



Council
3 May 2018
Review of the *Osteopathic Practice Standards*

Classification Public

Purpose For decision

Issue A report and analysis on the outcomes of the consultation outlining the approach to the revised *Osteopathic Practice Standards*

Recommendations

1. To agree the updated *Osteopathic Practice Standards*.
2. To agree that the Osteopathic Practice Standards 2018 will come into force on 1 September 2019.

Financial and resourcing implications The review has been within budget allocations.

Equality and diversity implications An equality impact assessment has been developed by an independent consultant, and has been updated following the consultation.

Communications implications A communications strategy relating to the publication and implementation of the updated *Osteopathic Practice Standards* is being developed and will be considered by the Policy Advisory Committee at its meeting of 12 June 2018.

Annexes

- A. Updated *Osteopathic Practice Standards*
- B. Statement of changes

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Background

1. At its meeting of 18 July 2017, Council agreed the updated *Osteopathic Practice Standards¹* (OPS) for consultation, together with the proposed consultation strategy.
2. The consultation was launched on 1 August 2017 with a dedicated website <http://standards.osteopathy.org.uk/> and a range of engagement events, and ran until 31 October 2017. The Report on the consultation outcomes available to Council members in the online document library and on the public website (<http://www.osteopathy.org.uk/about-us/our-work/consultations-and-events/closed-consultations/>) outlines a summary of the consultation responses and of all consultation engagement activities. Council will note that the consultation was broad and robust with a number of events undertaken with stakeholders, showing that all steps were taken to ensure that those affected by the consultation had the opportunity to respond.

The consultation outcomes

3. The consultation responses were analysed in-house by Steven Bettles of the Professional Standards team. The responses to each consultation question were collated, with respondents' comments selected to exemplify themes arising or significant issues. This initial analysis was then triangulated by Dr Stacey Clift, also of the Professional Standards team, who also reviewed the data to ensure that the report sufficiently represented the responses received, and any themes arising.

Stakeholder Reference Group

4. The consultation outcomes were reported to the Stakeholder Reference Group at its meeting of 9 January 2018, together with an initial analysis report containing an interpretation of the findings, and proposed approaches for dealing with the issues raised.
5. The Stakeholder Reference Group is formed of representatives from:
 - The Institute of Osteopathy
 - The National Council for Osteopathic Research
 - The Council of Osteopathic Educational Institutions
 - The Osteopathic Alliance
 - Patients from our patient and public representation group.
6. The minutes of the Stakeholder Reference Group meeting are available on request from Steven Bettles at sbettles@osteopathy.org.uk.

¹ Incorporating the Code of Practice and Standard of Proficiency

Report and analysis on consultation

7. The consultation analysis report shows that responses were received from a wide variety of stakeholders including osteopaths, patients and other regulators.

Policy Advisory Committee

8. At its meeting on 15 March 2018, the Policy Advisory Committee considered the consultation outcomes and analysis together with the proposed approaches for responding to these. Specific areas upon which feedback and comment were sought included:
 - a. The draft introduction to the OPS
 - b. Standard B1 – reference to osteopathic philosophy and principles
 - c. Standard C6 – promotion of public health
 - d. Standard D1 – reference to advertising
 - e. Standard D1 – reference to use of the title 'doctor'.
9. Some matters were raised by the Policy Advisory Committee in relation to the OPS which will be discussed below, but subject to these, the Committee considered the outcomes of the consultation, agreed the proposed approaches for dealing with the matters outlined in paragraph 8 above and were content that the updated OPS were appropriate for consideration by Council.
10. The post-consultation updated OPS document is attached at Annex A.
11. The Report on consultation outcomes referred to in paragraph 2 above provides assurance to Council that all stakeholders had the opportunity to make their views known. The Consultation analysis referred to in paragraph 7 above, and the consideration of the analysis by the executive, through the OPS Stakeholder Reference Group and the Policy Advisory Committee as outlined in further detail below, provides assurance to the Council that all matters raised during the consultation have been extensively analysed and that the resultant *Osteopathic Practice Standards* document is fit for purpose.
12. The purpose of this paper is to seek Council's agreement to the updated OPS, with implementation from 1 September 2019.

