



Osteopathic Practice Committee

3 March 2016

CPD Resources and Case Studies: Consent and Communication

Classification	Public
Purpose	For discussion
Issue	A scoping report on resources relating to consent and communication in preparation for developing material to support the implementation of the new continuing fitness to practise scheme.
Recommendation	To consider and provide feedback on the <i>CPD Resources and Case Studies: Consent and Communication scoping paper</i> at the Annex..
Financial and resourcing implications	There may be a cost incurred in the preparation of learning resources which will be contained within the Professional Standards/Communications budgets.
Equality and diversity implications	There will be equality issues to consider in relation to the preparation of resources to suit varied learning needs.
Communications implications	The revised guidance will be tested through our work in partnership with early adopters.
Annex	Scoping report on consent and communication resources.
Author	Steven Bettles

Background

1. On 4 February 2016, Council considered the next steps in the implementation of our new CPD scheme. Council agreed our new CPD model, the approach to governance (see Item 4) and also agreed the staged approach and outline timetable for the implementation of the CPD scheme, recognising that this will be reviewed at regular stages as part of the project implementation plan.
2. As part of the staged approach to implementation, Council recognised that in our CPD consultation, successful partnership working had taken place with some regional groups, educational institutions and CPD providers, as well as other osteopathic groups, through the joint development of *Resources and Case Studies Booklets* for each of the different mandatory elements of the scheme to illustrate how our new CPD scheme might work for different osteopaths. The *Resources and Case Studies Booklets* provided for the consultation aimed to give a flavour for how osteopaths might be able to participate easily in the scheme.
3. However, to deliver the whole scheme successfully on a UK wide basis, much more partnership working will be necessary. This partnership working should enable all osteopaths to find a way to undertake the mandatory elements of the new CPD scheme that works for them and therefore enables them to participate easily and usefully in the scheme.
4. All the *Resources and Case Studies* booklets will need to be made much more comprehensive offering a wide range of resources, opportunities and different ways to learn appropriate to different types of practice and different styles of learning.
5. This paper explores an initial piece of scoping work about the availability of resources on consent and communication and offers the Committee an opportunity to consider the scoping paper ahead of consideration by our partners.

Discussion

6. Our current *Resources and Case Studies: Consent and Communication* document showed how some course providers and regional groups were already offering sessions on communication and consent, providing osteopaths with structured learning in this area. The document also provided suggestions and reflections on how to meet the communication and consent requirements as a researcher. Resources were also provided for osteopaths to undertake learning by themselves. However, these resources were limited and did not involve a full scoping of all the material available for osteopaths – both osteopath specific information as well as information about consent from other healthcare professions.
7. As a first step to developing a more detailed *Resources and Case Studies: Consent and Communication* to support the early adopters participating in the pilot, we have prepared a scoping paper looking at the wide range of resources

available to osteopaths currently with recommendations. This is presented as an early draft for the Committee to consider and advise on.

Recommendation: to consider and provide feedback on the *CPD Resources and Case Studies: Consent and Communication scoping paper* at the Annex.

Scoping report – Resources on Consent and communication Steven Bettles

Aim

1. This report aims to provide an overview of the range of resources readily available to osteopaths on the subject of consent and communication. Some commentary will be provided on the value of these, and recommendations made as to how further resources may be developed, and how existing ones might be better signposted. Resources currently provided by the GOsC will be covered, as well as those available elsewhere, chiefly amongst healthcare regulatory and professional websites, as well as some online educational platforms. The search was not intended to be exhaustive, and other resources may well be available. The idea was simply to provide a representative overview of material which may be of use to osteopaths in the area of consent and communication.

Background

2. This overview is provided in the context of the proposed new continuing professional development scheme for osteopaths, a requirement of which is that osteopaths undertake a CPD activity in consent and communication at least once in every three year CPD cycle.

As outlined in the GOsC's draft guidelines¹ for the new CPD scheme:

"CPD is any activity that maintains, enhances and develops osteopathic professional practice. CPD includes any learning undertaken by an osteopath and can include courses, seminars, practical sessions, e-learning, reading, research, individual study and any other activities that can advance practice. Undertaking CPD is an ongoing aspect of professional practice."

3. The types of resources which might be used to facilitate such development are therefore varied, as are the activities which osteopaths might engage with in order to meet this aspect of the CPD requirements.

The draft peer review guidance issued by the GOsC² sets out the expectations in terms of meeting the CPD requirement regarding consent and communication:

"This Standard is met by the osteopath able to show they have undertaken CPD activity relating to communication and consent with patients. We recommend around three hours of CPD. This Standard may be met by an osteopath who has undertaken less than three hours of relevant CPD, but is able to show this activity has informed their learning and has been applied in their practice. This Standard is not met if the osteopath is unable to show that they have undertaken an activity relating to communication and consent."

¹ <http://www.osteopathy.org.uk/news-and-resources/document-library/consultations/draft-cpd-guidelines/>

² <file:///D:/users/goc-sbettles/Downloads/5-draft-peer-discussion-review-guidelines.pdf>

Meeting the requirement is, therefore, a flexible process, though will require the osteopath to document what they have done, and articulate how it has impacted on their practice.

