



communityresearch

UNDERSTAND ENGAGE CONSULT

Public and patient perceptions of osteopaths and osteopathy

**Report on focus groups conducted for the
General Osteopathic Council (GOsC)
by Community Research
in February and June 2014**

June 2014



Contents

1. Executive Summary	3
2. Background, Objectives and Methodology	7
2.1 Background and objectives	7
2.2 Methodology	7
3. Key Findings	9
3.1 Perceptions of osteopaths and other health professions.....	9
3.2 Triggers, barriers and deciding on an osteopath.....	18
3.3 Patient expectations and information needs.....	24
4. Conclusions and Next Steps	34
Appendix A: Respondent profile	35
Appendix B: Discussion Guide	36
Appendix C: Leaflets Shown to Participants	43

1. Executive Summary

1.1 Background, objectives and methodology

The General Osteopathic Council (GOsC) commissioned some research with members of the general public and osteopathic patients in order to:

- Explore perceptions and expectations of the profession and levels of knowledge of and trust in osteopathy.
- Ascertain information needs and what information might be sought by those becoming a patient of an osteopath.
- Explore expectations of the experience of being a patient of an osteopath.
- Explore relative perceptions of professionalism and quality of care as compared to other healthcare providers.
- Ascertain levels of awareness of regulation of osteopathy (particularly around protection from harm) and the response to the existence of the GOsC and the GOsC's role.

Community Research, an independent market research company with experience of working for a number of other health professional regulators, was commissioned to conduct the study.

A qualitative approach was used in order to explore the perceptions of a range of audiences. This report is based on three group discussions conducted with patients and public in Eastbourne, London and Warrington in February 2014.

1.2 Key findings

Perceptions of osteopaths and other health professions

- Three factors were frequently inter-related and were very central to trust in health professionals:
 - Professionalism – as opposed to being 'alternative' or 'amateurish'.
 - Strong regulation.
 - Close links with the NHS.
- Whilst years spent training did also link to trust, and the other factors, it was not as consistent an association.
- Osteopaths tended to be grouped alongside chiropractors and physiotherapists in relation to these various trust-related factors.
- Most of the participants who had visited osteopaths in the past were extremely positive (and knowledgeable) about their treatment.
- Those participants who had never visited an osteopath tended to know very little about osteopathy as a profession.
- In Belfast there were particularly low levels of knowledge about osteopathy, with several participants saying that they had never previously heard of the profession.

- Participants who had no experience of osteopathy tended to have doubts about both osteopathy's efficacy and its professional standing.
- There was a perception of a large degree of variability in the quality of osteopathy.
- There was very little awareness about the training that osteopaths are required to undergo to be eligible to practise.
- There was a general assumption that osteopathy is a regulated profession, but very little knowledge of what this regulation involves or how stringent it is.
- Perceptions of osteopathy are seen as having changed over time; with it being a more recognised and trusted profession now than has ever previously been the case.

Triggers, barriers and deciding on an osteopath

- A key trigger to visiting an osteopath was that of having received a recommendation to do so.
- Trusted sources of information about osteopathy tended to be a recommendation from either a GP or a friend/family.
- Key barriers to trying osteopathy included:
 - Lack of awareness.
 - Lack of understanding about osteopathy.
 - Lack of links to the NHS.
 - Cost.
 - A variety of fears, for example: fear of the unknown; fear of the treatment hurting or fear of the treatment making the original condition worse.
- When choosing an osteopath participants said they would make a decision based on a range of factors including their judgement about the level of qualifications and training, location, personal recommendations and their first impressions.
- Seeking an osteopath would mostly be undertaken via seeking out personal recommendations; although there were also mentions of searching online.
- Awareness of the GOSc's Register of practitioners was very limited.
- Some found it difficult to articulate what might make a good osteopath. Much seemed to come down to the 'chemistry' between the patient and the practitioner.

Patient expectations and information needs

- A high level of anxiety and fear about what might happen was apparent when participants were asked to think about how they would / or did feel prior to their first appointment.
- Key information requirements / questions that patients would have at this stage of the patient journey were as follows:

- What exactly is likely to happen at the visit?
- Will the treatment hurt / make me worse?
- How much will the treatment cost and will it represent value for money?
- The importance of having a dedicated, private space for treatment that is clean and well-maintained was emphasised.
- The first few minutes of the first consultation are extremely important – judgements about the quality of the osteopath are made quickly.
- Key expectations of osteopaths included:
 - Clear communication and explanations.
 - Consideration of privacy and dignity requirements.
 - Close involvement in treatment plan and decisions.
 - An honest initial assessment of the patient's problem and the prognosis.
 - Respecting confidentiality.
- Information on the complaints process was felt to be very important. However, many participants said they would only complain about something if it was a serious concern and/or there was a perception of risk to other members of the public.