Discussion

Matters raised by Policy Advisory Committee

13. Updated D1 states 'You must act with honesty and integrity in your professional practice'. In the draft that was considered by the Policy Advisory Committee, one of the examples given as to what might comprise lack of integrity was 'accepting referral fees. The Policy Advisory Committee queried whether there was some tension between this and standard D8 which states '*You must be honest and trustworthy in your professional and personal financial dealings*'. Paragraph 5 of the guidance to D8 states:

You should declare to your patients any financial or other benefit you receive for introducing them to other professionals or commercial organisations. You should not allow such an organisation to use your name for promotional purposes.

14. Both of these guidance statements feature in the current OPS. The Executive has reviewed the wording of the guidance between these standards, however, and agrees that there may be a cause of confusion by implying that accepting referral fees displays a lack of integrity for the purposes of D1, but may be possible under D8. Although probably not a common feature within osteopathic practice, accepting referral fees, of itself, does not necessarily indicate a lack of integrity. It would be a lack of transparency around this that might point to integrity issues, and this is felt to be adequately covered under D8.5 as set out above. It is therefore suggested that 'accepting referral fees' be removed from the list of examples of set out under D1, and the updated OPS in Annex C reflects this.
15. For additional clarity, it is worth also pointing out a slight modification of the D8.5 guidance above from the version presented to the Policy Advisory Committee. The former version referred to '*....other professional or commercial organisations*'. It is now suggested that this be amended to '*....other professionals or commercial organisations*'. The addition of an 's' to professional is a subtle change, but in effect broadens the scope of this paragraph to relate to other practitioners, for example, rather than just organisations.
16. Paragraph 2.3 of the guidance to D1 deals with the use of the title 'doctor', and states:

You should make sure that ... you do not use any title that implies you are a licensed medical practitioner if you are not. If you use the title 'doctor' because you have a PhD or other doctorate, or you qualified as a medical doctor but you do not have a licence to practise, you should make this clear to patients and others.
17. It was queried by the Policy Advisory Committee whether stating 'you should make this clear to patients and others' was ambiguous, and whether greater detail should be provided here. The Executive has reviewed this point and it is suggested that the wording remain. It is not considered that the guidance should be so prescriptive as to cover every eventuality within this scenario, but be left broad enough to be implemented flexibly. 'Making clear' in this context might include a website biography, for example, and in general conversation with patients. The clear intent is to ensure that osteopaths do not hold themselves out as medically qualified if they are not.
18. A point was raised regarding D5.1.4 which provides guidance about not releasing or discussing medical details or information with anyone without consent, though D5.7 sets out scenarios in which information might be disclosed

without consent. The point raised queried whether there was a tension between maintaining confidentiality, and the duty of candour.

19. This issue has been considered by the Executive, and, on reflection, it is considered that the issue is not so much about the duty of candour (which is felt to be adequately covered in the revised D3), but safeguarding of patients and keeping them from harm. Revised standard C4 deals with safeguarding issues. Between C4, D3 and D5, therefore, guidance is provided in relation to scenarios:
- Where there are concerns about safeguarding in relation to behaviour of other osteopaths or health professionals.
 - Where something has gone wrong with a patient's care.
 - Where consent is sought to disclosure of information from a patient.
 - Where information may be disclosed without consent
20. It is therefore proposed that there is no tension, in fact, between these particular standards.

Comparison with current Osteopathic Practice Standards

21. The Policy Advisory Committee asked that reassurance be provided to Council that in updating the OPS, nothing had been omitted inadvertently. Following the Committee meeting, a further comparison was made between the current and the updated OPS to ensure that this was the case. It can be confirmed that although the overall number of standards has been reduced from thirty seven to twenty nine, none of the content of standards or guidance has been unintentionally omitted. The reduction overall has been achieved by combining standards where appropriate to avoid unnecessary repetition, and by editing the language overall to enhance its accessibility and usability.
22. Some elements were deliberately omitted from the updated OPS; these include, for example, some aspects of consent guidance related to the treatment of children, and detailed guidance regarding clinical placements of students. In the case of the consent guidance, the content omitted is already covered in detailed guidance published separately as '*Obtaining consent*'. The somewhat detailed current guidance relating to clinical placements in private practice rather than in teaching clinics, was felt to be an unnecessary detail in this context. Other aspects of guidance were left out as they were considered to be either unhelpful, or unnecessary. Full details of the comparison can be supplied on request from Steven Bettles (sbettles@osteopathy.org.uk).
23. The updated OPS has also been compared to the standards issued by other UK healthcare regulators, to ensure that all appropriate elements had been included, and that there were no apparent gaps. A table setting out this comparison can also be provided on request from Steven Bettles as above

Key areas arising from the consultation

24. Council will note from the report on the consultation outcomes and the analysis report, that two standards drew a significant response. These were B1, in relation to the reference to osteopathic philosophy and principles, and C6, in relation to the promotion of public health. These issues were reported to the Policy Advisory Committee on 15 March 2018, but are further mentioned here due to the weight of response in each case.

