



GCC Discussion document
**Assuring the continuing to practise of registrants through enhancing
CPD**

October 2014 (previously issued July 2014)

Summary

- 1 The purpose of this document is to generate discussion amongst chiropractors and those interested in chiropractic care as to the best way to assure the continuing fitness to practise of chiropractors in the UK. It sets out some of the challenges of doing this and makes suggestions as to how enhancing the current CPD scheme might be the best way forward.
- 2 Our thinking on CPD has been influenced by findings from a number of research and development activities that we have been undertaking as well as the broader healthcare context, including the concerns expressed about the effectiveness of healthcare regulation and its impact on patient safety and the quality of care.
- 3 This discussion document is designed to generate debate during late 2014. The GCC's Education Committee will review the responses and then make recommendations to the Council of the GCC in January 2015. Once the Council has agreed the way forward, firm proposals for changing the CPD scheme will be made and these proposals will form the basis of consultation.
- 4 The document was previously issued in June 2014 but due to the low response we are giving registrants and other stakeholders a further opportunity to respond so that we have a firmer basis to move forward.
- 5 The research into the CPD market that has been carried out over the summer months will also conclude in November and inform the review of CPD.

Introduction

- 6 Chiropractors are independent primary healthcare professionals. They are "concerned with the diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system, and the effects of these disorders on the functions of the nervous system and general health. There is an emphasis on manual treatments including spinal adjustment and other joint and soft-tissue manipulation" (World Federation of Chiropractic, 2001).
- 7 To practise as a chiropractor in the UK, an individual must be registered with us – the General Chiropractic Council (GCC). To become registered, individuals must have completed a degree that is at a minimum level of an honours degree or integrated masters degree¹. Once on the register, chiropractors must undertake Continuing Professional Development (CPD) every year and report to the GCC that they have done this. We set some specific requirements for how this is done but overall the scheme allows a great deal of flexibility.

¹ Further information on our initial educational requirements is available in the our Degree Recognition Criteria – see: <http://www.gcc-uk.org/UserFiles/Docs/Degree%20Recognition%20Criteria.pdf>

- 8 We have been undertaking various pieces of research and development work to ensure that what we do is consistent with the requirements of a modern healthcare profession regulator. It is now possible to bring together a number of these strands of work. The aim of this discussion document is to draw from these various strands of work and present to our stakeholders some thoughts on a possible way forward for enhancing the CPD scheme. We are doing this so that we can have an open discussion as to how we might best proceed.

Background

- 9 This section sets out some of the work that the Council has been undertaking and which has influenced our thinking in this discussion document. We have not described each of the pieces of work in any detail in this section but the information and evidence on which we have drawn is available on our website or can be obtained by contacting: enquiries@gcc-uk.org

The current CPD scheme and its review

- 10 The current CPD scheme came into effect in 2004. The scheme is set out in the GCC CPD Rules 2004 and guidance is also available².
- 11 The current requirements are that a chiropractor must during each CPD year (1 September – 31 August):
- complete at least 30 hours of learning of which at least half must be learning with others
 - complete at least one learning cycle showing they have identified a learning need or interest, how they planned to meet that need or interest, the learning activities they undertook and an evaluation of the learning they undertook
 - state whether their learning aimed to either improve patient care or develop the chiropractic profession
 - complete a summary of their CPD activities and send it to us (online or by post).
- 12 We check through all of the CPD summary forms when we receive them. We also ask a randomly generated sample of registrants to provide us with evidence of their learning with others as a means of checking that the returns are a true and fair record of what has been undertaken.
- 13 In 2011 the Council agreed that it should review the current scheme as it had not been changed since it was first implemented in 2004. The review has included:
- a considering reports from the Royal College of Chiropractors on chiropractors' CPD learning activities during 2008 - 2010 and a qualitative analysis of CPD learning cycles³
 - b reviewing the office processes in relation to CPD and links to retention of registration
 - c gaining feedback the current CPD scheme from registrants via an online questionnaire
 - d seeking feedback from patient and public representatives on the current scheme of CPD and their views for the future

² Further information can be found at: <http://www.gcc-uk.org/education/continuing-professional-development/>

³ The GCC commissioned these reports from the Royal College.

- e reviewing the CPD schemes of other regulators and the outcomes of research on CPD that they had undertaken.

