

Osteopathic practice standards

Knowledge, skills and performance

As a health professional, you will recognise the need to ensure your knowledge, skills and performance are of good quality, up to date and relevant to your scope of practice. This is the focus of Section B of the new *Osteopathic Practice Standards (OPS)*, which specifies four standards that are fundamental to safe, high-quality osteopathic care:

- B1 You must understand osteopathic concepts and principles, and apply them critically to patient care.
- B2 You must have sufficient knowledge and skills to support your work as an osteopath.
- B3 Recognise and work within the limits of your training and competence.
- B4 Keep your professional knowledge and skills up to date.

Alongside these standards, the OPS offers guidance for putting the principles into practice – and in this article we highlight sources of further support available to osteopaths to assure your performance and skills:

- > The GOSC *Revalidation Pilot Participation Manual*, which offers all osteopaths a range of tools for assessing your practice and performance.

- > The *CPD Guidelines*, which help you to identify learning needs and plan your professional development.
- > *An Introduction to Clinical Audit for Practising Osteopaths*, produced by the National Council for Osteopathic Research (NCOR).

All of these resources are available via the **o** zone, and here we explore how you can apply these to benefit your continuing professional development.

So how can you evaluate your practice?

As a health professional, you are conscious always of operating within the limits of competence in the interests of your patients' safety. This leads you to reflect on practice and consider development needs or potential learning that will enhance the quality of your patient care and extend the scope of your skills.

It is better still for personal and professional development if you have

access to reliable and objective means of assessing how well you are performing.

Healthcare professionals operating in teams and employed in structured health services are subject to guidelines and protocols and routine processes of evaluation and monitoring, with constant review and reflection a familiar part of everyday work. And with this comes support structures, in place to assist practitioners in their development and their learning needs.

But what of osteopaths – the majority of which work alone, in independent practice, being self-reliant and personally responsible for the quality of their care. How can you be sure that your performance is on par with your peers and with the wider standards of healthcare that are constantly evolving?

Osteopaths recognise the value and necessity of continuing professional development (CPD), but CPD submissions to the GOSC highlight osteopaths' lack of access to mechanisms that help you systematically evaluate your practice and help you to know what aspects of practice work well or less well. Most people, when asked to evaluate their

practice, will significantly underestimate how they are performing; a few will overestimate their performance, and a few will get it right.

As part of the revalidation pilot – and in support of osteopaths generally – we now have available on the **o** zone a range of templates that offer mechanisms for assessing your practice in different ways.

The self-assessment templates form part of the *Revalidation Pilot Participation Manual*, but can be used (and adapted) by any osteopath interested in evaluating the strengths and weaknesses of their particular practice. These self-assessment tools and templates can be found in the 'Revalidation' section of the **o** zone (www.osteopathy.org.uk/ozone/my-registration/revalidation):

- > **Self-assessment tool** (Revalidation Manual, pages 12-18) – review your own practice against the GOSC's *Osteopathic Practice Standards*. Using a simple traffic-light system, green indicates that you can confidently demonstrate how you meet the standards, amber where you feel some uncertainly, and red highlights those areas of practice that you feel would benefit from further development.





- > **Personal development needs analysis** (Revalidation Manual, pages 58-60) – building on the self-assessment tool, this offers a systematic method of personally evaluating your practice and identifying areas for development. An alternative version of the PDNA is available in the GOSc's *CPD Guidelines* (pages 23-24 and 36-37), entitled *Reviewing your CPD learning needs*. This version of the PDNA asks a series of questions to inform your CPD: where are you now? Where do you want to be? How will you get there?
- > **Case-based presentation** (Revalidation Manual, pages 27-32) – explore your management of a particularly interesting or challenging case/patient, drawing out elements to guide your personal development and enhance your practice.
- > **Case-based discussion** (Revalidation Manual, pages 33-38) – similar to the case-based presentation, discussion of an interesting or challenging case with other osteopaths or healthcare peers offers the opportunity to learn from sharing of experience and expertise.
- > **Significant events analysis** (Revalidation Manual, pages 44-49) – a structured analysis of an event/situation that you have either observed or participated in (positive or negative) affords insight into your practice and helps you to reflect systematically on how you manage events/situations.