Conclusions and Next Steps

Osteopathic patients are generally positive about their experiences and treatment, however a good deal of fear and ignorance is apparent in relation to osteopathy amongst those with no experience. Even those familiar with osteopathy recall having anxieties prior to their first experience of the treatment.

Levels of awareness of the very existence of the profession appeared to be low in Northern Ireland. While many patients and the public have a vague sense that osteopathy is probably a regulated profession, they have very little idea of what this might mean in practice. Awareness of the Register of osteopaths is limited and there is little understanding of the training required or the standards that must be adhered to in order to practise as an osteopath.

The fact that osteopaths are perceived to sit almost entirely separately from the NHS, tends to reduce trust in the profession and downgrade perceptions of professionalism and regulation, compared to healthcare professions that are more firmly embedded within NHS structures.

This research has highlighted some apparent information gaps. Patients and the public who took part in this research felt that information about what to expect from an osteopath and how to raise concerns, as well as about the nature of regulation, would be extremely useful for anyone considering treatment. Filling these gaps could build trust and reduce anxieties. There were calls for the

information seen during the research process to be made more widely available by osteopaths themselves and in other public locations.

Whilst providing a useful indicator of patient and public perceptions regarding osteopathy, this research has been limited in scope and scale. The participants involved in the research cannot be assumed to be representative of the wider population.

Further research would therefore be useful in order to:

- Test and quantify how far the perceptions uncovered in this research are held amongst the wider UK public.
- Ascertain how far these same perceptions are held by patients and the public in home nations other than England and Northern Ireland.
- Gather more detailed input to specific aspects of regulation, for example the detailed standards and processes to ensure continued Fitness to Practise.

2. Background, Objectives and Methodology

2.1 Background and objectives

The GOsC's Communications and Engagement Strategy 2013-16 seeks to ensure that the organisation engages closely, listens, and builds relationships with patients and the public, in order that it understands and can respond to public needs and concerns.

The GOsC, therefore, commissioned research among members of the general public and osteopathic patients in order to:

- Explore perceptions and expectations of the profession and levels of knowledge of and trust in osteopathy.
- Ascertain information needs and what information might be sought by those becoming a patient of an osteopath.
- Explore expectations of the experience of being a patient of an osteopath.
- Explore relative perceptions of professionalism and quality of care as compared to other healthcare providers.
- Ascertain levels of awareness of regulation of osteopathy (particularly around protection from harm) and the response to the existence of the GOsC and the GOsC's role.

This research represents some initial exploratory work and is likely to be followed by further quantitative and/or deliberative research later in 2014.

In summary, key objectives of this initial phase were to:

- Provide qualitative data from a cross-section of patients and the public.
- Deliver insights that can be used directly to inform the GOsC's future communications and engagement strategy.

2.2 Methodology

2.2.1 Overall approach

A qualitative approach was used in order to explore the perceptions of a range of audiences. Table 1 shows the mix of sessions by timing, audience and number of participants. An initial phase of fieldwork was conducted in February 2014. This was followed by a further group discussion in Belfast in June 2014, undertaken in order to explore views amongst patients and the general public in a location outside of England, where the healthcare system is different. It was also known that there are a relatively low number of registered osteopaths operating (just 21 are registered in Northern Ireland) and it was felt to be useful to seek views of the public and patients in this different context.

Group	Audience	Date	Location	No of participants
1	Patients and public	18 th February	Eastbourne	10
2	Patients and public	25 th February	London	9
3	Patients and public	27 th February	Warrington	8
4	Patients and public	12 th June	Belfast	15

Table 1 – Fieldwork conducted

Group discussions followed a semi-structured guide in order to allow participants to elaborate on and express their views and perceptions freely. The discussion groups and interviews were facilitated by Community Research, an independent research organisation. The groups and interviews were audio recorded and transcribed. The detailed discussion guide used is provided at Appendix B.