Current GOsC resources

4. The current content on the GOsC website³ is available only to registrants via the o zone. This is located under the 'Standards and Guidance' menu, and is fairly extensive. There are a number of resources, and some e-learning content under the OPS element of the Standards & Guidance. A full audit of current CPD resources on the o zone (prepared by Margot Pinder) is included in the annex to this document.
5. There is a downloadable module using the 'Articulate' programme to 'test your knowledge of the standards'. This adopts a systematic and structured approach in ensuring case examples are viewed in the context of the OPS, though they can be repetitive at times, and do not allow for uncertainty. The answers are very black and white, which is not always reflective of real life scenarios.
6. The modules in 'professional dilemmas in osteopathy' are, again, designed to prompt osteopaths to think in terms of the OPS. This could be a useful exercise to build familiarity with the standards, but is a little 'tick box' in its approach, and, again, does not take into account complexity in the responses sought.

Exploring Professional Dilemmas in Osteopathy - part one

Question 10 of 54 Point Value: 10

A patient went to see an osteopath for the first time and was asked questions about their present condition, but not about their previous medical history. The osteopath then proceeded with a very basic examination and treatment.

Which four of the following [Osteopathic Practice Standards](#) relating to C: Safety and Quality in Practice are particularly relevant to this scenario?

<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C3
<input type="checkbox"/> C4	<input type="checkbox"/> C5	<input type="checkbox"/> C6
<input type="checkbox"/> C7	<input type="checkbox"/> C8	<input type="checkbox"/> C9

Score so far: 0 points out of 0

SUBMIT

The answers to the questions about 'how professional is this' are quite obvious, and probably do not add much to the exercise.

³ <http://www.osteopathy.org.uk/home/>


Exploring Professional Dilemmas in Osteopathy - part one

Question 15 of 54 Point Value: 0

An osteopath was suspended by the General Osteopathic Council and was asked to attend a Fitness to Practice hearing which had been scheduled to take place in six months time. The osteopath remained in the UK and needed to earn a living. As such, they continued to examine and treat patients as they had done before the suspension.

How professional do you think the actions of the osteopath were in this scenario? Please rate on a scale of 1-5 where 1 is Highly unprofessional and 5 is Highly professional.

1 Highly unprofessional
 2
 3
 4
 5 Highly professional



Score so far: 0 points out of 40

SUBMIT

In some of the next questions, there are areas where the 'correct' answer could be any of a range, though this is not reflected in the feedback.

The modules are also very long. For e-learning activities such as this, it would be beneficial to have them in smaller, more manageable chunks, so users could dip in and out. With Articulate, it does give users the options to continue where they left off, but the length of the modules and the repetition involved, might predispose towards a lack of engagement after a few questions.

7. There are additional resources under the following headings in the OPS section:



Communication and patient partnership

8. There are some useful resources on his page, including links to research such as the CROaM study, and to YouTube videos of presentations by Stephen Vogel and Pippa Bark on communicating risks and benefits.
9. There are some GOsC materials, and links to some interactive learning on the GMC website (<http://www.gmc-uk.org/gmpinaction/characters/index.asp>) and the NMC website (<http://www.nmc.org.uk/standards/safeguarding/>). These are well put together, particularly the GMC site, which promotes good practice in the context of a number of character based scenarios.

Knowledge skills and performance

10. This section contains some links to useful resources including a number of research, reports, and GOSc produced templates (many to do with the revalidation pilot). External resources such as the NCOR website and the journals available on the O-Zone are referred to.

Safety and quality in practice

11. Again, this section contains helpful links to resources and websites including the NMC guidance on safeguarding and GMC guidance on raising concerns. Some of the links to articles from The Osteopath were not working.

Professionalism

12. A similar section to those above, with links and resources, including those to other pages such as advertising and social media guidance, and to the GMC 'character' page (see above).

Consent guidance

13. This contains some links to guidance (separate guidance given for England and Wales, Northern Ireland, and Scotland) which is extensive and thorough. There are also some case based scenarios to illustrate the issues involved with consent.

Obtaining Consent-Capacity to Consent – practical information

Download the guidance document:

- [Obtaining Consent-Capacity to Consent – practical information](#)

This document has been designed to accompany the guidance set out in *Obtaining Consent-Patient's Capacity to Give Consent* - see above - and contains a number of illustrative scenarios relating to consent. Our aim is to provide practical information to osteopaths about how you might deal with issues about a patient's capacity to give consent which might arise within a clinical setting.

Although these are quite useful, and raise a number of ethical issues, they do not prompt anything by way of interaction. The answers in each case are given.

Case examples are a good way of contextualising guidance and prompting discussion, and could be developed further to provide communication and consent resources.

Putting patients at ease

14. This sets out some solid advice on avoiding problems and putting patients at ease,. It would be good to incorporate some of the issues raised into some cases, as with the 'obtaining consent' issue above.

