

**Developing the General Chiropractic Council's
Continuing Professional Development Scheme for
Continuing Fitness to Practise**

Learning points and outcome of the 2016-17 CPD Pilot.

June 2018

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Learning Points and the Outcome of the 2016-17 CPD Pilot.

Background

In 2012, the General Chiropractic Council (GCC) developed and consulted on a proposed revalidation system for the chiropractic profession as all nine UK healthcare regulators had been tasked by the Government with developing such a system as a way of ensuring that regulators could be assured that healthcare professionals continued to be fit to practise and remain on the register.

In 2014, the Law Commission conducted a review of the legislation relating to the regulation of professionals in health and social care and as a result developed a draft Bill for consultation. The Law Commission recognised that in order for regulatory bodies to effectively fulfil their statutory obligations, where appropriate, flexibility for the regulatory bodies to carry out their duties as well as powers to make legal rules that were not subject to approval by Government or any Parliamentary procedure would be required.

The Government in its January 2015 response to the Law Commission's proposal on the *Regulation of Health Care Professionals* stated:

"Because of the differing nature and size of each profession, the Government believes a one-size-fits-all approach assuring the continued fitness to practise is not appropriate. Regulatory bodies need flexibility around how they seek assurance of the ongoing fitness to practise of their registrants and the type and level of evidence needed to achieve this. Our proposed approach to a future Government Bill is to impose a duty on each regulatory body to seek assurance of the continued fitness to practise of their registrants and to give regulatory bodies the flexibility to develop their own models to discharge this obligation that are proportionate to the risks associated with their professions. ... The models being developed by the regulatory bodies share the underlying principles of the GMC medical revalidation process but are based, in the main, around registrants providing assurance they are meeting the standards set in their respective professional codes, in particular standards of continued professional development." (Paragraphs 4.25 – 4.26)

In March 2015, the GCC Council agreed that rather than develop a revalidation system for the chiropractic profession, it would be more appropriate, given the low level of risk inherent in chiropractic, to develop a Continuing Professional Development (CPD) scheme so that it was better able to assure the continuing fitness to practise of registrants. The GCC's intention was to develop a CPD scheme that would enable chiropractors to maintain their fitness to practise through learning and development so that they could enhance their practice and progress in their careers as professionals by reviewing and updating their knowledge, skills and attitudes.

How the proposed CPD scheme was developed

Following desk based research and looking at the CPD schemes of other healthcare regulators, the GCC undertook a number of activities to review the current CPD scheme, investigate the broader context and explore the range of ways in which the continuing fitness to practise of registrants might be assured.

This work included:

- *Reviewing the current CPD scheme to determine what works well and where there are issues.*
- *Assessing the outcomes of a previous CPD discussion document and related discussions on assuring continuing fitness to practise with stakeholders.*
- *Undertaking research into the current CPD market and the opportunities that are available for chiropractors' learning and development.*

This research showed that the majority of CPD providers for chiropractors in the UK (who did not already have involvement with the GCC) appeared to be interested in finding out more about issues or topics that the GCC was focused on. This research showed that all the providers interviewed were either very or fairly likely to be responsive to information coming from the GCC. Providers contacted for the research were responsive to the GCC, prepared to adapt their CPD offer and seemed open to making links with the GCC to better support the chiropractic profession.

The outcome of these activities was the decision by Council in March 2015 that the new CPD scheme would:

- retain an annual cycle which requires 30 hours of learning of which at least 15 hours is learning with others;
- retain the use of learning cycles as the basis of planning, undertaking and reflecting on learning;
- remove the requirement for the learning to be categorised as 'improving patient care' or 'developing the profession';
- retain a system of annual sampling and audit.

In addition, Council agreed that the CPD scheme should include new components that registrants would be required to complete over a three year learning cycle. These new requirements would be formative and supportive to registrants and would enable them to develop as professionals and ensure that their skills, attitudes and behaviour was in the interest of patients.

