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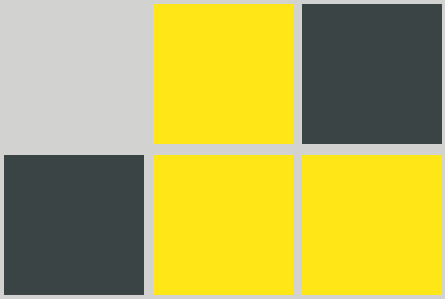
OSTEOPATHIC COUNCIL NEW ZEALAND

KAUNIHERA HAUMANU TUAHIWI O AOTEAROA

Continuing competence programme guidance for osteopaths

Effective from 1 April 2021

(Approved by Council 15 February 2021)



Contents

Introduction

1. This document is provided as **guidance only**. Its purpose is to assist you in meeting the requirements of the Continuing Competence Programme (CCP) set by Council under section 41 of the Health Practitioners Competence Assurance Act (HPCAA).

2. There is no obligation to follow this guidance. You may already be doing many of the things set out in this document, or you may have been thinking about starting but were unsure how to go about it. Council intends that this will provide you with helpful ideas about how to ensure that you undertake quality and meaningful learning in a way that works for you.

Guidance on assessing your learning needs

3. Research suggests that health practitioners are not necessarily able to identify their strengths and weaknesses in practice.[1] The suggestions set out below may assist you in gathering data to objectively identify your learning needs.

4. If you are conducting a learning needs analysis alone, you need to find a process that works for you. Options include (but are not limited to):

    - Keeping a diary of learning needs that crop up during your working day. You might jot down something in a consultation or write a note about an issue from a practice meeting. By looking back at your diary you can identify your knowledge gaps. They may be just individual gaps but if you look more closely you may start to identify systematic gaps (for example, you may discover that 40% of your learning needs discovered in this way are about obesity). Research indicates that doctors who keep a learning diary are able to generate more specific learning goals than those who do not.[2]
    - Undertaking a 360 degree review of your practice. This might involve consulting colleagues (both within and beyond the osteopathic profession), and surveying patients.
    - Undertaking a critical incident review – you may wish to use the self-reflection model set out below to assist with this.
    - Inviting a colleague to observe your practice and provide feedback.
    - Conducting a genuine assessment of your knowledge, skills and attitudes (KSAs) against the Capabilities for Osteopaths. Council has developed a word-based document that you can use to conduct this assessment, or to adapt to suit you. When assessing yourself against the KSAs, try to think about how you are currently demonstrating the relevant KSA in practice. For added objectivity, you might ask a colleague to review your assessment. **The document can be accessed on Council's website**.
    - Conducting a practice review/audit of data from your records. The Medical Council of New Zealand provides excellent guidance on how to set up a robust audit.[3]

[1] For example, J Tracey et al. "The validity of general practitioners' self assessment of knowledge: cross sectional study" *BMJ* 1997;315:1426–8. D Davis et al. "Accuracy of Physician Self-assessment Compared With Observed Measures of Competence" JAMA Vol 296 No 9, 1094-1102

[2] Perol D, Boissel J-P, Broussolle C, Cetre J-C, Stagnara J, Chauvin F. A simple tool to evoke physicians' real training needs. Acad Med 2002;77: 407-10 [PubMed] [Google Scholar]

5. Identifying your learning needs can and should be considered at the start of each cycle, but it might also be an ongoing process, in that completing one planned activity might lead you down a learning path you hadn't initially expected to follow. There is no problem with changing your learning path during a CCP cycle – just remember to add the new activities to your plan.

Other tools for assessing your learning needs

6. Six-step model example - case history taking

    a) **Task to learn:** in this step you will discuss what role the case history plays in the primary healthcare setting.

    b) **Expectation of required skills:** in this step you will present what you see as the expectations made of you when you are taking a case history – these expectations may be those you are making of yourself, the patient, the patients caregiver/parent, the training institute, an employer, the regulatory authority, ACC.

    c) **Previous training in this area:** in this step you will present any previous training or skills you feel you already have.

    d) **Identification of gaps in knowledge and skills:** in this step you will discuss the specific areas of your knowledge and skills that are lacking.

    e) **Filling the gaps:** in this step you will discuss how you will go about filling the gaps in your knowledge and skills that you identified in the previous step. It might be of use to look at the Ara curriculum to assist you with this step.

    f) **Assessment:** determining how your skills will be assessed when completed and feedback given.

