



An assessment of CPD provision for chiropractors in the UK

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Executive summary

Purpose of the project

1. There were four objectives for the project: to provide an assessment of the size of the CPD industry and associated definition; to categorise and quantify the types of CPD providers and provision in the UK; to provide an estimate of the proportion of CPD that is delivered or controlled by GCC registrants; and to provide an accompanying narrative describing the CPD industry.

Main findings about providers

2. The long list of 384 providers named by chiropractors was **classified into ten different types**:
 - a) Entrepreneurial businesses – dedicated to providing CPD (17%)
 - b) Professional associations or societies – representing practitioners or interests (15%)
 - c) Colleges, universities and schools – providing CPD alongside qualifications (13%)
 - d) Well-established clinics or practices – offering CPD as a side line (13%)
 - e) Charismatic experts – sharing their knowledge and skills (10%)
 - f) Manufacturers or distributors – offering CPD about their products (9%)
 - g) NHS or private hospitals and clinicians – briefing about treatments (8%)
 - h) Vocational training organisations – providing health and safety courses (7%)
 - i) Business training organisations – supporting business development (2%)
 - j) Other – not otherwise classifiable (7%)
3. The **majority** of the named 384 CPD providers are **based in the UK** though a significant proportion of providers are based overseas, some offering either face-to-face or virtual CPD. At least 89 (23%) are run by chiropractors for chiropractors, of which only 21 (5.5%) are UK based.
4. The majority of providers identified and sampled were **in the south of England** with many fewer in the north of England, Northern Ireland, Scotland, and Wales.
5. The **most commonly used providers** cited in the questionnaire are the chiropractic professional associations, the Royal College of Chiropractors (RCC) and the main education providers.
6. The CPD **market is mature** with the majority of providers sampled having traded for more than 10 years.
7. There is evidence from the sample that the CPD **market has grown** over the last three years and providers are **optimistic about future expansion**.
8. Focus group findings suggest that most chiropractors **do not have a set budget** and spend on average about £1,330 per year on CPD.
9. A large majority of CPD providers sampled offer CPD events as a **commercial enterprise** and aim to price their events to make a profit or at least cover costs.
10. The **typical prices for CPD activities** from our sample and focus groups are on average: £40 for a 2hr lecture, £135 for a one-day seminar (most seminars last for 1.5 or 2 days and are priced accordingly). Conferences are charged at on average £125.
11. Sample evidence indicates that a typical provider will **hold approximately 6 to 12 events each year**. A small proportion of CPD providers interviewed hold more than 50 events per year, the majority hold less than 20.

12. The large majority of providers sampled **turn over less than £83,000** from CPD events (i.e. under the VAT threshold).
13. The majority of CPD events sampled are **targeted at qualified musculoskeletal professionals**, such as chiropractors, osteopaths, physiotherapists and other manual therapists. However, a significant number are targeted solely at chiropractors or at both chiropractors and osteopaths.
14. The large majority of CPD events sampled **combine theory with hands on practical activity**. About one quarter of providers offer online learning events (e.g. webinars, podcast lectures or coaching).
15. Most CPD providers sampled claim a **national or international reach** for events. Providers typically offer **events in 2 or 3 locations** with a minority offering them round the country.
16. The **majority** of CPD events focus on **techniques or medical and health related topics**, the least common content was on improving clinic or practice management and briefings on products. Chiropractors confirm that it is more difficult to find CPD on business or practice management.
17. Providers interviewed suggest that the **most common external influences on the design of CPD programmes** were: views of delegates; strategic partnerships; developments in MSK health; and their internal organisational policies.
18. Providers identified the **most common practical factors influencing the design** of their CPD programmes as: the number of delegates; scheduling factors; the location and venue; and choice of topic.
19. Based on the 15 interviews with providers, it is likely that **a minority of CPD includes active support for reflective practice** beyond the completion of a feedback form.
20. All CPD providers interviewed would be **responsive to developments from the GCC** with a majority being able to change their CPD programme as necessary within less than 6 months.
21. The sample shows that the vast majority of face-to-face CPD events offer **a record of attendance**. The systems for verifying online learning are less clear. The minority, typically educational providers (usually universities, vocational training providers and colleges), may offer some CPD that is formally assessed and includes a certificate of achievement.
22. **Quality assurance processes vary** across the sample in terms of robustness. The most common method is the delegate evaluation form, followed by reliance on the reputation of the speaker. Educational providers usually have a formal internal quality assurance system that is often supplemented by external oversight (e.g. from an awarding body, sister organisation or outside agency).
23. Providers suggest that more could be done by the GCC, RCC and the main education providers: to support the development of chiropractor's **skills in communicating with patients**; and other essential skills associated with running a successful practice that meets patient's needs.

Main messages from chiropractors

24. Chiropractors are **mainly reactive to marketing materials**, with few seeking out information. Mailing lists, professional association websites and word of mouth are most commonly referenced sources of information.

25. The **most relevant factors** for chiropractors when choosing CPD are: relevance or interest; the reputation of the speaker or provider; distance of travel; and cost.
26. Chiropractors raised **issues about marketing** at the focus groups, such as: the lack of provision in the north of England; unsympathetic scheduling; poor or last minute publicity; and lack of clarity costs (e.g. not knowing when CPD was subsidised).
27. Chiropractors find **seminars/master classes the most useful**, then courses and peer group discussions as the next most useful. The least useful delivery method is via exhibitions.
28. **Online learning has mixed reviews**. Some chiropractors welcome the ease of access to online learning methods, but prefer activities where they can interact and share ideas with others.
29. Chiropractors report that **effective CPD events** are characterised by: their relevance; applicability; currency; structure; practical element; inspirational nature; and follow up offer.
30. Chiropractors report that **poor quality CPD**: is poorly organised; poorly communicated; includes out of date content; ignores their learning needs; has an inappropriate approach; and lacks learning support materials.

Key themes and recommendations

31. Some chiropractors have **difficulty in accessing affordable and local CPD**, particularly in the North of England and Northern Ireland.
32. Self-initiated **local learning hubs** have been set up, which could be supported by the GCC and associations.
33. Chiropractors value local networks but would benefit from GCC being clearer about the **value and balance** of formal and informal 'learning with others'.
34. Chiropractors are unclear about whether online learning 'counts' and would welcome additional guidance on the applicability of **online learning options**.
35. Verifiable interactive online learning could help chiropractors to access affordable CPD, particularly in areas that are currently poorly served. The main providers and associations could do more to **diversify their delivery methods**.
36. The research has found different motivations and reasons that chiropractors have for the CPD they do, which if **shared with providers** could better inform marketing and promotion of CPD.
37. Chiropractors seem not to be aware of the wide range of CPD opportunities. The GCC and other key players could usefully explore ways to support the **online marketing by providers**.
38. Both chiropractors and providers suggested the possibility of the GCC **hosting a 'virtual space'** where registrants could find out about the wide range of CPD available to them.
39. The associations could use online methods to support members or local hubs to find ways to **keep in touch with providers** to better keep up to date with what's on.
40. **GCC approval or kite marking** of CPD events or providers had a mixed response and could benefit from further exploration with registrants and CPD providers.
41. Chiropractors seem to think the GCC views some types of CPD positively and some negatively. Any confusion could be reduced through better communication of the GCC's **ethos and values**.
42. The research has elicited **comments on the current CPD system**, which the GCC are encouraged to view as a source of valuable feedback when considering any future revisions.

43. Providers contacted for the research were responsive to the GCC, prepared to adapt their CPD offer and seem open to **making links with the GCC** to better support the chiropractic profession.
44. Providers seem interested in being updated about any changes that may affect chiropractic CPD, which will rely on the GCC developing appropriate targeted **methods of communication**.

1 Introduction

This section introduces the context for the review; describes the methodology used for the research that was undertaken between 14 July and 13 October 2014; and describes the structure of the report.

1.1 Review context

This review of CPD is part of a range of projects being carried out by the General Chiropractic Council (GCC) to set standards for chiropractic and to enhance individual practice and the practice of profession as a whole within the UK. CPD is defined by the GCC through the aim of:

“maintaining and improving the standards of practice for the benefit of patients and the public.”

The GCC require chiropractors to undertake at least 30 hours of continuing professional development (CPD) that to follow and report on the learning cycle; by identifying goals, planning activities, undertaking and reviewing their learning. The CPD that registrants undertake should:

“directly improve the care you give to patients” or

“develop the chiropractic profession (including improvement of chiropractor, their clinic/business or the profession as a whole).”

At least 15 hours of CPD are required to involve learning with others. It is this ‘learning with others’ that gives rise to the demand for CPD from GCC registrants and consequently the market.

Registrants are advised to base their learning and development on the standards of practice set out in the GCC Code of Practice (CoP) and Standards of Proficiency (SoP), which are being revised alongside this project. The requirements for CPD are the subject of discussion at the time of this project.

There were four objectives for the project.

- a. To provide an assessment of the size of the CPD industry and associated definition.
- b. To categorise and quantify the types of CPD providers and provision in the UK.
- c. To provide an estimate of the proportion of CPD that is delivered or controlled by GCC registrants.
- d. To provide an accompanying narrative describing the CPD industry.

1.2 Methodology

This section describes three stages of research that took place between 14 July and 13 October 2014. The first stage involved the use of web research, an audit of 100 GCC registrants CPD returns and an online questionnaire undertaken by 567 chiropractors to come up with a long list of 384 organisations used by registrants for CPD. Three focus groups were also held to explore some of the issues and concerns raised by chiropractors about CPD opportunities. The second stage involved organising the long list of providers and selecting a representative sample of 130 organisations for further analysis. This was achieved through finding out where providers were based and classifying them into different types. The third stage of the research was to focus in on a sample of providers to

gather more detailed information about what CPD events were provided and why; through web research into 87 organisations; further web and phone research into another 28; and follow-up structured interviews with 15 providers.

Stage 1 – Identification of long list of providers

The project started with only anecdotal information about the CPD market for chiropractors as no previous market research was available. Three methods were used to identify a long list of 384 providers used by chiropractors for CPD.

- a) **Scoping web research:** In order to get a better understanding of the CPD market early scoping was undertaken through web research into providers that offered CPD that could be relevant to chiropractors. This resulted in an initial list of 56 organisations.
- b) **Review of audited CPD returns:** A review of a sample of 100 audited CPD record summary submissions provided to the GCC to confirm what CPD registrants had undertaken was carried out on 4 August 2014, at the GCC Head Office in London. The purpose of this exercise **was to:**
 - gain a better understanding of the CPD market providing formal 'learning with others' such as courses, seminars, conferences, interactive online learning etc; and
 - establish which providers were the most commonly used to help inform, which providers should be selected for profiling or interviewing.

The purpose of the audit **was not** to establish:

- the frequency of informal 'learning with others', such as clinic meetings, discussion with colleagues and other chiropractors, CPD lunch clubs etc.

The audit sample included a total of 220 CPD formal training occurrences, provided by 81 organisations, 59 of which were only named once. This early data sample suggested that the top six providers account for 50% of all formal CPD cited by registrants. The audit introduced 58 new providers to add to the 56 providers that the initial web scoping had identified.

- c) **Online questionnaire:** A short online survey was developed using 'Survey Monkey' with eight questions. (See Appendix A for a copy of the online survey questions and Appendix D for the quantitative data from the returns.) Invitations were sent to 3,038 chiropractors via the GCC, and chiropractic associations encouraged their members to take part. The purpose of the survey was to research chiropractor's views of the type of CPD they prefer, which they go to, the value they derive from the CPD they do and ask them to identify issues they see with the current arrangements. The survey was available to chiropractors from 8 August till 12 September 2014, during which time 567 people responded (a response rate of 19%).

Respondents were asked what providers they had used over the last CPD year 2013-14 and could give up to five answers to this question. In total 1,345 answers were received that named 381 providers; of which 254 providers were only cited once; 51 were cited twice; and 76 were cited three or more times. (See section 2.3 below for more information about the most commonly used providers.)

The data naming different organisations providing CPD from the different sources was merged to compile a long list of 384 different providers. (Ten further organisations were not included as no information could be found to confidently identify them.)

Focus groups: The basic information about the long list of providers was supplemented by discussions with chiropractors through focus groups. The aim was to gain a better understanding of the choices made by registrants and their perceptions of the CPD on offer. Three focus groups were held at different locations round England attended by a total of 30 chiropractors (one person attended two groups).

- York – 5 September 2014 with 8 attendees
- Bournemouth – 11 September 2014 with 16 attendees
- London – 18 September 2014 with 7 attendees.

The agenda was designed to overlap with the online questionnaire and covered three main points.

1. 'Your CPD' – a snap shot of recent CPD and the cost.
2. 'About CPD providers' – what makes for effective CPD, choosing CPD and GCC approval?
3. 'Reviewing CPD activities' – finding CPD events, gaps in the market and delivery methods.

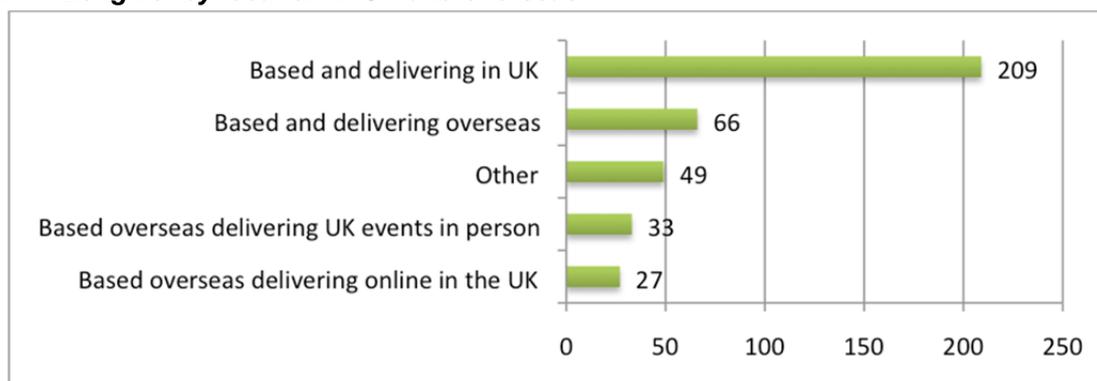
(See Appendix B for a copy of the focus group data collection form.) The GCC attended all three sessions. Focus group members did not identify any new providers, as they had typically already completed the online questionnaire.

Stage 2 – Organising the long list of providers and selecting a sample

A total of 384 different providers were identified from the three main sources of data (web search, audit of CPD returns and online questionnaire) that offer CPD opportunities to chiropractors either face-to-face or online. The long list was organised and categorised with the aim of identifying a one third sample for further analysis.

Determining **location in the UK and overseas** was the first step. The Internet was used initially to gather basic facts about each named organisation and locate where they were based and delivered CPD events.

Chart 1: Long list by location in UK and overseas



Just over one half of the long list of providers was based in the UK. The picture for the 126 overseas organisations was more complex. The majority of overseas providers were both based and delivering overseas, which suggests that either it is quite common for chiropractors to travel to attend CPD events or that questionnaire respondents to the online were also based overseas. The remaining overseas organisations were split between those delivering in the UK in person (27% of the overseas total) and those delivering online or virtually in the UK (21% of the overseas total).

Classifying **different types of organisations** was the next step in understanding the market and selecting the sample for further analysis. The long list of 384 providers was broadly classified, using website information, into ten different types described in more detail below.

Table 1: Long list by type of organisation

Type of organisation	Number identified
a) Entrepreneurial business	66
b) Professional association or society	56
c) College, university and school	50
d) Well-established clinic or practice	50
e) Charismatic expert	38
f) Manufacturer or distributor	35
g) NHS or private hospitals and clinicians	30
h) Vocational training organisation	26
i) Business training organisation	7
j) Other	26

- a) **Entrepreneurial business:** A total of 66 providers were running organisations dedicated to improving health and wellbeing by providing CPD. The focus of the content of the CPD offered varied.
- *Health and wellbeing* (e.g. Back 2 Health or Healthcare conferences UK).
 - *Medical* (e.g. Emmett Technique).
 - *Patient communication* (e.g. Chimp Management).
 - *Clinic or practice management* (e.g. Painless Practice or Chiropractic Heaven).
 - *Chiropractic techniques* (e.g. SOTO Europe or The Barral Institute).
 - *MSK techniques* (e.g. Myofascial Release, The Carrick Institute, NeuroImpuse Protocol, Essentials for Health, PhysioUK or Sports Performance Services).
 - *Alternative health techniques* (e.g. Acupuncture Learning & Integrated Educational Development, Classical Pilates or The British Wheel of Yoga).
- b) **Professional association or society:** 56 professional organisations were identified that represent practitioners or particular interests, and seek to develop healthcare professionals by offering CPD events. In addition to the main chiropractic organisations there were three sub-types.
- *International chiropractic associations* (e.g. European Chiropractic Union or The Chiropractic Association of Ireland).
 - *Societies dedicated to understanding a medical symptom* (e.g. British Pain Society, Society for Back Pain Research or British Society of Rheumatology).
 - *Associations focused on alternative therapies* (e.g. Federation of Holistic Therapies or The British Medical Acupuncture Society).
- c) **School, college or university:** A total of 50 organisations were identified that offer CPD events alongside professional training or qualifications. Beyond the main chiropractic education providers we found three main sub-types.
- *Further education colleges*, offering health and social care or administration courses that may be suitable for support staff in chiropractic clinics (e.g. Isle of Wight College).
 - *Universities*, offering medical and public health related CPD courses, such as Healthcare law and ethics, clinical audit and research for healthcare professionals (e.g. Dundee University, University of Salford, University of Bath, University of East Anglia). In addition the main providers of osteopathic education also provide CPD opportunities some of which are suitable for chiropractors (e.g. European School of Osteopathy, British School of Osteopathy).
 - *Private schools*, typically offering short courses in manual therapies that may contribute to a validated qualification, such as: Foundation in Advanced Clinical Massage Techniques (e.g. British School of Yoga, Jing Institute or Northern Institute of Massage).
- d) **Well-established clinic or practitioner:** 50 clinics and practitioners were identified that offer CPD to share their expertise as a sideline. These include:
- *Alternative health professionals* (e.g. Sally Earlam, Amanda Hermitage or OMT Training).

