**Workbook**

**Keeping CPD records Workbook**

**Workbook:** Keeping CPD records

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This workbook is published by the General Osteopathic Council (GOsC).

We welcome your comments and feedback to help us improve this workbook.

Please send any comments and/or suggestions to: newcpd@osteopathy.org.uk.

|  |  |
| --- | --- |
| The GOsC is a charity registered in England and Wales (1172749). | 05/10/19 |

**Workbook:** Keeping CPD records

**Introduction**

This workbook has been prepared to support osteopaths in keeping their continuing professional development (CPD) records as part of the GOsC’s CPD scheme.

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

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**The features**

of the CPD scheme

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**Range of practice:** the four Osteopathic Practice Standards themesand 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

1. 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, peer observation or a clinical audit. See page 21 for further information.

**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 the required elements of the scheme. This workbook gives more guidance on keeping CPD records.

**Peer Discussion Review**

You need to complete a Peer Discussion Review towards the end of the three-year cycle. A Peer Discussion Review is a structured conversation with an osteopath or other health professional in which you confirm, and discuss how, you have completed all the elements of the scheme.

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**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 7. According to the 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 healthcare practitioners or other professionals.

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

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**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 undertake 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.

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**Recording** your CPD activity

You need to keep a record of your CPD activities. Each year

you will be required to complete an annual renewal of registration form and, as part of this, you need to make a declaration about the CPD activities you have done in that particular year of your three-year cycle.

Unlike the previous CPD scheme, you no longer need to submit a CPD annual summary form. So the main difference is that rather than submitting full details to the GOsC each year, your records will now help you carry out a Peer Discussion Review with a colleague towards the end of your three-year cycle.

This means that you now have flexibility in the way that you record your CPD. If, for example, you are registered as another health professional as well as an osteopath, perhaps you are also a doctor or a nurse, you may record CPD to inform NHS appraisals or other CPD records. You can now use these other records to also help demonstrate your osteopathic CPD – but make sure the relevance to osteopathic practice is also recorded.

We outline some options for how to record your CPD in this workbook, but the method you choose to maintain your record will be your choice. The important thing is that your record provides sufficient information to summarise effectively what CPD you’ve undertaken, how you have met the key elements of the scheme and how this has enhanced your work as an osteopath. This can then be discussed in your Peer Discussion Review.

**Learning points:**

* You must retain a record of your CPD, but how you do this is up to you.
* You must have a record of all the CPD you claim but it doesn’t need to be lengthy or detailed. See examples in this workbook.

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**Options for recording your CPD**

We know that osteopaths reflect on practice regularly, but to convert these day-to-day reflections into claimable CPD, these reflections need to be written down and recorded. These records can also be useful to continue to inform your practice and your CPD, and may also help to demonstrate both how your practice has evolved over time and your commitment to learning.

There are various options for you to choose from as to how you maintain a record of your activities and reflections, and much of the decision will come down to your personal preference. We look at some options below.

**Recording on the o zone: online CPD Diary**

Many osteopaths will be familiar with the CPD annual summary form as your method of recording your CPD activities (shown below). This was used to submit annual CPD activities via the **o** zone under the previous scheme:

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This annual summary form has been developed into an online CPD Diary, which now reflects elements of the new scheme but should still feel familiar. This is what the online CPD Diary looks like:

Since the introduction of the new scheme, the purpose of the record has changed. Whereas an annual summary form was used to submit details of CPD activities to the GOsC, under the new scheme, unless you are one of the few asked to supply records and evidence of CPD, you no longer need to provide this detailed annual summary. However, you might choose to continue keeping your records in the **o** zone, making use of your personal online CPD Diary, which is available for you in the My CPD section of the **o** zone.

The CPD Diary has been developed to help you keep track of your CPD (but if you do this, remember to continue to keep hold of any supplementary materials too such as notes or certificates). The online CPD Diary is optional, you have the flexibility to use other methods if you wish, and we explore these other options in this workbook.