7. You may wish to consider other models such as that presented in **this article** *(Asadoorian J, Batty HP. An evidence-based model of effective self-assessment for directing professional learning. J Dent Educ. 2005 Dec;69(12):1315-23.)*

8. This document provides an alternative tool that could be adapted using the Capabilities for Osteopathic Practice: **https://www.nccmt.ca/uploads/media/media/0001/01/a10e54731a7474a115d3f0018c63cc6d47801571.pdf**

Further references:

9. **https://nursing.ceconnection.com/ovidfiles/01709760-201607000-00003.pdf**

10. **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1325078/**

[3] https://www.mcnz.org.nz/registration/maintain-or-renew-registration/recertification-and-professional-development/audit-of-medical-practice/

Planning your CPD

11. Once you have reflected on your learning needs, planning your CPD activities can help you make sure that your particular development needs are met; this benefits both you and your patients. If you can find the time to do some planning this can help you to feel confident about meeting the requirements of the CPD scheme. Planning your development proactively, rather than responding to events that happen to crop up from time to time, might also help you to identify different, more relevant or cheaper ways of meeting your CPD objectives. It could provide an opportunity for you to identify other people who are interested in the same areas or activities as you, so you might be able to work together.

12. A development plan template is one of the resources that has been developed to assist osteopaths with robust planning of activities. The template provides a suggested format which you can adapt according to your needs. Here are some useful steps to take:

    - Think about how you will you go about addressing an identified learning need.
    - Decide what (if any) resources you will require.
    - Think about how you will evaluate whether the learning need has been addressed.
    - Decide when you want to have completed the relevant CPD.
    - Estimate the number of hours you think the activity will take to assist you in identifying whether you have planned enough activities.

Unplanned CPD

13. Not all CPD activities are planned in advance, and there can be real value in taking advantage of learning opportunities as they arise. For example:

    - a colleague may ask a question which prompts a discussion or further research, or
    - a patient may present with an unusual medical history that you need to research before deciding how to treat them.

14. Regardless of how learning opportunities arise, reflecting on them and recording the details means they can be claimed as CPD.

15. **Appendix 1** sets out an example of an identified CPD activity plan. **A word version of a CPD plan template is available on Council's website.** You do not have to use the template if you already have a plan that meets all the requirements of the programme.

Peer groups

Establishing a peer group

16. Establishing a peer group can be a valuable way to learn – both from others, and collectively. Learnings can be gained through obtaining feedback on your own clinical case challenges, or hearing about others' cases, and helping them to reflect on how they have managed the issue or might manage a similar issue in future.

17. Regular peer group meetings can be a forum for participants to:

    - Review and clarify clinical issues within an environment where they can be safely challenged;
    - Promote reflective practice and improve patient care through participant education and system improvements;
    - Explore the management of clinical risk;
    - Identify gaps in knowledge, skills and attitudes and assist in the development of action plans to address those gaps; and
    - Establish relationships with colleagues and reduce the risk of professional isolation.

18. Similarly, peer groups can create a forum for invited guests (including guests from other health professions) to deliver training on aspects of practice.

19. For a regular peer group to work effectively, all participants need to approach and engage with the process in good faith, agreeing to treat each other as equals - regardless of qualifications and experience level. All participants must also be willing to challenge - and be challenged by - each other.

20. Before beginning formal peer group activities, members of the peer group should agree on some group guidelines. These guidelines might cover:

    - An overarching purpose statement that reflects what the group hopes to achieve (perhaps drawing on the aims outlined in paragraph 4 above);
    - The frequency, timing and location of the sessions;
    - How meetings will be facilitated;
    - The minimum/maximum number of members (research shows 7 to 8 members is the most functional arrangement);
    - Admission criteria to the group; a cross-section of experience provides greater opportunity for learning. Council strongly encourages groups not to limit group membership to personal friendships;
    - How and when reviews of the effectiveness of the group will be conducted;
    - Expectations of members in terms of participation;
    - How any conflict between members might be dealt with;

- How records will be maintained that meet Council's requirements should an individual in the group be audited;
- How any concerns about a member's competence or ethical conduct will be dealt with, noting that confidentiality should be maintained except in relation to anything that endangers patient safety, breaks the law, or breaches professional codes of conduct (s 44 HPCAA).