2.2.2 Recruitment

Recruitment of the groups in Eastbourne and London was largely undertaken by the GOsC with the assistance of their own Patient and Public Partnership Group and the local HealthWatch. As a result, participants tended to be those who had an interest in health issues generally and/or who had visited an osteopath in the past. These groups tended, therefore, to be more informed about some of the issues discussed.

The participants of the Warrington group were free-found by Community Research. The majority of this group had not previously visited an osteopath. A profile of group participants is provided in Appendix A.

In Belfast, 10 participants were free-found by Community Research whilst 5 were recruited by the GOsC assisted by Northern Ireland registrants.

Participants at the Warrington and Belfast groups were given an incentive in cash as a thank you for their attendance and the participants at the Eastbourne and London groups were given shopping vouchers.

2.2.3 Limitations / warnings for interpretation

Research of this nature and scale cannot claim to offer a robust or statistically reliable representation of the wider audience's views. Neither is it intended to; the data produced is qualitative, rather than quantitative, in nature.

3. Key Findings

3.1 Perceptions of osteopaths and other health professions

3.1.1 Factors affecting perceptions of health professions

Participants were asked to discuss and consider nine different health professions¹ and rank them on a number of scales (professionalism; degree of linkage into the NHS; how regulated and how well trained/qualified). The scales were felt to be highly inter-related i.e. a profession was felt to be more professional/have greater professional standing if strongly regulated and where practitioners are highly trained. All of these factors also linked strongly with patient trust.

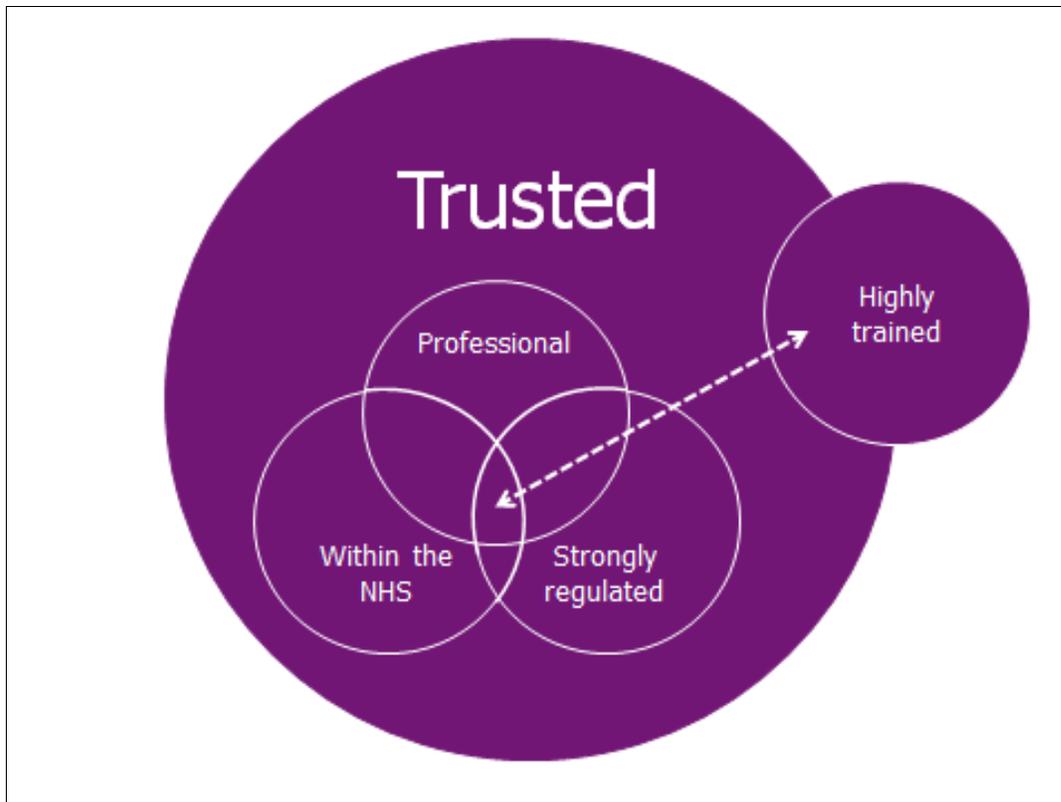


Figure 1 – Factors affecting perception of health professions

Figure 1 summarises the findings from these discussions and shows that three factors were very frequently inter-related and were also very central to trust in health professionals:

¹ Osteopath, Chiropractor, Acupuncturist, Psychologist, Chinese Herbalist, Masseuse, Counsellor, Physiotherapist, and GP

- Professionalism – as opposed to being 'alternative' or 'amateurish'.
- Strong regulation.
- Close links with the NHS.