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**CPD templates**

We have included two templates towards the the end of this workbook (see pages 15 to 20) which you might find helpful:

* CPD activity record template
* CPD record summary template

These are offered as examples. Feel free to adapt these templates or use something else if that works better for you.

The CPD activity record template could be used in situations where you want to record a specific activity. For example, attending a course or lecture, an informal discussion with a colleague, or an encounter with a patient which you found challenging. You can see an example of a completed CPD activity record on pages pages 15 and 16.

Remember that a brief summary of the key points, the impact these have had and any learning or actions you have identified will be sufficient for you to talk this through with a colleague when you come to do a Peer Discussion Review.

**Your own electronic records**

You can use Microsoft Word, Apple Pages, Google Docs or whatever platform you’re familiar with and works best for you. Remember to back up electronic records so they can be accessed even if your computer is lost or damaged.

It’s possible to create your own online portfolio using templates as suggested above and store these in a folder which can be shared with a peer or colleague. You can create shared folders in platforms such as Dropbox [(**dropbox.com/register**](http://www.dropbox.com/register)) or Google Drive [(**google.com/drive**)](http://www.google.com/drive).

As well as your records of activities, it’s possible to scan evidence, such as certificates or notes using a smartphone app and store these in the folder too.

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**An eportfolio platform**

There are several portfolio platforms available which individuals can sign up to.

For example:

* PebblePad [(**pebblepad.co.uk**)](http://www.pebblepad.co.uk)
* Folio Spaces [(**foliospaces.org**)](http://www.foliospaces.org)
* Padlet [(**padlet.com**](http://www.padlet.com))
* Mahara [(**mahara.org**)](http://www.mahara.org)

Some of these platforms might incur a fee, so if an eportfolio suits your needs it’s worth exploring what might work for you. An eportfolio provides you with a chance to plan and reflect on activities and maintain evidence of your CPD in one place, with the ability to share this information with others.

**Paper records**

You might simply want to keep paper records of your activities and evidence. This is possible, although it might be more challenging to share with a colleague for your Peer Discussion Review, but this can still be done easily enough. Again, it’s always worth keeping copies in case they get lost or damaged.

**Learning points:**

* Your CPD records should include include a brief summary of the key points, the impact they have had and any further learning or actions you have identified to help you show that you have engaged with the scheme.

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**Linking to the four themes**

of the Osteopathic Practice Standards

The Osteopathic Practice Standards (OPS) are available at: [**standards.osteopathy.org.uk**.](https://standards.osteopathy.org.uk/) **The** CPD scheme requiresosteopaths to undertake activities across the four themes of the Osteopathic Practice Standards (OPS) – Communication and patient partnership; Knowledge, skills and performance; Safety and quality in practice and Professionalism.

So, with every CPD activity you do, remember to take the opportunity to think about which themes of the Osteopathic Practice Standards you have covered. Doing this will provide good evidence that you have covered the four themes across the three-year cycle.

Some, if not most, of the activities you do might cover more than one of the themes. There is no requirement as to how much time should be spent on each theme, and you don’t need to allocate the number of minutes spent on each theme in an activity which might encompass more than one of the themes.

The example given in the CPD activity record template on pages 15 and 16 indicates how a CPD event or activity might relate to each of the OPS themes. Thinking about and recording activities in this way is straightforward and means that over a three-year cycle, it should be manageable to accumulate sufficient evidence to demonstrate that CPD has been undertaken across each theme.

Remember, this is about linking to the themes of the OPS, not each individual standard.

Many CPD providers will indicate on their certificates and in the information they provide which OPS themes have been covered in their events.

**Learning points:**

* Many CPD activities will cover more than one theme of the OPS. You don’t need to cover all the standards in any particular theme.

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**Keeping records** to help you

prepare for a Peer Discussion Review

You might find it useful to highlight the CPD activities you have done that meet the key requirements of the CPD scheme to help you demonstrate that you have met them all. You can do this highlighting in whichever format works for you.

Take a look at the Peer Discussion Review form so you can see what will be expected at that discussion.