The new requirements that Council proposed that registrants would need to complete over a three year cycle (90 hours in total) were:

- An objective activity (e.g. a case based discussion, peer observation and feedback, patient feedback or clinical audit);
- A CPD activity in an area identified by the GCC as of importance to the profession as a whole which may change over time (e.g. from persistent issues in fitness to practise cases or where, for example, new legislation has been introduced);
- A peer discussion to demonstrate engagement with learning and development and reflective practice – the aim of this would be to support registrants in reflecting on their learning and development and applying it to their practice.

Working with the Profession – Development Groups

In 2015, the GCC called for volunteers from the profession to take part in 'Development Groups' that would be instrumental in designing a scheme that would not only assure the GCC that registrants continued to be fit to practise but also work for the profession in terms of improving patient care, professional development, time and cost.

The GCC sought registrants with a variety of backgrounds and levels of experience to join these groups.

The aim of setting up these development groups was for the GCC to work in partnership with registrants to:

- identify and clarify good practice in the current CPD scheme
- produce examples of good practice in the current CPD scheme that could be shared with others in the profession
- explore and refine the elements of a new CPD scheme consistent with the broad principles agreed by the GCC Council.
- produce draft guidance on how the new scheme assures the continuing fitness to practise of chiropractors.
- advise the GCC on areas of concern which would need further consideration.

Membership was open to all registered chiropractors with the intention to hold four groups in Scotland, the north of England, Wales or the west of England and London. Due to the number and location of the volunteers, it was decided that three groups would be held in London, Bristol and those in Scotland and the north of England would be communicated with via online webinars. Each group met four times over the course of a year and at each group meeting discussions were had over each of

the CPD proposals, how best to undertake these and ways in which to report CPD activity to the GCC.

The Proposed Scheme

Following the work with the development groups, it was agreed by the GCC's Education Committee that the CPD scheme in future, as proposed by Council, would essentially consist of the current annual requirements plus the three new additional requirements which would need to take place every three years. The scheme would continue to be directed by registrants themselves (i.e. the GCC would not be prescriptive on what registrants could do for their CPD.)

Annually, chiropractors would be still be expected to:

- Show that they have undertaken one complete learning cycle within the CPD year.
- Undertake at least 30 hours of CPD of which 15 hours must be learning with others.
- Keep a record of their CPD so that they are able to complete an annual return.