21. All members should sign the guidelines to indicate agreement to abide by them. New members should also be asked to read the guidelines and sign them before participating in their first peer group session.

Rights and responsibilities of group members

22. Group members have the right to:
    - be treated as equal partners in the learning process;
    - expect other members to raise issues in a way that adheres to the group's guidelines
    - challenge any behaviour or values that a participant displays which raise concerns about their practice;
    - refuse requests which make inappropriate demands on participants;
    - set personal and professional boundaries on issues to be discussed.
23. All peer group members have the following responsibilities:
    - prepare for each session, including identifying case reviews to present and submitting them to the facilitator for inclusion in the agenda
    - share responsibility for facilitating meetings (includes arranging the meeting, chairing the meeting and documenting the meeting)
    - ensure that management issues are not part of the sessions
    - challenge any behaviour that a participant displays which raises concerns about their practice; and
    - hold other members to account where the member is not adhering to the group's guidelines.

Facilitation of meetings

24. To minimise workload burden associated with administration of the peer group, responsibilities for operation of the peer group would ideally be shared unless a member expresses a particular desire to take on the role.
25. Each group should decide for itself the extent of the facilitator's role and responsibilities. General responsibilities might include:
    - contacting participants to arrange the next meeting;
    - calling for agenda items for the meeting;

- running the meeting, including keeping the group to time, encouraging participation from any member who is not engaging, and reminding group members of the group's guidelines, if necessary;
- recording attendance and circulating a summary of the meeting (including key information such as date and duration etc) to attendees.

Meeting content

26. Peer groups should decide for themselves what they want to achieve from their meetings, and what activities might assist them to meet those goals. Ideas include (but are not limited to):
    - Taking turns giving case presentations on difficult or interesting cases;
    - review of clinical records;
    - inviting a guest speaker to teach on an agreed topic;
    - reflection on a journal article relevant to a recent case.
27. Where a peer group agrees that participants will present their own work, it is important to remember that this is to facilitate learning not only for the presenter, but for the participants feeding back. Feedback should be respectful and constructive. If the facilitator considers that a member of the group is being unhelpful in their comments or approach, the facilitator should step in to remind participants of the group's agreed guidelines. Other members should also speak up if they are uncomfortable and the facilitator has not intervened.
28. To assist new peer groups in setting up a framework for case presentations, set out below are some examples of how a session might run (sessions do not need to be run in the same format every time the group meets).

Example 1 (1.5-2 hours)

Three participants present a 20-30 minute clinical issue to the group in order to reflect upon and explore ways of addressing the issue. Their peers ask probing and/or reflective questions, give feedback or share knowledge if requested until the participant has been able to reflect on the issue, explore options and come up with some actions – whether this be to call the patient back for further review, or to apply the knowledge to future patients in similar circumstances, or some other action. For each presenter, the group members act as supporters - listening, observing, commenting and questioning the presenter, with the aim of assisting in the exploration of the issue and in forming suggestions on management of the issue.

Example 2 (1.5 hours)

Participants take it in turns to be the sole presenter at each session, pulling together approximately one hour of issues (or a single complex issue) to be presented for discussion and analysis. After the presentation (or during, if the presenter is comfortable with this), peers ask probing and/or reflective questions, give feedback or share knowledge until the participant has been able to reflect on the issue, explore options, and come up with some actions – whether this be to call the patient back for further review, or to apply the knowledge to future patients in similar circumstances, or some other action. The facilitator should mark time and ensure that the discussion keeps moving.

Giving and receiving feedback

29. The way in which feedback is given and received is critical to creating a safe and constructive environment for individuals to learn. Some key tips are:

    - Ask open questions which encourage dialogue (e.g., “what were the things that didn’t go as planned?”) instead of “did that go as planned?” which forces a yes or no answer and can increase defensiveness in the person responding.
    - Where constructive feedback needs to be given, consider a “compliment sandwich” – starting by noting a positive aspect of their presentation, followed by your suggestion, and ending with another positive note.
    - Try to frame your feedback in a way that you think you would be receptive to hearing – and remember that at some point, you will be the one receiving feedback.
    - If you are receiving feedback, assume that it is constructive and genuine. Try not to be defensive as this will inhibit your ability to listen and reflect.