Other resources in the o zone

15. The section on News and Resources, contains links to research journals. A quick search for 'consent' and 'communication' in two of the journals available (Manual Therapy and Journal of Manipulative and Physiological Therapies) revealed some articles on these subjects which were freely available. Usage statistics indicate that access to research journals via the o zone is increasing:

Journal	Downloads 2013	Downloads 2014	Downloads Jan 15 – July 15
Clinical Biomechanics	119	247	255
IJOM	2,122	1,395	1,695
Journal of Bodywork and Movement Therapies	365	749	510
Journal of Manipulative and Physiological Therapeutics	72	2	75
Journal of Osteopathic Medicine	–	203	204
The Lancet	N/A	363	285
Manual Therapy	262	515	792
Pain (content to 2014)	N/A	385	351
The Spine Journal	110	264	210

Journal	Downloads Jan 14 – July 14	Downloads Jan 15 – July 15
Clinical Biomechanics	105	255
IJOM	388	1,695
Journal of Bodywork and Movement Therapies	138	510
Journal of Manipulative and Physiological Therapeutics	0	75

Journal of Osteopathic Medicine	34	204
The Lancet	105	285
Manual Therapy	86	792
Pain (content to 2014)	120	351
The Spine Journal	90	210

What is not clear is whether this is due to a limited number of osteopaths accessing more articles, or whether there are generally more osteopaths using the resource. It may be that the numbers are being increased by greater student usage as final year students access the journals. Having an individual responsible for 'horizon scanning' for articles on consent and communication, and drawing attention to these via the **o** zone and social media might be a good way to maintain the impact of the resource, and increase the profession's use of the journal resources.

Revalidation resources

16. There are a number of resources on the **o** zone under 'Continuing fitness to practise'. The revalidation resources include various templates, including case-based discussions, a reflection template, and one for significant event analysis. These arose from the revalidation pilot in 2011-12, but are still available for use. To what extent these would be utilised by the average osteopath is debateable. There are some helpful resources here, but they seem somewhat hidden, and have little in the way of explanation as to how they could be used to aid professional development.

- Registration
- My CPD
- Continuing fitness to practise
 - Revalidation resources
 - Piloting the revalidation scheme
 - Revalidation research
 - Developing the revalidation scheme
- My practice details
- Update my details
- Change password

Revalidation resources 🖨️ ✉️

Our revalidation pilot in 2011-12 included a number of different tools that were used by osteopaths to analyse their practice, including patient feedback questionnaires and other feedback mechanisms, and clinical audit templates.

Many of these resources remain relevant to osteopathic practice and can be used to support your CPD. We hope that osteopaths will continue to use them in their practices and with colleagues.

The revalidation pilot templates

You can find more information about how to use the templates below in the [Revalidation pilot participation manual](#).

- CARE measure
- Case presentation template
- Case-based discussion template
- Driscoll's model of reflection
- Management plan template
- Multisource feedback form
- Patient feedback template [Patient feedback template: completed example](#)
- Patient feedback analysis tool
- Patient feedback template: creating a chart
- Peer review (COT)
- Personal development needs analysis template
- Significant event analysis template

What external resources are available?

17. A number of other resources are available on the subject of consent and communication, which are available to osteopaths:

The Institute of Osteopathy

18. There are a range of resources for members on the iO website for members: <http://www.osteopathy.org/for-osteopaths/>



Some of the iO content would relate to communication, for example, guidance on managing complaints, clinical audit etc, and there are a range of articles that have appeared in Osteopathy Today.

The practice development area links to further resources, for example:

Your Patients					
Area	Academic	Associate	NHS	Principal	Sole practitioner
Osteopathic treatment: Benefits and Risks	✔	✔	✔	✔	✔
iO Public Information Leaflets	✔			✔	✔
Understanding iO Clinical Audits		✔		✔	✔
iO Understanding Audit Support Resource		✔		✔	✔
iO Patient Record Cards	✔	✔		✔	✔
Patient Posters	✔	✔	✔	✔	✔
Neuropathic Pain GP Referral Letter		✔	✔	✔	✔
Neck Disability Index (NDI) Questionnaire	✔	✔	✔	✔	✔

There is no specific area on consent and communication, although a search on the iO site for 'consent' reveals the following:




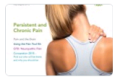
Search Results for: consent

- › Keeping Out of Trouble
- › CPD Workshops
- › CPD: Neuropathic pain
- › Horizon scanning: continuous professional development
- › Dementia Friendly Practice
- › Editor's Welcome OT March – April 2015
- › PILARS
- › iO Resources
- › Osteopathic treatment: Benefits and Risks
- › iO Patient Complaints Procedure

The iO features CPD articles in its journal, 'Osteopathy Today', which are available online (as is the whole journal).

CPD articles

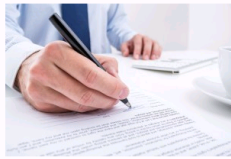
We actively encourage contributions for articles in OT. If you have an area of expertise or specialism which you believe will provide useful and practical advice to our members see our guidelines for submitting a CPD article.