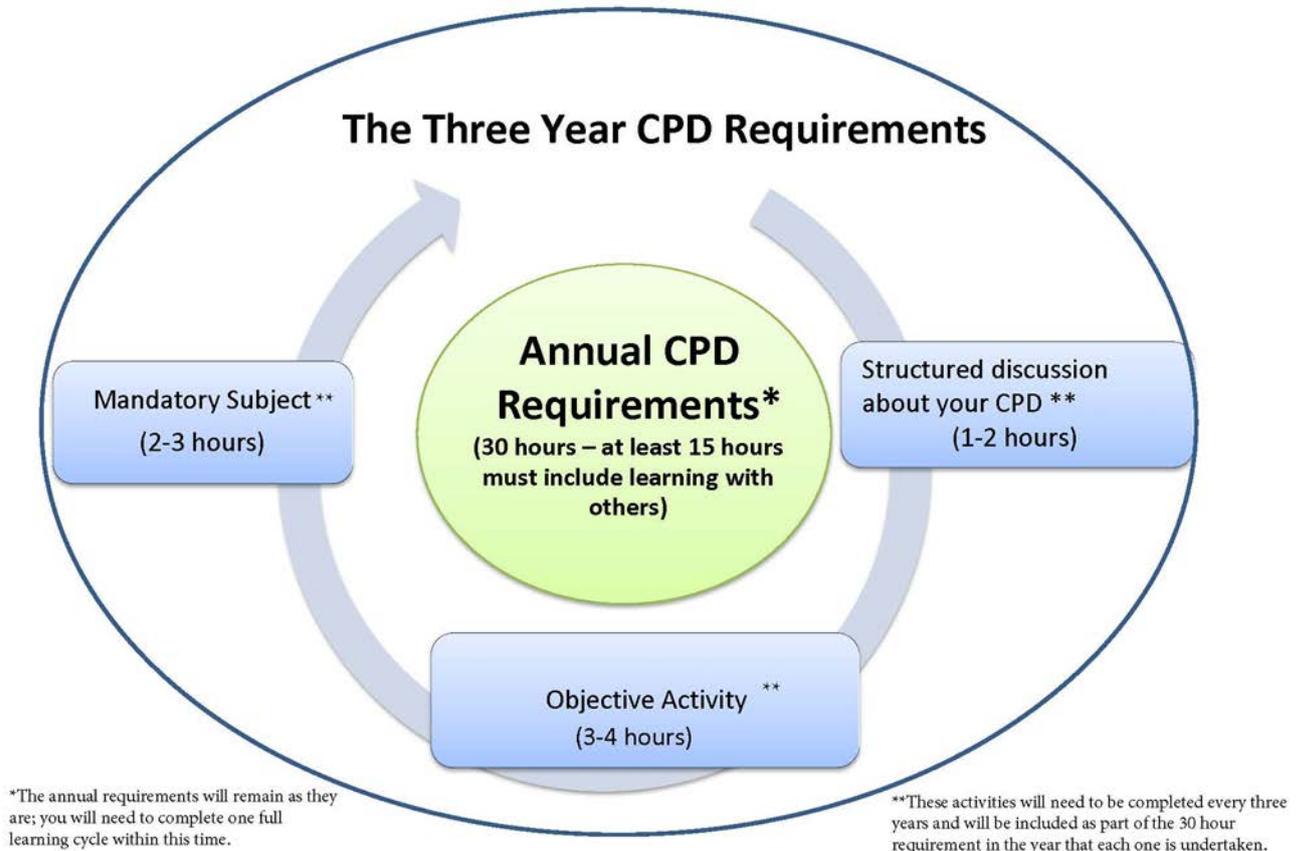
In addition to the annual requirements (that would remain the same as they are in the current scheme,) every three years, registrants would also be expected to:

- Undertake learning in a *mandatory subject* identified by the GCC.
- Undertake at least one *objective activity* about their practice and use the feedback to inform their CPD.
- Have a *structured discussion* about their CPD with a peer.
- Provide the GCC with information about these three activities.

Fig.1 is a diagram of how the proposed scheme will work.

Fig. 1

The Proposed CPD Scheme



The Three New Elements of the Proposed CPD Scheme

The Mandatory Subject

The GCC identified the need for chiropractors to undertake CPD in a mandatory subject every three years in order to address persistent issues which frequently arose in fitness to practise cases. By setting out the mandatory subjects that chiropractors should include in their CPD as part of the three year cycle, the aim was for all chiropractors to be able to understand the issues and protect themselves from falling foul of the Code as well as help to reduce the number of fitness to practise cases that arise.

The GCC agreed that mandatory subjects might also prove to be a useful area for new chiropractic graduates to focus their CPD as, when they are based on fitness to

practise cases, they would highlight areas where a number of practitioners have got into difficulty.

The GCC would identify the mandatory subjects for the forthcoming three year period by commissioning specific work to identify the subjects or by considering proposals from others, such as the chiropractic professional organisations, as to what the mandatory subjects might be. However, to be given due consideration, these proposals would need to be accompanied by evidence of need as there would have to be a justifiable reason for each mandatory subject based on identifiable and up-to-date evidence.

The GCC would identify, agree and publicise one or more mandatory subject(s) for a three year period. The number of subjects would depend on an analysis of fitness to practise cases over the preceding few years and whether any new legislation relevant to the practice of chiropractic has been introduced. Chiropractors would need to undertake CPD in at least one of the mandatory subjects identified in that three year period.

The Objective Activity

The GCC defined an objective activity as one which provides some form of objective or third-party feedback on a chiropractor's practice and over which the registrant would have no direct control.