14 The outcomes of the review show that:

- a some registrants appear unclear as the meaning of CPD seeing it as relating to activities they undertake that are different from their usual practice rather than relating to their learning
- b in relation to CPD learning activities,
 - i. there is a clear emphasis on patient care in reported activity
 - ii. the mean number of hours reported was 65.27 in 2010
 - iii. there has been an emphasis on learning in a formal seminar/conference/workshop setting (42.4% of all reported activity) but over time there has been a notable increase in practice meeting/case study discussion (7.6% in 2008 to 16.35% in 2010) suggesting a move towards local learning in small groups.
- in terms of CPD topics,
 - iv. general chiropractic/undefined activity accounted for 38.3% of all reported activity
 - v. for defined activity, the 'top three' topics are: business (23.6%), extremities (13.2%) and imaging (13%)
- c the two categories that are currently used as the basis of classifying CPD - improving patient care or development of the profession - are not clearly defined. They appear to be confusing to registrants and can cause issues for individual chiropractor and the GCC when the annual CPD return is made as it is unclear as to what is acceptable and unacceptable CPD.
- d there are mixed views about the relevance of the 'learning on one's own' category of CPD as this is not currently well monitored as it is difficult to confirm
- e The CPD form is designed to be completed over the course of the year. However it appears that about 95% of chiropractors complete the form just prior to submitting their returns raising the question as to whether the form or the scheme should be redesigned
- f many registrants appear to describe what their learning needs or interests are after they have undertaken learning activities rather than use their needs and interests to plan the learning they intend to do. Some appear unclear about the purpose of evaluating learning or how to do so.
- g a sample of registrants state they are generally clear / understand what they need to do in the CPD scheme but they do not always see the need to do it or agree that it should be done
- h overall registrants appear to recognise that learning with others adds value to individual's learning
- i registrants generally see the value in doing CPD but are less convinced of the need to record it, or aspects of it (such as planning learning, evaluating learning or describing how it has been applied to practice)
- j patient and public representatives express concerns that the CPD scheme does not test anything, see potential issues with registrants learning only with

others in their practice as this might reinforce poor practice, see a need for registrants to interact with others to ensure that they do not become professionally isolated, and believe that CPD should be an integral aspect of continuing fitness to practise.

Audit of registration

- 15 An independent member of the GCC's audit committee recently undertook an audit of the GCC's registration and retention process for 2013. This reported a lack of clarity and some confusion about what counts as CPD, the varying extent to which CPD can contribute to patient care and the wide range of activities that are being undertaken. The audit confirms a number of the findings in the CPD review.

Revalidation

- 16 The GCC has been exploring for some time how it can develop a system of revalidation that assures patients and the public of the continuing fitness to practise of chiropractors whilst also being proportionate to the risk that chiropractors pose or inherent in the practice of chiropractic. Revalidation must also be something that chiropractors can implement within their daily practice and see its value. This has proved challenging.
- 17 The work undertaken on revalidation showed that the risks of receiving chiropractic care are low and patients place high value on the contribution which chiropractors make to their health care. However there are potential risks in the context in which chiropractic care is provided with many practitioners being sole practitioners who work alone with their patients.
- 18 One strand of the development of the revalidation system has been contributing to, and learning from, the work of the other regulators as they have also sought to address similar issues for their professions that they regulate. The General Medical Council (GMC) is the only UK healthcare profession regulator to have implemented a system of revalidation to date although, following the recommendations of the Francis Inquiry, the Nursing and Midwifery Council (NMC) has announced its intention to do so.
- 19 Amongst the non-medical regulators there appears to be an increasing interest in enhancing CPD as a more proportionate and effective means of assuring the continuing fitness to practise of healthcare professionals with the General Optical Council (GOC) already having implemented such an approach. The Health and Care Professions Council has consistently stated that it believes its current systems, including CPD, are sufficient to assure the continuing fitness to practise of its registrants.
- 20 The common elements that are emerging in the systems of enhanced CPD being developed by other regulators are:
 - a a clear relationship between the content of CPD and the standards of professional practice
 - b the use of peer review as a means of providing an external perspective on practice and to address concerns about placing a reliance on the individual self-assessing their own practice
 - c gaining feedback on practice from patients and the users of services

- d an emphasis on practitioners being actively involved in the process with the opposite also holding true (i.e. there being concerns about practitioners who do not wish to be involved or who do not engage with the process of keeping up-to-date and fit to practise).
- 21 This trend towards enhancing current systems is consistent with the policy of the Professional Standards Authority (PSA) which emphasised that the systems developed should be based on the principles of 'right-touch regulation (PSA, 2012)⁴. The areas they specifically noted are:
- a that assurance should be focused on both conduct and competence ie the core standards of competence and behaviour
 - b based on the severity and prevalence of risks, including any differences between registrant groups or areas of practice
 - c ensuring that assessments undertaken are sufficiently valid and reliable for the identified risks
 - d using existing mechanisms whether national or local, of the regulator or other organisations, providing they are fit for purpose.
- 22 The Law Commission's review of the regulation of healthcare professionals in the UK makes a distinction between: a requirement for the regulators to set standards of CPD and rules whereby registrants will be seen to have failed to comply and there to be consequences of such a failure; and the Government having powers to introduce revalidation for any of the regulated professions (Law Commission, 2014). In brief it sees the introduction of revalidation as something that is for Government to decide not for regulators. However it will not be until the Government or a future Government decides what is in the new Bill that the likely future position will become clear.

Thematic review of fitness to practise cases

- 23 A thematic review of fitness to practise cases brought against chiropractors between 2010 – 2013 revealed the following main areas of allegation:
- a clinical care including excessive or aggressive treatment, inadequate assessment and a lack of clinical justification of x-rays (81 cases)
 - b relationships with patients including issues around communication and obtaining consent, maintaining professional boundaries, and privacy and dignity (80 cases)
 - c probity including the use and handling of patient data, advertising and how chiropractors represented their skills, experience and registration (57 cases)
 - d business disputes and employment issues (16 cases).
- 24 The independent consultant recommended that: "*greater attention should be given to professionalism, ethics and relationships with patients. The rise in allegations of a sexual nature, about probity, and also relating to business disputes, indicate a need to raise the profile of professionalism for chiropractors – what it means to be a registered chiropractor and the values and behaviours expected of them as healthcare professionals*" (Williams, 2014).