	<p>The role of osteopathy in osteoporosis</p> <p>Osteopaths are well placed to screen patients for osteoporosis and offer practical advice on risk factors, prevention and treatment. This article is designed to review the subject and highlights simple resources (such as screening tools and sources of further information) that osteopaths can use in practice.</p> <p>Visit URL</p>
	<p>Head injury guidelines and sport</p> <p>The iO professional census 2014 suggested that over 44% of osteopaths often treat sports related injuries. Traumatic head, brain and spinal injury are amongst the most serious faced by those in the acute sports setting, such as pitch-side first aid, and an awareness of the appropriate guidelines is critical to such clinicians.</p> <p>Visit URL</p>
	<p>The older shoulder</p> <p>Shoulder pain is the second to third most common musculoskeletal complaint in the general population. One 2004 study found that up to 60% of people will experience shoulder pain at some point and the incidence increases with age. In this article Simeon Niel-Asher discusses shoulder pain, aging and how to assess and treat trigger points.</p> <p>Visit URL</p>
	<p>There is no cure for chronic low back pain...</p> <p>The Osteopathic Spinal Team at Queens Medical Centre discuss the nature of chronic pain and the insight that current research in bringing to this common and debilitating problem.</p> <p>Visit URL</p>

These feature an overview of the subject area, plus a self-assessment section and a reflective form to complete at the end (though the link to this in the online articles did not seem to work). The articles indicate the relevance of the activities to the OPS. Three of the six articles on the site indicate that they relate to Communication and Consent, specifically A5 (*work in partnership with patients to find the best treatment for them*).

In the 'Making the most of your CPD' section of the iO website, there are some resources aimed at helping osteopaths plan and reflect on their development activities:

Making the most of your CPD



Continuous Professional Development is a mandatory requirement for all UK registered osteopaths. However, 70% of the osteopaths who answered the 2014 IO professional census suggested that to them, it is more than that, and that they view their CPD as part of a process of lifelong learning that enhances the journey through their professional life and opens new career opportunities.

To guide you through this journey, it is often a good idea to plan out your learning needs prior to sourcing CPD and the IO has developed some simple tools to help you to do this:

- **Strengths, Weaknesses, Opportunities, Barriers (SWOB) analysis:** in order to identify your learning needs, it can be useful to complete a SWOB analysis. Consider your current knowledge and skill set, career ambitions and the experience that you would need to progress your position. What things are you good at? In which areas are you confident (strengths) and which might require improvement (weaknesses). Also consider what opportunities these strengths might bring. Finally, consider what barriers may need to be overcome to allow you to reach your goals and record all this in the table. [A downloadable version can be found here.](#)
- **Personal Development Plan (PDP):** this can be used to record how you plan to address the learning needs highlighted in your SWOB analysis. Try to make each goal SMART (see below), and don't forget to set a date to review how you are doing and stick to it. [A downloadable version can be found here.](#)
- **Reflective record:** once you have completed a piece of CPD, it is often desirable to reflect how useful it has been in addressing the learning needs that you have specified in your PDP. Some people find it useful to consider specific questions. This form can be used as a template, and can be printed off as evidence for your CPD record in line with Osteopathic Practice Standards, B2 (1.11). [A downloadable version can be found here.](#)
- **Shadowing** – It is often useful to shadow or observe fellow osteopaths or other health care provider as part of your learning. You can record your reflection of [observations using this form.](#)

These are not aimed specifically at any particular area of CPD, but could apply to all, including consent and communication.

National Council for Osteopathic Research

19. This is a particularly helpful site which contains an extensive range of resources aimed at communication and consent.

National Council for
NCOR
Osteopathic Research

Tel: +44 (0)20 7882 6131

Home	Learning Online	Research	Getting Involved	Practitioners	Patients	Who We A
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 Evidence for Osteopathy more >>	 Communicating Benefit and Risk more >>	 Clinical Audit more >>
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The section aimed at 'communicating benefit and risk' has a systematically organised approach, with links to further sections:

Practitioner Information – Communicating Benefit and Risk in Osteopathy

INTRODUCTION

The General Osteopathic Council commissioned [four research projects](#) to investigate adverse events associated with osteopathic practice; this web resource aims to help osteopaths use the findings from these studies in clinical practice to provide better patient care and develop confidence and competence in discussing benefit and risk with patients. [1,2,3,4](#)

This resource is very much a work in progress and although we hope you will find it useful as it is, we are keen to receive feedback from the osteopathic profession. If you have any feedback please contact us via the [contact form](#) on this website.

This online resource is split into the following sections:

- [Shared decision-making](#)
- [Communicating benefit and risk in osteopathy](#)
- [Consent](#)
- [Risk and patient incidents](#)
- [Dealing with patient feedback and complaints](#)

These are evidence informed, and relate to appropriate research in providing guidance to osteopaths.

20. The PILARS resource managed by NCOR is a site where osteopaths can anonymously share incidents related to osteopathic care, adverse events or other issues. This can be used for research and provides a learning resource for other osteopaths. It can be accessed via the **o zone** (under *news and resources > research*). It is not widely used (there are only 24 entries from the site's launch in September 2014 to date⁴, with the latest entry submitted in January 2016). The events described on the site are varied, but communication is an aspect which many have in common, and if more widely used could provide an effective learning tool for osteopaths.