It was agreed that the following activities could be used for providing objective feedback:

- Observation by a peer (i.e. when another healthcare professional, chiropractor or other, observes the registrant in practice and provides the registrant with feedback on what they have observed).
- Patient feedback (i.e. when patients provide feedback on their experience).
- Clinical audit (ie. when the registrant, or the practice in which the registrant works, gathers data about a specific aspect of the work that they have undertaken across a number of patient cases).

The benefits of this activity were thought to be:

- It would enable chiropractors to be more reflective by providing feedback from other sources on how they are working.
- It would reduce the isolation of some lone practitioners and increase their interaction with others.
- It would build on the current good practice of some members of the profession who are already making use of objective activities.
- It would give new chiropractic graduates a solid base on which to build their CPD as they are likely to be familiar with activities such as clinical

audit or through their involvement with the Post-Registration Training (PRT) scheme.

The Structured Discussion about CPD

The GCC defined the *Structured Discussion about CPD* as a supportive discussion with a peer that enables the chiropractor as an individual to reflect on their practice, learning and development as a whole, and enables them to identify learning objectives, how they will be achieved and evaluated. Chiropractors would be required to have a 1-2 hour discussion with a peer about their learning once every three years.

The Pilot

The GCC initially aimed to pilot the new CPD scheme with approximately 1% of the profession. This number was kept small due to the limited time and resources that the GCC had access to as well as the complexities surrounding reviewing and analysing the pilot returns.

As well as the registrants who had taken part in the development groups, the GCC approached registrant members of Council and the Education Committee as well as registrants who had worked with the Education Committee in various capacities in order for the GCC to gain an Educationalist perspective on the proposals.

A total of 60 registrants were contacted to take part in the pilot and were given the option of completing either parts of the proposed scheme or all three proposed elements. All participants would be required to complete a *Structured Discussion about CPD* with a peer, beyond this, *volunteers had the option of either completing work on the Mandatory Subject, the Objective Activity* or both if they chose to do so.

Out of the 60 registrants who were approached, a total of 45 individuals volunteered to take part in the pilot.

For the purpose of the pilot, the GCC issued guidance for participants that included a 'handbook' that contained forms for recording the learning activity. These documents were made available only to volunteers to download from the GCC's website.

It was initially planned that the pilot would be run from October 2016 until March 2017, however, due to the lack CPD returns submitted within this time, the deadline was extended to 1st September 2017.

In this period of time, only 15 of the original 45 volunteers submitted CPD for the pilot. All of the CPD returns that were received as part of this pilot were considered to be good examples of how the requirements of the scheme should be met and reported on and will be used in future CPD guidance.

The Aim of the Pilot

The aim of the pilot was to find out:

- how feasible it was for registrants to undertake the three additional aspects of the scheme and any issues encountered by registrants in trying to carry out these additional aspects (including time, costs, difficulty of finding suitable activities etc);
- the benefits that registrants found in undertaking the additional CPD activities;
- how useful and user-friendly the guidance and recording forms were and where they needed to be improved;
- whether there were any specific issues raised for some registrants by these proposals (such as those who act as locums on a long-term basis, researchers, educationists, those who are registered as non-practising or those with specific forms of exceptional circumstances;)
- any implications for the GCC's own work which the pilot may raise (such as how best to identify the mandatory subjects and any additional work this involves).

The Findings from the Pilot – End of pilot questionnaire

In September 2017, the GCC issued a questionnaire to all 45 registrants who volunteered to take part in the pilot, regardless of whether they had submitted any CPD for this purpose. The aim of the questionnaire was to ascertain which aspects of the scheme had worked well for registrants, whether the requirements were realistic and feasible, and what issues or barriers there were to completing the required activities. 15 volunteers completed the questionnaire, 13 of these had completed CPD for the pilot and 2 had decided not to.

Demographics

Those who completed the questionnaire were an even spread of male and female chiropractors, the majority of the 15 (7 in total) had been in practise for over 20 years. A third of participants worked in multidisciplinary clinics, a third in a clinic (or various clinics) with other chiropractors; the remaining participants were lone practitioners or worked in education. All but one were members of chiropractic professional organisations.

