**Template**

**Peer Discussion Review Guidance and Template**

**Example 2**

August 2020

**Peer Discussion Review**

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

|  |  |
| --- | --- |
| **Osteopath** | **‘Osteopath’** – to describe the osteopath being reviewed. **(Sections to be completed by the osteopath are in blue)** |
| **Peer** | **‘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)** |

**Osteopath**


# Osteopath to complete this section

|  |
| --- |
| **Name of osteopath** |
| Petra Rowland |

|  |
| --- |
| **Name of peer(s)** |
| Sai Anand (signed off Standards 1, 3 and 4) and Philip Weiss (Signed off Standard 2) |

**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** | **X** |

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

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

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

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

|  |  |
| --- | --- |
| **Date(s) of review** | 10/10/2020 |
| **Location(s) of review** | Face to face in our practice in Anytown |
| **Fee paid (if any)** | None |

# 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 since 2007 using both cranial and structural techniques. I am the Principal Osteopath in a busy group practice with 5 other osteopaths. I see patients of all ages but most commonly I treat infants and children under 13. I normally see around 40-50 patients per week. In the early stages of the COVID-19 pandemic, myself and colleagues in my area set up a virtual group to support one another and partake in group CPD during lockdown. I informally act as a mentor for younger associates in my practice (Sai Anand and Philip Weiss). I undertook a GOsC case-based discussion webinar series in April 2020 so that I could learn more about the CPD scheme and help my colleagues, particularly the more recent graduates, complete their objective activity requirement.My CPD in the first two years of my cycle was very much focused on attending specific courses, but from March 2020 onwards it has involved online webinars (eg Academy of Physical Medicine), informal learning with the virtual group, and reading journals. |

# 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.

|  |
| --- |
| During the first year of my CPD cycle a lot of my CPD centred on Theme B of the OPS – Knowledge, skills and performance. I tend to make brief notes on my CPD as I go along and then upload all the details to my Online CPD Diary on the **o** zone near to my annual renewal. It wasn’t until I was recording all of my CPD linking it to the OPS that I realized most of my CPD covered Theme B. Reflecting on this as I went into year 2 of my cycle allowed me to plan ahead and complete courses and undertake CPD that covered the other themes.See below examples: 1. In the second year of my cycle I attended a Communication and Consent workshop hosted by Anytown Regional Group. This involved a presentation on some current research around communication and the impact of effective communication on clinical outcomes. **The workshop covered Themes A, B and C.** It was helpful to hear about current thinking in this area, and to consider the effect language can have on the clinical outcome of patients. It helped me to reflect on my own communication skills and I reviewed my use of some medical terms with patients which some may find off putting.
2. I devised a mentoring programme to support the associates in my practice with their development and ensure they have the support they need at this early stage in their career. To help me, I spoke to colleagues in other practices to identify what they’ve done successfully, and I reviewed the mentoring support guidance on Osteopathic Development Group website. **This activity covered themes A, B and D.**
 |

**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**

|  |
| --- |
| Petra had outlined clearly her approach to ensuring her CPD met each of the four themes of the OPS. She reflected on her activities, and how most of these related to Theme B, and took steps to broaden her approach, particularly around communication and consent. The mentorship activities outlined (and in which I was a mentee), were an excellent way of working collaboratively, enhancing practice for herself and colleagues, and really helping to support the way the OPS are implemented in practice. We discussed Petra’s comment that much of her early activity related just to Theme B – Knowledge, skills and performance. When we talked through some of these activities, we were able to see how they might also relate to some of the other themes too – practical courses relating to Safety and Quality in Practice, and an understanding of treatment options helping to inform discussions with patients (Communication and Patient Partnership) for example. It is clear that Petra has carried out activity across all four themes of the OPS. |

# 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 completed a case-based discussion in the third year of my CPD cycle. Before I completed the activity, I signed up for the GOsC case-based discussion webinar series to better understand how to do this more formally. In the clinic we regularly discuss cases informally and I wanted to share my learning with colleagues in the practice so we could do it more formally.To help both Philip and I better understand how to do the case-based discussion formally we tried out the sample case ‘Mrs Taylor and Luke’ that I received while on the GOsC webinar. It was a good chance for us both to practice giving and receiving feedback and we came away feeling more comfortable about the process. Then using the guidance and templates from the webinar Sai and I set aside a separate time to discuss a case of mine from earlier in the year that involved treating a minor. A 14-year-old girl presented with lower back pain and her father sat in on the initial consultation with her consent.However, he asked his daughter if she would like him to leave when it came to the examination. This was a communication issue as he was not aware that due to his daughter’s age, a chaperone ideally should be present and that a person with parental responsibility should beinvolved in the consent process.I used the objective activity reflection template to document the case and the discussion. I found the process very reassuring and Philip and I both got a lot from the discussion. Reflecting on the case made me realise that an information sheet tailored to the treatment of minors was a good resource to have that I could send out ahead of appointments outlining the consent process. This has now become a standard information sheet that all osteopaths in the practice use.As consent is such a complex issue it has prompted me to book onto a course focused specifically on communication and consent that will involve group discussions on this topic and I intend to explore some articles on the topic of communicating with children. My case covered OPS Themes A, C and D |