About

The Patient Incident Learning And Reporting System (PILARS) has been designed to enable osteopaths to report anonymously, share and discuss challenging experiences relating to practice-related incidents, patient safety, practitioner safety or adverse events associated with osteopathic care. This can all be done anonymously online. The information gathered from these reports will be analysed only by the research team at the National Council for Osteopathic Research (NCOR) in order to identify trends. The information will be fed back to the osteopathic profession to improve patient care, and highlight any recurring issues about which osteopaths should be aware. We hope that osteopaths will learn from each other, share helpful experiences of their own, and become more aware of situations and circumstances that may lead to the occurrence of adverse events or difficult incidents in practice.



Patient Incident Learning and Reporting System

We would like to reassure you that this forum is both secure and anonymous. It is intended to be educational and supportive for the profession. The forum is password protected, available for use only by registered osteopaths and students: this site is not available or intended for use by patients, the general public, or other healthcare professionals. There is no known way for users to be identified unless they specifically choose to do so. We will monitor the site and remove any identifiable data (of practices, practitioners or patients) should it arise. Please be careful to ensure complete anonymity when adding information to the site.

21. The following link is to an NCOR research hub poster, outlining the development of a consent form for patients.

<http://www.ncor.org.uk/wp-content/uploads/2012/11/Exeter-poster.pdf>

General Medical Council

22. As mentioned earlier, the GMC have a range of practice scenarios on their website (<http://www.gmc-uk.org/gmpinaction/characters/index.asp>) to aid with the management of cases which might be challenging. These are about promoting good practice in accordance with the GMC Guidance, but often relate to issues of communication and how the doctor should convey difficult information to patients. There is a link to these on the **o zone** section on 'communication and patient partnership'.

The GMC guidance on consent is extensive, and broken down on their website into different sections. The section on explaining side effects, complications and other risks is here: http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_discussing_side_effects_and_complications.asp

There is a useful overview of consent and the resources available to provide support in this respect here:

⁴ Accessed 26th January 2016

<http://www.gmc-uk.org/guidance/27164.asp>

This includes links to a number of other resources, including updates following the Montgomery case (see later for further resources on this).

British Medical Association

23. The BMA provide a consent toolkit with downloadable 'cards' on different aspects of consent, or a complete 'toolkit':

<http://www.bma.org.uk/support-at-work/ethics/consent/consent-tool-kit>

Some of these relate to areas which will not be of direct relevance to osteopaths (consent for emergency treatment, for example), but overall, it provides a useful overview of the issue of consent in relation to medicine.

General Pharmaceutical Council

24. The GPC provides some guidance on consent:

https://www.pharmacyregulation.org/sites/default/files/gphc_guidance_on_consent_2014.pdf

and on sexual boundaries

http://www.pharmacyregulation.org/sites/default/files/gphc_guidance_on_sexual_boundaries_14.pdf

These are freely available, though do not add much to the osteopath specific guidance provided by the GOSc.

Royal College of General Practitioners

25. The RCGP offer an e-learning site via their website: <http://elearning.rcgp.org.uk/>

There are a wide range of courses available, some of which are open to all healthcare professionals. Others require membership of the RCGP, or the purchase of a licence.

Non members can register for free which gives access to the site and to openly available courses. There are no courses specifically aimed at consent or communication, but there are a number that would be of interest to osteopaths more generally, and which would demonstrate compliance with themes of the OPS.

Open University Open Learn

26. This is available at <http://www.open.edu/openlearn/> and has a number of resources and free online short courses, which may appeal to osteopaths. A search of the site for 'consent' revealed an extract from 'Issues in alternative and complementary medicine' (<http://www.open.edu/openlearn/health-sports-psychology/health/health-studies/issues-complementary-and-alternative->

[medicine/content-section-3.8](#)). This is a useful resource which does touch on some key aspects regarding consent, communication and ethical practice, and which could provide the basis for reflection, or group discussion amongst osteopaths. The content is freely available, but individuals can enrol on the course itself.

27. A search for 'healthcare' showed the course 'Understanding narratives in healthcare', (<http://www.open.edu/openlearn/health-sports-psychology/health/understanding-narratives-health-care/content-section-1>) which would also provide some insight into the concept of patient 'narratives', and the meanings they ascribe to health issues. This could enhance an osteopaths understanding of communication issues, and potentially have a positive effect on patients' experiences.

FutureLearn

28. This is a Massive Open Online Course (MOOC) platform owned by the Open University. Free online courses available include:

Social Media in Healthcare:

<https://www.futurelearn.com/courses/social-media-in-healthcare>

This is aimed at understanding how social media is used in healthcare to improve communication and information sharing;

Supporting people living with long term conditions:

<https://www.futurelearn.com/courses/supporting-long-term-conditions>

This course is aimed at exploring how health care professionals work in partnership with patients with long term conditions.

Other regulators and professional bodies

29. Other regulator's websites were searched, including:

- General Chiropractic Council
- General Optical Council
- Nursing and Midwifery Council
- General Dental Council
- Health Care Professions Council

None of these had any particular resources available on their public facing sites on communication and consent. As with the **o** zone, the majority of resources for practitioners are likely to be available to registrants only.