⁴ Professional Standards Authority. (2012). An approach to assuring continuing fitness to practise approaches based on the principles of right touch regulation. London, PSA. Available at: <http://www.professionalstandards.org.uk/library/document-detail?id=69393f02-d5a3-4ae0-a1bb-a7b437dc3485>

- 25 The findings from the thematic review emphasise that both the conduct and competence of chiropractors is of importance and that these areas require attention in initial education and training as well as in the continuing development of the profession.

Issues for discussion

General introduction

- 26 The context and the findings of various pieces of development work are set out above. In this section we have brought together these various strands of work and describe how they are influencing our thinking in relation to the issues we need to address in changing the CPD system. We have highlighted key questions about these issues in boxes throughout the remainder of the text to guide responses to this discussion document. However if there are other areas that you believe have not been covered, please refer to these in your response.

Principles of assuring continuing fitness to practise

- 27 We are keen to ensure that as modern regulator we are working to the six principles of right-touch regulation (PSA, 2010)⁵. These are:
- a Proportionate – meaning that regulators should only intervene when necessary. Due to fact that most chiropractors are self-employed or work with a few colleagues, there are not the tiers of organisational or peer regulation that often occur with other healthcare professions. However we need to ensure that any changes we make to the system of CPD have a clear purpose or benefit to patients as well as not imposing unnecessary burdens on chiropractors.
 - b Consistent – meaning that when we make changes to our system of CPD we do so in a fair and effective way and one that applies to all chiropractors whether they are practising full-time, part-time or having a career break, and are engaged in direct patient care, education or research.
 - c Targeted – meaning that we must focus changes on the problems we are seeking to address and minimise any unintended consequences. We have outlined many of the issues with the current scheme above.
 - d Transparent – we should be open about why we are seeking to make changes, consult on the changes prior to making them and make sure that the requirements, when they come into force, are as clear and understandable as possible.
 - e Accountable – we need to be able to justify the decisions we make and hold these open to public scrutiny. We see this discussion document as one important strand of being accountable through gaining people’s views on our thinking before firm proposals are made.
 - f Agile – looking forward and seeking to identify trends and changes in the future rather than focusing on problems of the past. Within regulation we are likely to see greater commonality emerging with consistent legislation applying across all of the healthcare regulators (as set out in the Law Commission’s review and the proposed new legislation). This is why we have been keen to look at how other non-medical regulators are approaching the continuing fitness to practise of their registrants learning from organisations

⁵ Professional Standards Authority for Health and Social Care. (2010). Right touch regulation. London, PSA.

with greater resources at their disposal than us. We have reviewed our earlier decisions to develop revalidation and the review of CPD as separate strands and now believe that this is not the best way forward in enabling us to be agile for the challenges ahead. We believe that in developing our CPD system, we will be able to address a number of the challenges that we face. Once a revised system has been put in place we will evaluate how it is used and make any necessary modifications to it as a result.

Questions

1. Are these the principles that should inform how we approach developing the CPD system? If not, what principles should we use?

The purpose and aims of CPD

- 28 CPD is the learning that healthcare professionals undertake to maintain and improve their knowledge and skills so they can provide good quality care to patients. It is one of the responsibilities of being a statutory regulated professional.
- 29 The aims of CPD for individual chiropractors should be to:
 - a maintain their knowledge, skills and competence
 - b keep up-to-date with chiropractic and healthcare practice, the expectations of their patients and the broader healthcare and regulatory context
 - c continually improve what they do
 - d learn new things
 - e keep alive their interest in their work.
- 30 The aims of the CPD system should be to:
 - a require chiropractors to maintain and improve their practice in the interests of patient care
 - b enable chiropractors to critically appraise their practice, reflect on how they can develop and understand the limits of their competence
 - c contribute to good professional, working relationships within the profession and with the broader healthcare community
 - d provide assurance to patients and the public that their chiropractors are up-to-date and fit to practise.

Questions

2. Are the aims of CPD for individual chiropractors the right ones? If not, what aims should be included?
3. Are the aims for the CPD system the right ones? If not, what aims should be included?
4. How can we emphasise to chiropractors that CPD is about learning and development not about other activities they undertake?

The effectiveness of CPD

- 31 It is difficult to find firm evidence on the effectiveness of CPD due to the difficulties of showing cause and effect in human behaviour and in the context that every person shows natural variation in their day-to-day performance. A recent study⁶ reported:
- a a lack of high quality studies demonstrating the overall effectiveness of CPD for particular purposes (such as performance, competence, public satisfaction or safety) although some elements of CPD can be shown to be effective (including sustained, repeated or longer term learning activities)
 - b the literature highlighting the importance of personal development planning, self-directed learning and reflection - with medical literature suggesting a link between undertaking CPD activities and enhancing performance, particularly if the learning is focused on areas highlighted in personal development plans and appraisal
 - c a lack of evidence on how to measure CPD activity effectively although there are some indications that a mix of input and outcome measures focused on an individual's practice might be useful
 - d public expectations and perceptions being one of the regulatory benefits for mandatory CPD
 - e individuals are motivated to undertake CPD by personal and context factors (eg perceptions, the working environment, employment setting, cost, time and ease of access).

