer Discussion Review. This meant I was able to scan through and easily see the CPD he has undertaken and the OPS themes he has covered off. |

# Overview

This section allows the peer and the osteopath to summarise their overall views of the osteopath’s CPD and practice.

## Overall discussion and feedback

**Peer & Osteopath Guidance**

The osteopath and peer can agree who completes this section of the form. If the osteopath does complete this section, the peer must be comfortable with the contents before signing it.

**Comments**

|  |
| --- |
| **Grant:** I was quite apprehensive about the new CPD scheme because I had assumed it was vastly different to the previous scheme. Once I reviewed the guidance and the resources I realised it was in fact very similar. I used the Planning CPD workbook to identify the type of CPD I wanted to undertake which meant when I saw relevant CPD I was able to plan in advance rather than doing it on an ad hoc basis. Running a patient feedback survey was very valuable. It had been something I was considering doing but wasn’t sure how to go about it so having the template surveys made things easier. I intend to redo the survey later this year. |

 **Strengths**

|  |
| --- |
| **Grant:** Undertaking the patient feedback survey really helped me reflect on what I do well and reassured me that my clinical practise is safe and of a high standard. Analysing the results of the patient survey showed me that I ensure patients have the time to express what is important to them and that I demonstrate empathy and use positive language.  |

**Areas for development**

|  |
| --- |
| **Amy:** Grant plans to follow up with some work on communication and values-based practice in Year 1 of his next CPD cycle. He also intends to redo his patient survey but adapt the CARE measure questionnaire so he can add questions specifically related to his practice, including the patients experience with regards booking appointments and the general administration of his practice. |

# CPD Action Plan for the next three-year cycle

**Osteopath**


# Osteopath to complete this section

This section should consolidate the earlier discussions by identifying potential CPD activities to address areas of development during the next three-year CPD cycle.

In addition to courses, CPD can include many different types of activities, such as:

* seeking out a mentor to support development of business, clinical or communication skills
* undertaking GOsC e-learning to increase understanding of the Osteopathic Practice Standards and their application in practice
* learning about and applying clinical audit in practice to improve understanding of a particular area, for example do not attend rates, running late, response to treatment.

**Plans for CPD over the next three years - to meet areas for development identified during the most recent three-year cycle:**

**Peer & Osteopath Guidance**

In preparation for this section you may wish to complete the Planning my CPD template to share with your peer. This template details what activities/actions you have planned/scheduled for your next three year CPD cycle.

|  |
| --- |
| **Grant:** I’m keen to increase my knowledge around headache disorders, and am considering undertaking a PG Cert in pain management. This will enable me to focus on an area of practice that I enjoy, and provide enhanced care for patients. In education, I have some thoughts as to ways to enhance the clinical experience of students, and am interested in furthering my understanding of e-learning methodologies.I am also planning on applying for the iO mentoring training as I feel this would be helpful in supporting osteopathic colleagues, and also students. |

**Comments:**

**Peer & Osteopath Guidance**

The osteopath and peer can agree who completes this comments section. If the osteopath does complete this section, the peer must be comfortable with the contents before signing it.

|  |
| --- |
| No further comments |

# Conclusion

**Peer**


# Peer to complete this section

## Have the CPD Standards been met?

**Peer Guidance**

The CPD Standards can **still be met** even if the review has identified areas in need of further development, as the purpose of the Peer Discussion Review is discussing practice and CPD, and areas of ongoing development.

However, if the osteopath has not attempted to address areas of development at a previous Peer Discussion Review.

**CPD Standard 1**

Has the osteopath demonstrated that an objectivity activity has contributed to practice and the quality of care? Please put an (x) in the relevant box

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Yes** | **X** | **No** |  | **Date** | **1/06/2021** |
| **Signed** | ***A Smith*** |
| **Print name** | **Amy Smith** |

**CPD Standard 2**

Has the osteopath demonstrated that an objectivity activity has contributed to practice and the quality of care? Please put an (x) in the relevant box

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Yes** | **X** | **No** |  | **Date** | **02/08/2020** |
| **Signed** | ***A Smith*** |
| **Print name** | **Amy Smith** |

**CPD Standard 3**

Has the osteopath sought to ensure that their CPD benefits patients? Please put an (x) in the relevant box

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Yes** | **X** | **No** |  | **Date** | **1/06/2021** |
| **Signed** | ***A Smith*** |
| **Print name** | **Amy Smith**  |

**CPD Standard 4**

Has the osteopath maintained a continuing record of CPD activities? Please put an (x) in the relevant box

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Yes** | **X** | **No** |  | **Date** | **1/06/2021** |
| **Signed** | ***A Smith*** |
| **Print name** | **Amy Smith** |

**Peer**


# Declaration by Peer

## To be signed by the peer only when the Peer Discussion Review has been successfully completed.

I confirm that I have completed this Peer Discussion Review and that, in my opinion, the CPD standards have been met. I confirm that the osteopath I have reviewed appears to provide good quality and safe patient care on the basis of the information that we have discussed. I confirm that all information provided on this form is correct to the best of my knowledge.

**Date Signed Print name Profession**

**Registration number**

(if applicable)

|  |
| --- |
| 1 June 2021 |
| *A Smith* |
| Amy Smith |
| Osteopath |
| 1234 |

**Osteopath**

# Declaration by Osteopath

## To be completed in all cases.

I confirm that I have participated in this Peer Discussion Review, and that the information provided on this form is correct to the best of my knowledge. I confirm that I will retain a copy of this form in my CPD record.

**Date Signed Print name Profession**

**Registration number**

(if applicable)

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| --- |
| 1 June 2021 |
| *Grant Small* |
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| Osteopath |
| 4321 |