Blogs:

30. A Google search for 'osteopathy blogs' revealed 96,700 results. These were not reviewed in any detail, but the small sample looked at seemed to be aimed at business promotion (understandably) in many instances, with others having sites to promote their own teaching. One relatively recent addition to the range available is:

<http://osteofm.com/2015/12/15/more-about-consent/>

This is focussed more on promoting discussion and debate on issues that affect the profession, including consent in the link given, and is a good example of an osteopath prepared to put her head above the parapet and openly engage with others, even those who might disagree with her. It's a good site and a useful resource.

Forums and shared spaces

31. There are forums currently utilised by osteopaths, for example Sacral Musings (www.sacralmusings.com), and a number of osteopathic groups on LinkedIn where osteopaths communicate over a range of issues related to practice and the profession. The iO website has a forum section for communication between members, though this does not appear to be extensively used. When accessed (27th January 2016) there were just nine topics, and engagement with the forum seemed sparse.
32. At a recent meeting with Gwyn Owen and Nina Paterson of the Chartered Society of Physiotherapists Professional Development Team, it was emphasised how successful the CSP's iCSP platform has been. This is an interactive section of the CSP website which enables its members to engage in a variety of networks, related to their areas of interest and practice:

InteractiveCSP

This is the community area of the website. In short, it's physiotherapy for and by physiotherapists. It is only available to CSP members who need to log in to gain access.

[> Log in](#)

iCSP provides CSP members with access to a wide range of online physiotherapy communities, which we call 'networks'. They cover clinical and occupational interests, treatment modalities and other professional or employment themes. Some are private but most are open to all CSP members.

Members can join whichever networks relate to their interests and can leave them at any time. Each network provides access to discussions, documents and other resources. Once in a network members can add content, join existing discussions, or simply find out what their peers are thinking and doing.

With the largest networks now exceeding 15 000 subscribers iCSP has, over the last 10 years, grown into an invaluable source of clinical and professional know-how. It is easy to use and is searchable, it includes summaries of the latest content and sends subscribers regular email bulletins of new content on their networks.

To start using iCSP simply **log in** and follow the on-screen guidance.

The Montgomery judgement

33. There are a large number of articles and web pages which provide details of the changes to consent brought about by the Montgomery judgement. The GMC one referred to earlier is particularly helpful, as this provides links under 'Related articles' to a number of articles and resources on the Montgomery outcome.

In addition, the following are all useful overviews:

<http://www.bmj.com/content/350/bmj.h1796/rr-0>

<http://blogs.bmj.com/bmj/2015/04/02/caroline-fryar-risky-business/>

<http://www.blakemorgan.co.uk/training-knowledge/articles/health-professionals-discharge-duty-care/>

This is useful, as it clearly shows the impact of the judgement in England, Wales, Northern Ireland and Scotland: <http://www.medicalprotection.org/uk/members/news/news/2015/03/20/new-judgment-on-patient-consent>

This article from the British Dental Journal is also helpful:

<http://www.nature.com/bdj/journal/v219/n2/full/sj.bdj.2015.555.html>

It is obviously aimed at dentists, though the principles are common across healthcare. This sentence from the conclusion sums it up nicely:

"The moral of the story for dentists is that it is prudent to get to know your patients so that you can discuss with them risks that any patient would want to know, plus any risks that you would consider would be relevant to the particular patient concerned."

Discussion and recommendations:

34. There are a range of resources currently available to support osteopaths in undertaking CPD on communication and consent. Some of these are already available in the o zone, and others, as highlighted above, are available externally. It is not always obvious where the o zone resources are, and these could be differently presented, perhaps under a 'professional development' section, or cross referenced with the current pages. It would be helpful for the professional development pages to be actively and regularly curated, with an individual responsible for developing these to maintain interest and promote usage. For example, a monthly update to promote new external resources, or relevant journal articles, would help to make things feel more dynamic.
35. The Articulate e-learning activities on the o zone are somewhat repetitive and not particularly engaging. They do not allow for different interpretations, or uncertainty, and I would question their continued use.