- *Manual therapists* (e.g. No Hands Massage or Cameron Reid Training).
 - *Sports specialists* (e.g. Kinetic revolution, Sports Chiropractic Newcastle or Natural Running).
- e) **Charismatic expert:** 38 providers were identified that base their marketing on the expertise of a charismatic individual dedicated to bringing their knowledge and skills to a wider audience (who when successful will typically have American or European links). Such providers are more common overseas (only 8 are UK based). Of those based overseas, 12 only deliver overseas, 10 deliver in the UK in person and 7 deliver online in the UK. Examples include: John Gibbons, Simon King, Steve Williams or Leon Chaitow.
- f) **Manufacturer, producer or distributor:** 35 were identified that were manufacturers, producers or distributors of products or information that offer CPD linked to their sales offer. For example:
- *Equipment manufacturers* (e.g. Atlas Clinical, MSK Ultrasound Group, SportTape or Kinnective Limited).
 - *Pills*, including food supplements, homeopathic remedies and pharmaceuticals (e.g. Solgar, Bioveda or AbbVie).
 - *Distributors or publishers* (e.g. Vivomed, Medscape or Educhiro).
- g) **Vocational training provider:** 26 vocational training providers were identified that offer courses in generic areas such as, First Aid, Manual Handling, Health and Safety. Examples include: Red Cross, St John's Ambulance or NUCO.
- h) **NHS or private hospitals and clinicians:** 30 NHS and private hospitals and clinicians were identified that offer lectures and seminars to update practitioners about new research, diagnostic and treatment techniques, such as: imaging, orthopaedic surgical methods, neurology, and chronic pain management. Examples include: The Horder Centre, Inhealth Scanning, Manoj Krishna Spinal Surgeon and Vale Healthcare.
- i) **Business or entrepreneurship trainer:** 7 providers were identified offering to help clinics or practices develop and improve their business efficiency (e.g. Painless Practice, Quest Chiropractic Coaching or Blue Stream Academy).
- j) **Other providers:** A further 26 providers were identified. Examples include:
- *Animal health* related (e.g. International Academy of Veterinary Chiropractic, Horses inside out conference, Emley Agricultural Show or Fishing for Life)
 - *Business support and advice*, such as about insurance, law or HR (e.g. Balens, Bond Solon or Peninsula Business Services).
 - *Charities* researching and providing information (e.g. Autism Trust, Cauda Equina Syndrome, Spinal Research or Migraine Action).
 - *Large web-based* organisations (e.g. YouTube, TED or Coursera).

The long list includes 89 **organisations that are chiropractic specific**, in other words that are run by chiropractors and deliver CPD specifically for chiropractors. Of these 21 are based and delivering in the UK; 38 are based and delivering overseas; 12 are based overseas but delivering in the UK in person; and 10 are delivering virtually but based overseas.

Selecting a sample of 130 organisations for further research was the last step in the second stage. The objective was to gather detailed information about the range of CPD events offered and why.

The selection of a representative sample of CPD providers involved **ruling in** organisations that:

- offer CPD events in the UK either in person or online; and
- target chiropractors and manual therapists in terms of the audience or content of CPD events.

And **leaving out organisations** that:

- were based and offering CPD overseas;
- offer health and safety training courses (e.g. first aid); or
- were hospitals or NHS Trusts (e.g. offering events about medical treatments and referrals); or
- where no information could be found online about any CPD offer.

A further 51 organisations were ruled out of the sample because:

- they were a manufacturer or distributor (e.g. of food supplements, pharmaceuticals or medical equipment);
- there was overlap with another provider (e.g. a speaker who delivered CPD through other providers);
- they were involved with animal chiropractic; or
- there was no mention of CPD on the provider's website.

Stage 3 – Profiling and interviewing a sample of providers

The aim of this final stage of the research was to profile a sample of 130 providers. This involved initial web research into 87 organisations; further web and phone research into another 28; and follow-up structured interviews with 15 providers.

The profiling established key facts about each organisation, what CPD they offer and their business. The interviews were able to gather more detailed qualitative information about the design of the CPD programme and the business.

Three research methods were used to profile the sample.

Short profiles: The websites of 87 providers were researched for basic facts about the CPD offer and the organisation. This included finding out about: the geographic reach of the CPD offer; the target participant; the topics offered; methods of delivery; verification; quality assurance; trading history; and cost of CPD.

Longer profiles: More detailed information was sought from 28 providers, using websites and phone calls. This included: the costing model for CPD events, turnover, optimism about future growth, and an estimate business growth or decline over the last 3 years.

Structured interviews: A sample of 15 of the most commonly used CPD providers, covering each type, were invited to take part in a structured phone interview. This provided qualitative information in addition to that gathered through the profiles and also allowed us to ask about: the external influences and practical constraints on the design of the CPD programme; the number and typical price of events each year; the approach to marketing and promotion; and how responsive the organisation would be to the GCC.

(See Appendix C for a copy of the data collection forms used for the short and long profiles and for the interviews and Appendix E for a summary of the quantitative data gathered from the sample.)

1.3 Structure of the report

The report includes three sections that describe results of the research based on the sample of organisations targeted:

- Section 2 gives an overview of a sample of the chiropractic CPD market;
- Section 3 considers the target audience and marketing methods in the sample; and
- Section 4 explores the methods of delivery and the availability of the provision in the sample.

Section 5 on the content and quality of CPD provision, analyses the range of topics offered across all the organisations identified and then focuses in on the sample, to discuss provider's views about their CPD programme design and analyses findings on verification and quality assurance.

The final section of the report considers some key themes raised by chiropractors during the research and makes a number of suggestions about how the GCC, the chiropractic associations and main educational providers could better support the provision of CPD.

2 Overview of a sample of the chiropractic CPD market

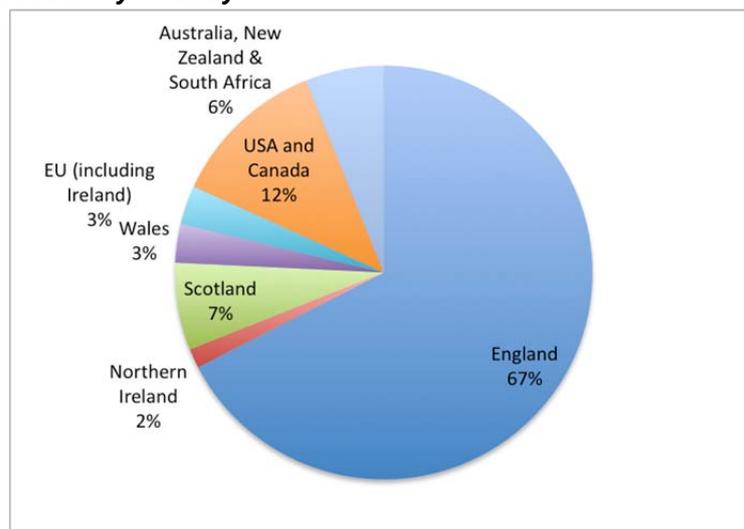
This section uses data from the sample of 130 organisations to describe:

- where organisations are located by country and within the UK;
- the types of organisations sampled;
- the most commonly used providers;
- the maturity of the industry and recent trends; and
- the finances of the CPD market.

2.1 Location of organisations

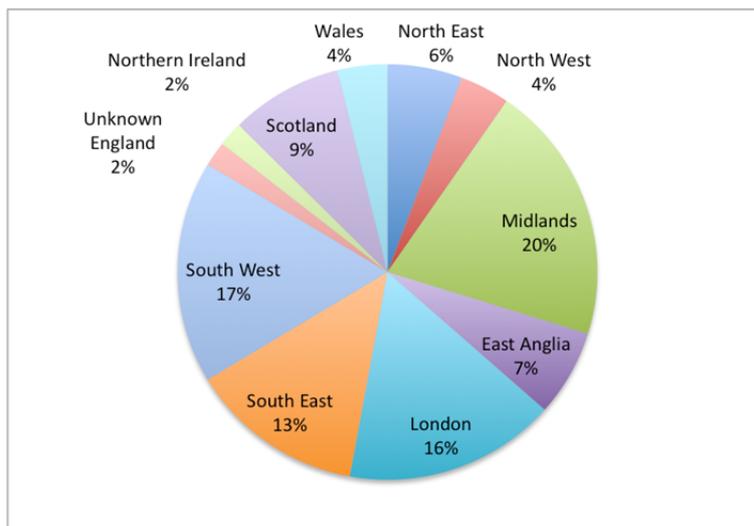
The findings on location from the 130 organisations sampled show, understandably, a **higher percentage based in the UK**. When the sample is analysed by country 79% of providers sampled were based in the UK, with the majority of these in England.

Chart 2: Sample location by country



When the sample data is looked at in detail, almost **half of the providers are based in London, the South East and South West of England** (see chart below). With noticeably many fewer CPD providers based in the north of England, Northern Ireland, Scotland and Wales. This corroborates comments made by chiropractors at the focus groups about the difficulty of finding CPD opportunities within easy travelling distance in some parts of the UK.

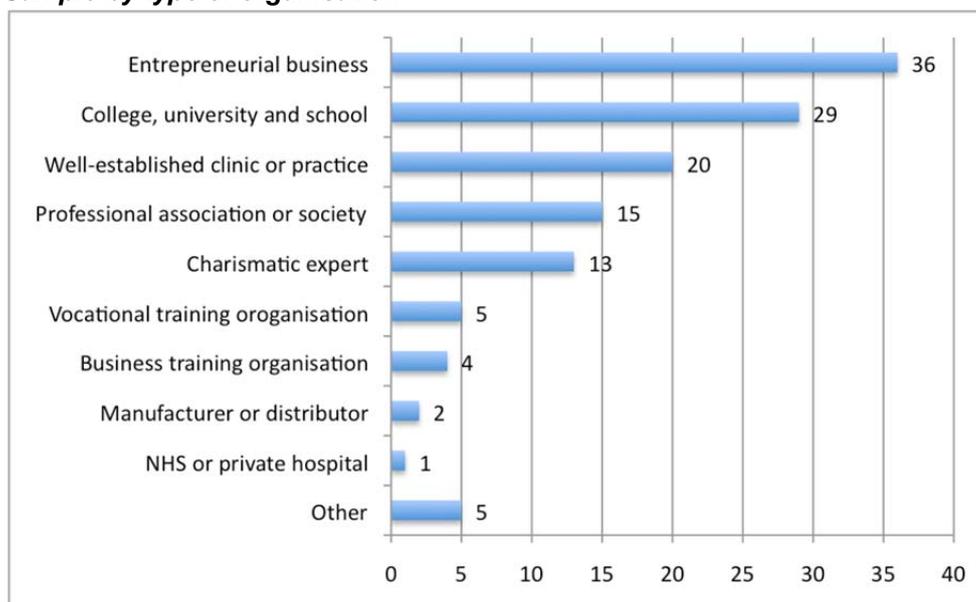
Chart 3: Sample location in the UK



2.2 Types of organisations

The profile and interview data sampled broadly matches the proportions of different types of organisation identified in the long list (see Table 1 above). As shown in chart 4 below, the **most common three main types of organisation** being: entrepreneurial businesses; colleges, universities and schools; and well-established clinics or practices. However, the proportion of NHS or private hospitals and manufacturers is reduced due to the criteria for selecting the sample (as outlined in the sample selection methodology, see section 1.2).

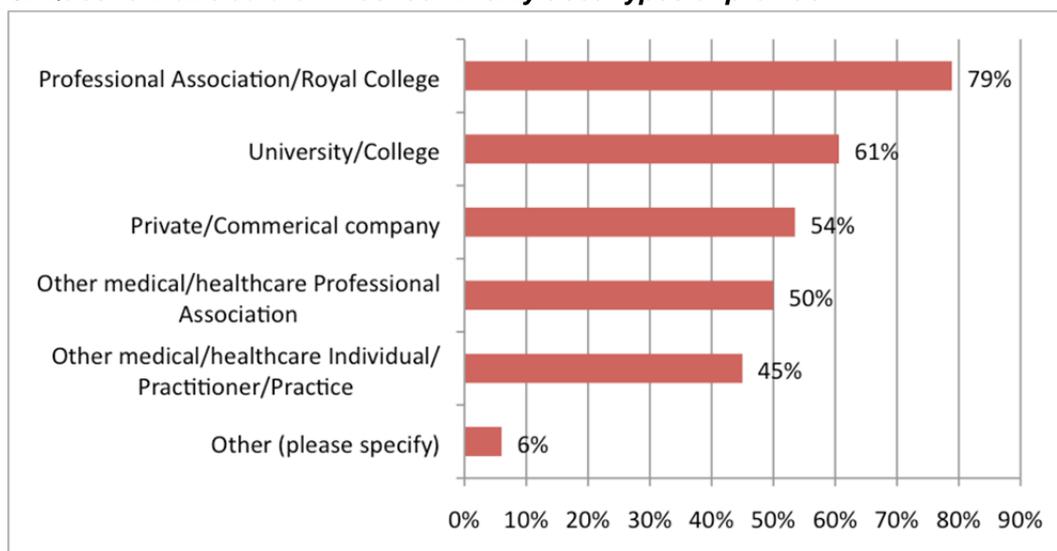
Chart 4: Sample by type of organisation



2.3 Most commonly used providers

Chiropractors were asked via the online questionnaire which types of provider they were most likely to use. (Respondents could tick more than one box.)

Chart 5: Questionnaire data on most commonly used types of provider



The majority of Chiropractors are **most likely to use professional associations or the Royal College** and would also look to universities or other colleges. Commercial/private providers and other relevant professional associations would be likely options for around one half of chiropractors. A significant number would look to individuals, or practices for CPD.

A relatively small number of organisations are commonly cited in all three data sources as the main providers of CPD for chiropractors. These major players are as follows.

- Chiropractic education providers – organisations providing initial education leading to the award of a recognised chiropractic qualification, that is: AECC, WIOC and McTimoney College.
- Professional associations or societies – membership organisations that represent chiropractors, namely: BCA, MCA, SCA and UCA.

The online questionnaire responses show that the 20 most commonly mentioned providers account for 55% of all CPD cited by the 567 respondents.

Table 2: Providers most commonly named by chiropractors

Provider	Number of times cited
Royal College of Chiropractors (RCC)	148
Anglo European College of chiropractic (AECC)	139
British Chiropractic Association (BCA)	92
United Chiropractic Association (UCA)	66
SOTO Europe	26
CPD Gateway	26
McTimoney College of Chiropractors and McTimoney Association ¹	25
NeuroSeminars	20
Health Education Seminars (HE Seminars)	18
Scottish Chiropractic Association (SCA)	16
International College of Applied Kinesiology	14
The Carrick Institute	12
ChiroEurope	11
Edinburgh Lectures	10
Welsh Institute of Chiropractic	10
Ulrik Sandstrom Seminars	10
St John Ambulance	10
Kinesio Taping Association (Kinesio UK)	9
Chiropractic Biophysics	9
Nutri	9

Data from the sample of audit returns and the focus groups also place RCC, AECC and BCA as the most commonly used providers.

In addition to named providers, questionnaire respondents commonly cited the following answers.

¹ It has not been possible to separate McTimoney College of Chiropractors from the McTimoney Association as many respondents to the online questionnaire just wrote "McTimoney" as a provider.

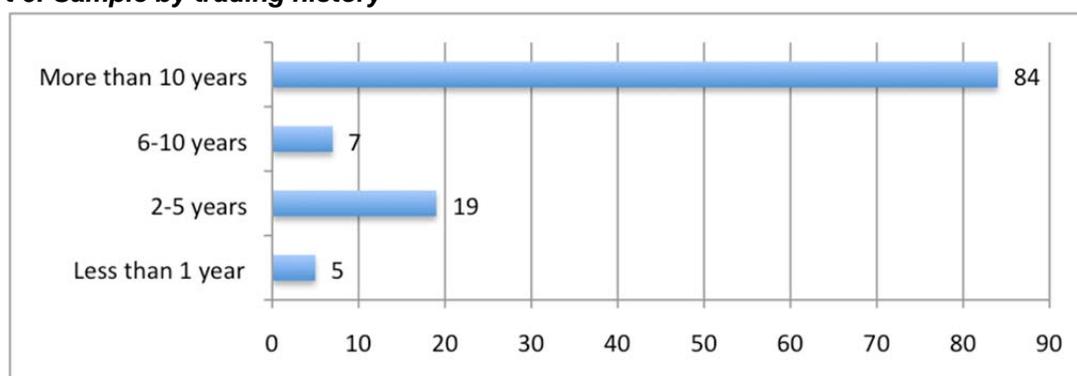
Table 3: Common general responses about providers to the online questionnaire

Type of response	Number of times cited
Other chiropractors/ associate chiropractors/ colleagues/ local study group	50
NHS Hospitals and Private Hospital education seminars or observations etc	35
Non-provider specific activity (e.g. courses, conference)	32

2.4 Maturity of the industry and recent trends

Data from the 130 organisations sampled suggests that the CPD market is fairly mature with the majority of providers having been operating for more than 10 years.