Highly regulated professions were more trusted because participants felt that they offered greater standardisation i.e. they could be surer of the quality of service because everyone within the profession would have had the same training and would work to the same standards.

Generally, participants were more likely to trust professions within or closely linked to the NHS, because they were felt by definition to be strongly regulated, with high levels of supervision and required training. Referral from within the NHS was also, in and of itself, taken as a stamp of approval.

"I would tend to trust these because they've been through the system, they've got lettered names and in the public view they're in hospitals – like physiotherapists." (Warrington participant)

Whilst years spent training did also link to trust, and the other factors, it was not as consistent an association. Some felt that certain disciplines may spend many years training (for example, Chinese herbalists) but, because they were not known to be regulated and were not referred through the NHS, they still would not be fully trusted.

3.1.2 Comparisons between osteopathy and other health professions

As summarised in Figure 2, participants tended broadly to group the nine professions discussed into three sub-groups. GPs and psychologists were seen as the most professional/regulated etc. and masseuses/ Chinese herbalists as the least so. Osteopaths tended to be grouped alongside chiropractors and physiotherapists in the middle of these two extremes.

Within this group, however, physiotherapists were sometimes placed slightly higher because of the perception of their being more firmly within the fold of the NHS. There was some discussion about the reason why physiotherapy is NHS funded and osteopathy often isn't, with some assuming that the reason that osteopathy is not available is because it is an unproven discipline or too 'alternative'.

"I just get the impression the NHS doesn't want to open the door too far to anything alternative." (Eastbourne participant)

Counsellors proved more problematic to place since the term was seen to cover a wide range of disciplines and approaches, some perceived positively because they are firmly embedded within the NHS, but others less so.