Remember you will need:

* CPD records referring to the four themes of the Osteopathic Practice Standards and the breadth of your professional practice, which may include the clinical, education, research or management aspects of your role(s).
* CPD records of at least one objective activity (this might be a case-based discussion, patient feedback, clinical audit or a peer observation).
* CPD records covering communication and consent (this can be a part of another activity or it can be a separate activity in its own right).

It can also be useful to complete a draft Peer Discussion Review form before your Peer Discussion Review, and to carry out informal reviews with your peer earlier in your cycle, so you can share feedback and get support. This will also help you check that you can demonstrate how you have met the requirements of the scheme and how you might want to refer to the relevant aspects of your record to do this.

Further information about the Peer Discussion Review can be found in the Peer Discussion Review Guidance available at: [**cpd.osteopathy.org.uk/pdr-guidance**.](https://cpd.osteopathy.org.uk/resources/peer-discussion-review-guidelines/)

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**Templates**

**Completed example of a CPD activity record template**

This is an example of a completed activity record, and could be adapted to suit a range of circumstances and activities.

|  |  |
| --- | --- |
| **Activity:** Lecture/workshop and subsequent study | **Date:** 9.1.19 |
|  |  |

**Subject:** Review of orthopaedic testing of the shoulder and upper limb and an overview of current surgicalinterventions for common orthopaedic conditions.

|  |  |
| --- | --- |
| **Learning with others:** 2 hours | **Learning by oneself:** 2 hours |
|  |  |

**Location:** The Anywhere Hotel, and subsequently my home.

**Relevance to practice**

**What was the activity?**

This was a lecture and workshop from two local orthopaedic surgeons who presented on common conditions of the shoulder and upper limb, clinical testing of these and how they might be addressed surgically. Subsequently, I reviewed the anatomy of these areas using my anatomy app and reviewed further orthopaedic testing.

**What was the impact/significance of the activity?**

This was a helpful overview and revision of orthopaedic testing of the shoulder and upper limb. It’s now some years since I studied this formally, and it was good to see the tests carried out by another professional, and their interpretation of these. It was useful, too, to hear how surgical interventions have developed over the past 10 years, and the relative risks and benefits of these from a surgeon’s perspective. During the workshop element there was a chance to discuss clinical cases with other professionals (GPs and physiotherapists, as well as osteopaths), and it was reassuring to hear how others approach patients with these conditions and manage the uncertainty within clinical practice.

**How has/will the activity contribute to your practice?**

Having been inspired by the presentation, I further reviewed the anatomy of the shoulder and upper limb, researched orthopaedic conditions, looking at a number of patient information resources available online, for example: **www.ouh.nhs.uk/shoulderandelbow/information/documents/JRFinal2010poster.pdf** and **https://modalitypartnership.nhs.uk/self-help/conditions/articles/shoulderpain/treatment**. This hasensured that I am able to discuss treatment options fully with patients and ensured that the advice I give is consistent with current thinking. It has also helped me to appreciate where my own interventions fit within the broader choices available to patients.

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**Which themes of the Osteopathic Practice Standards have you considered in relation to the case/activity?**

|  |  |
| --- | --- |
| **A. Communication and patient partnership** | The activities have enhanced my ability to talk |
| For example; communication skills, values, | to patients more knowledgably about treatment |
| consent, capacity, supporting patients in caring for | options, which has helped me gain informed |
| themselves | consent for osteopathic intervention. |
|  |  |
| **B. Knowledge, skills and performance** |  |
| Anything which enhances the knowledge and | It has been helpful to review my knowledge in |
| skills you need to work as an osteopath, reflective | this area. |
| practice, acting on feedback |  |
|  |  |
| **C. Safety and quality in practice** | Useful to see how other professions approach |
| Evaluation and diagnosis, some aspects of | orthopaedic testing and views on the reliability of |
| communication, record keeping, safeguarding | certain tests. |
|  |  |
| **D. Professionalism** | I gained a greater understanding of the approach |
| Understanding contributions of other healthcare | of other healthcare professionals to the types |
| professionals, analysis of data and production | of patients that I see in practice and how a |
| of reports, equality and diversity, confidentiality, | multidisciplinary approach can be utilised in many |
| managing complaints, supporting colleagues, health | cases for the benefit of the patient. |
| and safety, maintaining boundaries with patients |  |
|  |  |