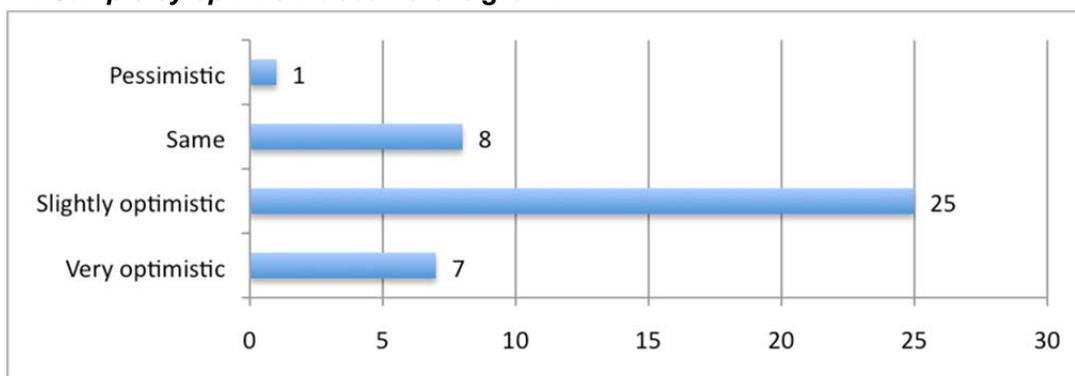
Chart 6: Sample by trading history



Data from the sample also suggests that there has been some growth in the CPD market over the last three years. The interviews and long profiles identify some 24 organisations showing some growth (on average by 43%); 8 organisations showing no growth; and only 4 confirming their share of CPD market had declined (on average by 29%).

Optimism about future growth in the CPD market was also fairly high with the majority of the 41 organisations that commented being slightly or very optimistic.

Chart 7: Sample by optimism about future growth



2.5 Finances of the CPD market

It is not possible from the data gathered for this project to give a clear indication of the financial value of the CPD market overall. However, some data has been gathered about the costs involved in CPD, which, it could be argued, give some indication of the size of the market.

Focus group members on average spend £1,334 per year on 'paid for' CPD. Though most do not have a specific budget for CPD (only 8 of 24 attendees had a budget).

The price of CPD activities seems competitive in the current market. Focus group members were asked the cost they would be prepared to pay for different CPD activities and as a comparison the organisations interviewed were asked the typical price of different CPD activities.

Table 4: Average price of CPD events

Activity	Average cost chiropractors would pay	Average price charged by providers	Typical price per event
2 hr lecture	£35	£42	£40
1 day seminar/workshop	£121	£142	£135
1 day conference	£106	£151	£125

The most common type of event is a practical seminar or workshop, typically attended by 20-30 participants. It is recognised that many practical seminars last for 1.5 or 2 days, with a typical workshop starting on the Friday evening with some background theory then offering a full day of hands on learning on the Saturday. Lectures normally seem to attract from 20-50 attendees and are most commonly provided by the larger entrepreneurial organisations and by NHS or private hospitals or clinicians. Conferences are the least common type of event are usually larger events with anything from 50-500 delegates and are mainly offered either by associations or societies or by specialist events organisations. Using these figures it is possible to estimate that the income generated from each type of event would be on average as follows.

Table 5: Estimate of event income

Activity	No of attendees	Average no of attendees	Estimated average event income
2 hr lecture	20-30	25	£1,000
1 day seminar/workshop	20-50	35	£4,725
1 day conference	50-500	225	£28,125

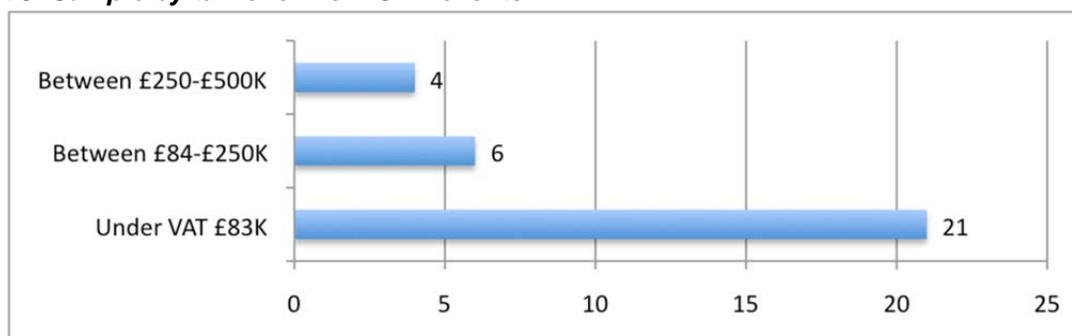
Data from the interviews with providers suggest that only a minority (3 of 15) hold more than 50 events per year. The remaining 4 providers held between 10 and 20 events, the remaining 8 held less than 10 events. The average number of events was 24.

On the basis of these approximations it is possible to estimate the annual gross income from running events. For example:

- A small well-established practice that offered say 6 seminar/workshops per year would have an estimated income of around £28,350.
- A medium-sized society that say held an annual conference, 6 evening lectures and 4 seminar/workshops could have an estimated income of around £53,025 per year.
- A large entrepreneurial provider offering say 70 seminar/workshops and 30 lectures could have an estimated income of £360,750 per year.

These estimates are corroborated by the data from the long profiles and interviews, which shows that turnover generated from CPD events falls most commonly under the VAT threshold. Understandably this was a sensitive question for organisations to answer. Data from 31 organisations shows that the about two thirds reported turnover from CPD events as under the VAT threshold, with the remaining one third with a larger turnover.

Chart 8: Sample by turnover from CPD events

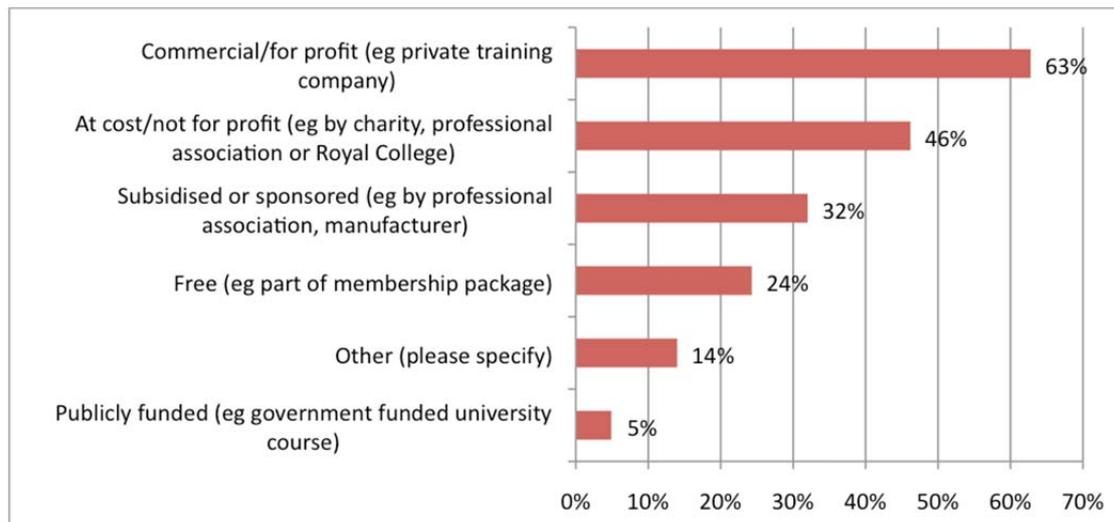


The interview and long profile data also suggests that the majority of CPD is commercial, with a large majority (35 of 43 organisations) aiming to make a profit, 7 stating the aim as covering costs and only

one offering any free CPD events. However, it is recognised that the data may be skewed as hospitals have been left out from the sample, which often offer free talks on the latest developments in diagnosis, referral and treatment.

Chiropractors confirmed that commercial CPD was the most common, through the online questionnaire. Almost two thirds of chiropractors use commercial training providers while just under half have had training delivered at cost. Just under a third had free or subsidised training from a trade body or manufacturer and a quarter got some free training. Very few, less than 1 in 20, received publicly funded training.

Chart 9: Questionnaire data on how CPD was financed



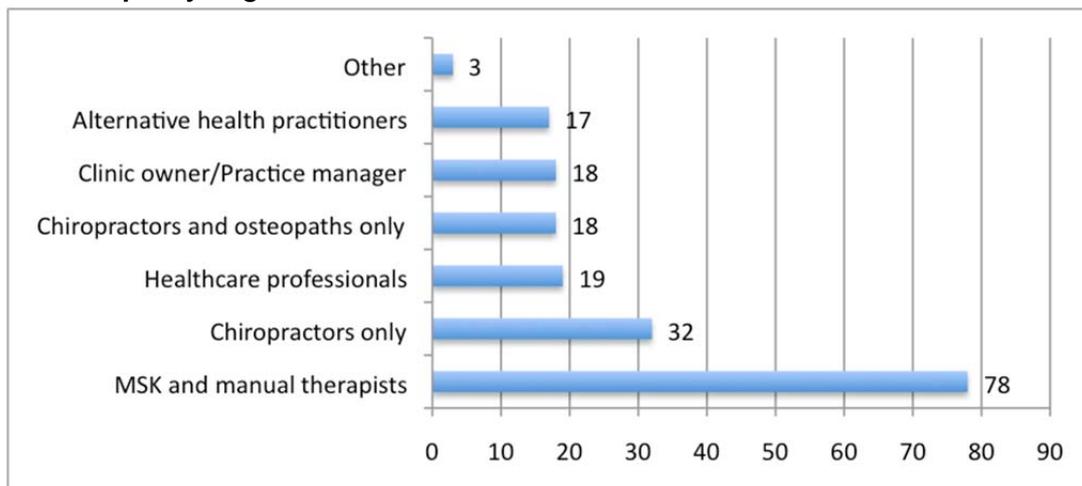
3 Target audience and marketing methods in the sample

This section covers: the target audience for CPD events; the marketing methods used to attract them; and chiropractors' reasons for choosing CPD events.

3.1 Target audience

The profile and interview sample data confirm that the target audience for CPD events was most commonly MSK and manual therapists. This would typically include: chiropractors, osteopaths, physiotherapists, sports massage therapists and massage therapists. More specialist CPD events were targeted at chiropractors only and both chiropractors and osteopaths. Other significant audiences are: health and social care professionals in general; and clinic owners, practice managers.

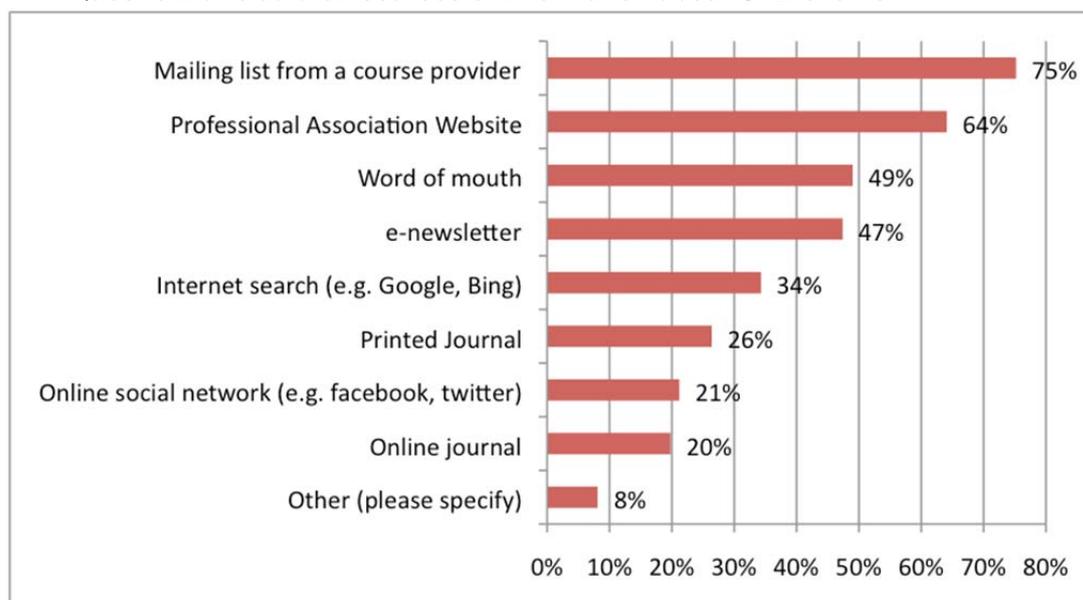
Chart 10: Sample by target audience



3.2 Marketing and promotion

Chiropractors were asked about marketing information sources in the online questionnaire. As can be seen from chart 11 below, the **most popular source is direct marketing** from the training providers, three quarters of chiropractors citing this as a source. Almost two thirds proactively visited professional association websites. E-newsletters and word of mouth are the next most popular sources with almost half citing these as useful sources. One third of chiropractors found web searches useful, but less than a quarter specified Journals or social networking.

Chart 11: Questionnaire data on sources of information about CPD events



Focus group discussions mirrored these findings and suggest that chiropractors are **mainly reactive in finding out about CPD** opportunities. For example to:

- direct mail shots both solicited and unsolicited (e.g. emails, postal flyers or brochures). It is worth noting that chiropractors reported that the majority of mail shots related to building their practice and increasing patient numbers;
- information from their professional association (e.g. magazine, e-newsletters etc);
- recommendations from colleagues; or
- local opportunities (e.g. NHS and Private Hospitals often invite Chiropractic to monthly seminars aimed at GPs and MSK practitioners).

It was recognised by focus group members that **some are more proactive** and seek out information about CPD events. For example by:

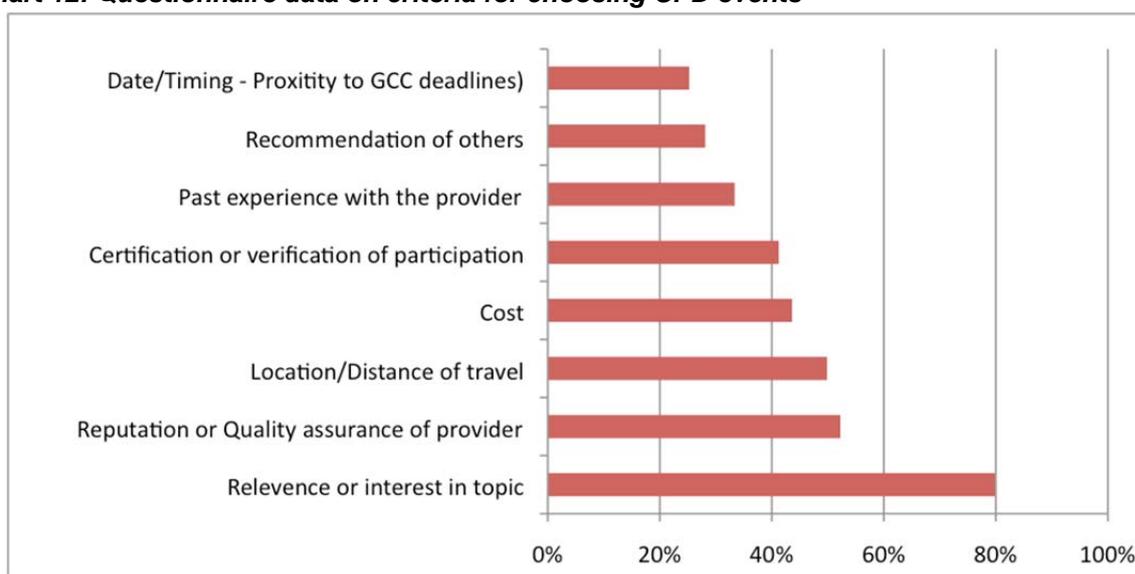
- web searching (e.g. Google, Bing);
- checking on provider websites or social networking to see what was coming up (e.g. Twitter or Facebook);
- looking in journals or books to find out about possible presenters or topics; or
- following up information to help treat 'problem' patients.

3.3 Chiropractors reasons for choosing CPD

Chiropractors were asked in the online questionnaire about the most important criteria in choosing a CPD activity. The data below, in ascending order of importance confirms that the most significant criteria were relevance and interest in the topic being covered, with data and timing being the least important. Quality and reputation of the provider is second in importance. Personal recommendation and previous experience with the provider are of relatively low importance even though they feature

as key sources of information. Cost and distance to travel are of medium importance although the spread of responses on cost suggest there is a less consistent view.

Chart 12: Questionnaire data on criteria for choosing CPD events



The **most important factors for choosing CPD** events raised by focus group members were very similar to those from the questionnaire. The most important criteria seem to be those associated with the topic and the presenter.

- **Relevance and interest** – Critical is your personal interest in the topic and or the speaker’s perspective on chiropractic. Also important is that the topic or speaker matches your personal philosophy of practice *‘Does it meet your professional needs and aspirations? Why else would you attend? Does the chiropractic approach fit with your beliefs/practice?’*
- **Reputation of speaker or provider organisation** – Having read or heard something about the presenter would encourage you to attend to hear what they had to say. Familiarity with the providing organisation is also likely to be important. *‘You are likely to go back to your alma mater and professional association.’ ‘If you had a good speaker that was put on by an organisation you had never heard of then you might go; if you had a good organisation with an unknown speaker then you would probably give it a chance; but if you did not know either the speaker or the organisation then you would not attend.’*
- **Recommendations from colleagues** – Attendees saw personal recommendation as very important compared to testimonials or reviews on websites. *‘If you were thinking of attending a seminar you might ring round to see if anyone had attended an event by the speaker and what they thought.’*

A number of **secondary factors in choosing CPD events** were raised by focus group members to be considered.

- **Availability** – Some events only take place rarely, such as a visit from an international expert; so if you miss the event you may need to wait for a few years till another opportunity occurs. Some events may not have enough people to run so get cancelled at the last minute.
- **Convenience** – Mid week events mean loss of practice time, therefore additional costs - whereas weekend events mean loss of family time not income.

Focus group members raised a number of other **general criticisms of current CPD provision**.