- > **Clinical reflection** (Revalidation Manual, pages 50-57) – Driscoll's model for structured reflection offers another approach to clinical reflection with a view to identifying good practice and areas for development. There are many variants on this model and we offer a selection on our website.
- > **Peer review** (Revalidation Manual, pages 66-67) – invite professional peers (osteopaths or other health professionals) to observe and constructively critique your practice, offering suggestions on how practice could be enhanced, or making you aware of aspects of your practice that are particularly effective. We provide an example of a peer review template, but many others exist.
- > **Multi-source feedback** (Revalidation Manual, pages 68-71) – a mechanism for sampling attitudes and opinions on your clinical performance or behaviour, from a range of other people. A good source of data to reflect upon.
- > **Patient questionnaires** (Revalidation Manual, pages 72-75) – one method of gathering patient feedback on your

practice and understanding patient expectations and priorities. There are many forms of patient questionnaire, and in the Manual we offer just two examples. You can use these as they are, modify them, or use other examples readily available on the internet. Gathering feedback from your patients does not require external ethical approval, because you are using the information given to you for quality improvement purposes, not for research. However, as in other aspects of practice, ensure your patients understand clearly the purpose of the questionnaire – you can do this verbally or in writing, assure them of the confidentiality of the information they provide, and in due course give them some feedback on the outcome of the survey and how it has helped your practice. Your patients may want to respond anonymously, so remember to have mechanisms to allow for this, such as arranging for the receptionist to hand out and collect questionnaires, or leave the questionnaires prominently displayed in the waiting room, with a box in which to put the completed forms.



WHAT COULD YOU DO FOR PEER REVIEW?

Feedback from the revalidation pilot training workshops demonstrated above all how much osteopaths enjoy and value the opportunity to meet with colleagues and discuss ways of working and practice challenges. Arising from the workshops, osteopaths across the UK are establishing small groups to together work their way through the *Revalidation Pilot Participation Manual* and share their experiences. Some, for example, have arranged to observe others' practice and exchange peer feedback. Whether or not you are participating in the revalidation pilot, perhaps consider a new year resolution to contact a handful of local osteopaths (not least those unfamiliar to you) and bravely suggest you observe each other's practice or meet occasionally to discuss particularly interesting cases or incidents in practice. The Manual offers lots of ideas for small peer-group activity. But don't feel constrained to build bridges only with osteopath colleagues – feedback from other healthcare professionals may be equally invaluable.

How do you measure performance?

An introduction to clinical audit

You may feel confident that you have a clear sense of the scope of your practice and the bounds of your professional competences – but what checks can you apply to ensure that you are maintaining and developing your personal standards and practice? Or perhaps, in time, your practice expands, new osteopaths join your clinic, and you take on support staff to help you manage an increasingly busy practice. Can you be sure everyone is adhering to your high standards? Do you need to introduce new procedures? Are you sure your support staff are properly trained?

Clinical audit may offer you one solution. Many osteopaths are perplexed by the concept of clinical audit and even daunted. To address this, and to show osteopaths a little of the enormous value of clinical audit, the National Council for Osteopathic Research (NCOR) has this autumn produced *An Introduction to Clinical Audit for Practising Osteopaths*. This is a guide specifically tailored for osteopaths with no previous knowledge or experience of clinical audit.

Here, Carol Fawkes, NCOR Research Development Officer, introduces clinical audit and offers a glimpse of what the handbook offers the busy, practising osteopath:

█ Clinical audit in osteopathic practice is neither widely practised nor well understood. This deficiency suggests osteopaths may be ill-equipped to monitor local quality standards and identify areas for practice improvement. Lack of clinical audit skills may also make it more difficult for osteopaths to qualify as NHS service providers.

Clinical audit can be used by individuals or groups of practitioners to measure and improve the quality of patient care. It has been described as 'a cyclical process consisting of the following key stages:

- > Selection of a topic.
- > Observation of practice.
- > Comparison of current practice with agreed standards.
- > Implementation of change(s).
- > Re-audit.

What are the benefits of audit?

To make the time to undertake audit, clinicians want to feel there will be tangible benefits. Some of the many likely benefits include:

- > Improved patient care.
- > More effective use of clinical time.
- > More satisfied patients.
- > Efficient use of treatment facilities.
- > Increased clinical acumen/improved clinical judgement.
- > Identification of training/CPD needs.
- > Requests for more appropriate patient investigations.
- > Identification of staff training needs. █

What does the handbook comprise?

Along with helping you to a better understanding of what is clinical audit, the handbook will lead you step by step through the process in the form of a worked example looking at case notes.

To get you started, the handbook offers a range of templates for auditing various aspects of osteopathic practice, including:

- > Pain and disability in clinical practice.
- > Outcome of patients presenting with musculoskeletal symptoms.
- > Management of acute low back pain.
- > Effectiveness of treatment.
- > Patient satisfaction.
- > Patients who fail to complete their treatment.