What questions were asked of participants?

The questionnaire asked registrants' opinions on the following aspects of the pilot:

- whether volunteers submitted CPD for the pilot and reasons for not participating;
- whether participants completed the CPD activities that they originally planned to do;
- the usefulness of the guidance and paperwork produced by the GCC a for completing the requirements. (*The CPD Pilot 2016/17 handbook* can be found at Appendix 1);
- opinions on each of the GCC's proposals including the usefulness and any issues or barriers;
- overall thoughts on the proposed scheme and any suggestions for the scheme going forward.

What were the findings from the questionnaire?

Participation in the pilot

- Out of the 15 registrants who took part in the questionnaire, 2 did not complete any CPD for the pilot although they had originally planned to take part. The reasons given for this were time commitments and personal circumstances.
- When asked whether participants completed the CPD that they had originally planned to do, all participants who completed CPD either undertook all or some of the activities that they had originally planned to complete.

Guidance and paperwork

- 91% of participants either strongly agreed or agreed that the guidance document that had been issued to participants clearly explained the requirements of the proposed scheme. The same amount of participants strongly agreed or agreed that the *CPD Pilot Handbook* gave clear instructions on how to complete the requirements.
- Overall, the majority of participants either strongly agreed or agreed that the paperwork for recording the CPD activities for the pilot read clearly and looked like it would be easy to use. However, 1 participant disagreed that the summary form for the *Objective Activity* was fit for purpose as they felt that it was not clear which elements of clinical audit would need to be reported on from the paperwork that was issued.

The Proposals – Structured Discussion about CPD

- Out of the 15 registrants who completed CPD for the pilot, 14 undertook a Structured Discussion about CPD. Out of the 14, 10 participants completed questions on this element.
- Participants were asked how easy they found it to find a colleague who would act as a peer. 50% found this to be *very easy*, 30% reported that they found it to be *fairly easy*, 10% found it to be *fairly difficult* with the remaining 10% finding it *very difficult*. Of those who found finding a peer to be *very difficult* or *fairly difficult*, they explained that practising on their own was a barrier as they did not have colleagues that they could call upon.

- In regards to the occupation of their chosen peer, 70% of participants reported that they had approached a fellow chiropractor, 20% had chosen to have their discussion with another healthcare professional and 10% had chosen to have their discussion with a lay colleague.
- All 10 participants reported that the structured discussion was held in an atmosphere of *mutual respect, honesty and support*.
- When asked what the focus of the discussion was, all participants reported that it was both 'A reflection of what has gone well and has not gone well in practice' and 'A reflection on what has gone well and has not gone well in learning and development.' 9 out of 10 participants reported that they used the structured discussion for planning and identifying what would be helpful for them to learn over the next few years and how they would go about it. 8 out of 10 participants used the discussion for evaluating whether or not their CPD had been successful and what actions they would take as a result. 8 out of 10 also discussed the nature of their current practice.
- When asked whether there was anything that they had found particularly difficult about carrying out a *Structured Discussion about CPD*, 3 had reported some difficulty with either finding a peer, finding a time that was suitable for both them and their peer and getting the paperwork signed by their peer.
- Regarding the time spent on the discussion, 6 out of 10 participants had spent 60 to 90 minutes on this activity with the remaining 4 participants spending 90 -120 minutes on the discussion.
- 10 out of 10 participants reported that they had found the structured discussion to be useful. Participants made the following comments:
 - i. *"An opportunity to focus on my own learning and development with input from someone else."*
 - ii. *"Self reflection is an integral part of developing practice, having an equal who understands what is needed aids this."*
 - iii. *"Gave comparison with other healthcare professionals CPD requirements. Gave comparison of CPD undertaken with that undertaken by other healthcare professional. Introduced ideas for collaboration in the future."*
 - iv. *"It helped me reflect on my approach and see alternatives."*
 - v. *"Was useful as a sounding board and the benefit of someone else's objective opinion and advice."*