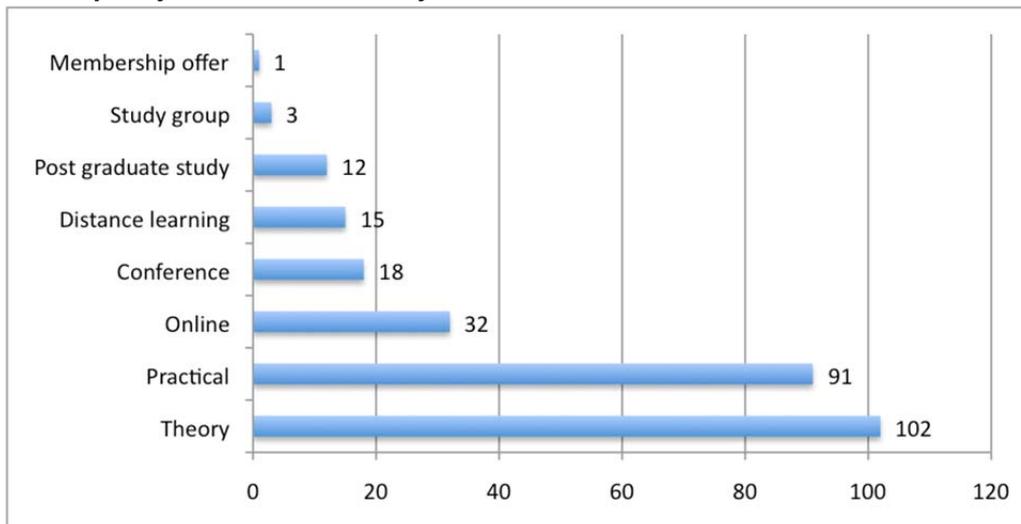
- **Planning your professional development** – Attendees reported that it is almost impossible to plan your CPD on a yearly basis, mainly because the providers do not publish the dates of their courses far enough in advance; therefore much choice is constrained by what is available when you want it, often at short notice!
- **Lack of provision in the North** – The vast majority of provision is based in the South making accessibility limited due to costs having to consider travel and accommodation. There is a perception that it *“has progressed from dismal to poor”*. With the exception of the SCA, most chiropractic associations and education providers are based in the South and are perceived to arrange events around the association base and those of their students. As a response informal organic learning hubs have emerged in the North (i.e. groups of MSK practitioners who come together informally and “buy-in” provision usually organised by an enthusiastic individual). However, as the popularity grows, administration and chasing payment becomes burdensome and either it stops, or is handed over to a larger organisation to manage (such as the RCC), then the cost goes up and the popularity wanes.
- **More sympathetic scheduling** – More provision at weekends would be useful to avoid conflict with the requirement on chiropractors to provide adequate cover for patients during the week. Conferences are increasingly being held on a Friday/Saturday; it would be better if they were scheduled on Saturday and Sunday so not to conflict with working week and the commitment to patients.
- **Improved publicity** – Some providers are good at publicising events, some are less good. Most focus group members would like to see more effective and timely communication from associations about what is available (the exception are conferences, as dates for these are usually given ahead of time). Focus group members also suggested that the GCC could play a useful central role in running a billboard or helping to publicise events. However, the resources for such a service were recognised as potentially prohibitive.
- **Clarity about costs** – Focus group members considered that associations typically put on CPD as a commercial business (e.g. *“if events are subsidised then they should be advertised as such because they don’t feel ‘not for profit’”*). This was seen as unfair by chiropractors compared to the situation for doctors who by and large receive free CPD.

4 Methods of delivery and the availability of provision in the sample

4.1 Methods of delivery

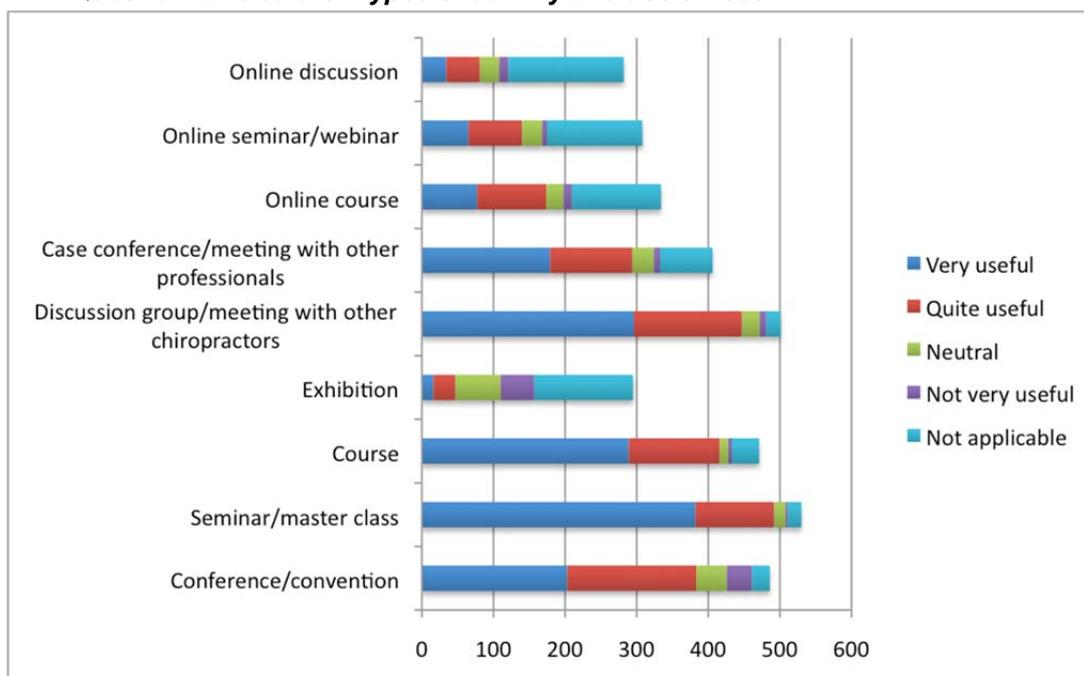
The sample of data shows that the most common method offered by providers was a combination of theory and practical, plus a small proportion of events that were theory only. One quarter of providers also offered online learning. The least common methods were study groups and member's only activities.

Chart 13: Sample by methods of delivery



Chiropractors were asked through the online questionnaire what methods of delivery they had undertaken in the last 3 years and how useful they were (see chart 14 below). There was a spread across the methods of delivery. Seminars/Master Classes were marginally the most common and the type with the highest utility rating. Courses and peer group discussions were the next most popular, and provide next highest utility rating, closely followed by courses. Conferences and conventions were also popular but the utility rating of these was more mixed. Interactive online courses, discussions and seminars were not seen as very useful by as many, while case conferences seem to have polarised opinion more. Exhibitions are not generally regarded as useful CPD activities, unless they include learning events such as, lecture sessions.

Chart 14: Questionnaire data on types of activity and usefulness



Focus group members were also asked about their **preferred method of delivery**. The discussions suggest that there is a critical relationship between the:

1. topic;
2. delivery method; and
3. learning style of the individual.

This means that different methods will be more applicable for some topics or welcomed by some individuals. For example:

- One attendee always prefers to do face-to-face CPD because they like to learn with other people and find that they remember things better when they are away from their clinical practice.
- Another liked online fact checking tests, that they could use in their lunch hour to check that they had remembered key facts.
- A third preferred to learn in groups because they found they learnt more from the shared experience and feedback possible.

When considered in general terms, there was a preference for face-to-face experiential learning methods. These were seen as critical for some learning, particularly of techniques where you got the benefit of interacting with the tutor, and other learners, as well as the opportunity to practice hands-on techniques and get feedback.

Focus group members reported mixed experiences of online provision depending on the level of interaction possible. Online seminars (or webinars) were more highly rated than online lectures (or podcasts). One had found online lectures uninspiring and commented that the lack of interaction meant that they didn't get as much out of it as they wanted. Another had a good experience with an

interactive webinar where they could post comments while the seminar was delivered and exchange ideas and concepts with other practitioners. Those who had used them reported that online events can be hard to concentrate on and it is easy to get distracted (e.g. by your emails). There was some consensus that online methods would become more common, such as webinars you could access when and where you want (e.g. *'I could do it in my pyjamas'*). Online was recognised and in part welcomed for providing opportunities that were convenient and low cost (e.g. *'you don't have to travel or take too much time off work'*). Online learning was considered particularly suitable for learning about things such as, record keeping or the use of software.

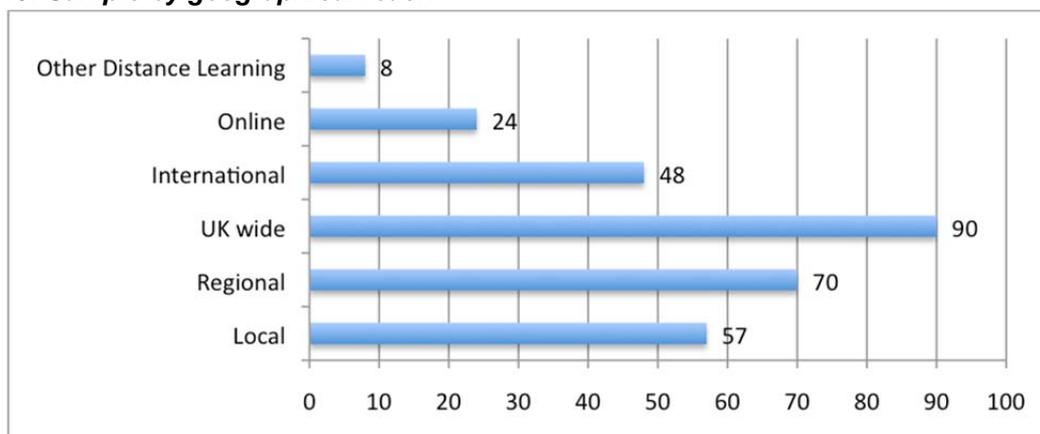
In addition focus group members raised two general points.

- The lack of evening/short seminars/lectures (i.e. 2-4 hrs long) compared to events lasting one day or more.
- The need for more quality assured learning that could count towards a post-graduate qualification or route towards Member or Fellowship with the Royal College of Chiropractors.

4.2 Geographical reach

The majority of CPD providers sampled were based in the UK (as noted in section 2.1 above). The geographical reach of their CPD offer was mainly claimed to be UK wide, that is people attending events from all round the country. However, only a minority of providers sampled actually ran events at more than 2 or 3 locations round the country; typically these would be larger providers offering in excess of 50 events per year.

Chart 15: Sample by geographical reach



5 Content and quality of CPD provision

This section covers: the range of topics offered for CPD; the topics chiropractors are interested in and find it hard to source CPD on; the factors behind the design of CPD programmes; the verification and quality assurance of CPD events.

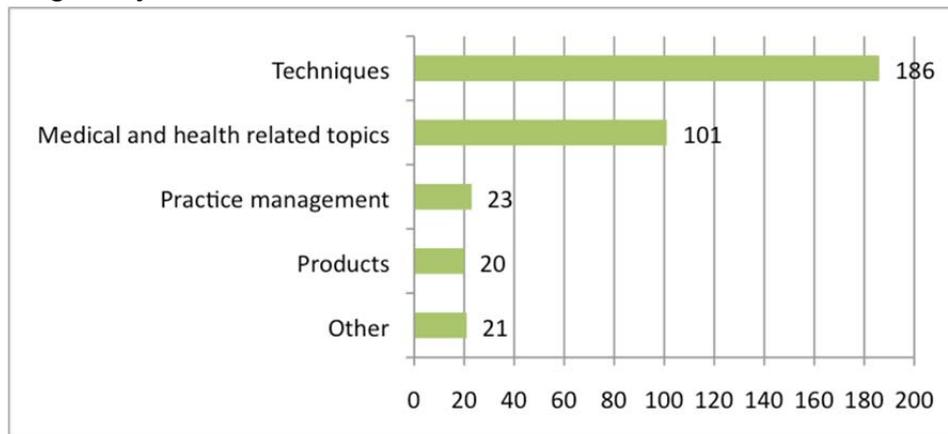
5.1 Range of CPD topics in the long list

The **range of CPD topics offered varied considerably** across the long list, though most could be categorised under the following broad headings:

1. techniques;
2. health related topics;
3. practice management and professional development; and
4. product related topics (e.g. pills and equipment).

Data from the long lists confirms that **the most common area was techniques** with significantly less provision focused on practice management or products.

Chart 16: Long list by content of CPD events



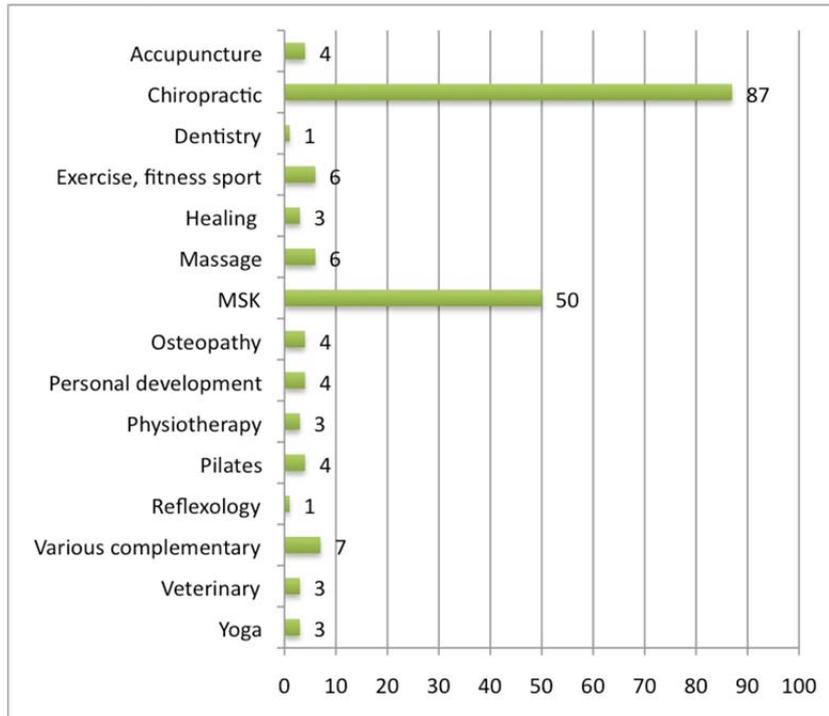
The profile sample data about the content of CPD events from the 130 providers broadly **reflects the long list data** (except that it does not include those offering CPD related to products due to the sampling criteria). Table 6 below shows that the majority of providers offer events associated with MSK techniques, slightly less than half offer CPD that is health related and a small proportion offer events focused on more general practice or business related topics.

Table 6: Sample by broad areas of content

MSK specific	health related	General business focus
97	57	22
75%	44%	17%

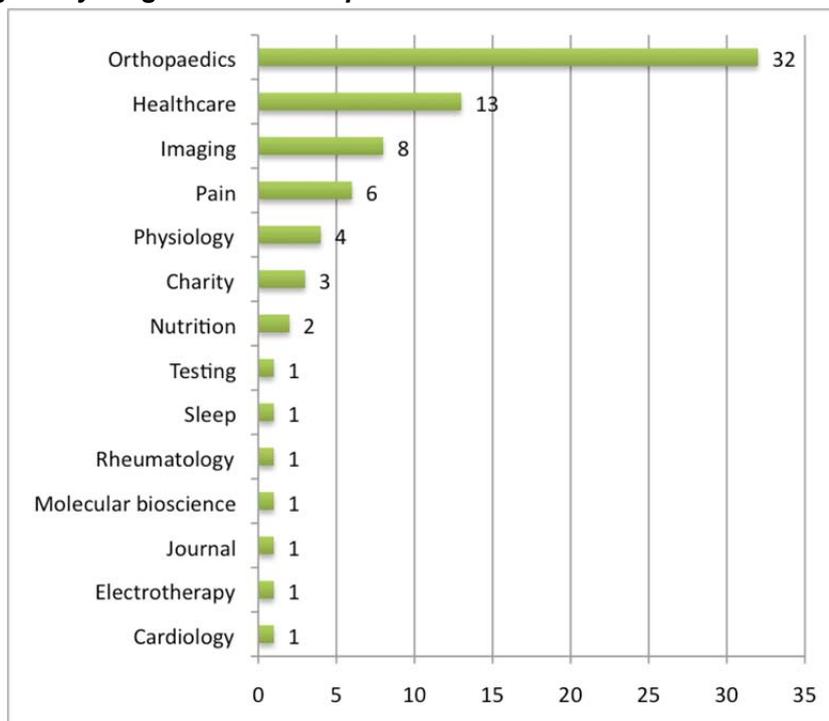
When the long list data is analysed in more detail, the CPD content related to **techniques** included not only chiropractic techniques but also a wide range of other MSK and complementary techniques.

Chart 17: Long list by range of techniques



The medical topics offered were very varied and show that chiropractors have wide ranging interests.

Chart 18: Long list by range of medical topics



Focus group members were asked **what topics interested them**. These broadly fell into the following three areas. The largest number of topics was an area we classified as 'neuromusculoskeletal specific'.

Table 7: Topics that interest focus group members

Area	Examples of topics that interested focus group members
Neuromusculoskeletal specific	<ol style="list-style-type: none"> 1. Paediatrics 2. Techniques for problem areas and/or extremities 3. Neuro anatomy refresher 4. General diagnosis refresher\radiology refresher 5. Visceral neuro-biomechanical dysfunction 6. Relationship of malocclusion to somatognathic dysfunction 7. Neurology 8. Myofascial release tools 9. Applied kinesiology 10. Manual muscle testing 11. Sports treatment/management 12. Guidelines for referral for surgery 13. Chiropractic philosophy 14. Critical reflection on history and tradition
health related	<ol style="list-style-type: none"> 1. Nutrition 2. Biochemical approach to nutrition and phyto-therapy 3. Homeopathy 4. First aid refresher 5. Prediction of health crisis 6. Headaches 7. Medical acupuncture 8. Cognitive Behaviour Therapy 9. Modern health research
General clinic and business management	<ol style="list-style-type: none"> 1. Understanding the process of practice 2. Ethics of practice 3. Successful practice 4. Professionalism 5. Practice related law 6. Business management/strategy 7. Creating a business plan – to present to investors and help guide the business 8. Patient communication 9. Multidisciplinary management

Focus group members were also asked about **topics that are hard to find** CPD on. As can be seen in table 8 below, the greatest number of topics identified, were in an area we classified as 'general clinic and business management'.