**Any additional thoughts or comments?**

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**Completed example of a CPD record summary**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity** | **Date** | **Hours** | **Hours** | **Evaluation and impact on practice** | **OPS** |
| **Subject, type,** |  | **claimed** | **claimed** |  | **themes** |
| **venue (if** |  | **Learning** | **Learning** |  |  |
| **appropriate)** |  | **by oneself** | **with others** |  |  |
|  |  |  |  |  |  |
| **Subject:** | 16.01.19 |  | 2.5 | This comprised: | A,B,C |
| Communication |  |  |  | • a presentation on some current |  |
| and consent |  |  |  | research around communication |  |
| **Type:** Regional |  |  |  | and the impact of effective |  |
| group meeting |  |  |  | communication on clinical |  |
| **Venue:** Hilton |  |  |  | outcomes |  |
| Hotel, Anytown |  |  |  | • an overview of the Montgomery |  |
|  |  |  |  | judgment and the relevance |  |
|  |  |  |  | of this in relation to consent in |  |
|  |  |  |  | osteopathic practice |  |
|  |  |  |  | • a case-based discussion in |  |
|  |  |  |  | small groups to consider a case |  |
|  |  |  |  | where a patient felt that their |  |
|  |  |  |  | expectations had not been met. |  |
|  |  |  |  | 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. |  |
|  |  |  |  | Useful, also, to hear the views of |  |
|  |  |  |  | colleagues on the case discussed, |  |
|  |  |  |  | and how the issues raised may have |  |
|  |  |  |  | been more effectively dealt with. |  |
|  |  |  |  | I have reflected since on my own |  |
|  |  |  |  | communication skills and reviewed |  |
|  |  |  |  | my use of some medical terms with |  |
|  |  |  |  | patients which some may find off- |  |
|  |  |  |  | putting. Also considered how best to |  |
|  |  |  |  | explore with patient values and what |  |
|  |  |  |  | matters to them. |  |
|  |  |  |  |  |  |
| **Subject:** Common | 22.2.19 | 1 | 1.5 | This was a presentation from a local | A,B,C,D |
| neurological |  |  |  | neurologist on common neurological |  |
| conditions |  |  |  | conditions, the assessment and |  |
| **Type:** Lecture/ |  |  |  | screening of these, and medical |  |
| presentation |  |  |  | interventions. It was useful and |  |
| **Venue:** Anytown |  |  |  | relevant to review such conditions, |  |
| Hospital |  |  |  | and to 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. |  |
|  |  |  |  |  |  |