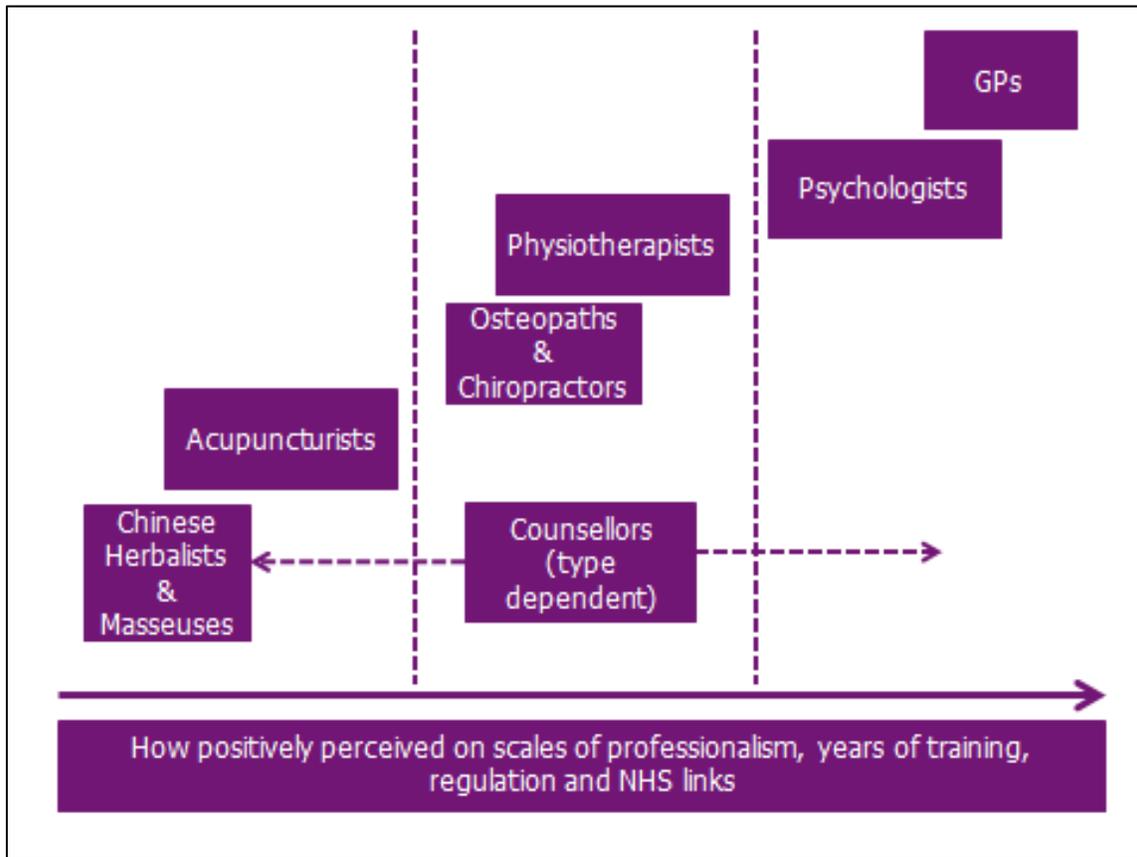


Figure 2 – Health Professions' Groupings

3.1.3 Perceptions of osteopathy in particular

Those with little or no experience

Those participants who had never visited an osteopath tended to know very little about osteopathy as a profession. In Belfast there were particularly low levels of knowledge about osteopathy, with several participants saying that they had never previously heard of the practice or profession. This is perhaps not surprising given the low number of registered osteopaths in Northern Ireland:

"I'd never heard of it before today, I don't know what they do." (Belfast participant)

There was little knowledge of what osteopaths actually do, how osteopathy fits with other manual therapy disciplines and if, and how, it is regulated.

Participants who had not previously visited an osteopath tended to have doubts about both osteopathy's efficacy and its professional standing. These doubts were exacerbated if the individual had never visited any other health professional who uses manual treatments, for example a physiotherapist or chiropractor.

*"It's not established enough, I'm just speaking on general terms here, and maybe very general terms, but for me it's just not established enough."
(London participant)*

*"I suppose its lack of [my] education on it and I'm a bit sceptical, I don't really fancy someone cracking my back and cracking my bones, they could do more harm than good, and I do worry myself about the level of qualification for that as well."
(Warrington participant)*

"Is it an alternative therapy?" (Belfast participant)

Participants were generally more familiar with physiotherapy than osteopathy, largely because they were aware that physiotherapy is often available on the NHS. Some of the participants referred to osteopaths as 'alternative' practitioners and there was some association with frightening manual treatments, like 'cracking bones'. Some also mentioned that they were more familiar with physiotherapists because they are discussed and seen more in public (for example, on football pitches).

*"I almost think if I went to an osteopath I imagine coming out worse than when I went in. Whereas a physio I don't feel somehow that they would."
(Warrington participant)*

When, during the course of the discussions, participants were told the number of osteopaths in the UK, this information was seen as reassuring. There was a feeling that the practice must be proven to work if there are so many practitioners.

*"Yeah, the main fact that you've got here 5,000 osteopaths, that's a lot. As far as I'm concerned that means there must be validity here because of the sheer quantity. It's not like one or two, you've got 5,000, if something was going wrong you would hear about it."
(Warrington participant)*

Those with experience of osteopathy

Most of the participants who had visited osteopaths in the past were extremely positive (and knowledgeable) about their treatment.

*"They got me walking again and ever since then I've gone for what we call an MOT just to loosen me up, and it actually keeps me mobile. So, yes, I certainly believe."
(Eastbourne participant)*

*"I was recommended by a friend to go and see an osteopath – brilliant. That's all I can say – great."
(Belfast participant)*

However, there was still widespread confusion (even amongst these knowledgeable participants) about the difference between osteopaths, physiotherapists and chiropractors. Some believed that physiotherapists are more generalist and osteopaths/chiropractors specialise in specific areas of the body. Participants offered up different definitions of the three disciplines – osteopathy, chiropractic and physiotherapy – and attempted (sometimes unsuccessfully) to differentiate between them.

"I have been to a Chiropractor and I think a Chiropractor probably does the same thing as the Osteopath." (Eastbourne participant)

"If you go to an osteopath they're much more sensitive, and if you go to a chiropractor they're really quite vicious with you." (Warrington participant)

"It relates more to the bones. Osteo is bones, isn't it? So it's like how our bones are structured." (Eastbourne participant)

"I think an osteopath is more to do with the posture rather than fixing the problem. Well, it does fix it but it's more likely to do with the posture, so they try to get right down to the bottom of the problem, not just temporarily fix things." (Belfast participant)

Whilst there was some debate about the variability of standards amongst other health professionals (particularly GPs), participants tended to feel that there was a large degree of variability in the quality of osteopathy.