Table 8: Topics that focus group members find hard to source CPD on

Area	Examples of topics that focus group members found hard to find
Neuromusculoskeletal specific:	<ol style="list-style-type: none"> 1. Local MSK primary care pathways 2. Materials relevant to specialist practice 3. The Philosophy of Chiropractic 4. Functional Neurology 5. Neuro Impulse Protocol 6. Chiropractic Research – vascular injuries; neurological; supplements 7. Specific chiropractic conditions – discussions and practical's, skills sharing 8. Carrick lectures in the UK 9. Application and interpretation of x-ray and MRI scans 10. New chiropractic research 11. New chiropractic adjustment techniques 12. Technique specific improver and refresher courses (e.g. to help the newly qualified to practice and develop skills that they are less confident in)
Health related	<ol style="list-style-type: none"> 1. Integrating in primary care 2. On going updating on medical procedures 3. Dermatology (how to spot any skin conditions that require referral) 4. Psychology 5. Elderly care and needs for the elderly 6. How to inspire lifestyle change 7. NHS Provider information 8. Managing stress through: Chiropractic, Nutrition & Mindfulness 9. Medication and potential side effects that contribute to presenting problems 10. Nutrition and how to advise patients on diet-related issues
General clinic and business management:	<ol style="list-style-type: none"> 1. CoP and SoP seminars defining standards 2. Quality of Care 3. Ethics/regulations in a small practice (e.g. data protection, policy writing) 4. Starting up a new chiropractic clinic (marketing, health and safety, insurance, pit falls etc) 5. Business development - clinic finances; book keeping; reception training 6. Clinic day to day management 7. Patient management (not billion dollar practices!) 8. Small practice – clinical leadership and management skills 9. Employing associates (what is common practice? the best practice?) 10. Interview skills 11. Employing associates 12. Note taking (what is best practice?) 13. Inter professional communication 14. Communication in all aspects of practice 15. Clinical audit and how to carry it out effectively 16. How to write a clinical paper/write up case studies (to increase the body of knowledge of the profession by the profession) 17. Failure practice mechanisms

5.2 CPD programme design in the sample

Providers were interviewed about **external influences on the design of their CPD programmes**.

Four main external influences were cited.

Views of delegates were cited as an influence in 12 interviews, for example:

- *“as a membership association our role is to be responsive to our members views”*
- *“our feedback form asks for suggestions”.*

Strategic partnerships with other organisations was mentioned in 9 interviews, for example:

- *“we try not to compete with our partners”*
- *“helping us to expand our offer”*
- *“we are the UK representative of an international organisation”.*

Developments in MSK health were mentioned in 8 interviews, for example:

- *“the key influences are new developments in diagnosis and treatment”.*

Organisational policy was also cited as a key influence in 4 interviews, for example:

- *“we are currently developing a three year strategy which will have a key influence on the design of our programme”*
- *“our strategic focus on MSK health drives the programme design”.*

The GCC was cited as an influence in 2 interviews, for example:

- *“a number variables including the GCC, current research, overseas developments etc.”*

The most common **practical factors influencing the design of CPD programmes** were as follows.

Number of participants was mentioned in 12 interviews, for example:

- *“some events are smaller because we want the event to be interactive – we need to balance price with numbers”*
- *“we limit the numbers so we can supervise practical work adequately”*
- *“we are limited at the moment by the size of the rooms we use”.*

Scheduling was mentioned in 10 interviews, for example:

- *“we run events in term time avoiding the winter and summer holidays”*
- *“we offer events in August to help chiropractors meet their CPD requirements”*
- *“we run events at weekends as these are more likely to attract people from across the UK”*
- *“we try to give people as much notice as possible, though recognise that most people actually book at the last minute”.*

Geographical location and venue were mentioned in 10 interviews, for example:

- *“we aim to spread round the country geographically”*
- *“we used to offer events in different locations but have found that the capital is the most popular location”*
- *“there are more chiropractors in the south and we also have international attendees so London is popular and usually sells out”*

- *“we have in the past tried to move events around the country but this usually causes more complaints or fewer attendees”.*

Financial viability was also a factor in 7 interviews, for example:

- *“for a new seminar we have to take a stab in dark about what income it will generate and the number of participants who will attend; we seldom have to cancel due to lack of take up”*
- *“we need to balance price with numbers”*
- *“we aim to cover costs, including overheads”*
- *“the better we advertise the more likely we are to make a profit”.*

Speakers were an influence in 5 interviews, for example:

- *“the programme is often driven by the availability of the speaker”*
- *“getting international speakers involves planning far in advance”.*

Topics were mentioned in 4 interviews, for example:

- *“some topics are run nationally and some are run regionally in response to delegate views”*
- *“we try to avoid duplicating undergraduate education”*
- *“our programme builds and not all topics are offered every year”*
- *“we try to offer something different from or complementary to the competition”.*

Number of events was mentioned in 2 interviews:

- *“we aim to offer one CPD event per month, however this is not always possible”.*

Types of events were mentioned in 2 interviews, for example:

- *“we run events we organise ourselves and we can offer bespoke events to meet client needs”.*

Support for **delegate’s reflective practice was not common** in the design of CPD events. Whilst providers were familiar with the concept of the learning cycle few had support built into their CPD events. In 5 interviews it was clear that reflective practice was explicitly supported. For example:

- *“Different lecturers will approach this differently. For my workshops, I do a lot of problem solving group work (i.e. providing delegates with the concepts and then setting them the challenge of working out how to respond to scenarios) so they learn how to think and discuss between themselves to solve the problem. This is a way of embodying the information. Some lecturers may just be teaching a single technique.”*
- *“All courses included learning outcomes. We started recently incorporating the learning cycle within the course, so the learning outcomes are introduced at the start and learning is reviewed at the end. So that participants find it an aid to writing it up.”*

In a further 3 interviews the support for reflective practice was less well embedded. For example:

- *“There is implicit support and we invite delegates to join a regional forum to engage in facilitated reflective learning with a group of peers.”*
- *“We provide seminar notes plus books. What happens is that delegates are encouraged to read the books and ask questions of tutors, even email them after the event.”*

In 6 interviews the delegate evaluation or feedback form was cited as the only reflective aspect of their events. For example:

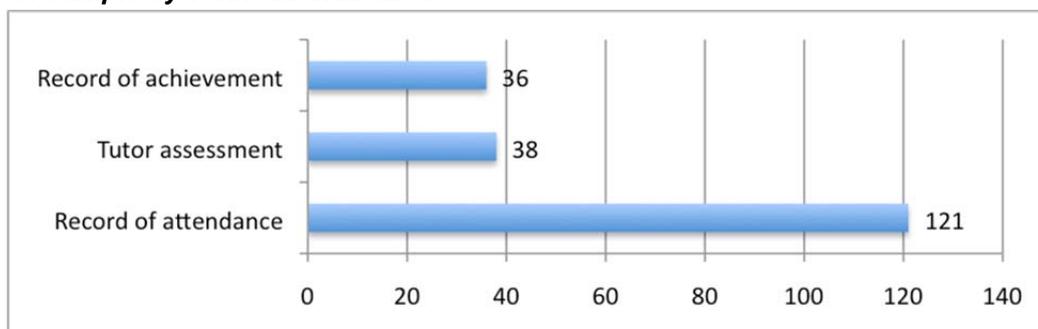
- *“The feedback form that we use could be altered to include this, but does not at the moment.”*
- *“The feedback does include the suggestions for further events which requires reflection. But there is no structure in place. Delegates come, they listen, they take away what they take away.”*

Responsiveness to the GCC was universal across all 15 providers interviewed (e.g. about revision of the CoP and SoP or CPD requirements). However, the lead-time needed varied to revise CPD events to support any changes. All providers interviewed confirmed that they were quite likely (27% or 4) or very likely (73% or 11) to be responsive to the GCC. But it varied considerably on how long a lead-time they would need to make any changes to their events. The majority (73% or 11) could respond in less than 6 months. The providers that would take longer were typically those who were the UK partner of an international organisation, so any changes would need to be agreed with other sister organisations.

5.3 Verification and quality assurance in the sample

Data from the sample suggest that the **most common verification method is a record of attendance**. Only 9 of 130 organisations did not provide this, typically because their offer was either online or via other distance materials (e.g. DVD or CD ROM). Just under a third of organisations had the necessary expertise and systems from formal qualifications, to formally assess achievement from CPD events (typically education providers, such as universities, vocational training providers and colleges). However, only a minority of events offered by educational organisations included formal tutor assessment or certificate of achievement. It is likely that formal assessment is not offered due to lack of demand and the likely increased costs to participants.

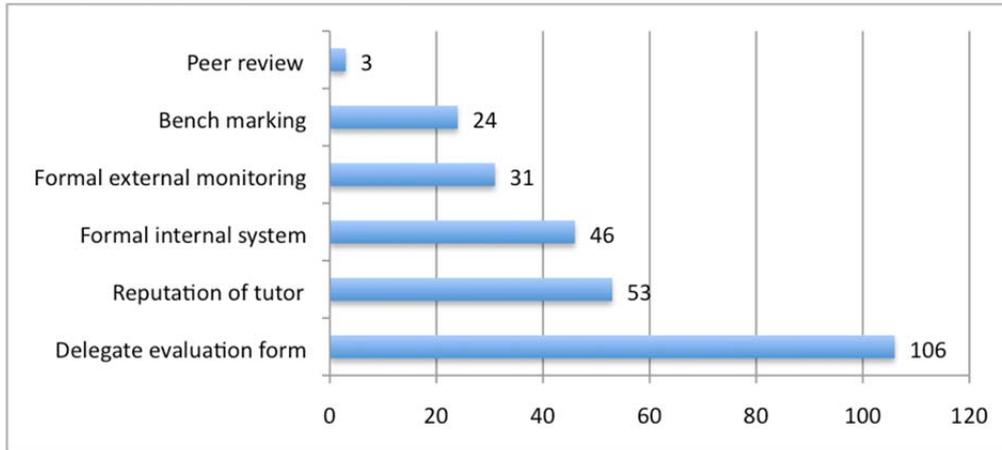
Chart 19: Sample by verification method



Quality assurance processes varied considerably. By far the most common method identified in the sample was the delegate evaluation form. A number of providers base quality assurance on the

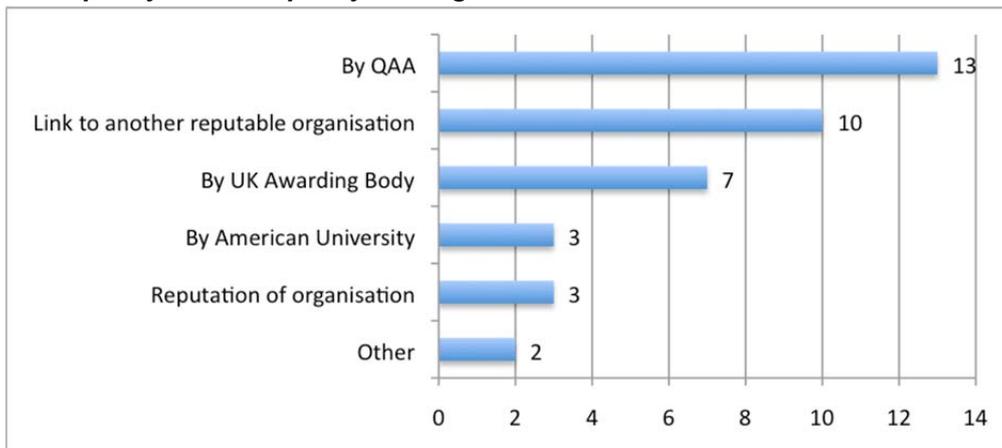
reputation of the speaker, working on the principle that if you hire an expert you get a quality event. Educational providers (e.g. universities, schools, colleges and vocational training providers) would also typically have a formal internal system of quality assurance that may be supplemented by some form of external monitoring or oversight.

Chart 20: Sample by quality assurance process



External oversight of quality was directly or indirectly applied through 38 educational or vocational focused providers in the sample. The bodies providing this oversight varied from recognised education agencies (e.g. Quality Assurance Agency, an American university or UK Awarding body) to partner organisations (e.g. SOTO Europe, RCC and ECU).

Chart 21: Sample by external quality oversight



Chiropractors were asked in the focus groups about the **features of effective CPD events**. The most commonly mentioned points were as follows.

- **Applicability** – Being able to see how they would apply the concepts and learn things that would support their practice.

- **Relevance** – The content of the session needs to be relevant to attendees and ideally to the type of patients that they treat. Focus group members wanted both chiropractic specific topics and those that related to that broader health issues as patients increasingly expect chiropractors to have a broader range of knowledge than their own specialism (e.g. nutrition, stress management).
- **Currency** – The content should be up-to-date in terms of research findings on efficacy. CPD events are seen as a good way to cut through all the research findings chiropractors can be bombarded with and get a summary of key findings.
- **Well structured** – Sessions need clear objectives or learning goals and benefit from some kind of narrative (i.e. include patient stories and have a beginning, middle and end). Also valued are suggestions to deal with any problems that may occur and how to approach and solve them. Presenters need to take account of the learning needs and expectations of the participants (i.e. not talk down to or over their heads) and be responsive to them as well as having some recognition of learning styles.
- **Practical element** – A combination of seminar and practical was very effective (e.g. a seminar on technique in the morning and having the opportunity to apply the learning in the afternoon through trying out the technique hands on and receive feedback). Observing others at work (e.g. shadowing surgeon or other chiropractors) is another form of practical learning that is seen as beneficial. CPD events provide not only a learning opportunity but also a social opportunity for chiropractors, which helps to combat isolation and enable them to share ideas, as they tend to operate alone.
- **Inspirational** – An enthusiastic presenter who engages with participants and leaves participants feeling enthusiastic and inspired is valued (e.g. Americans are very popular for this as they often have a different ‘energy’ from UK speakers).
- **Follow up opportunities** – Learning materials that participants can take away and refer back to, to check they have not missed anything and have understood the topic thoroughly. Also the opportunity to ask follow up questions by being kept in touch with a presenter was really helpful to get answers to those questions you wish you had thought of at the time.

Chiropractors were also asked in the focus groups about **what makes for poor quality CPD events**. A lack of quality assurance by the provider lay behind most of the critical points raised.

- **Poorly organised events** – Focus group members were understandably critical of events that were poorly organised or even “shambolic” (e.g. running over time, not sticking to the timetable, missing key speakers).
- **Poor communication** – A speaker who was boring or uninspiring and not able to present the content effectively to support learning (e.g. ambiguity, inappropriate terminology or language) so attendees find it hard to take ownership of the learning (e.g. just going through the motions or box ticking).

- **Out of date content** – When the presenter has not kept up with developments and research in the area or makes unsubstantiated claims (e.g. about the efficacy or applicability of a technique or knowledge).
- **Learning needs ignored** – Lack of care in finding out about or responding to the existing knowledge, skills and understanding of participants (e.g. talking down, making erroneous assumptions or non-transferability). Also when the presenter fails to take account of the different learning styles of participants or has no answers to questions (e.g. lack of knowledge or awareness of issues or different perspectives).
- **Inappropriate approach of the presenter** – chiropractors did not appreciate a negative attitude (e.g. too many but's and don'ts and not enough positive options or enthusiasm) or an unethical approach (e.g. that is political or biased towards making money rather than patient care).
- **Lack of learning support materials** – Either no information to take away to refer back to or promised follow-up resources that never arrive (e.g. hand-outs, case studies or videos).

Providers were asked their perceptions about the **overall quality of CPD provision** during the interviews. On the whole respondents thought the profession was pretty well served, for example:

- *“Quality and variety is pretty good compared to Europe.”*

This was particularly true with respect to clinical techniques though **patient communication skills** were less well provided for. For example:

- *“Much is repetition of undergraduate education. By and large chiropractors go to spinal manipulation seminars - they don't go to courses about personal and interpersonal skills to help them build effective therapeutic relationships and learn empathy. This is a significant lack in their practice.”*
- *“There are some gaps particularly to do with running a practice. I think this is because chiropractors struggle with communication. There is a need for more about how to talk to a patient.”*
- *“We are aware that approximately 85% complaints made about chiropractors are grounded in issues with communication.”*
- *“Communicating with patients needs to be looked at a little bit more. To find ways to say to a new chiropractor these are the things that the patient wants to know about. A new chiropractor can drive people away by not knowing how to present things.”*

Several interviewees questioned the emphasis in the range of CPD offered. For example:

- *“Looking at some of the graduate institutions, we think there needs to be more emphasis on the science, art and philosophy and less on specific techniques or say understanding back surgery.”*
- *“It seems that lots of CPD is practice building stuff (i.e. how to make more money) but I don't know how the patients are benefiting from that.”*

- *“There is a rejection within the professional about things to do with marketing and patient management, which are seen as just not right by many in the profession.”*
- *“There should be more inter-professional CPD, particularly between osteopaths, physiotherapists and chiropractors.”*
- *“Chiropractors tend to be quite traditional in their approach so there is less about newer developments such as: taking an evidence-based approach; the bio-psycho-social model; interviewing and referral; or engaging public health issues.”*

6 Key themes and suggestions

This section identifies key themes arising from stakeholder consultation that could benefit from further consideration and which, it is hoped could inform other strands of work that the GCC is currently undertaking regarding the review of CPD requirements and assuring continuing fitness to practice. The themes discussed include: accessing affordable and local CPD; communicating about CPD events; kite marking and GCC approval of providers and CPD events; valuing CPD; and considers responsiveness of providers to the GCC. The final sub-section presents the conclusions of the research against the four original project objectives.