Questions

- 5. Is there other literature showing the effectiveness of CPD that we need to take into account?
- 6. What CPD do you find effective for you and why?

Professional learning – learning cycles and reflective practice

- 32 The evidence on the effectiveness of CPD suggests there is value in personal development planning, self-directed learning and reflection – the broad components of the adult learning cycle. There is also evidence from medical literature that learning focused on areas highlighted in personal development plans and appraisal is more effective.
- 33 A review of the CPD systems used by other healthcare professional regulators shows that learning cycles, including reflection on practice and learning, are a strong component of many of them although the extent to which they are used in monitoring CPD varies⁷. A number of regulators, such as the General

⁶ Commissioned by the General Dental Council – Eaton K., Brookes, J., Patel, R., Batchelor, P., Merali, F. and Narain, A., (2011). *The Impact of CPD in dentistry: a literature review*, London, GDC. Available at: <http://www.gdc-uk.org/Aboutus/policy/Documents/Impact%20Of%20CPD%20In%20Dentistry.pdf>

⁷ For example, the General Pharmaceutical Council requires its registrants to report on a number of learning cycles in their CPD returns and emphasises them strongly whereas the General Osteopathic Council recommends the use of learning cycles but does not require them.

Pharmaceutical Council, also explicitly recognise that learning takes place opportunistically as well as in a planned way.

- 34 We currently require chiropractors to report on at least one planned learning cycle every year and the structure of our CPD recording form uses a learning cycle format.
- 35 Evidence from our CPD review shows that:
- a number of registrants identify their learning needs or interests after they have undertaken learning rather than use them to plan their learning
 - registrants generally see the value in doing CPD but are less convinced of the need to record it or some of its aspects (such as planning learning, evaluating learning or describing how it has been applied to practice).
- 36 Given that learning cycles and reflective practice are broadly accepted as good approaches for professionals to use and that this is the approach chiropractors have used for the last 10 years, we think that we should retain the learning cycle approach to undertaking CPD. However given the feedback from chiropractors through the online questionnaire and the qualitative analysis undertaken by the Royal College of Chiropractors, we believe there would be merit in revisiting how we ask chiropractors to record their CPD by simplifying the CPD return form as much as possible.

Questions

7. Do you agree that we should retain learning cycles as the broad approach that should inform how chiropractors undertake their CPD?
8. What are the benefits of being required to report on a learning cycle from the perspective of chiropractors, patients and other healthcare professionals?
9. What are the drawbacks of being required to report on a learning cycle from the perspective of chiropractors, patients and other healthcare professionals?
10. Would it be beneficial for the GCC to stimulate / commission some CPD provision to enable chiropractors to use the learning cycle approach more effectively?
11. Is there other support that could be given to chiropractors in relation to reflective practice? If so, who should provide this support?

The content of CPD

- 37 We do not currently make any requirements about the content of a chiropractor's CPD except requiring them to state whether their learning is related to improving patient care or developing the profession. We understand that this distinction was put in at the start of the CPD scheme as a means of broadly referring to a link to the Code of Practice and Standard of Proficiency (CoP and SoP) but at the time this was considered too complex to do directly (as the CoP and SoP itself was more complex at the time).
- 38 We know from our work reviewing the current CPD scheme and from the audit of the registration cycle that:
- a the two categories of improving patient care and developing the profession are not sufficiently well defined

- b chiropractors are not always clear about the distinction between the two categories and find it difficult to decide which one to use
 - c the GCC and individual chiropractors have different interpretations as to what counts as relevant CPD
 - d there is a resultant increased workload and burden for individual chiropractors and for the GCC office as they enter in to debate as to whether an individual's learning can count as CPD. This means that some chiropractors have to undertake more CPD in a short period of time so they can retain their registration.
- 39 Given the above we are minded to get rid of the categories of 'improving patient care' and 'developing the profession' and look to find a more useful way of setting the content of registrants' CPD.
- 40 The current CPD scheme does not make any direct reference to the CoP and SoP even though these are the standards that the Council uses as the basis of its decisions about registration – in terms of gaining access to the register and assessing fitness to practise cases. The work on revalidation emphasised that the CoP and SoP should be the standard by which registrants would have their continuing fitness to practise judged. We believe that it would consequently be appropriate for the CoP and SoP to feature more centrally within the CPD scheme.
- 41 We have considered proposals from some chiropractors and chiropractic professional organisations that we should set some content guidelines for CPD or require chiropractors to undertake CPD in some broad categories of learning⁸. We do not see how adding such subject categories will necessarily help individuals meet the standards required in the CoP and SOP. We are also concerned that whilst the categories might be more specific than those currently used they will once again lead to debates as to whether an individual's learning counts as relevant CPD.
- 42 We are currently of the view that the clearest approach would be to define the content of CPD by its relationship to the CoP and SoP. We think that the simplest way for registrants to do this would be by referencing their learning activities to specific sections of the CoP and SoP. If a registrant is unable to provide a clear reference then this would mean that whilst the learning may have been important for that individual, it does not count as CPD for regulatory purposes. An example of this would be where a registrant goes on a practice-building course to help them make their business more viable.
- 43 We are still considering whether some sections of the CoP and SoP might need to be covered in a set period of time (e.g. A, S2, and S3) or whether some sections are not directly relevant to CPD (e.g. C4 and S1). The thematic review of Fitness to Practise allegations between 2010 – 2013, for example, shows that there are some on-going issues related to both the CoP and SoP that are of particular relevance for patient safety and the quality of care. This finding mirrors the emphasis placed by the PSA on the assurance of continuing fitness to practise being about both conduct and competence. We think there may be particular value in requiring CPD in these areas.