- vi. *“Did point out some things I had not realised and when he put back to me points I had made I was surprised by some of them.”*
- vii. *“I have a very structured approach to CPD so was not about to change it regardless as I am working towards a post graduate certificate. But it was useful anyway to have someone to reflect my ideas and plans with.”*
- viii. *“It helped more so as it was another influence helping me reflect on my learning needs in ways I may not have done so. Hence a reason I feel it should be between chiropractors.”*
- ix. *“It was good to talk to a colleague on clinical issues.”*
- x. *“Excellent opportunity for discussion.”*

The Proposals – The Objective Activity

- Out of the 15 registrants who completed CPD for the pilot, 7 completed an Objective Activity. 5 out of 7 participants undertook a clinical audit, 1 used ‘patient feedback’ as their activity and the remaining 1 undertook ‘observation by a peer’.
- When asked the reason for choosing their particular objective activity, those that opted to do a clinical audit chose to do so as it was something that they were already familiar with as it was an activity frequently undertaken by their clinic(s).
- Those who undertook an objective activity spent between 1 and 4 hours on this activity.
- 7 out of 7 participants agreed that the objective activity that they undertook enabled them to reflect on what had gone well and not gone well in their practice. 6 out of the 7 agreed that it allowed them to identify how improvements could be made in their practice.

The Proposals – The Mandatory Subject

For the purpose of the pilot, registrants were permitted to choose between two subjects which were ‘Effective Communication with Patients and Consent’ and ‘The use of X-Rays and Ionising Radiation Regulations where the Chiropractor is Acting as a Referrer under IR(ME)R Regulation 2. The rationale for choosing these subjects was the findings of the Independent Review of GCC Fitness to practise Cases 2010-2013 undertaken by Sally Williams. This review found that:

“The largest single category of allegations, relating to 81 cases, concerned complaints about clinical care, including excessive or aggressive treatment, inadequate assessment and a lack of clinical justification for investigations or x-rays.” and

“Almost as many allegations (occurring in 80 cases) were made about relationships with patients, including issues around communication and obtaining consent, maintaining professional boundaries, and privacy and dignity. Often a single case contained allegations about both clinical care and relationships with patients. The most frequently occurring allegations under this category related to communication and, most commonly, that the chiropractor failed to explain the diagnosis, treatment plan or results.”

- Out of the 15 registrants who completed CPD for the pilot, 5 completed CPD based on one of the mandatory subjects. 4 of these registrants chose the subject of Effective Communication, whereas only 1 chose to complete CPD on the use of x-rays.
- When asked why participants chose one subject over another, the reasons seem to vary, reasons ranged from the ‘availability of courses’ to ‘needing to be up to date with the latest information’.
- When asked how readily available learning activities in the chosen subject were (e.g. courses, seminars, workshops, research articles etc.) answers also seemed to vary greatly with 2 out of 5 reporting that activities were *very easily accessible or readily available* and 2 out of 5 reporting that activities were *not very easily accessible or readily available*.
- Participants claimed to have spent 2 to 4 hours on the mandatory subject.
- When asked whether or not they found learning about a mandatory subject helpful, only 3 out of 5 participants believed that it was. Out of those who did not find the activity helpful, both participants reported that they had previously undertaken learning in these subjects and therefore found themselves to be going over material that they already had come across and had therefore not learned anything new.
- There was a general consensus amongst participants that when enforcing a mandatory subject for CPD, the GCC should make CPD providers aware of requirements which would help to ensure that providers offered courses and other learning activities in the chosen subject(s).

Overall Thoughts on the Proposed CPD Scheme

Questionnaire respondents were asked for their overall views on the proposed scheme, specifically, whether they felt that the requirements were easy for registrants to meet, whether they understood the rationale and whether they thought

that the proposed scheme met its overall objectives. Participants were asked how strongly they agreed to a list of statements about the scheme, 12 registrants provided answers. The table in Fig. 2 shows how participants responded to these questions.