"I've been going to osteopaths for years, I trust them but I don't believe they're all as good as each other. I know from somebody's personal experience of an osteopath local to where I live, that wasn't very good." (Eastbourne participant)

"Osteopaths are not the same, I've used about five in my life and sometimes I think 'no, you haven't got it', and other times I think 'yeah, you know what you're doing'." (Eastbourne participant)

There was very little awareness about the training that osteopaths need to undergo to be eligible to practise. Even some of the more informed participants were unsure about the number of years of training and whether osteopaths need to complete any general medical training before they specialise. This lack of awareness about levels of training (and regulation) bred some mistrust.

*"[I read that] osteopaths must study four to five years for an undergraduate degree. I didn't know that, this is similar to a medical degree, and then it goes on to describe it, 'and it's regulated' ... I was amazed, I really was."
(Eastbourne participant)*

3.1.4 Perceptions about the regulation of osteopathy

There was a general assumption that osteopathy is a regulated profession, but very little knowledge of what this regulation involves or how stringent it is. Few had given this much thought, prior to attending the group discussion.

"The General Osteopathic Council, so they are highly regulated it seems. I hadn't realised that they were that regulated." (Eastbourne participant)

"A question I would have for you is, do you have to be registered to set up an osteopathy clinic, or could you set up in your house? Would you have to have a licence for that?" (Belfast participant)

At the Warrington group, where participants had less experience of osteopathy and weaker knowledge of the healthcare system generally, they assumed that osteopathy is less regulated than those professions more closely aligned to the NHS. This was also felt to be the case by some at the London group who felt that there is greater accountability within the NHS.

Regulation was felt to be extremely important in terms of providing reassurance about standards and that someone is protecting the interests of patients. In terms of a rationale for regulation, the top of mind response was that regulation is important so that there is someone to complain to:

*"The fact that it's kind of regulated, that someone has gone in and made sure that they're doing their job and they're not having loads of patients with issues. I think that would also... because it's a very vulnerable state you're in, the fact that people are making sure that they're not taking advantage."
(London participant)*

"There has to be somebody responsible for overseeing, like you say, who do you complain to? (Eastbourne participant)

Revalidation and reassurance that continual updating of skills is taking place, was also important for many.

"You've obviously got to make sure that they continue to keep updated with what's happening so they don't get stuck in the mud and, if anything new comes in, that they would be aware of it." (Eastbourne participant)

"Just to keep up to date with their qualifications, because everything's constantly changing, being updated and they need to keep up to date with the training." (Warrington participant)

Participants also indicated that they would expect the regulator to audit practices (perhaps by checking a certain number per year). They envisaged this to be like an Ofsted school inspection, where inspectors go into a practice and review records and sit in on consultations.

"I was just thinking that it was up to scratch. Do they check? I didn't know if they check or monitor the services that they provide." (Eastbourne participant)

"And if there is a problem they close the place down quickly." (Belfast participant)

Participants (other than those who were members of GOsC's Patient & Public Partnership Group or who had informal links with the organisation) were, however, unable to name the regulator for osteopathy. The majority indicated that if they had a need to find out about the regulator they would either ask the osteopath for the contact details of their regulatory body, or search online.

"You'd have to Google it, I think, because I must admit that I didn't have too clear a picture of who was actually running the show so to speak, who was the actual body that regulated osteopaths." (Eastbourne participant)

One participant reported that he had done just this and had found the GOsC's website very easily.

During the later stages of each of the focus groups, participants were provided with GOsC leaflets on what to expect from an osteopath and on standards of osteopathic care. These leaflets provided those participants who were previously unaware of the details of the GOsC's regulatory functions with greater reassurance.

"Because it [the leaflet] lays it down exactly how the Council oversees, it just gives you a little bit more confidence. I suppose, again, it's about education, they give you something that shows that they've got validity, and that will convince me more, the more I read the more I'm going to trust." (Warrington participant)

However, they also queried what sanctions are available to the GOsC (other than striking someone off) and how much 'teeth' they really have.