Wrapping up the meeting

30. At the end of the session, the facilitator should guide the group through a brief review: what was useful, any changes they want to suggest, etc. The facilitator ensures the next person on the facilitation roster knows their turn is coming up. If not already scheduled, the time, date and venue for the next session is confirmed. If the group has already set a calendar for the year identifying which participants will present, those participants will be reminded to prepare for the next session. If no calendar has been set, the group will decide who will present at the next session.

31. The facilitator is responsible for recording attendees and emailing the whole peer group, within one week of the session, as a record of:

    - Date, time and duration of the session
    - The names of attendees at the relevant session
    - The names of presenters at the session (who can claim an additional 1 point in preparation time)
    - Key topics covered in the session
    - Details of next session – including confirming participants who will be presenting, facilitating etc.

Remote attendance at formal peer group meetings

32. When some or all group members live in rural or isolated areas, or are unable to physically attend a peer group session or sessions, remote attendance can be facilitated via Zoom, Skype, Google Hangouts, FaceTime or some other internet based video call application.

33. If peer group meetings are the main way in which remote attendees get their CPD points, ideally, they will aim to attend at least two in-person sessions per year to build relationships and engage in the social and collegial aspects of pre- and post-meeting interactions.

Attendance at inter-disciplinary meetings

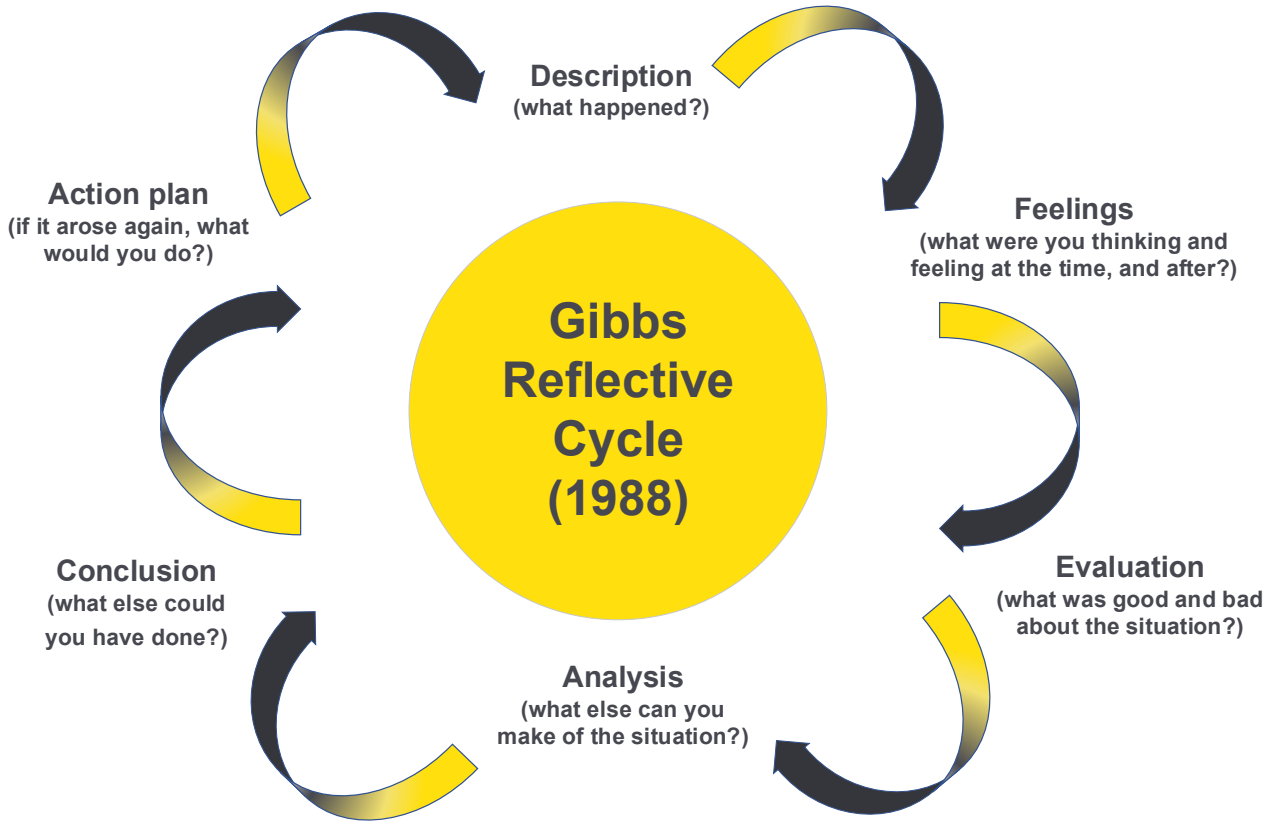
34. Participation in relevant multi-disciplinary peer groups is also of value. Attendees at such groups will need to make arrangements with the group organiser to obtain evidence of attendance (an email record of participation or similar is sufficient).