36. Case examples and scenarios would be more useful in helping osteopaths analyse the complexities of practice in relation to communication, consent and other professional issues. There are some scenarios already on the o zone on the 'consent' section of the 'Osteopathic Practice Standards' area, but more along these lines would be helpful. The current scenarios lack any interactive capacity, which might affect engagement with these, though similar downloadable CPD articles with a self assessment section are used by the iO in their journal and on their website. The 'gold standard' of cased based online interaction would probably be the GMC character based scenarios referred to above. These can each be completed relatively quickly, but enable the participant to select their response to the given set of circumstances, then get feedback outlining whether this would be in line with GMC guidelines, and to what extent. Different options are acknowledged, in comparison to the somewhat black and white nature of the GOSc's Articulate courses. The development of such resources would, no doubt, be expensive, and therefore a more modest approach is likely to be needed in the short term to develop cases that encourage engagement and reflection. Perhaps presenting these as resources for group activities would help to encourage take-up, and interaction with colleagues.
37. The o zone currently lacks the capacity for interaction between registrants. This has been tried before, but the forum feature was ended due to lack of use. Registrants may feel reluctant to contribute freely to shared spaces on a GOSc website. The iO website has a members forum, but engagement with this appears limited. The CSP's iCSP shared space for members was reported as having been a successful innovation, however, and I think there is capacity to develop a more 'network' based shared space to promote interaction between osteopaths. This is probably something that should be facilitated by the iO, rather than the regulator. In general, there are aspects where the iO may be better placed to provide some Professional development resources as member benefits, than the GOSc as a regulator. A collaborative approach between the two organisations in this area could be pursued. There are a number of CPD resources on the iO website, including specific articles, and templates to assist with planning and reflecting on CPD activities.
38. The requirement that all osteopaths engage in CPD on communication and consent within the three year cycle of the new scheme, should not be seen, necessarily, as a requirement for the regulator to provide all of the material needed to comply with this. One of the aims of the scheme is to support osteopaths in taking responsibility for their development. As well as providing some primary resources (for example, case studies to discuss and consider), one way of achieving this would be to help osteopaths develop their reflective skills, with the aim of supporting them in recognising learning opportunities in everyday practice. Some of the resources available on the o zone would be useful in this respect (for example, the reflective templates used in the revalidation pilot), but these could be expanded upon, developed further and re-presented to make them more user friendly and accessible. The iO provides some reflective templates in their 'Making the most of your CPD' section.

39. Some regulators or professional bodies provide an e-portfolio system to help registrants plan, record and reflect upon their development activities. A full review of options available in this respect is beyond the scope of this report, but there is much to recommend the use of technology in reflective practice. At the meeting with the CSP on 21st January 2016, their own use of the PebblePad e-portfolio system was explored. The CSP has provided this as a member benefit since 2008. Of their 53,000 members, currently some 6,997 actively used PebblePad, with a 1,000 more using it to access resources. Active use is therefore approximately, thirteen per cent of members. There are reasons why usage may be at this level. For some, the portfolio system may not integrate with systems that they are required to use to comply with employer's requirements, for example. The HCPC who regulate physiotherapists, also do not require a portfolio to be submitted, which may also act as a disincentive. Providing an e-portfolio as a member benefit may be something that could be explored further with the Institute of Osteopathy. The CSP is currently engaging in a tendering process to create a portfolio/virtual learning environment platform which better integrates with the CSP website and its functions. They have agreed to share the outcome of this process with us once a decision has been made as to how they are to proceed.

Resources on reflective practice

40. Some resources on reflective practice have been discussed in the context of this report. It might be helpful to undertake a similar scoping report specifically on such resources, with a view to informing a redevelopment of the ● zone content in this area.

Conclusion:

41. There are, therefore, are number of changes to current provision that could be made to help support the participation of osteopaths in CPD in the area of consent and communication. I would suggest, that this not just be limited to the consent and communication aspect of the new CPD scheme, but form part of a process of encouraging a more reflective approach to professional development to coincide with the implementation of the new CPD arrangements.

These could be divided between short term, medium term and longer term:

Timescale	Recommendations
Short term	<ul style="list-style-type: none"> • Repackage existing resources on ● zone to emphasise that the content relates to professional development • Remove existing Articulate courses • Develop more 'case-scenario' based content to encourage registrant engagement and interaction with colleagues • Develop some of the revalidation pilot materials further and repackage these in the context of an enhanced section on reflective practice (rather than referring to the

	<p>revalidation pilot which happened some years ago)</p> <ul style="list-style-type: none"> • Ensure that external resources on consent/communication are signposted
Medium term	<ul style="list-style-type: none"> • Add to and 'curate' the o-zone pages regularly to keep content fresh and promote usage • Use articles in The Osteopath to publicise changes, and encourage development activities • Promote the use of 'every day learning' and reflection amongst osteopaths – helping them to recognise and make use of the development activities that arise during practice • Encourage a culture of regular engagement
Long term	<ul style="list-style-type: none"> • Pursue greater collaboration with the Institute of Osteopathy in the provision of professional development resources • Investigate the use of an e-portfolio platform to support registrants' engagement with the new CPD scheme • Explore broader areas of funding to finance the development of development resources (such as an e-portfolio system) • Consider ways of providing interactive learning opportunities (integrated within the website or as a separate but linked platform) • Explore use of mobile technology to encourage more frequent and convenient engagement with resources (this could be a link to an e-portfolio via a website/o-zone with a single log-in, or an integrated app) (NB The current <ul style="list-style-type: none"> • zone does work well on mobile devices, with the full range of resources available)

Steven Bettles
February 2016

Annex

CPD resources on o zone

Types of resources

Online journals e.g. IJOM Plus package, BMJ, Bandolier

Other websites e.g. research and evidence websites, post-graduate training, GMC CPD resources, NCOR

Video presentations from regional conferences

Powerpoint presentations from regional conferences

Books/booklets e.g. OPS, CPD guidelines, Clinical audit handbook, fitness to practise annual report

Research study reports

e-bulletins e.g. Fitness to practise bulletin

Templates e.g. from Revalidation Pilot handbook, Clinical audit handbook

e-learning resources *created in Articulate*

Articles from *the osteopath* (PDFs)