3.1.5 Perceptions changing over time

In both London and Eastbourne participants spontaneously mentioned that perceptions of osteopathy have changed over time, with it being a more recognised and trusted profession now than has ever previously been the case. However, this point was not raised in Warrington, where there was only one osteopathic patient or Belfast where there were lower levels of awareness of osteopathy. In these places participants tended to feel that their GP still would be unlikely to recommend osteopathy.

"I think for a long period a lot of doctors were absolutely antagonistic towards both osteopathy and chiropractic, and so there was an actual overt 'these are not real medical practitioners in any sense of the word'. I think it's changed an awful lot." (London participant)

"I've been going to my osteopath for a long time and certainly when I first started going they were something which was considered to be alternative, but it might help you. When I first had my problem, my GP sent me to a physiotherapist which didn't help, and then he said 'I shouldn't be saying this to you', which reflects what it was like then, but 'I would find yourself a good osteopath'." (Eastbourne participant)

"Is it not recognised by GPs, because they can't refer you to one." (Belfast participant)

There was also a sense from some (more informed) patients that osteopathy is more regulated now than in the past.

"I have been to, probably since my twenties, about ten osteopaths and they are so different. But a recent one was that I could see they're much more regulated, much more established in certain ways of going on, finding out your medical history and all the rest of it." (Eastbourne participant)

Section Summary:

Perceptions of osteopaths and other health professions:

- Three factors were frequently inter-related and were very central to trust in health professionals:
 - Professionalism – as opposed to being ‘alternative’ or ‘amateurish’.
 - Strong regulation.
 - Close links with the NHS.
- Whilst years spent training did also link to trust, and the other factors, it was not as consistent an association.
- Osteopaths tended to be grouped alongside chiropractors and physiotherapists in relation to these various trust-related factors.
- Those participants who had never visited an osteopath tended to know very little about osteopathy as a profession.
- In Belfast there were particularly low levels of knowledge about osteopathy, with several participants saying that they had never previously heard of the practice.
- Most of the participants who had visited osteopaths in the past were extremely positive (and knowledgeable) about their treatment.
- Participants who had not previously visited an osteopath tended to have doubts about both osteopathy's efficacy and its professional standing.
- There was a perception of a large degree of variability in the provision of osteopathy.
- There was very little awareness about the training that osteopaths need to undergo to be eligible to practise.
- There was a general assumption that osteopathy is a regulated profession, but very little knowledge of what this regulation involves or how stringent it is.
- Perceptions of osteopathy are seen as having changed over time; with it being a more recognised and trusted profession now than has ever previously been the case.

3.2 Triggers, barriers and deciding on an osteopath

Some of the discussions focused on triggers and barriers to trying osteopathy as well as the decision-making process about which particular osteopath to see.

3.2.1 Triggers to trying osteopathy

A key trigger to visiting an osteopath was that of having received a **recommendation** to do so. Trusted sources of information about osteopathy tended to be a recommendation from either a GP or a friend. Those participants who had had more experience of manual treatments (having visited an osteopath, chiropractor or physiotherapist in the past) tended to be more likely to trust information from friends or acquaintances, rather than necessarily relying on their GP. They would also be more confident about going directly to an osteopath because a) they know that this is possible and b) they are able to recognise their problem as something that an osteopath could help with.

*"It depends on your perception of where osteopathy comes within the service because, if you're not aware of the link between the NHS, the doctor and the independent side, you might go to the doctor as your first port of call."
(London participant)*

*"If my GP referred me to an osteopath then I would trust the osteopath because I would think I was on a regulated list that my GP would refer me to. But I wouldn't just go on a friend saying 'that's good', it's almost like them giving you some of their medicine."
(Warrington participant)*

*"I'd go on recommendation, if they've fixed somebody else there's a good chance they'd fix me."
(Belfast participant)*

Although most participants trusted information and recommendations from their GPs, some questioned the generalist nature of GP's advice and the fact that they may not know anything about the specific problem being faced.

Having tried other treatments previously, which had not worked, led to the trigger of **desperation** and a willingness to try anything that might help. Some participants made the point that if they were in this situation, then they would ignore some of their doubts and fears and go ahead and make an appointment.

*"I think if you're in severe pain you'll try anything to try to get rid of it."
(Belfast participant)*

Some also identified **speed** of access as a trigger, since it is possible to see an osteopath quickly and not have to wait weeks for a referral through the NHS system as may be the case with other health professionals.