Self-reflection

35. The best learning opportunities often stem from something going wrong – whether that relates to an unanticipated response to a clinical intervention, or a communication breakdown with a patient.

36. While you cannot change what has already happened, if you undertake a robust and honest reflection, you will usually identify something that, with the benefit of hindsight, you might have done differently. This gives you an opportunity to review the reasons the issue arose, consider ways to prevent a recurrence in future, and apply those changes to your future practice.

37. There are many ways to undertake a self-reflective process. If you are new to the process, the simplest process to start with is likely to be the Gibbs Reflective Cycle which provides six defined stages. However, as your reflection skills develop, it may be worth looking to more advanced models that encourage more probing thinking. A diagram of the Gibbs Reflective Cycle is set out below, as are references to other guidance on reflection.



Further guidance on self-reflection

38. The following links provide further templates, reflective models, and examples:

    - Academy of Medical Royal Colleges: **Reflective practice toolkit**
    - University of Cambridge: **Reflective practice toolkit for students**
    - UK General Medical Council: **Reflective Practice Guidance**
    - New Zealand Nurses Organisation: **Guideline on reflective writing**
    - Koshy, K et al Reflective practice in health are and how to reflect effectively Int J Surg Oncol (N Y). 2017 Jul; 2(6): e20 **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5673148/**
    - Nursinginpractice.com: **How to reflect on your practice**
    - Healthcommunicationpartners.com: **12 reflective practice prompts**

Guidance on recording your activities

39. At the time of publication, Council is developing a platform to assist you in recording your continuing competence activities and documentation online. In the meantime, Council has developed a template to assist you in keeping records. **The template CPD record is available as a word document on Council's website.** You do not have to use Council's template if you already have a system that meets all the record-keeping requirements of the programme.

40. **Appendix 2** sets out an example of a completed CPD activity record.

Problem-solving

41. Council is keen for each osteopath to take ownership of their CPD journey. If you're having trouble with any aspect of the CCP requirements, Council suggests that you:

    - Thoroughly review this guidance;
    - Chat with a colleague and see how they manage the issue;
    - Bring the issue to a peer group meeting;
    - Seek advice from Osteopaths NZ.

42. If you still need help after working through the above options, send us an email at **osteoadmin@osteopathiccouncil.org.nz**.

Acknowledgements

43. Council acknowledges and thanks the following organisations for their permission to draw on and adapt their procedures and guidance documents:

- General Osteopathic Council www.cpd.osteopathy.org.uk
- Chiropractic Board of New Zealand www.chiropracticboard.org.nz

Feedback

Council welcomes feedback on the usefulness of this document, as well as suggestions on further guidance that osteopaths would find helpful.

Any feedback can be sent to: **osteoadmin@osteopathiccouncil.org.nz**

Continuing Competence Programme for Osteopaths: Where do I start?

1 Assess your learning needs

Read section on assessing your learning needs in Council's Guidance on CCP and review the resources

Try the Council tool for assessing learning needs (on Council's website) or any other tool you think will work for you.

Ask a colleague or your peer group how they are self assessing their learning needs.

2 Plan your CPD

Read section on planning your CPD in Council's Guidance on CCP, with reference to the learning needs you have identified. Review the resources provided.

Try the Council tool for CPD planning (on Council's website), or any other tool you think will work for you.

Undertake CPD Activity Aim to establish an initial plan that spreads your CPD activity over the year.

Undertake CPD Activity

3 Reflect on your learnings

Read section on self reflection in Council's Guidance on CCP.

Make notes, ideally within a few days of the activity, on what (if any) value the activity provided, and how (if at all) you will incorporate your learnings into practice.

4 Record your CPD

Read section on recording your CPD in Council's Guidance on CCP.

Try the Council tool for recording CPD (on Council's website), or any other tool you think will work for you.

Whichever tool you use, make sure you record everything Council needs to see. Keep your records updated at least monthly.