6.1 Access to affordable and local CPD

Respondents to the online questionnaire took the opportunity of an open text question to share what they considered to be the main barriers to accessing CPD.

Out of 121 respondents to the question “Is there anything else you would like to tell us?” 26 respondents voiced concerns about cost and accessibility of CPD. Cost appears to be an issue nationally for chiropractors, especially those that work part time. For example:

- *“The cost is the biggest obstacle they are far too over priced... I've only been working 2 years.”*
- *“Often CPD is very expensive, and there are very few association-led courses in our area. It's very difficult if you only work part time to pay for CPD that does actually develop the chiropractor.”*
- *“CPD generally ridiculously expensive. Important to keep costs down.”*
- *“Cost of some CPD is prohibitive for some chiropractors, like myself, who only work two mornings per week due to childcare responsibilities. Given that there is currently no reduction in GCC and insurance fees for very PT practitioners, we are unable to attend the more expensive courses as a result.”*

Lack of local availability of CPD often compounds the cost issue significantly. This seems to be an issue particularly for chiropractors based in the North of England and Northern Ireland. However, when discussing this issue with providers (see section 5.2), they argue that the market in the North of England does not make it financially viable, or indeed they feel they do already deliver adequate provision nationally. The frustration over lack of local provision voiced in the questionnaire confirms feedback from the focus group members in York (see Section 3.3). What follows is a sample of responses from the questionnaire:

- *“The geographical location here profoundly limits courses available.”*
- *“There really isn't enough choice across the whole of the country that makes it difficult at times to attend, even if you want to!”*
- *“Not enough CPD courses in the north of England. I always have to travel south.”*
- *“There are very few courses held in the north of England. It is extremely costly in both time and money to have to travel to attend seminars in the South.”*

There is clearly a perception that there are gaps in provision, whether it is caused by location or affordability. Over the course of the project suggestions were made that could relieve the issue and would benefit from further consideration that are outlined in the rest of this section.

6.1.1 Self-initiated local hubs of learning

As already reported chiropractors suggested that informal hubs of learning have grown up organically to fill in gaps in CPD provision (see section 3.3). These give chiropractors the opportunity to meet together and with other health professionals, to invite speakers and share best practice. Historically some of these groups, while successful, only appear to have been viable for a limited time period. For example, a typical life cycle would be as follows: an enthusiastic individual establishes a group; the group grows then the administration becomes burdensome and an association or college is engaged to take over the running; as a consequence the cost goes up; it is deemed unfeasible due to insufficient numbers or is not cost effective; and the hub dissolves.

There is evidence from the focus groups that people rely heavily on their local networks and value them highly as sources of CPD. However, concerns were raised about how this informal activity is verified and perceived by the GCC, in terms of meeting the CPD requirements. On occasion this leads to chiropractors sourcing more formal and often expensive options. This point was reinforced by comments made by online questionnaire respondents.

- *“Would love to have regional meetings like they do in the PRT year but for all chiropractors to attend so we could all learn from each other a bit more.”*
- *“I have spent time with my colleagues taking several hours to explain various phenomena yet I cannot include the hours spent as part of my CPD because it is regarded as teaching. I am not a member of an undergraduate college. I presume this point of assessment was aimed at members who are employed as teaching staff.”*

Suggestions:

- Self-initiated **local learning hubs** have been set up, which could be supported by the RCC and associations.
- Chiropractors value local networks but would benefit from the GCC being clearer about the **value and balance** of formal and informal ‘learning with others’.

6.1.2 The use of online provision and a clarity over what counts as CPD

The regional gaps in provision could be covered by the use of online learning. Additionally online learning provision is generally cheaper than face-to-face learning in terms of the fees and the lack of incidental costs, such as travel, accommodation, etc. However, there is currently confusion about whether online learning counts as ‘learning with others’ and chiropractors would welcome some additional guidance from the GCC around this. Some online provision is interactive, such as online discussion groups, webinars etc. If a chiropractor attended a lecture it would count as ‘learning with others’, even if they did not ask any questions. However, if a chiropractor watched the same lecture online would this count as learning with others? And if not, what is the difference? Is it just a matter of verification?

Some comments from online questionnaire respondents illustrate the issue.

- *“Internet webinars and research are vital and I would like to see them included as learning with others. So much time/money is saved by this approach.”*
- *“I would love to see more online options that fit with the 'learning with others' requirement of the GCC (e.g. that they would accept module assessed with a pass mark online CPD in this section). I find college providers to be the most expensive which often means I go elsewhere.”*

Suggestions:

- Chiropractors are unclear about whether online learning ‘counts’ and would welcome additional guidance on the applicability of **online learning options**.
- Verifiable interactive online learning could help chiropractors to access affordable CPD, particularly in areas that are currently poorly served. The main providers and associations could do more to **diversify their delivery methods**.

6.2 Communicating about CPD events

Chiropractors seem to feel that they do not always know about CPD opportunities and may have very different reasons for undertaking the CPD that they do. This project may provide information that can help both chiropractors understand more about the range of provision that exists and CPD providers to better market their offer in ways that are attractive and relevant to chiropractors.

6.2.1 Why chiropractors do CPD

During the research for this project it became clear that the motivation and reasons chiropractors have for undertaking CPD vary and may be multi-layered. For example, they may include one or more of the following.

- **Meeting the annual CPD requirements** (e.g. *“I need to meet the target for the required number of hours of 'learning with others' in time for the deadline for my annual return”*).
- **Commitment to chiropractic** (e.g. *“I am interested in exploring more about why we do what we do and the science, art and philosophy behind the practice of chiropractic”*).
- **Feeling jaded** (e.g. *“I want to be inspired and reinvigorated”*).
- **Keen to learn something new** (e.g. *“I want to learn a new technique or about a new area of knowledge to broaden/deepen my skills and understanding”*).
- **Feeling out of touch** (e.g. *“I want an update on the latest evidence-based knowledge, techniques and approaches”*).
- **Stuck in a rut** (e.g. *“I am interested in exploring new ideas and approaches to help me respond to the same presenting problems”*).
- **Lacking confidence** (e.g. *“I could benefit from a skills refresher to help improve my skills and techniques”*).

- **Reaching out to other professionals** (e.g. *“I am interested in what other professionals do and how their specialist practice can complement chiropractic so that I can make links for the benefit of my patients”*).
- **Seeking help with a specific issue** (e.g. *“I am trying to find ways to respond to a particular patient’s needs that I have not met before”*).
- **Struggling to retain patients** (e.g. *“I think I need to learn how to communicate with patients better and build effective therapeutic relationships”*).
- **Struggling to make ends meet** (e.g. *“I need to learn how to run an efficient practice that generates sufficient income so that I can run an effective service for my patients and attract new ones”*).

Researching what providers said about their offer suggests that they do not necessarily communicate the particular benefits of their CPD provision in ways that will attract chiropractors to attend. Knowing about why chiropractors do CPD may help providers to target and reach out to chiropractors more effectively in their marketing and promotion material.

Suggestion:

- The project has found different motivations and reasons that chiropractors have for the CPD they do, which if **shared with providers** could better inform marketing and promotion of CPD.

6.2.2 Online marketing of CPD events

There are great benefits from online marketing methods, which mean that even small providers can target audiences cheaply, quickly and easily. Most of the providers interviewed for this project are using online methods to reach out to their target audience either as their main marketing method or alongside other methods. The most common online methods are:

- email alerts or ‘flyers’ sent out to a mailing list of people who have expressed an interest or attended CPD events in the past;
- adverts posted on the provider’s own website;
- short adverts hosted by other organisations with clickable links (e.g. pay per click or news listings); and
- social media listings (e.g. on a Facebook page or via a Twitter feed).

A small minority use blogs to promote their CPD offer.

Most providers named mailing lists as their main method of marketing. But another powerful online tool is a ‘link’ that allows someone to follow up on something that they are interested in. Some providers are collaborating with the main chiropractic associations and colleges to reach out using links but not all. There could be great benefits if the key players, who are all committed to supporting the chiropractic profession, were prepared to collaborate with other CPD providers to promote a more varied range of CPD to the profession. For example, by creating a 'links page' so that chiropractors could easily follow up on the offer from relevant providers and keep in touch with what they are offering.

Suggestion:

- Chiropractors seem not to be aware of the wide range of CPD opportunities. The GCC and other key players could usefully explore ways to support the **online marketing by providers**.

6.2.3 A virtual space to find out about CPD

It became clear in the focus groups that chiropractors do not feel they always know what CPD was available. Just by getting together in the focus group some members said they had found it useful to share experiences, and find out about local provision (free and paid for) that they didn't know existed. Again this may be a reflection of the often-solitary nature of the profession. Chiropractors reported they relied heavily on the information given to them by their associations and therefore missed out on other CPD opportunities.

It was suggested that there could be an online portal or bulletin board where all providers could upload their CPD offer that chiropractors could access, irrespective of association membership. This would enable chiropractors to make more informed choices about CPD opportunities and help them find out about possibly cheaper provision put on by small or local providers. It was suggested that the GCC could host such a bulletin board. This was echoed in some online questionnaire responses.

- *“You must provide a system so small players in the post grad education system can advertise to all UK chiropractors, otherwise you are polarising the profession into AECC/BCA and the UCA who will only advertise the more practice building/wellness material to their members.”*

This was an idea also suggested by providers:

- *“There should be a common hub where all relevant CPD information is available.”*

Advertisers would not be 'quality assured' and events advertised could fall in or out of the CPD requirements of the GCC. The aim would be for the GCC to simply provide a virtual space where all chiropractors could see what is on offer – whether it be free, paid for or subsidised, irrespective of professional association alliance. If run in this way, with the GCC not taking any responsibility for content of courses, moderation would be minimal.

The outcomes of this project could help the main associations and chiropractors to be more aware of the range of providers out there; and also to get in touch with providers. For example, if the long list from this project is made public in some way, chiropractors could look out for providers offering topics that are not so well served currently. Also if more is known about where providers are based round the country there could be a way for local hubs to keep in touch with providers they are interested in. For example, by a co-ordinator taking responsibility for getting on the mailing list with providers they think look interesting; or for a local hub to host a bulletin board for providers to post information on.

Suggestions:

- Both chiropractors and providers suggested the possibility of the GCC **hosting a 'virtual space'** where registrants could find out about the wide range of CPD available to them.
- The associations could use online methods to support members or local hubs to find ways to **keep in touch with providers** to better keep up to date with what's on.

6.3 Kite-marking and GCC approval of providers or CPD events

In the open text question on the questionnaire, comments were made about whether the GCC should be providing guidance on and or an approved list of providers or courses. For example:

- *“It would be extremely useful from the GCC for exact guidance on what can be used as credit for CPD. For example, may one attend another registered healthcare body outside chiropractic such as medicine, physiotherapy, spinology, etc. or even local council offered seminars if related to patient care? This is highly relevant to locations with few chiropractors like Northern Ireland or rural areas where course offering are slim as well as content and thus have to travel and factor in a much-added expense.”*
- *“In my opinion you as a regulatory body should provide a list of all courses you have ratified as being appropriate for GCC accreditation.”*

Focus group members were also asked to respond to whether it would be helpful or useful for the GCC to ‘approve’ providers or courses.

The following **objections were raised to GCC approval**.

- **Unclear benefits** – The current system is based on trust, which respects practitioner’s professional integrity and is broadly welcomed (i.e. *If it’s not broke why fix it?*)
- **The wrong solution** – It was suggested that what was needed was greater clarity about what counts as ‘working with others’ and what doesn’t, rather than the GCC approving providers. For example: *“If a chiropractor attends a seminar with 50 other people but doesn’t ask any questions and doesn’t talk to anyone else while there, then how is this different from watching an online seminar? Is it just that one is verifiable, because the outcome in terms of what has been learnt is the same?”*
- **Limiting opportunities for chiropractors** – There was worry that if you had ‘an approved only’ list for meeting your annual CPD requirement then this would be seriously constraining and make it hard to satisfy. For example: *‘If Deepak Chopra was delivering a lecture in the UK, would he have to seek approval from GCC as to whether attendees could count it as CPD, would he bother?’*
- **Adverse impact on providers** – It could have unintended consequences, such as an adverse impact on the market as providers may be put off if they have to go through an approvals process. Some chiropractors find it hard enough to find the CPD they want and this might exacerbate the situation.
- **Complex approvals process** – Concern it could cause a logistical nightmare and would require another ‘department’ to be set up at the GCC. Any system needs to be proportional and sufficiently flexible to be responsive to different people’s individual needs and aspirations. There may be a lack of expertise at the GCC to carry out the ‘approvals process’ (e.g. *“Who would make the decision about what was in and what was out, a chiropractor or an educationalist?”*) Focus group members would rather GCC spend its time and resources in other areas.

- **Reputational damage to GCC** – It would introduce yet more bureaucracy and there was concern that people would therefore vilify the GCC.

However, focus group members recognised that there could be some **benefits from the GCC approving CPD**.

- **Improved quality assurance** – A system could be built that was based on quality assurance. For example, through getting participants to complete a feedback sheet that was submitted for auditing by the GCC. If a provider got too much negative feedback then approval would be withdrawn. It was suggested that the professional associations could also be involved.
- **Reassurance** – Some chiropractors may find it reassuring to know they were paying for ‘approved’ CPD.
- **Core content** – There could be a core or some minimum requirements to cover Fitness to Practice (FTP) issues though this was not universally welcomed (e.g. clinical audit, note taking, and patient consent).

When the issue was raised with CPD providers there was **some support for GCC approval**.

- *“I would welcome more vetting of CPD courses to ensure that they offer quality that is relevant to and benefits the profession.”*
- *“There is a big gap between just turning up and the courses that are kite marked. We would strongly recommend the GCC set up a kite-marking programme that would help to allay the concerns of the public about the quality of CPD and help to sort out the poor practice from the high quality offers.”*

There is clearly some more investigation to be done in this regard with CPD providers and registrants to understand all the implications and benefits of any approvals or quality marking system.

Suggestion:

- **GCC approval or kite marking** of CPD events or providers had a mixed response and could benefit from further exploration with registrants and CPD providers.

6.4 Valuing CPD

There appears to be a perception from registrants that the GCC regard some CPD as “good” (i.e. meets requirements of CPD guidelines) and some as “bad” CPD (i.e. doesn’t meet the guidelines). At the focus groups Penny Bance (Director of Education, GCC) was at pains to stress that the GCC value all CPD and try to encourage their members to engage in as much as possible. In other words, just because something doesn’t meet the guidelines by: directly improving the care you give to patients; or developing the chiropractic profession; does not mean it isn’t useful to the chiropractor or that it is not valued by the GCC. All that the GCC requires is that its registrants complete and log at least 30 hours of CPD that does meet the requirements. Registrants seemed quite surprised by this response, which suggests the GCC has some work to do in making sure that this message is understood. One of the ways it could re-emphasise this is through the hosting of a CPD portal, which advertises all CPD opportunities as previously suggested in section 6.2.3 and by encouraging more of

the informal CPD that chiropractors appear to value so much (e.g. case review meetings, clinical supervision, peer study groups, etc).

Suggestion:

- Chiropractors seem to think the GCC views some types of CPD positively and some negatively. This confusion could be reduced through better communication of the GCC's **ethos and values**.

6.5 Other recommendations for the GCC review of the CPD requirements

In conversations with both chiropractors and CPD providers other suggestions and observations arose that might prove useful when revising the CPD requirements and the Codes of Practice (CoP) and Standards of Proficiency (SoP). No firm conclusions or themes can be drawn from these responses, as they are often contradictory.

CPD for registrants based overseas – There appear to be a number of registrants who are based overseas. The GCC will need to consider how any changes to the CPD requirements might affect them.

- *“CPD in New Zealand is difficult to find.”*
- *“More CPD courses should be provided for chiropractors abroad.”*
- *“The cost for my CPD has increased a lot since moving to Southeast Asia... I will need to do some careful planning for the coming year.”*
- *“If you make UK CPD courses mandatory, what are those of us who are keeping our registration active as non-practising doctors, but currently residing outside the UK supposed to do for CPD? I can't afford to fly to the UK every year for 30 hours of seminars.”*

GCC providing CPD – A proportion of respondents both from the online questionnaire and from providers suggested that the GCC could be involved in providing CPD.

- *“We believe that the GCC could usefully provide some CPD themselves: for example, a rolling 5 yr. cycle on medico-legal stuff, note taking, ethics and so on, for example through a webinar. Instead of us all doing things independently.” (Provider)*
- *“The GCC should actively get involved in facilitating obvious inter-professional teaching, such as dermatology lectures.” (Questionnaire respondent)*
- *“A compulsory online summary of disciplinary cases from the last year, together with multiple choice questions as to the correct way to avoid such events, would be a great low cost and quick way of reminding chiropractors about the pitfalls of practice and help keep relevant topics in our minds. The GCC already summarises these cases so it would be easy to do. Add to this, topics for practice improvement such as review visits and you have a powerful tool to guide and shape the profession.” (Questionnaire respondent)*

Current CPD requirements – Many comments and suggestions about the current CPD requirements came from registrants via the online questionnaire.