**Peer**


# Peer to complete this section

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

**Comments**

|  |
| --- |
| Petra talked through her approach to carrying out an objective activity, and this is something that we were both involved with as set out above. We discussed the impact of the activity on her practice, and how it related to the OPS. She and I took the time to review the OPS Standards, particularly Theme A and that formed part of our discussion about how they applied in her particular case. Specifically, how communicating expectations prior to an appointment could help to avoid difficult situations arising. Petra came away feeling much more confident about her handling of the case and acknowledging that the treatment itself had gone well, she had excellent clinical reasoning, was able to take a good case-history and her rapport with the patient and her father was good. The objective activity requirement of the scheme has been effectively demonstrated. |

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** |
| **Case-based discussion** |  |  |
| *(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** | **Comment** |
| **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** |  **Comment** |
| **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** |  **Comment** |
| **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

1. 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**

|  |
| --- |
| Petra attended a communication and consent seminar hosted by Anytown CPD group. It involved a presentation on current research around communication and the impact of effective communication on clinical outcomes as well as an overview of the Montgomery judgment.As part of the seminar Petra took part in a case-based discussion with fellow osteopaths to consider a case where a patient felt that their expectations had not been met. She gained a lot of insight hearing the views of colleagues on the case discussed, and potential solutions to the issues the case raised.She also found it helpful to hear about current thinking in this area, and to consider the effect language can have on the clinical outcome of patients. Following the course, Petra reviewed Theme A of the OPS and she reflected on her communication skills and reviewed her use of some medical terms with patients which some may find off-putting. She also considered how best to explore with patient values and what matters to them. She followed up these activities by reviewing the communication and consent resources available on the NCOR website.OPS themes covered were Themes A, B and C |

# 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.

|  |
| --- |
|  |

# 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**

|  |
| --- |
| Petra: Philip, Sai and I all agreed that this had actually been an enjoyable process. It was useful to take the time to review my CPD activities, and reflect on what had been achieved over the last three years and get insight from my colleagues. |

 **Strengths**

|  |
| --- |
| Philip: In discussion, I felt that a real strength of Petra’s approach to CPD has been the systematic and reflective way that she approached her CPD activities, and ensured that these led to some positive changes in her practice. |

**Areas for development**

|  |
| --- |
| In discussion we talked through the range of objective activities available, and it was felt that in the next cycle, it would be good to continue the case-based discussion work, but also to undertake another activity – we decided that it would be useful for the clinic to seek patient feedback, and agreed to sign up for NCOR’s PROMs scheme to gain some further insights into what we do. |

# 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.

|  |
| --- |
| I will contact NCOR and visit their PROMs website to explore how PROMs works and to consider how it can be implemented in practice to gain insight into our work, and enable us to consider outcomes as a team. |

**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.

|  |
| --- |
| For my next CPD cycle I intend to use the development plan template I found on the GOsC CPD website to identify my learning needs from the outset of my cycle as well as the resources/support I’ll need. I also intend to build in more time throughout my cycle for recording and reflecting on my CPD as this took more time than I initially anticipated and this was the element of my CPD where the most valuable learning emerged. |

# 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 a full range of osteopathic practice? Please put an (x) in the relevant box

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Yes** | **X** | **No** |  | **Date** | **10/10/2020** |
| **Signed** | ***Sai Anand*** |
| **Print name** | **Sai Anand** |

**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** | **11/05/2020** |
| **Signed** | ***Philip Weiss*** |
| **Print name** | **Philip Weiss** |

**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** | **10/10/2020** |
| **Signed** | ***Sai Anand*** |
| **Print name** | **Sai Anand** |

**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** | **10/10/2020** |
| **Signed** | ***Sai Anand*** |
| **Print name** | **Sai Anand** |

**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)

|  |
| --- |
| 10/10/2020 |
| *Sai Anand* |
| Sai Anand |
| Osteopath |
| 3210 |

**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)

|  |
| --- |
| 10/10/2020 |
| *Petra Rowland* |
| Petra Rowland |
| Osteopath |
| 1432 |