OCNZ
OSTEOPATHIC COUNCIL
NEW ZEALAND

DRAFT
Continuing competence programme guidance for osteopaths

Effective from 1 April 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 peer groups

Establishing a peer group

3. 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.

4. 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.

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

6. 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. Careful consideration should be given to whether osteopaths between whom there is an employment relationship should be part of the same peer group, given the inherent power imbalance in that relationship.

7. 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).

8. 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

9. 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.

10. 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

11. 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.

12. 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

13. 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.

14. 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.

15. 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

16. 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

17. 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.

18. 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

19. 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.

20. If peer group meetings is 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

21. 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).

Guidance on planning your CPD

22. Reflecting on your learning needs and 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.

23. A development plan template is included in Appendix 1 of this guidance. The template provides a suggested format which you can adapt according to your needs. Here are some useful steps to take:

    - Identify one or more learning need(s).
    - Think about how you will you go about addressing the 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.

24. 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 the plan.

Unplanned CPD

25. 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.

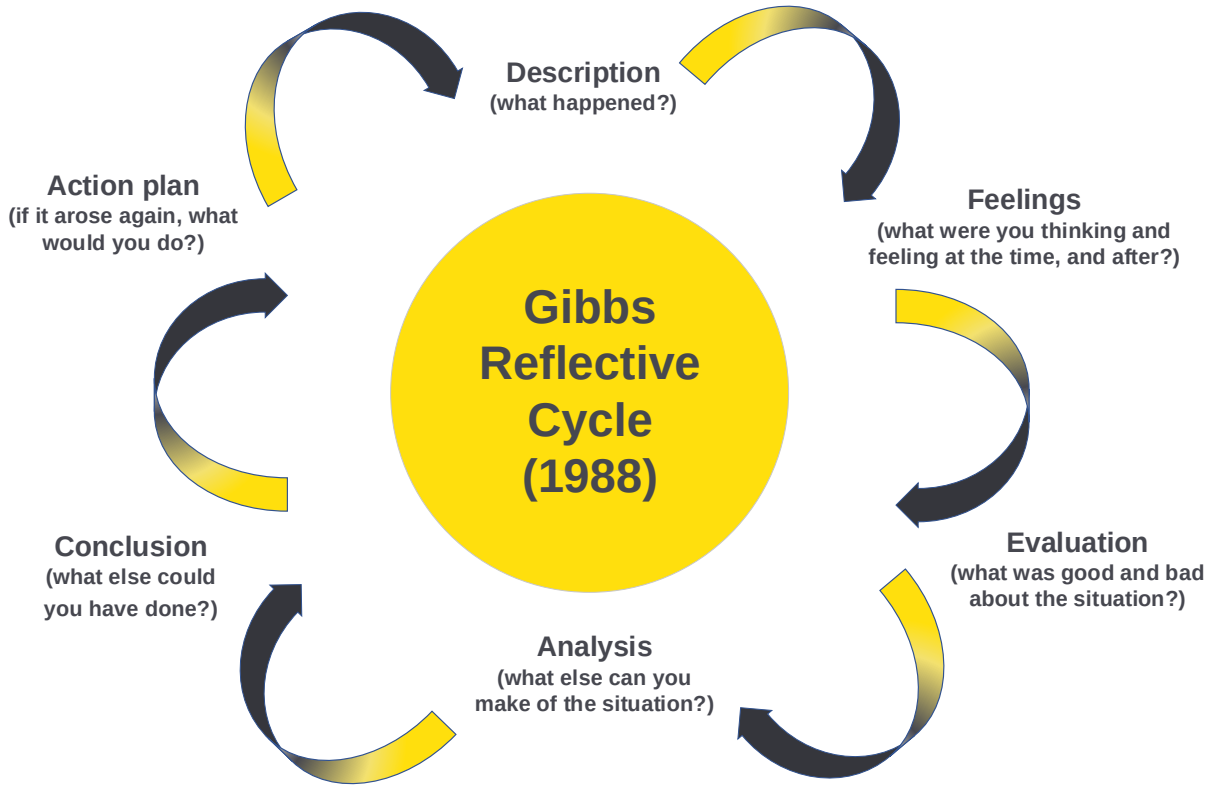
26. Regardless of how learning opportunities arise, reflecting on them and recording the details means they can be claimed as CPD.

Guidance on self-reflection

27. 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.

28. 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.

29. 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

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/

New Zealand Nurses Organisation*: Guideline on Reflective writing*

Guidance on recording your activities in the CCP platform

(This section will be completed when the platform has been developed).

Acknowledgements

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 suggestion on further guidance that osteopaths would find helpful.

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

Appendix 1 – Example of a CPD plan (one year)

Name: _____

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

Year 1

What is my learning/ development need?	Relevant standard(s)	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	Journal access. Peer group feedback on case presentation.	Completion of all activities and to be able to consider how I might enhance	December 2021	7

		subject (source recent journal articles) Discuss case(s) at peer group session		my management of patients with chronic pain and implement changes		
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**