Putting theory into practice, the handbook explores the experiences of three osteopaths who have applied clinical audit in their practices, each for very different reasons. **Bryan McIlwraith**, a sole practitioner in Inverness, offers some advice arising from his own experience of clinical audit:

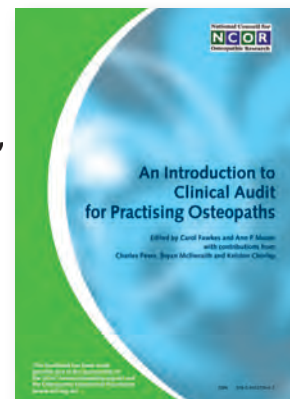
█ Clinical audit at its simplest consists of looking at your practice objectively and spotting areas that could be improved, taking action to make those improvements, and thereafter checking that matters have indeed improved. It is tempting to think immediately of things like patient outcomes, but such matters involve the unbiased collection of data which, in itself, may be beyond the scope of a sole practitioner.

However, there are many areas that you can explore. The environment in which you see your patients, and the way you run your practice are fertile ground for such projects. If you improve your practice setting you will also improve your patient satisfaction. █

Bryan goes on to outline how you can relatively easily audit your patient referrals, the cleanliness of the practice, and your patient records.

This *Introduction to Clinical Audit* is a work in progress – over the next 12 months, NCOR is inviting osteopaths' feedback and suggestions to shape a revised edition for publication in summer 2012. Please send your feedback to: feedback@osteopathy.org.uk.

An Introduction to Clinical Audit for Practising Osteopaths is available on the **o zone** (www.osteopathy.org.uk/ozone/practice-guidance/quality-assurance).



DOES YOUR CPD ADDRESS YOUR REAL LEARNING NEEDS?

Highly-developed communication skills and the ability to maintain accurate and adequate case records are elements integral to quality patient care. So, as a profession, we must be concerned that failings in these areas continue to be one of the most common features of complaints raised about osteopaths. How can you be sure your own performance is up to the mark? Having looked at osteopaths' CPD, there are very few examples of practitioners reviewing and developing their skills in these areas.

Our evidence suggests that osteopathic CPD, in general, lacks scope and diversity. Much CPD appears opportunistic – osteopaths opting for whatever is available, rather than CPD that meets development needs – and there is a tendency to focus only on areas of particular interest or specialised practice. Clearly, all CPD is beneficial, but the primary purpose is to target areas where knowledge and skills need refreshing or to seek to acquire new skills in order to expand your scope of practice.

So reflecting on practice, identifying your needs and planning your CPD is no less vital to the quality and success of your practice than sound business management. To see the benefit of this, allow yourself a little time to test out a few of the practice self-assessment tools offered in the *Revalidation Pilot Participation Manual*, such

as the personal development needs analysis or clinical reflection template. Then consider what this tells you about your development needs.

The GOsC is conscious of some of the challenges arising from the current CPD scheme – particularly the availability/distribution of CPD courses, which may in part influence your choice of activity. However, there are many ways in which you can satisfy your professional development needs that do not depend on the availability of taught courses – we explored some of these options in the October/November issue of *The Osteopath* (pages 20 and 21). Encouragingly, new regional and local osteopathic groups continue to spring up across the country, giving otherwise isolated osteopaths invaluable access to peer support, shared learning, and the potential for shared business development. Talk to colleagues in your area and find out what can be done to help your local osteopathic community flourish.

Your views and opinion on continuing professional development are extremely important to us and to evolving osteopathic practice – we are currently asking for your thoughts about the purpose and structure of the current CPD scheme, together with possible options for change. Please take the time to consider the CPD Discussion Document available on the **o zone** and the GOsC public website (www.osteopathy.org.uk/about/our-work/consultations-events/Consulting-you) and join this important discussion.

So what can you do to take your practice to a new level?

Once you have evaluated your practice or looked at the outcome of a clinical audit, you may have identified some action you would like to take to improve or develop further.

Depending on the outcome this might include:

- > Changes to your practice environment, e.g. improving the layout following feedback from patients.
- > Changing a process in your practice, such as the way that data is stored, or how you communicate your complaints process to patients.
- > Undertaking CPD to address an identified learning need or to expand your scope of practice.

Some of these actions may be straight forward to implement, whereas others may be complex and might require some further planning.

Included in the *Revalidation Pilot Participation Manual* are some ways in which you can plan actions and learning. For example, a personal development needs analysis (pages 58-60) can be used to evaluate your learning needs, and also includes an action plan on how this might be addressed and a brief evaluation of whether you achieved your aim at the end. You may also want to refer to the action plan template in the Manual (pages 61-65).

Additionally, there is advice on planning your CPD on page 25 of the *CPD Guidelines*.