- *“GCC fees (coupled with Insurance + Professional association fees + clinic fees for associates) are prohibitive for part time chiropractors (e.g. mothers with children). By the time all the aforementioned fees have been paid, our actual annual income is paltry and does not reflect the level of skill and training that has gone into gaining the qualification. I urge the GCC to look again at supporting part-time chiropractors by having a sliding scale of fees, as is the case with the GMC and allopathic doctors.”*
- *“I like the current CPD system as it is.”*
- *“15 hours learning with others is too long.”*
- *“I find the process very annoying; having to state how I use it, how useful it is, etc. Why isn't it ok just to attend courses without having to evaluate them and have a learning cycle attached to it? At times it's hard to have a number of seminars to cover one learning cycle especially as there may be someone in the country who I want to see though it doesn't fit in with the learning cycle.”*
- *“I'd like to put in a plea to have CPD submissions reviewed (averaged) over a 2 year period instead of the 1 year time slot at present, which I find restrictive.”*
- *“Your processes are getting better.”*
- *“Don't make getting CPD points too difficult. It is virtually impossible to form an idea of what you wish to do for the year ahead and find relevant courses already.”*
- *“I don't agree with the imposed changes to the CPD timetable!”*
- *“I would urge the GCC not to become too prescriptive about the content of CPD seminars. One of the attractions of the current system is the freedom of choice and the range of subjects on offer.”*
- *“I like the freedom to choose my personal developmental needs.”*
- *“There are many excellent courses not specifically for chiropractors that I hope will continue to be valid CPD.”*

CPD providers also commented on the current CPD requirements.

- *“The GCC code is restrictive to specialisation because we are all supposed to be equal. Specialisation is the model for most health care professions and I believe is the way forward in post-graduate education in our profession.”*
- *“Current GCC regulations mean that the spirit of CPD has been lost, and they in effect are restricting the exposure of chiropractors to certain offerings because there is a fear they may not be compliant and count as CPD hours.”*
- *“The Australian CPD method is quite good. They have to do CPD in three different sections: the legal bits (e.g. first aid, employment law); technique (i.e. improving your practice); and free choice (whatever you need or are interested). It makes for a better balance.”*
- *“I know that the Australia and NZ the system is not liked - if the system is too dictatorial people will find loopholes and maybe even leave the register.”*

Suggestion:

- The project has incidentally resulted in **comments on the current CPD system**, which the GCC is encouraged to view as a source of valuable feedback when considering any future revisions.

6.6 Responsiveness to the GCC

The GCC already has good links with the main chiropractic associations and education providers. Many of the providers contacted for the project, but who are not already involved with the GCC, appeared to be interested in finding out more about what the GCC were doing. This research showed that all the providers interviewed were either very or fairly likely to be responsive to information coming out from the GCC – but in order to do so they need to know what is going on. Obviously some of them may be registered chiropractors themselves so will hear about changes say to the CPD requirements directly but others may not (e.g. physiotherapists, osteopaths, overseas based providers). For example, if the GCC set up some kind of forum or sent out news bulletins relevant to providers. This would provide a way of providers keeping in touch with the GCC or the GCC putting the word out there to providers to alert them to any changes.

Suggestions:

- Providers contacted for the project were responsive to the GCC, prepared to adapt their CPD offer and seem open to **making links with the GCC** to better support the chiropractic profession.
- Providers seem interested in being updated about any changes that may affect chiropractic CPD, which will rely on the GCC developing appropriate targeted **methods of communication**.

7 Conclusions

The research identified key facts about CPD providers and provision across the UK that may provide useful background for the GCC and key stakeholders.

- Chiropractors helped identify 384 providers offering relevant CPD (some 17% were based and delivering overseas).
- The most commonly named CPD providers are the main chiropractic associations and education providers.
- The 20 providers that are most commonly used by chiropractors account for more than half of all CPD cited.
- Approximately one quarter of the organisations identified seem to be run by chiropractors.
- The North of England and Northern Ireland are least well provided for in terms of access to local affordable CPD.
- The industry appears fairly well established with a majority of providers operating on a commercial basis for over 10 years.
- Most providers run around 12 CPD events per year that generate a gross income of approximately £50,000.
- The majority of CPD providers are seeking to target not only chiropractors but also other musculoskeletal professionals (such as, osteopaths, physiotherapists and sports injury massage therapists).
- Most CPD is delivered through face-to-face seminars that combine theory and hands on practice, though there is evidence of increasing provision of different types of online learning.
- The largest range of CPD events were focused on musculoskeletal techniques with related medical or health topics a close second; least well provided for was CPD about the business of managing a clinic to effectively serve patients.
- Most providers verify attendance at CPD events and around 20% of providers will also have formal quality assurance schemes.

Appendix A: Online Survey Questions

Page 1

The GCC are carrying out an assessment of CPD provision for chiropractors in the UK. This research is to support our overall review of the CPD scheme for chiropractors and will provide the GCC with an assessment of the size and scope of the CPD market as it applies to chiropractors.

The project is part of a range of projects being carried out by the GCC to set standards for chiropractors and to enhance individual practice and the practice of the profession as a whole within the UK.

This questionnaire is designed to gain a quick snap shot of your approach to selecting your CPD provision. Our research is focussing on the CPD described as **'learning with others'**.

1. Where do you get your sources of information about CPD offers from?
(Please tick all that apply)

Printed Journal
 Online journal
 Professional Association Website
 e-newsletter
 Online social network (e.g. facebook, twitter)
 Mailing list from a course provider (e.g. email, text, by post)
 Word of mouth
 Internet search (e.g. Google, Bing)
 Other (please specify)

2. Which of the following types of CPD activities with others have you taken part in over the last 3 years and how useful were they?

	Very useful	Quite useful	Neutral	Not very useful	Not applicable
Conference/convention	<input type="checkbox"/>				
Seminar/master class	<input type="checkbox"/>				
Course	<input type="checkbox"/>				
Exhibition	<input type="checkbox"/>				
Discussion group/meeting with other chiropractors	<input type="checkbox"/>				
Case conference/meeting with other professionals	<input type="checkbox"/>				
Online course	<input type="checkbox"/>				
Online seminar/webinar	<input type="checkbox"/>				
Online discussion	<input type="checkbox"/>				
Other (please specify)	<input type="text"/>				

3. How many different CPD providers have you used over the last 3 years?

4. What providers did you use for CPD over the last year 2013-14 and how would you rate their provision?

Where 1 is poor and 5 is excellent. For example:

a. Warren Jane CPD Limited = 3

b. Anytown College = 4

etc.

a.	<input type="text"/>
b.	<input type="text"/>
c.	<input type="text"/>
d.	<input type="text"/>
e.	<input type="text"/>
f.	<input type="text"/>

5. Thinking generally, how was the CPD you took part in financed?

(Please tick all that apply)

- Free (eg part of membership package)
- At cost/not for profit (eg by charity, professional association or Royal College)
- Subsidised or sponsored (eg by professional association, manufacturer)
- Publicly funded (eg government funded university course)
- Commercial/for profit (eg private training company)
- Other (please specify)

6. Which type(s) of CPD provider are you most likely to use?

(Please tick all that apply)

- University/College
- Professional Association/Royal College
- Private/Commercial company
- Other medical/healthcare Professional Association
- Other medical/healthcare Individual/Practitioner/Practice
- Other (please specify)

7. Please rank the following criteria in order of importance when choosing a CPD provider?

(1 being most important and 8 being least important)

<input type="text"/>	Relevance or interest in topic	<input type="checkbox"/> N/A
<input type="text"/>	Reputation or quality assurance of provider	<input type="checkbox"/> N/A
<input type="text"/>	Certification or verification of participation	<input type="checkbox"/> N/A
<input type="text"/>	Location/distance of travel	<input type="checkbox"/> N/A
<input type="text"/>	Date/timing (e.g time proximity to CPD submission to GCC)	<input type="checkbox"/> N/A
<input type="text"/>	Cost	<input type="checkbox"/> N/A
<input type="text"/>	Past experience with the provider	<input type="checkbox"/> N/A
<input type="text"/>	Recommendation from others	<input type="checkbox"/> N/A

8. Is there anything else you would like to tell us?

Appendix B: Focus Group Data Collection Form

Name	
Focus Group	
Date	

Question	Your Answer					
What activities or events "with others" do you typically do each year?						
Estimate the split (%) between formal and informal	Formal (lecture, seminar, course)	Informal (Practice meetings, discussions with colleagues)				
	%	%				
	Provider name	Rating				
		Poor		Great		
Who provided the formal CPD?	•	1	2	3	4	5
	•	1	2	3	4	5
	•	1	2	3	4	5
	•	1	2	3	4	5
Which other formal providers are there out there?	<ul style="list-style-type: none"> • • • • 					
What was the most effective type of CPD? And why?						
Which was the least effective? Why?						
How much would you spend on CPD per year?						
Do you have an annual CPD budget?						
If yes, how much?						
What is a reasonable price for a one day practical event?	Type	£				
	Conference					
	Seminar					
	Hands-on					
	Other, please specify;					

Appendix C: Sample Data Collection Forms

1 Short profile data capture form

Data Collection Form - Chiropractic CPD Providers

Information about CPD providers – Short data capture form v3

Instructions
 Save a version of the form for each interview. Add provider name to title of document after hyphen (eg Information about CPD providers – ChiroSet).
 File naming conventions: Add provider name and 6 digit date to filename (eg "interview questions – ChiroSet 120914").
 Use 'TOOL' Menu to 'Protect document' so that the form functionality works before filling it in.

Section 1 – About the Provider			
1.1 Name/Company:			1.2 Location: (by county)
1.3 Contact details	Address:		Phone and contact name:
			Email
			Website:
1.4 Geographical reach: (tick all that apply)	<input type="checkbox"/> Local	<input type="checkbox"/> Regional	<input type="checkbox"/> National
	<input type="checkbox"/> Online	<input type="checkbox"/> Other Distance learning options	<input type="checkbox"/> International
1.5 Type of Provider: (tick all that apply)	<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Third sector
	<input type="checkbox"/> College/University	<input type="checkbox"/> Publisher	<input type="checkbox"/> Membership/Association
1.6 Target Participant: (tick all that apply)	<input type="checkbox"/> GCC Registrant/ Chiropractors ONLY	<input type="checkbox"/> Musculoskeletal practitioner/ Manual therapists	<input type="checkbox"/> Alternative health (eg Alexander, Acupuncturist, Pilates, Reflexologist)
	<input type="checkbox"/> Small business owner/Practice manager/Senior partner	<input type="checkbox"/> Psychologist/Psychotherapist	<input type="checkbox"/> Other (please specify):

CPD providers profile short - Data Capture Form v3 210814.docx prepared by DN consulting, 21 Aug 2014 Page 1 of 3

Data Collection Form - Chiropractic CPD Providers

Section 2 – About the CPD Provision

2.1 Type/topic of CPD provided (tick all that apply)	<input type="checkbox"/> Musculoskeletal specific	<input type="checkbox"/> Medical Health Related (e.g neuroscience, nutrition, alt. therapies)	<input type="checkbox"/> General (e.g communication, web, business related)
2.2 Method of Delivery (tick all that apply)	<input type="checkbox"/> Theoretical Lectures/ Seminars (eg chalk and talk)	<input type="checkbox"/> Practical Seminars/Master classes (eg hands on practice)	<input type="checkbox"/> Study/Peer Group
	<input type="checkbox"/> Post Grad Training	<input type="checkbox"/> Student practitioner transition	<input type="checkbox"/> Conferences
	<input type="checkbox"/> Distance Learning	<input type="checkbox"/> Online	<input type="checkbox"/> Other (please specify)
2.3 Means of verification (tick all that apply)	<input type="checkbox"/> Attendance record/ certificate	<input type="checkbox"/> Achievement record/certificate based on assessment	<input type="checkbox"/> Other (please specify):
	<input type="checkbox"/> Assessment by tutor (eg Tests/ Exams/ Observation/ Prof discussion)	<input type="checkbox"/> Self assessment	
2.4 Ensuring quality control (tick all that apply)	<input type="checkbox"/> Formal in house processes	<input type="checkbox"/> Formal external review by a recognised organisation	<input type="checkbox"/> Customer satisfaction and follow-up
	<input type="checkbox"/> Reputation of Tutor/Lecturer	<input type="checkbox"/> Peer review	<input type="checkbox"/> Other (please specify)
	<input type="checkbox"/> Kitemarking	<input type="checkbox"/> Benchmarking	

CPD providers profile short - Data Capture Form v3 210814.docx prepared by DN consulting, 21 Aug 2014 Page 2 of 3

Part 3 – About CPD Provider Business			
3.1 Trading history (establishing industry maturity) (tick most applicable and indicate full time or part time)	<input type="checkbox"/> Less than one year	<input type="checkbox"/> More than 10 years;	
	<input type="checkbox"/> Less than 5 years	and	
	<input type="checkbox"/> Less than 10 years	<input type="checkbox"/> full time	<input type="checkbox"/> part time
3.2 Cost of CPD provided (Details of cost to participant)	<input type="checkbox"/> Full cost to participant	<input type="checkbox"/> Subsidised	<input type="checkbox"/> Free
	<input type="checkbox"/> Other (please specify)		

Any additional comments: _____

List of seminars (to end of 2014 or next 6 months where possible)

2 Long data capture form

Data Collection Form - Chiropractic CPD Providers

Information about CPD providers – Long data capture form v2

Section 1 – About the Provider				Accessibility
1.1 Name/Company:				<i>Easy: Web Search</i>
1.2 Location: (by county)				<i>Easy: Web Search</i>
1.3 Contact details	Address:		Tel:	<i>Easy: Web Search</i>
			Email:	
			Website:	
1.4 Geographical reach: (tick all that apply)	<input type="checkbox"/> Local	<input type="checkbox"/> Regional	<input type="checkbox"/> National	<i>Easy: Web Search</i>
	<input type="checkbox"/> Online	<input type="checkbox"/> Other Distance learning options	<input type="checkbox"/> Other (please specify)	
1.5 Type of Provider: (tick all that apply)	<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Third sector	<i>Easy: Web Search</i>
	<input type="checkbox"/> College/University	<input type="checkbox"/> Publisher	<input type="checkbox"/> Individual	
1.6 Target Participant: (tick all that apply)	<input type="checkbox"/> GCC Registrant/ Chiropractors ONLY	<input type="checkbox"/> Musculoskeletal practitioner/ Manual therapists	<input type="checkbox"/> Alternative health (eg Alexander, Acupuncturist, Pilates, Reflexologist)	<i>Easy: Web Search</i>
	<input type="checkbox"/> Small business owner/Practice manager/Senior partner	<input type="checkbox"/> Psychologist/Psychotherapist	<input type="checkbox"/> Other (please specify):	

Data Collection Form - Chiropractic CPD Providers

Section 2 – About the CPD Provision				Accessibility
2.1 Type/topic of CPD provided (tick all that apply)	<input type="checkbox"/> Musculoskeletal specific	<input type="checkbox"/> Medical Health Related (e.g neuroscience, nutrition, alt. therapies)	<input type="checkbox"/> General (e.g communication, web, business related)	<i>Easy: Web Search</i>
2.2 Method of Delivery (tick all that apply)	<input type="checkbox"/> Theoretical Lectures/ Seminars (eg chalk and talk)	<input type="checkbox"/> Practical Seminars/Master classes (eg hands on practice)	<input type="checkbox"/> Study/Peer Group	<i>Easy: Web Search</i>
	<input type="checkbox"/> Post Grad Training	<input type="checkbox"/> Student practitioner transition	<input type="checkbox"/> Conferences	
	<input type="checkbox"/> Distance Learning	<input type="checkbox"/> Online	<input type="checkbox"/> Other (please specify)	
2.3 Means of verification (tick all that apply)	<input type="checkbox"/> Attendance record/ certificate	<input type="checkbox"/> Achievement record/certificate based on assessment	<input type="checkbox"/> Other (please specify):	<i>Moderate: Web Search FG Feedback TP Interviews responses</i>
	<input type="checkbox"/> Assessment by tutor (eg Tests/ Exams/ Observation/ Prof discussion)	<input type="checkbox"/> Self assessment		
2.4 Ensuring quality control (tick all that apply)	<input type="checkbox"/> Formal in house processes	<input type="checkbox"/> Formal external review by a recognised organisation	<input type="checkbox"/> Customer satisfaction and follow-up	<i>Moderate: Web FG Feedback TP Interviews responses</i>
	<input type="checkbox"/> Reputation of Tutor/Lecturer	<input type="checkbox"/> Peer review	<input type="checkbox"/> Other (please specify)	
	<input type="checkbox"/> Kitemarking	<input type="checkbox"/> Benchmarking		

Data Collection Form - Chiropractic CPD Providers

Part 3 – About CPD Provider Business			Accessibility
3.1 Trading history (establishing industry maturity) (tick most applicable and indicate full time or part time)	<input type="checkbox"/> Less than one year	<input type="checkbox"/> More than 10 years;	Easy Web search Companies House Phone
	<input type="checkbox"/> Less than 5 years	and	
	<input type="checkbox"/> Less than 10 years	<input type="checkbox"/> full time <input type="checkbox"/> part time	
3.2 Cost of CPD provided (Details of cost to participant)	<input type="checkbox"/> Full cost to participant	<input type="checkbox"/> Subsidised <input type="checkbox"/> Free	Easy to moderate: Web Search Phone
	<input type="checkbox"/> Other (please specify)		
3.3 Turnover (tick most applicable)	<input type="checkbox"/> Below VAT threshold (£83k)	<input type="checkbox"/> Up to £1M	Moderate to difficult: Companies House Phone
	<input type="checkbox"/> Under £250K	<input type="checkbox"/> £1-3M	
	<input type="checkbox"/> Under £500K	<input type="checkbox"/> £5M+	
	<input type="checkbox"/> Other (please specify):		
3.4 Optimism for future growth (tick most applicable)	<input type="checkbox"/> Optimistic, expecting lots of growth	<input type="checkbox"/> Pessimistic, expecting some decline	Moderate to Difficult: Phone
	<input type="checkbox"/> Optimistic, expecting some growth	<input type="checkbox"/> Pessimistic, expecting a big decline	
	<input type="checkbox"/> Expect things to remain the same	<input type="checkbox"/> Other (please specify)	

Data Collection Form - Chiropractic CPD Providers

Part 3 – About CPD Provider Business			Accessibility
3.5 Costing Model (tick most applicable)	<input type="checkbox"/> Work out costs, add on a profit margin	<input type="checkbox"/> Aim to minimise cost to the user through subsidy or funding;	Difficult: Phone
	<input type="checkbox"/> Assess what the market will take	<input type="checkbox"/> Provide for free	
	<input type="checkbox"/> Aim to cover costs	<input type="checkbox"/> Other (please specify):	
3.6 Business growth or decline (Estimated percentage of growth or decline over the last three years)	Response (%):		Difficult: Phone

List of seminars

END

3 Interview data capture form

Interview Questions - Data capture form v3

Instructions

Save a version of the form for each interview. Add provider name to title of document after hyphen (eg Information about CPD providers – AECC).