B1 – Philosophy and principles

25. The response summary is set out within the report on consultation outcomes in relation to the updated OPS (see paragraph 2 above) (pages 18-21), and further discussed in the Consultation analysis and report (see paragraph 7 above) (pages 10-14).
26. The options for referencing osteopathic philosophy and principles which featured in the consultation were:
- Option 1: Inclusion of the osteopathic philosophy and principles in a standard
 - Option 2: Inclusion of the osteopathic philosophy and principles in guidance (rather than standards)
 - Option 3: Removal of osteopathic philosophy and principles from standards and guidance
27. As will be seen from the consultation analysis and report, 82% of those who responded favoured Option 1, rather than the GOsC's suggested Option 2. It is recognised that this was a contentious issue for the profession, and that it highlights questions around professional identity and the uniqueness of osteopathy, which can be emotive. It is clear, however, that views concerning philosophy and principles, what these are and how they should be applied in practice, are far from universal.
28. The Stakeholder Reference Group discussed the appropriate response in light of the arguments for each of the options and the consultation responses. The Group reached a consensus on this point, which was to accept Option 2, with philosophy and principles referenced in the guidance to B1, but to move this reference to B1.1 – making this the first point within the B1 guidance. It was also suggested within the group that B1 should reference 'being able to apply', as well as having knowledge and skills, and thus B1 has been amended to;
- 'You must have and be able to apply sufficient and appropriate skills to support your work as an osteopath'.*
29. This approach was agreed by the Policy Advisory Committee.

C6 – promotion of public health

30. The response to this standard is set out in the Report on consultation outcomes (pages 28-31) and is discussed in detail in the Consultation analysis and report (pages 19-23).
31. Considerable concern was raised in relation to this standard around the use of the word 'promote' in relation to public health. Some worried that this would manifest as a mandatory promotion of government health policies which may be at odds with an osteopathic viewpoint or values. The Institute of Osteopathy (iO) suggested a modified wording referring to osteopaths role in '*enhancing health and social wellbeing*'. The Stakeholder Reference Group discussed this issue at length, and the group, in general, favoured the iO suggestion but with reference to healthcare 'professional' rather than 'provider', and referring to the wider context of the osteopath's role in this respect. The proposed approach reflected in the updated OPS document and explained in the Consultation analysis and report, is to omit the word 'social' and change C6 to:

'You must be aware of your wider role as a healthcare professional to contribute to enhancing the health and wellbeing of your patients'.

32. This approach was also agreed by the Policy Advisory Committee.

Equality Impact Assessment

33. The equality impact assessment for the review of the *Osteopathic Practice Standards* was reported to Council at its meeting of 18 July 2017. This was updated following the consultation, and is available for Council members in the online document library.
34. The equality impact assessment shows that aspects of the updated OPS have been clarified to ensure that protected characteristics have been referenced consistently throughout the guidance. Other comments in the consultation related to accessibility and learning resources are being taken into account as part of the publication and implementation strategy.

Statement of changes

35. Under section 13(3) of the Osteopaths Act 1993 (as amended), the General Osteopathic Council must publicise any changes made to the Standard of Proficiency and provide a minimum of one year's notice before those changes take effect. The Standard of Proficiency currently comprises A1, B1, B2, C1, C2, D1, D2 and D3. A statement of changes made to these, and also to the other standards which currently comprise the Code of Practice, is included at Annex B.

Implementation plan

36. A detailed implementation plan is being developed, and will be considered by the Policy Advisory Committee at its meeting of 12 June 2018. This will include plans for publication and awareness raising, stakeholder engagement activities, and plans for development of supporting resources leading up to implementation in 2019. Details will be reported to Council at its meeting of 17 July 2018.

Recommendations:

1. To agree the updated *Osteopathic Practice Standards*.
2. To agree that the Osteopathic Practice Standards 2018 will come into force on 1 September 2019.