GOsC guidance and advice e.g. Advertising, Blood-borne infections, Social media

Courses/events

Regional groups

Location of resources and links to them

My registration>CPD>CPD Guidelines

<https://members.osteopathy.org.uk/my-registration/my-cpd/cpd-guidelines-and-forms/>

My registration>CPD>CPD resources

<https://members.osteopathy.org.uk/my-registration/my-cpd/cpd-resources/>

List of online resources, collated by Professional Standards Department

Standards and guidance>Osteopathic Practice Standards

<https://members.osteopathy.org.uk/standards-and-guidance/osteopathic-practice-standards/>

Introducing the Osteopathic Practice Standards, video with Velia Soames

Articulate modules:

Find out how well you know the Osteopathic Practice Standards

Applying the Osteopathic Practice Standards in practice

Exploring professional dilemmas in osteopathy: part one

Exploring professional dilemmas in osteopathy: part two - Patient partnership and communication

Standards and guidance>Osteopathic Practice Standards>

Communication and patient partnership

<https://members.osteopathy.org.uk/standards-and-guidance/osteopathic-practice-standards/communication-and-patient-partnership/>

Video presentations

Risks and benefits - adverse events and outcomes in UK osteopathy presented by Steven Vogel

Communicating benefits and risks effectively to patients presented by Pippa Bark

Article from 'the osteopath' about communicating with new patients

Links to research studies

Investigating osteopathic patients' expectations of osteopathic care: the OPEn project

Complaints and claims against osteopaths: a baseline study of the frequency of complaints 2004-2008 and a qualitative exploration of patients' complaints

Communicating risks of treatment and informed consent in osteopathic practice

The Clinical Risks Osteopathy and Management (CROaM) study, upon which the presentation above, by Steve Vogel, is based.

Links to external resources

Standards and guidance>Osteopathic Practice Standards>Knowledge, skills and performance

<https://members.osteopathy.org.uk/standards-and-guidance/osteopathic-practice-standards/knowledge-skills-and-performance/>

Articles from *the osteopath* on 'Osteopathic practice standards: Knowledge, skills and performance', and on kinds of CPD activities that involve learning with others

Link to resources from the Revalidation Pilot Participation Manual

Link to Clinical audit page

Links to Standardised Data Collection Project report and Adverse events in manual therapy: a systematic review

Link to IJOM Plus package

Standards and guidance>Osteopathic Practice Standards>Safety and quality in practice

<https://members.osteopathy.org.uk/standards-and-guidance/osteopathic-practice-standards/safety-and-quality-in-practice/>

Articles from *the osteopath*

Feb/March 2012: Patient records - key to safety and quality in practice

April/May 2012: What concerns should be raised with the GOsC?

Link to Clinical Audit Handbook

Links to external resources

Standards and guidance>Osteopathic Practice Standards>Professionalism

<https://members.osteopathy.org.uk/standards-and-guidance/osteopathic-practice-standards/professionalism/>

Articles from *the osteopath*

Feb/March 2012: Respect your patients' rights to privacy and confidentiality, (Standard D6)

April/May 2012: 'Osteopathic practice standards: professionalism':
Handling patient complaints; Research into what patients complain
about; Keep comments about colleagues or other healthcare
professionals honest, accurate and valid; Avoiding the pitfalls of a
digital age [*Could link here to Social media guidance page*]

June/July 2012: 'Osteopathic practice Standards: professionalism':
Maintaining your own health, Equality and diversity

Links to pages on advice about blood-borne infections and advertising

Links to external resources

Standards and guidance>Osteopathic Practice Standards>Consent guidance

<https://members.osteopathy.org.uk/standards-and-guidance/osteopathic-practice-standards/consent-guidance/>

Standards and guidance>Clinical audit

<https://members.osteopathy.org.uk/standards-and-guidance/clinical-audit/>

Clinical audit handbook

Separate clinical audit templates in Word format

Standards and guidance>Fitness to practise>Fitness to practise ebulletin

<https://members.osteopathy.org.uk/standards-and-guidance/fitness-to-practise/ftp-ebulletin/>

Standards and guidance>Fitness to practise>fitness to practise annual report

<https://members.osteopathy.org.uk/standards-and-guidance/fitness-to-practise/fitness-to-practise-annual-report/>

Get involved>Events diary

<https://members.osteopathy.org.uk/get-involved/events-diary/>

Get involved>Regional groups

<https://members.osteopathy.org.uk/get-involved/regional-network/regional-groups/>

News and resources>Research>GOsC Research

<https://members.osteopathy.org.uk/news-and-resources/research/gosc-research/>

Public and patient perceptions, Effective regulation, Common classification of
complaints and concerns, Standardised data collection, Preparedness to
practise, Adverse events

Separate sub-pages for OPEn project, Adverse events, patient and public
participation and effective regulation

News and resources>Research>Research journals

<https://members.osteopathy.org.uk/news-and-resources/research/research-journals/>

IJOM Plus package journals

News and resources>Research>PILARS

<https://members.osteopathy.org.uk/news-and-resources/research/pilars/>

Information about and access to The Patient Incident Learning and Reporting System (PILARS) section on NCOR website