Fig. 2

- 7 out of 12 participants agreed that the requirements of the proposed scheme would be easy for registrants to meet. Of those who disagreed with the statement, they explained that they felt that it would be difficult for some practitioners who work in isolation to undertake discussions with peers and gain objective feedback on their practice and that some registrants would have difficulty finding colleagues who would give up their time to act as a peer.

- The majority of participants understood the rationale for the proposed scheme, those who did not understand did not give an explanation as to why.
- 9 out of 12 participants agreed that the scheme encouraged chiropractors to communicate with each other. One participant commented that the scheme would not necessarily encourage chiropractors to communicate either with each other, or with other healthcare practitioners, as this was already common practice.
- Only half of the questionnaire respondents agreed that the proposed scheme encouraged reflective learning. One participant had concerns that the scheme being mandatory would not “truly encourage reflection” as some chiropractors would see it as a ‘box ticking exercise’ as opposed to reflecting on their practice.
- The majority of participants agreed that the proposed scheme was proportionate, none of the participants disagreed with this statement.
- Participants’ views were split over whether or not the scheme would improve patient care. Some commented that they did not see how it would impact patient care at all.
- 6 out of 12 agreed that the proposed scheme was an improvement on the current CPD scheme; the remaining 6 neither agreed nor disagreed with this statement.
- Participants’ views were again split over whether or not the scheme created an additional financial burden on chiropractors. 3 out of the 12 disagreed that it would not create any additional burden. One participant expressed concern that having to complete a course in a mandatory subject in addition to the other CPD that they choose to do could have a significant financial impact.

Conclusion

The findings from the 2016-17 Continuing Fitness to Practise pilot suggest that the proposed CPD scheme is of benefit to registrants, as it will help to develop chiropractors as professionals. It is also a proportionate and valuable tool for the GCC, as with this scheme, the GCC will be better able to assure the continuing fitness to practise of UK chiropractors.

Barriers to implementing the new CPD Scheme

Legislation

The GCC's current legislation does not allow for the proposed CPD scheme to become a statutory requirement, however, the GCC does plan for this to change in future. - The General Osteopathic Council (GOsC), (which is governed by legislation that is very similar to the GCC's legislation), has recently changed its CPD rules that will allow it to put a new mandatory CPD scheme in place for its registrants. The General Osteopathic Council (Continuing Professional Development Rules) 2006 have been amended by The General Osteopathic Council (Continuing Professional Development) (Amendment) Rules Order of Council 2018. These amended Rules come into force on 1 October 2018. The GCC is looking to follow suit.

IT Constraints

Another factor that will need to be taken into consideration is the GCC's online CPD system. The GCC's current IT system does not allow for certain activities to be completed online (such as the uploading of multiple documents for one learning cycle.)

Recommendations

- Until the GCC is able to make changes to its CPD rules, it will recommend that its registrants take on elements of the scheme that was piloted in 2016/17 as part of their CPD for 2018/19.
- The GCC will produce new guidance for registrants for the 2018/19 CPD year which will incorporate some of the elements of the proposed scheme. This guidance will advise registrants on how to both undertake and report on these activities. The CPD guidance for 2018/19 will be available from summer 2019 on the GCC's website at <http://www.gcc-uk.org/education/continuing-professional-development/>

- From the pilot, it is clear that registrants found the *Structured Discussion about CPD* to be the most useful element of the scheme for their learning and development; it also became apparent that a number of registrants are already undertaking *objective activities* such as clinical audit in their day to day practice. As a result of this, the elements of the scheme that the GCC will encourage registrants to undertake will be the *Structured Discussion about CPD* and the *Objective Activity*. The *Mandatory Subject chosen by the GCC* will not form part of the GCC's recommendations at this stage as further consideration will need to be given to how the mandatory subjects will be chosen.
- Through the answers given in the end of pilot questionnaire, it was made clear that the GCC needs to ensure that the rationale for the proposed scheme is explained clearly to all registrants and that examples of how the GCC expects the CPD to be completed and reported on need to be available within the 2018/19 guidance.

Acknowledgments

The GCC wish to extend special thanks to all registrant stakeholders who contributed in any way to this piece of work.