⁸ The Chiropractic Association of Australia, for example, groups CPD learning into three broad categories of A. Clinical and diagnostic sciences and Chiro-legal, B. Mainstream chiropractic techniques and chiropractic principles and philosophy, and C. other areas. They require a minimum of 8 hours learning from category A and 8 Hours from category B over a two year period with a total requirement of 24 CPD hours.

- 44 We have considered whether we should set specific requirements for chiropractors to show that their CPD covers all areas, or all major sections, of the CoP and SoP over one or more years. An advantage of requiring registrants to show their learning across the CoP and SoP would be that it would provide assurance that individuals' CPD was enabling them to maintain their knowledge and skills across all of the standards. A disadvantage might be that it is burdensome and rather unwieldy for chiropractors and for the GCC office. Some sections refer, for example, to employment contexts that are not relevant to all registrants or to the management of contingencies which might only occur infrequently (e.g. assessing capacity for consent under the Mental Disability Act). Another approach would be to ask individuals to address different parts of the CoP and SoP each year and monitor that this was being done (ie not allow CPD to be undertaken on the same area two years or two cycles running).
- 45 We think there may be benefit in requiring all registrants to undertake CPD in those areas that are consistent themes within fitness to practise cases. For example, from the recent thematic review, clinical care, relationships with patients and probity. This might act like 'refreshers' for those areas where there appear to be issues across the profession and also serve as some form of mandatory updates on specific areas. This might help us mirror the mandatory updates often provided by employers in larger organisations but which tend not to take place in the employment settings where our registrants work. We would welcome views on whether it would be appropriate to do this, how best it could be done and over what period of time it would work most effectively.

Questions

12. Do you agree that it would be appropriate to get rid of the categories of 'improving patient care' and 'developing the profession' and look to find a more useful way of setting the content of registrants' CPD?
13. What are the benefits of asking chiropractors to relate their learning they undertake for CPD against the CoP and SoP as the means of demonstrating its relevance?
14. What are the drawbacks of asking chiropractors to relate their learning they undertake for CPD against the CoP and SoP?
15. What are the benefits and drawbacks of requiring chiropractors to undertake CPD in specific areas (such as those which are consistently shown as issues in fitness to practise cases)?
16. Do you think there are any advantages in setting subjects or topics that should be covered in CPD learning or that would be used to assess whether the learning undertaken is CPD? If so, what are they?
17. What are the benefits and drawbacks about being more prescriptive about the CPD that chiropractors should undertake and linking this to fitness to practise cases?
18. If you think it is beneficial to link CPD to the themes within fitness to practise cases, how best could this be done?

Length of time in practice

- 46 The thematic review of fitness to practise cases looked at the age of registrants who had allegations against them rather than their length of time in practice, although it noted that this is something that the GCC might like to consider in the future. Most complaints during the period were made about chiropractors aged between 31 and 50, however during last year the number in this age group and increased in the under 30 category. Allegations about clinical care are most likely to be about chiropractors aged between 31 – 40 years of age, whilst allegations about probity are more likely in the 41 to 50 year olds. Allegations relating to relationships with patients fall most heavily across these two age bands (ie for chiropractors between 31 – 50 years of age).
- 47 It has been suggested that CPD should change over the years as individuals mature in the profession or as chiropractors take on new responsibilities or roles. However besides chiropractors of more advanced years appearing to feature less often in fitness to practise cases, there is no real evidence that risks to patients decrease or increase over time and we do not currently hold information on the current roles and responsibilities of our registrants. With the analysis undertaken to date, there is also a lack of information as to whether the main factor is age or length of time in practice as a chiropractor. For us as a regulator to place different mandatory CPD requirements on registrants dependent on their seniority or the roles they undertake, we think we would need firmer evidence of how this would protect the public. However we would welcome views on whether we should consider further if this is an issue and if so, the approaches that could reasonably be taken.
- 48 During the consultation about the revalidation proposals in 2012 – 2013, patients and the public tend to express concerns about new registrants and their preparedness for practice and how they make the transition to being independent practitioners.
- 49 Research for the General Dental Council to review the risks to patient safety during the transition period to independent practice found a paucity of studies providing evidence of the type that is sought for clinical research in either dentistry or other healthcare professions. Where information did exist it related to preparedness for practice rather than risk⁹. Few healthcare regulators have commissioned research about transition to practice, nor analysed fitness to practise data on the length of time since qualification or the country of qualification of registrants. This is also true of regulators in other English speaking countries although some have specified arrangements for the transition period, mainly in the form of internship.
- 50 The Royal College of Chiropractors runs a scheme for newly qualified chiropractors in their first year of practice – the PRT (Postgraduate Training) Programme - but this is voluntary and not all new registrants undertake it¹⁰. We understand that not all of the UK chiropractic professional associations support the scheme.
- 51 Whilst there is no evidence from fitness to practise allegations that younger registrants pose additional risk nor is there such evidence from research undertaken by other healthcare regulators into the transition to practise, this is an area of concern for patients and the public. One way of addressing these