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Continuing competence programme resource:

Example CPD plan

Name:

Covering the CPD cycle from: 1 April 2021 – 31 March 2023

Year 1

What is my learning/ development need?	Relevant standards	What will I do to achieve this?	What resources or support will I need?	What will be my success criteria?	Target dates for review and completion	Estimated learning hours
A patient complained that they didn't feel I listened to them. I want to understand how other patients experience me in practice.	**Capability:** Person-oriented care and communication **Ethics:** Respect, Trust, Partnership, cultural safety.	Undertake a questionnaire survey of patients. Conduct a self-reflection of the events surrounding the complaint.	Need to find or adapt a suitable questionnaire. Talk to colleagues who have already done this. Find a suitable reflection model that will work for me.	Generating sufficient feedback over a defined period to enable me to reflect on patient experience and consider ways I could change my practice.	**Surveys:** September 2021; and February 2022 **Self-reflection:** 30 April 2021	16
Improve my understanding of management of patients with chronic pain.	Clinical analysis	Undertake specific CPD event Read around the subject (source recent journal articles) Discuss case(s) at peer group session	Journal access. Peer group feedback on case presentation.	Completion of all activities and to be able to consider how I might enhance my management of patients with chronic pain and implement changes	December 2021	7
Undertake CPD in communication and consent	**Capability:** Person-oriented care and communication. ***Ethics:*** Trust, Respect,	Attend specific CPD in this subject Consider recent journal articles Take the patient complaint to a peer group meeting and discuss.	Journal access. Peer group feedback on my case presentation.	Completion of planned activities to help me reflect on my practice and consider how this might be enhanced.	March 2022	9
					Total estimated hours	**32**

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Continuing competence programme resource:

Example CPD record

Name:

Covering the CPD cycle from: 1 April 2021 – 31 March 2023

Year 1

Date of activity	Activity	Duration of activity	Reflection	Documentation type	Documentation saved to file?
1 April 2021	Peer group meeting focusing on two case presentations of patients with obesity related musculoskeletal considerations osteopaths might see in relation to the obese patient. During the discussion we shared our thoughts on the following; • LB issues and obesity – how to manage the difficult discussion with a patient, • how to positively support an obese person in looking at weight management and exercise • Family support – what is possible • Green prescriptions, contact with GP, referral to a dietitian • Mental state/stress • I did not present a case but was part of the group discussing the case and providing feedback. My overall feeling out of the discussions in the PG was how complex this is for patients and that really to have the best outcome for the patient it would seem like a multi-disciplinary team would work best. As a group we discussed this in depth and it was really interesting to hear how other practitioners manage this. Also of note was that all of this support for the obese patient comes at a cost and many people can't afford this.	1.5 hours peer group meeting. 1 hour reflection and review of articles relating to the patient's health	On reflection of the conversation we had at the PG I realised in more depth that issues around weight for patients involve a complex range of factors and in fact the idea that one practitioner can provide the breadth of care is unlikely. It made me really think through the interprofessional supports I have and the practitioner contacts I have that might be useful in helping managing this type of patient. I found it really interesting to hear about other practitioners positions and this also expanded my ideas on this topic. One of the osteos commented that all weight loss tactics for a person that is morbidly obese tend to fail in the research indicates that gastric bypass surgery is the best approach, I didn't know this and so will be looking into this further.	Peer group email confirming my attendance. File note of reflection and articles read.	Yes Yes

Year 2

Date of activity	Activity	Duration of activity	Reflection	Documentation type	Documentation saved to file?
20 May 2021	I had a parent bring in their infant to see me and the baby has a rare genetic condition. I have never come across this condition before and so while I felt rather out of my depth I took the opportunity to ask the parents (who are very informed) lots of questions about the condition and was frank with them that I had not seen this before in clinic. I also let them know that I would be doing some research on this condition before their next visit. The reason I put this down as part of my CPD is I think it allows me to be reflective in my practice and this is good quality learning, even though the starting point was me not knowing anything!!	Consultation was one hour. Research was two hours.	My reflection on this case was that it is really good to not try to bluff ones way if one doesn't know something, both parents were really happy to inform me and were pleased when I said that I would look this up before their next visit. It really felt like we were all working together and not that I was the fount of all knowledge – which I clearly was not.	Within my work document with all my CPD I have made some bullet points of the information I located about this genetic condition, this means I can find it easily and also it provides proof that I completed the research that I said to the parents that I was going to do.	Yes