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Subject:** | 17.03.19 | 1 |  | I saw a patient with | B, C |
| Spondylolisthesis |  |  |  | spondylolisthesis, and took the |  |
| **Type:** Personal |  |  |  | opportunity afterwards to review |  |
| research |  |  |  | the anatomy of this condition and its |  |
|  |  |  |  | clinical management. I looked at the |  |
|  |  |  |  | information that the NHS provide |  |
|  |  |  |  | to patients regarding this condition, |  |
|  |  |  |  | and also at a website compiled by a |  |
|  |  |  |  | university in Belgium: |  |
|  |  |  |  | nhs.uk/conditions/spondylolisthesis |  |
|  |  |  |  | physio-pedia.com/Spondylolisthesis |  |
|  |  |  |  |  |  |
| **Subject:** Peer | 18.04.19 |  | 2.5 | I undertook a peer observation | A,B,C,D |
| observation |  |  |  | activity with my colleague David |  |
| **Type:** Observation |  |  |  | O’Path. Today, David observed |  |
| with a colleague |  |  |  | me with a new patient and then |  |
| **Venue:** My practice |  |  |  | a continuing one, and we met |  |
|  |  |  |  | afterwards to discuss what went |  |
|  |  |  |  | well, and where I might consider |  |
|  |  |  |  | improving aspects of my practice. |  |
|  |  |  |  |  |  |
| **Subject:** Somatic | 15.5.19 | 1 |  | This relates to an IJOM research | A,B,C |
| dysfunction |  |  |  | paper – ‘Somatic Dysfunction – an |  |
| **Type:** Research |  |  |  | osteopathic conundrum’, by Gary |  |
| paper |  |  |  | Fryer (International Journal of |  |
|  |  |  |  | Osteopathic Medicine, Volume 22, |  |
|  |  |  |  | December 2016, Pages 52-63) |  |
|  |  |  |  | • This was an interesting read |  |
|  |  |  |  | which reviews some basic |  |
|  |  |  |  | osteopathic concepts of |  |
|  |  |  |  | dysfunction in the light of |  |
|  |  |  |  | evidence, and explores more |  |
|  |  |  |  | plausible conceptual models. |  |
|  |  |  |  | It covers, also, some language |  |
|  |  |  |  | issues, and how diagnosis is |  |
|  |  |  |  | communicated to patients. |  |
|  |  |  |  |  |  |

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**CPD activity record template**

**Activity:** **Date:**

**Subject:**

|  |  |
| --- | --- |
| **Learning with others:** | **Learning by oneself:** |
|  |  |

**Location:**

**Relevance to practice**

**What was the activity?**

**What was the impact/significance of the activity?**

**How has/will the activity contribute to your practice?**

**Which themes of the Osteopathic Practice Standards have you considered in relation to the case/activity?**

1. **Communication and patient partnership**

For example; communication skills, values, consent, capacity, supporting patients in caring for themselves

1. **Knowledge, skills and performance**

Anything which enhances the knowledge and skills you need to work as an osteopath, reflective practice, acting on feedback

1. **Safety and quality in practice**

Evaluation and diagnosis, some aspects of communication, record keeping, safeguarding

1. **Professionalism**

Understanding contributions of other healthcare professionals, analysis of data and production of reports, equality and diversity, confidentiality, managing complaints, supporting colleagues, health and safety, maintaining boundaries with patients

**Any additional thoughts or comments?**

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**CPD record summary template**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity** | **Date** | **Hours** | **Hours** | **Evaluation and impact on practice** | **OPS** |
| **Subject, type,** |  | **claimed** | **claimed** |  | **themes** |
| **venue (if** |  | **Learning** | **Learning** |  |  |
| **appropriate)** |  | **by oneself** | **with others** |  |  |
|  |  |  |  |  |  |
| **Subject:** |  |  |  |  |  |
| **Type:** |  |  |  |  |  |
| **Venue:** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Subject:** |  |  |  |  |  |
| **Type:** |  |  |  |  |  |
| **Venue:** |  |  |  |  |  |
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| **Subject:** |  |  |  |  |  |
| **Type:** |  |  |  |  |  |
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| **Subject:** |  |  |  |  |  |
| **Type:** |  |  |  |  |  |
| **Venue:** |  |  |  |  |  |
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| **Subject:** |  |  |  |  |  |
| **Type:** |  |  |  |  |  |
| **Venue:** |  |  |  |  |  |
|  |  |  |  |  |  |

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**Further** information

Read the Osteopathic Practice Standards online: [**standards.osteopathy.org.uk**](https://standards.osteopathy.org.uk/)

The CPD microsite: [**cpd.osteopathy.org.uk**](https://cpd.osteopathy.org.uk)

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

The full range of workbooks is available at: [**cpd.osteopathy.org.uk/workbooks**](https://cpd.osteopathy.org.uk/workbooks)

Titles include:

•

•

•

•

•

Patient feedback

Planning your CPD

Communication and consent

Case-based discussion

Peer observation

If you have any queries about this workbook or CPD in general, please feel free to get in touch.

**Contact us**

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