⁹ Boak, G. Mitchell, L. and Moore, D. 2013. Transition to independent practice: A report for the GDC. Available at: <http://www.gdc-uk.org/Aboutus/TheCouncil/Meetings%202013/7%20Transition%20to%20Independent%20Practice.pdf>

¹⁰ See <http://rcc-uk.org/index.php/prt/>

concerns might be to have specific requirements for individuals who are newly on the GCC register. For example, by requiring them to undertake CPD in specific areas of practice, perhaps linked to the main issues identified in fitness to practise cases. Currently we have an open mind about this and would be keen to hear your views.

Questions

19. What are the advantages and disadvantages of changing the CPD that registrants need to undertake based on the number of years they have been in practice?
20. What are the advantages and disadvantages of changing the CPD that registrants need to undertake based on the roles they are currently undertaking / are employed in?
21. Do you think that new registrants should have specific CPD requirements to enable them to make the transition to independent practice in the UK? If so, what should these requirements be?
22. Do you see a difference between new graduate registrants as compared with individuals who have practised chiropractic in other countries but are new to practice in the UK? If yes, what are the differences and how can they best be managed?

The amount of CPD

- 52 Chiropractors are currently required to undertake at least 30 hours of CPD each year of which at least 15 hours must be learning with others. The Royal College of Chiropractors' analysis of CPD learning activities showed the mean number of hours reported in 2010 was 65.27 hours suggesting that undertaking 30 hours is not an issue for most registrants.
- 53 The current hours requirement is consistent with other healthcare professional regulators that use some form of input measure for their CPD. The evidence of CPD effectiveness suggests that a combination of input and outcomes measures focused on an individual's practice might be useful.
- 54 As chiropractors do not on the whole appear to have difficulty meeting the requirement of 30 hours per year and there would be benefit in maintaining as much consistency as possible, our current thinking is that we should retain the same number of hours requirement each year (whether we stick to an annual cycle or move to a longer CPD cycle – see later).

Questions

23. Do you see any need to change the current hours requirement of a minimum of 30 hours of CPD activity? If you wish to change, please explain the benefits of doing so.
24. Is there a need for an hours requirement? If not, how should chiropractors' engagement with the CPD requirements be assessed?

The nature of the learning undertaken

- 55 We do not currently make any specific requirements on the nature of the learning activities undertaken beyond at least 15 hours involving learning with others.
- 56 The College's analysis also showed an emphasis on learning with others tending to be in a formal seminar/conference/workshop setting (42.4% of all reported activity). However it was noted that over time there has been a notable increase in practice meeting/case study discussion (7.6% in 2008 to 16.35% in 2010) suggesting a move towards local learning in small groups.
- 57 Individual registrants have expressed concern that the current, fairly loose, category of 'learning with others' is being misused by a few registrants and have suggested that it should be tightened up to ensure that it meets its original purpose – to introduce registrants to new ideas and ways of doing things, to help them avoid getting into set routines and to encourage inter-professional learning.
- 58 Patient and public representatives have expressed their concerns that if chiropractors only learn with other chiropractors in the practice / setting where they work, this might reinforce poor practice rather than expose individuals to good practice. However they see the need for chiropractors to interact with others to ensure they do not become professionally isolated.
- 59 Our current thinking is that we should find a way of tightening up what we mean by 'learning with others' particularly as chiropractors generally work in settings where they are less likely to be exposed to others' thinking and developments. We think that the best way to do this might be by requiring some form of peer review in the CPD scheme where 'peer review' has to meet certain set criteria. For example, by the peer review being run by a professional organisation in a way that ensures chiropractors from different practices review each other or by local groups of chiropractors setting up their own system against set criteria and these approaches needing to be preapproved by the GCC prior to use.

Questions

25. Do you think the current category of 'learning with others' needs to be tightened in order to meet its original intention?
26. How do you think the category of 'learning with others' should be improved?
27. Would you like to see an element of quality assured peer review replace the current category of 'learning with others'? If so, how would you like to see it work?

The CPD cycle – its length and nature

- 60 The current CPD cycle is annual with chiropractors returning their CPD summary forms a few months prior to them completing their retention of registration. This has the benefit of the GCC office being able to check individuals' CPD returns are complete and correct before the individual applies to remain on the register.
- 61 We are of the view that moving away from an annual cycle of CPD might be problematic as a number of the healthcare professional regulators are seeking to

introduce some annual requirements within their systems to address the concerns of their registrants undertaking CPD at the start or the end of the CPD cycle. Evidence from our CPD review suggests that many chiropractors do the same, which is complete their CPD (or at least record it on the online system) just before they are required to make the return.