File naming conventions: Add provider name and 6 digit date to filename (eg "interview questions – AECC 120914).

Use 'TOOL' Menu to 'Protect document' so that the form functionality works before filling it in.

Fill-in Section 1 – before the interview. Fill-in sections 2 and 3 – during the interview.

Tip: Use the 'tab' button or cursor keys to move to next field on the form then either type free text or cut and paste information from a webpage or other document. Use the cursor to a 'X' and check box.

Section 1 – Background information about the provider				
1.1 Name:				
1.2 Location: (by county)				
1.3 Contact details	Address:		Tel:	
			Email	
			Website:	
1.4 Type of Provider: (tick all that apply)	<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Third sector	<input type="checkbox"/> Membership/ Assoc
	<input type="checkbox"/> College/Uni	<input type="checkbox"/> Publisher	<input type="checkbox"/> Individual	<input type="checkbox"/> Other (please specify)

Section 2 – About the CPD provision			
2.1 What types of topics of CPD are provided? (tick all that apply)	<input type="checkbox"/> Musculoskeletal specific	<input type="checkbox"/> Medical or health related (e.g neuroscience, nutrition, alt. therapies)	<input type="checkbox"/> General (e.g communication, web, business related)
Comments about topics:			
NB: Add list of CPD events to end of notes for reference (at least to end of 2014 – ideally for 2015)			
2.2 What methods of delivery are used? (tick all that apply)	<input type="checkbox"/> Theoretical Lectures/ Seminars (eg chalk and talk)	<input type="checkbox"/> Practical Seminars/ Master classes (eg hands on practice)	<input type="checkbox"/> Study/Peer Group
	<input type="checkbox"/> Post Grad Training	<input type="checkbox"/> Student practitioner transition	<input type="checkbox"/> Conferences
	<input type="checkbox"/> Distance Learning	<input type="checkbox"/> Online	<input type="checkbox"/> Other (please specify)
	<input type="checkbox"/> Industry shows	<input type="checkbox"/> via Membership of Networks and Societies	

Section 2 – About the CPD provision				
Comments about delivery:				
2.3 What are the aims and objectives of your CPD programme? (e.g. to sustain and promote the reputation of chiropractic or our organisation; to support, develop and update members/alumni professional practice; etc)				
2.4 Who are the target participants? (tick all that apply)	<input type="checkbox"/> GCC Registrant/Chiropractors ONLY	<input type="checkbox"/> Chiropractors/osteopaths	<input type="checkbox"/> other MKS/manual therapists	<input type="checkbox"/> Alternative health (eg Alexander, Pilates, Reflexologist)
	<input type="checkbox"/> Small business owner/Practice manager	<input type="checkbox"/> Other (please specify):		
2.5 Where do participants come from? (tick all that apply)	<input type="checkbox"/> Local	<input type="checkbox"/> Regional	<input type="checkbox"/> National	<input type="checkbox"/> International
	<input type="checkbox"/> Online	<input type="checkbox"/> Other Distance learning options	<input type="checkbox"/> Other (please specify)	
Comments on participants and reach:				
2.6 What influences the design of your CPD programme? (tick and comment)	<input type="checkbox"/> GCC	<input type="checkbox"/> Organisation policy	<input type="checkbox"/> Member's views/feedback	
	<input type="checkbox"/> New MSK research/developments	<input type="checkbox"/> Strategic partnerships	<input type="checkbox"/> Other	
Comments on influences on the programme:				
2.7 What are the main factors behind the design of your CPD programme? (tick and comment)	<input type="checkbox"/> Type of events/offer	<input type="checkbox"/> Range and balance of topics covered	<input type="checkbox"/> Range of lecturers/speakers	
	<input type="checkbox"/> Links to GCC CoP and SoP	<input type="checkbox"/> Numbers (of events/participants)	<input type="checkbox"/> Scheduling (across the year, length hrs)	
<input type="checkbox"/> Other	<input type="checkbox"/> Access and availability (to venue, of speakers)	<input type="checkbox"/> Costs (to participants/of event)	<input type="checkbox"/> Profit/loss (subsidy/break even)	
Comments on factors behind the design of the programme:				

Section 2 – About the CPD provision			
2.8 What means of verification are applied? (tick all that apply)	<input type="checkbox"/> Attendance record/certificate	<input type="checkbox"/> Achievement record/certificate based on assessment	<input type="checkbox"/> Other (please specify):
	<input type="checkbox"/> Assessment by tutor (eg Tests/ Exams/ Observation/ Prof discussion)	<input type="checkbox"/> Self assessment	
Comments about verification :			
2.9 Do you include support for reflective practice and next steps of learning, when asking participants to evaluate the event and provide feedback? (e.g Do you ask participants to reflect on what they have learnt? And how they plan to apply their learning to their practice? If not – how could you help participants to reflect on and apply their learning?)			
2.10 How do you ensure quality control? (tick all that apply)	<input type="checkbox"/> Formal in house processes	<input type="checkbox"/> Formal external review by a recognised organisation	<input type="checkbox"/> Customer satisfaction and follow-up
	<input type="checkbox"/> Reputation of Tutor/Lecturer	<input type="checkbox"/> Peer review	<input type="checkbox"/> Other (please specify)
	<input type="checkbox"/> Kitemarking	<input type="checkbox"/> Benchmarking	
Comments about quality control :			
2.11 What do you think of the quality of provision in general to support chiropractor's continuing professional development? (e.g. Is the profession well-served in terms of CPD events? Are there any particular strengths or gaps? How do you rate your organisation as a provider compared to other organisations serving the profession?)			
Part 3 – About CPD Provider Business			
3.1 How long has the	<input type="checkbox"/> Less than one year	<input type="checkbox"/> More than 10 years	

Part 3 – About CPD Provider Business			
organisation been trading? (tick most applicable)	<input type="checkbox"/> Less than 5 years	<input type="checkbox"/> Less than 10 years	
Comments about trading history:			
3.2 What is the cost of CPD provided? (Details of cost to participant)	<input type="checkbox"/> Full cost to participant	<input type="checkbox"/> Subsidised	<input type="checkbox"/> Free
	What is the typical price of different types of events? a) 1-2 hr Lecture/talk/demonstration b) 1 day Practical seminar/workshop c) 1 day Conference d) 1-2 hr Online seminar (webinar with participant interaction) e) 30min-1hr online lecture/talk/demonstration (podcast) f) Other (please specify)		
Comments about costs:			
3.3 How do you approach marketing and promoting your CPD events to chiropractors, your target audience? (tick all that apply)	<input type="checkbox"/> Mailing list	<input type="checkbox"/> Online	<input type="checkbox"/> Social networking
	<input type="checkbox"/> Journals/magazines	<input type="checkbox"/> Other	
Comments about approach and methods:			
3.4 What is the costing model for CPD events? (tick most applicable)	<input type="checkbox"/> Work out costs, add on a profit margin	<input type="checkbox"/> Aim to minimise cost to the user through subsidy or funding;	
	<input type="checkbox"/> Assess what the market will take	<input type="checkbox"/> Provide for free	
	<input type="checkbox"/> Aim to cover costs	<input type="checkbox"/> Other (please specify):	
Comments about costing model:			
3.5 What is the turnover of the organisation? (tick most applicable)	<input type="checkbox"/> Below VAT threshold (£83k)	<input type="checkbox"/> Up to £1M	
	<input type="checkbox"/> Under £250K	<input type="checkbox"/> £1-3M	
	<input type="checkbox"/> Under £500K	<input type="checkbox"/> £3M+	
	<input type="checkbox"/> Other (please specify):		

Part 3 – About CPD Provider Business		
Comments on turnover on CPD events :		
3.6 How optimistic is the organisation about future growth in CPD events? (tick most applicable)	<input type="checkbox"/> Optimistic, expecting lots of growth	<input type="checkbox"/> Pessimistic, expecting some decline
	<input type="checkbox"/> Optimistic, expecting some growth	<input type="checkbox"/> Pessimistic, expecting a big decline
	<input type="checkbox"/> Expect things to remain the same	<input type="checkbox"/> Other (please specify)
Comments on future growth :		
3.7 How responsive do you think you are to new developments from GCC? (tick most applicable)	For example, issues identified in the recent fitness to practice report, or revised CoP and SoP?	
	<input type="checkbox"/> Very likely	<input type="checkbox"/> Quite likely
	<input type="checkbox"/> Not sure (please comment)	
	<input type="checkbox"/> Quite unlikely	<input type="checkbox"/> Very unlikely
If likely, how long a lead time would you need to put on event(s)?	<input type="checkbox"/> Less than 3 months	<input type="checkbox"/> Up to 6 months
	<input type="checkbox"/> Up to 1yr	<input type="checkbox"/> More than 1yr
	<input type="checkbox"/> Other	
Comments on responsiveness to GCC :		
3.8 How much growth or decline has there been in CPD events over the last 3 years?	Estimated percentage of growth or decline over the last three years. Response (%):	
Comments about past growth/decline :		

Copy of CPD programme

NB For at least 6 months BUT ideally for the whole of 2015

Appendix D: Quantitative data from online questionnaire

Question 1

Where do you get your sources of information about CPD offers from? (Please tick all that apply)		
Answer Options	Response Percent	Response Count
Printed Journal	26.4%	149
Online journal	19.8%	112
Professional Association Website	64.1%	362
e-newsletter	47.4%	268
Online social network (facebook, twitter)	21.2%	120
Mailing list from a course provider (email, text, post)	75.2%	425
Word of mouth	49.0%	277
Internet search (e.g. Google, Bing)	34.3%	194
Other (please specify)	8.1%	46
answered question		565
skipped question		2

Question 2

Which of the following types of CPD activities with others have you taken part in over the last 3 years and how useful were they?			
Answer Options	Very useful	Quite useful	Neutral
Conference/convention	203	180	43
Seminar/master class	382	110	16
Course	289	127	12
Exhibition	16	31	63
Discussion group/meeting with other chiropractors	296	151	25
Case conference/meeting with other professionals	179	115	30
Online course	77	97	24
Online seminar/webinar	65	75	28
Online discussion	34	47	27
Other (please specify)			

Question 3

How many different CPD providers have you used over the last 3 years?		
Answer Options	Response Percent	Response Count
1-3	41.0%	223
4-6	43.8%	238
7-9	10.5%	57
10+	4.8%	26
answered question		544
skipped question		23

Question 4

What providers did you use for CPD over the last year 2013-14 and how would you rate their provision? Where 1 is poor and 5 is excellent. For example: a. Warren Jane CPD Limited = 3 b. Anytown College = 4 etc.		
Answer Options	Response Percent	Response Count
a.	100.0%	495
b.	81.8%	405
c.	54.1%	268
d.	26.7%	132
e.	13.5%	67
f.	6.1%	30
answered question		495
skipped question		72

Question 5

Thinking generally, how was the CPD you took part in financed? (Please tick all that apply)		
Answer Options	Response Percent	Response Count
Free (eg part of membership package)	24.3%	135
At cost/not for profit (eg by charity, professional association or Royal College)	46.2%	257
Subsidised or sponsored (eg by professional association, manufacturer)	32.0%	178
Publicly funded (eg government funded university course)	4.9%	27
Commercial/for profit (eg private training company)	62.8%	349
Other (please specify)	14.0%	78
answered question		556
skipped question		11

Question 6

Which type(s) of CPD provider are you most likely to use? (Please tick all that apply)		
Answer Options	Response Percent	Response Count
University/College	60.6%	342
Professional Association/Royal College	78.9%	445
Private/Commerical company	53.5%	302
Other medical/healthcare Professional Association	50.0%	282
Other medical/healthcare Individual/Practitioner/Practice	45.0%	254
Other (please specify)	6.0%	34
answered question		564
skipped question		3

Question 7

Please rank the following criteria in order of importance when choosing a CPD provider? (1 being most important and 8 being least important)											
Answer Options	1	2	3	4	5	6	7	8	N/A	Rating Average	Response Count
Relevance or interest in topic	422	59	27	21	8	8	3	11	3	1.61	562
Reputation or Quality assurance of provider	40	151	91	61	82	69	46	14	8	3.82	562
Certification or verification of participation	19	70	84	101	82	56	79	59	12	4.70	562
Location/Distance of travel	36	104	111	100	66	71	41	25	8	4.01	562
Date/Timing - Proximity to GCC deadlines	10	29	40	47	80	73	63	194	26	5.98	562
Cost	24	53	108	94	91	109	57	22	4	4.51	562
Past experience with the provider	8	45	58	84	68	88	147	55	9	5.33	562
Recommendation of others	3	50	41	52	82	79	107	139	9	5.75	562
answered question											562
skipped question											5

Question 8

Is there anything else you would like to tell us?	
Answer Options	Response Count
	121
answered question	121
skipped question	446

Appendix E: Quantitative data from profiles and interviews

PLEASE NOTE

- Yellow shading indicates when data comes from the complete sample of 130 providers (that is both the 115 profiled and the 15 interviewed).
- Orange shading is used when data comes exclusively from the 15 interviews.

Section 1 – About the provider

1.4 Geographical Reach (tick all) (Question 2.5 for interviews)						
Local	Regional	UK wide	International	Online	Other Distance Learning	Other
57	70	90	48	24	8	0
44%	54%	69%	37%	18%	6%	0%

1.5 Type of provider (tick all)							
Public sector	Private provider	3rd Sector	Membership Association	College, university or school	Publisher	Individual practitioner	Other
1	93	5	15	15	1	1	0
1%	72%	4%	12%	12%	1%	1%	0%

1.6 Target Participant (tick all) (Question 2.4 for interviews)						
Chiropractors only	Chiropractors & osteopaths only	MSK and manual therapists	Alternative health practitioners	Clinic owner/ Practice manager	Healthcare professionals	Other
32	18	78	17	18	19	3
25%	14%	60%	13%	14%	15%	2%

Section 2 – About the provision

2.1 Type/ Topic of CPD (tick all that apply)		
MSK specific	health related	General business focus
97	57	22
75%	44%	17%

2.2 Method of Delivery (tick all that apply)									
Theory	Practical	Study group	Post graduate study	Student trans	Distance learning	Online	Conference	Industry Show	Membership offer
102	91	3	12	1	15	32	18	0	1
78%	70%	2%	9%	1%	12%	25%	14%	0%	1%

2.3 Means of Verification (tick all that apply) (Question 2.8 for interviews)				
Record of attendance	Record of achievement	Tutor assessment	Self assessment	Other
121	36	38	0	0
100%	30%	31%	0%	0%

2.4 Ensuring Quality Control (tick all that apply) (Question 2.10 for interviews)							
Formal internal system	Formal external monitoring	Delegate evaluation form	Reputation of tutor	Peer review	Kite marking	Bench marking	Other
46	31	106	53	3	0	24	0
35%	24%	82%	41%	2%	0%	18%	0%

Additional points (Interviews only)

2.6 External influences on design of CPD programme					
GCC	Org. policy	Delegate feedback	MSK developments	Strategic partnership	Other
2	4	12	8	9	2
13%	27%	80%	53%	60%	13%

2.7 Practical factors influencing the design of CPD programme					
Type events	Range topics	Range pres	Links to COP	No delegates/ events	Scheduling
2	4	5	1	14	10
13%	27%	33%	7%	93%	67%

Section 3 – About the business

3.1 Trading History (establishing industry maturity) (tick most applicable and indicate full or part time)					
Less than 1 year	2-5 years	6-10 years	More than 10 years	Full-time enterprise	Part-time activity
5	19	7	84	46	47
4%	15%	5%	65%	35%	36%

3.2 Cost of CPD (Details of cost to participant)			
Full cost to delegates	Subsidised	Free	Other
112	21	6	0
86%	16%	5%	0%

3.3 Turnover (tick most applicable) (Question 3.5 for interviews)					
Under VAT £83K	Between £84-£250K	Between £250-£500K	Between £500k-£1M	Between £1-3M	More than £3M
21	6	4	0	0	2
64%	18%	12%	0%	0%	6%

3.4 Optimism for Future Growth (tick most applicable) (Question 3.6 for interviews)					
Very optimistic	Slightly optimistic	Same	Slightly pessimistic	Very pessimistic	Other
7	25	8	0	1	0
22%	78%	25%	0%	3%	0%

3.5 Costing Model (tick most applicable) (Question 3.4 for interviews)					
Cost plus profit margin	Market rate	Cover costs	Minimise cost to delegate	Free	Other
35	2	7	2	1	0
78%	4%	16%	4%	2%	0%

3.6 Business Growth (estimate percentage of growth or decline over the last 3 years) (Question 3.8 for interviews)	
Growth %	Decline %
42.76	28.75

Additional points (Interviews only)

3.2 Typical price of events					
2hr lecture	1day workshop	1day conf	2hr webinar	1hr podcast	other
42	142	151	40	0	0

3.3 Marketing and promotion				
Mail list	Online	Social media	Journal/ magazine	Other
13	14	13	1	0
87%	93%	87%	7%	0%

3.7 Responsiveness to GCC						
very likely	quite likely	not sure	<3 month	<6 month	<1yr	>1yr
11	4	0	6	5	3	1
73%	27%	0%	40%	33%	20%	7%