- 62 An annual cycle has the benefit of emphasising to registrants the need to keep up-to-date and fit to practise on a regular basis. However there might be some benefits in introducing a longer cycle for CPD with requirements that have to be met across the whole of the cycle but with some tracking every year during the longer time period.
- 63 Alternatively it might prove more effective to retain the annual cycle and introduce some requirements that go across more than one CPD year. For example, we could ask chiropractors to learn in relation to each one of the broad areas of the CoP and SoP over a five-year time period. We believe that chiropractors could do this relatively easily using our online system (if it was adapted to show this) but would be more difficult for those registrants who continue to use paper records. We hold an open mind on this at the moment and would welcome your views.

Questions

28. Do you agree that it is useful to retain the annual cycle of CPD?
29. Would you like to see some elements of CPD extend over a longer period than one year? If yes, what elements might this include?
30. Do you think it would be better to move to a longer CPD cycle which included some form of annual monitoring to show that CPD was being undertaken regularly?

Assessing an individual's CPD

- 64 We do not currently assess an individual's CPD as such but check to see that our CPD requirements are met through scrutinising the CPD summary form. We also call for a number of more detailed CPD records each year to confirm that what a registrant has completed on their summary form matches their more detailed records and activities. We also look to see that the type of learning allocated to the categories of 'improving patient care' and 'developing the profession' broadly matches those areas.
- 65 We think it is very difficult for a regulator to look at an individual's CPD and assess whether they have learnt the right things, learnt effectively or applied their learning to their practice in the way that is most appropriate. Our role as a regulator should focus more on providing assurances that the people on our register meet the standards set out in the CoP and SoP.
- 66 We see value in asking chiropractors to gain feedback on their practice. This could be done perhaps through having a requirement for them to gain the views of patients or the people who use their services and using this feedback as part of their reflection on practice and hence to inform the CPD they need to undertake. We also see peer review of practice as being a useful component of reflection and evaluation contributing to an individual's learning and development

process. We would welcome views on how these two aspects could best be incorporated into the CPD system.

Questions

31. Do you think that chiropractors should be required to gain feedback from patients (or the people who use their services) and use this to reflect on their practice and inform the CPD they undertake? If yes, how could this be best be done?
32. How do you think peer review could be built into the CPD system so that a chiropractor's practice is reviewed by other practitioners?

Quality assuring CPD learning activities

- 67 In order for chiropractors to get the most out of their CPD and maintain good standards of patient care, CPD needs to be of good quality and effective. We know from the online questionnaire that a number of registrants have concerns about the quality of CPD that involves learning with others. For example, noting that some forms are more interactive than others, some learning with others is very passive and some is of poor quality and ineffective. On the other hand, some CPD is seen to be of great value such as in seeing how others approach assessment and care, stimulating healthy debate, and gaining encouragement to make changes to one's practice.
- 68 The GCC does not currently approve providers of CPD. This is similar to all other healthcare professional regulators in the UK with the exception of the General Optical Council.
- 69 We see no need to change this practice as we think it will add a layer of bureaucracy to the system, increase costs and potentially stifle innovation. However we plan to carry out some research into the CPD market so that we can assess the CPD industry as it applies to chiropractors. We are open to the possibility that the findings of the market research might lead us to change our current position and would also welcome others' thoughts.
- 70 There may be some other things we could do to enable chiropractors to be in a better position to evaluate the CPD that is on offer such as providing some advice on the areas they might consider before signing up for a course or seminar.
- 71 Some other healthcare profession regulators provide feedback on registrants' CPD, either by providing advice to registrants when they receive an individual's CPD return or by focusing on those registrants whose more detailed records are called during an audit. We see that providing feedback might help to stress the importance of chiropractors undertaking CPD, enable individuals to focus on good CPD practice and reassure chiropractors that what they are meeting the CPD requirements. However it would add a significant cost to the process particularly if we continue to run an annual CPD cycle and would mean that we would need to employ or contract with individuals who have the skills to do this. If we increase our costs, it is the chiropractic profession that would need to cover the costs as it is through the registration fee that regulation is funded.

Questions

33. Do you see any value in approving providers of CPD for chiropractors? If so please describe what that value is?
34. If you would like to see providers of CPD for chiropractors approved, please state how you think this could be done in a proportionate way?
35. Are there other things the GCC could usefully do to assure the quality of the CPD that is on offer? If so, please explain what else we might seek to do.

Registrants actively engaging with CPD

- 72 We are conscious that the vast majority of our registrants already engage actively with CPD. This is evident from the Royal College of Chiropractors reporting the mean number of hours of CPD per year as being over 60 hours per registrant. However we are also conscious that there are a few chiropractors who do not see the need to undertake CPD and a few who interact grudgingly with officers in the GCC when they are asked to provide evidence or who need to be constantly chased to meet regulatory requirements.
- 73 For example, in the review of CPD online questionnaire we received the following comments:
- "I do not need any CPD to care for patients as nothing has ever changed that would ever change my actual practice. There have been no fundamental changes in my chiropractic approach for the last 25 years and I do not envisage any! CPD does not improve patient care, being competent, knowing limitations and when to refer on and caring are the basis of good patient care!"*
- "I cannot trust the GCC's intentions, I feel you use this as a tool to punish registrants that don't fall into your line of thinking."*
- 74 A number of the other healthcare regulators see active engagement of practitioners as a key element in processes to assure continuing fitness to practise. For example, the GMC has non-engagement with the revalidation process as a reason for a practitioner to be referred to them and the GOsC sees active engagement of osteopaths as a critical factor in a successful scheme.
- 75 We believe that if registrants are willing to take responsibility for their own learning and development and show how this links to them maintaining the required standards of conduct and practice as set out in the CoP and SoP, this suggests that they are willing to self-regulate their practice. This in turn provides us as a UK-wide statutory regulator with some confidence in that individual acting in the best interests of patients and the public. Conversely we are inclined to think that a registrant who constantly battles against us as a regulator and appears to wish to expend their energies on arguing with us, probably does not have good quality patient care at the heart of what they do as this is against what we were established to do – that is, to protect the public.
- 76 We would aim for any future scheme to promote and seek the active engagement of chiropractors. We see one key way of achieving this is through chiropractors recognising that the scheme that is put in place is designed to support high quality patient care and enabling them to deliver it. We would value your views on how the CPD system can most effectively be enhanced in the interests of patient care and the actions we should take if an individual is unnecessarily obstructive or does not engage.

Questions

36. How can the CPD system be enhanced to encourage chiropractors to see the value of CPD in improving patient care?
37. What actions do you think we should take with chiropractors who is unnecessarily obstructive or does not engage?

Evidence of CPD

- 77 Our current CPD system uses the information supplied by a registrant at the end of the CPD year as the main way of evidencing that CPD has been undertaken. For those registrants whose CPD is randomly sampled, we also seek documentary evidence of their learning with others through seeking verification from a third party. Such evidence would be from the organisers of a formal event or from a colleague who was also present at a more informal meeting, such as a case discussion.
- 78 When we make changes to the CPD system, we will also be looking at how we change the evidence we seek to support registrants' CPD. For example, as we have set out above, we are currently thinking about including elements of peer review and patient / user feedback into the scheme. If we decide to do so, then we would be looking at how such aspects could best be evidenced. In relation to peer review, for example, if this comes to replace 'learning with others' we would need to consider what this would mean for the returns that the individual made at the end of each CPD cycle and what that means for how we audit.
- 79 If it is decided that active engagement with us as the regulator generally, and with the CPD process specifically, is of importance, this raises the question as to whether we should be noting where a registrant does not appear to wish to engage or there is a pattern of behaviour which indicates there might be areas of concern. We will also need to consider whether we might have higher evidence requirements for those individuals who have had a fitness to practise allegation made against them and the case has been upheld.
- 80 We are interested in hearing your views as to what evidence we should be seeking from chiropractors, whether this might differ if there are higher risks for certain groups and how evidence can best be provided.

Questions

38. What evidence do you think chiropractors should provide to the GCC to demonstrate they have undertaken their CPD?
39. Do you think that some chiropractors should have higher evidence requirements placed upon them (eg if they have had a fitness to practise case upheld)? If yes, what might these higher requirements be?
40. What would be the best ways of obtaining the evidence of an individual's CPD?
41. Are there aspects of evidence that could be taken on trust as now with sampling for audit used for a proportion of registrants as a means of checking compliance?

Other aspects that need to be considered

- 81 The majority of chiropractors provide chiropractic assessment and care to patients. However we are conscious that a few chiropractors are full-time educators and researchers. We need to ensure that any system of enhanced CPD is applicable to all registrants in whatever role they work.
- 82 We would also welcome your views on whether our thinking to date would cause any problems for any specific groups of registrants or whether they will adversely impact on anyone because of their gender, race, disability, age, religion or belief, sexual orientation or other aspect of equality.
- 83 Any changes to enhance the CPD scheme in the future would, once implemented, require chiropractors to comply with them and hence become a requirement for continuing registration with the GCC. However as this paper seeks to make clear, we are still in the process of discussing what such enhancements might be and there would be a period of consultation prior to decisions being made.

Questions

42. How can we ensure that a system of enhanced CPD is applicable to all registrants in whatever role they work?
43. Is there anything in our current thinking set out in this discussion paper that will adversely affect anyone because of their gender, race, disability, age, religion or belief, sexual orientation or other aspect of equality?
44. Are there any other ways of enhancing CPD that are not set out in this discussion paper that we should consider?

Conclusion

- 84 In this discussion paper, we have sought to set out how our thinking has developed and is still developing on how we might best assure the continuing fitness to practise of chiropractors through enhancing CPD. Once we have received feedback on our thinking we will use this information to make recommendations to Council on possible changes to the CPD scheme. This will be followed by a more formal consultation with the public and the profession.
- 85 We encourage you to contribute to this debate so that we develop an effective means of assuring the continuing fitness to practise of chiropractors.

How to respond

The GCC welcomes your views and answers to the questions posed.

Email

Please send your response to education@gcc-uk.org. Please download and attach a consultation questionnaire.

Post

If you wish to submit your response by post, please send your response to the GCC. Please ensure that if you wish us to treat any part or aspect of your response as confidential, you state this clearly.

Deadline

Please send your response by Friday 21st November 2014.