3.2.2 Barriers to trying osteopathy

Participants mentioned numerous barriers to them either considering osteopathy or actually making an appointment to see an osteopath, including:

- **Lack of awareness**, with osteopathy not being 'on their radar' so it wouldn't even be considered in the first instance.
- **Lack of understanding** of what an osteopath is and confusion with other disciplines, particularly physiotherapy and chiropractic.
- Many participants indicated that they **would visit a GP** in the first instance (because they trust their judgement, they need a sick note and/or they want to be referred for treatment on the NHS rather than paying privately). This would mean that they would be unlikely to be referred to an osteopath.

"I think what would stop me going to see an osteopath (over any of the others) is, like you said before, a lot of them are in the private sector, so unless you've got private medical health insurance that will cover for an osteopath, you're more likely to end up going down one of the other routes of a physiotherapist first." (Warrington participant)

"There's also the issue of if you need a sick note. This whole thing about untreatable back pain and things like that and if you're working and you need to be signed off, an osteopath is not going to... a GP can sign you off." (London participant)

- Concern about **lack of links to the NHS** and specifically a perceived inability to refer for additional treatment or diagnostic tests, like scans, x-rays and blood tests.

"There may be limitations to what they can do and what they can refer you on to. Because with my treatment they needed to do an ultrasound scan which they couldn't get it done, they had to refer it back to me to go to the GP who then had to refer it onto NHS again. I think there's some stuff they can do and some they can't so your GP has to get involved once again." (London participant)

"I think one of the things is GPs can send you for all kinds of blood tests to help them make a decision, osteopaths can only observe." (Eastbourne participant)

- **Cost** was a significant barrier, with concern about sessions and associated costs multiplying out of control.

"Obviously going to an osteopath directly there is a cost involved, whereas going through the GP may take longer but there may not be the same cost implications." (London participant)

- Concern about being persuaded into having **unnecessary treatment** because as a private practitioner, the osteopath may have a financial interest in recommending more sessions.

"Honesty, if they feel they won't be able to help you, they won't charge you – they're not going to string you along just to get more money." (Belfast participant)

- **Fear of the unknown** in terms of what to expect during and after treatment.

"So I think that, for me, having not been to an osteopath I'm a bit more wary of it because it's the fear of unknown, it's the fear of I don't know what they're going to ask me or what they're going to do." (London participant)

- Specific **fears about the actual treatment** on the day (and anxiety about pain levels.)

"I was thinking: 'will it be painful when I'm having the treatment?'" (Belfast participant)

- Concern that the **treatment could actually make things worse** and possibly do irreparable damage.

"Obviously it's such a vital part of the body, the spine controls everything, and you think, if someone's going to be mucking about with my spine, is it going to benefit me or is it going to make things worse?" (Eastbourne participant)

"I'd be scared in case they made it worse." (Belfast participant)

- Some felt that the **holistic philosophy** of osteopathy may be a barrier to potential patients.

"I am a bit of an evangelical preacher about my experiences with osteopathy, but friends of mine have a problem with the philosophy of it, especially friends who are physiotherapists who are very much more mechanical and it's like treat that bone and that joint and that muscle, this idea of looking at the whole body. For some people that's a bit kind of airy fairy." (London participant)

- One participant mentioned that their **private healthcare provider** referred them to a chiropractor, rather than an osteopath, when there was a problem.

3.2.3 Deciding which osteopath to see

In general participants said they would make a decision based on a range of factors, including their judgement about the level of qualifications and training, location, personal recommendations and their first impressions when contacting the osteopath to make an enquiry about treatment.

Challenges

Participants mentioned a number of factors influencing their decision-making about which osteopath to see when deciding between various options, including:

- The fact that they could be in acute pain and anxious for immediate treatment, meaning that they are not able or willing to do thorough research into which person to see.

"I think it all comes down to the fact that when you're looking you're in pain and, therefore, you want something done fairly quickly. So you tend to go if somebody says 'go to this chap, because he's good' rather than check." (Eastbourne participant)

- An inability to make an informed choice, particularly given their lack of understanding about osteopaths' training and qualifications:

"The problem is I find is that all the qualifications they've got, all the letters after their name, they don't mean diddly squat to me. I appreciate they're trained but I don't know what that actually means. An MBA or something else, what does that mean?" (Eastbourne participant)

Initially finding an Osteopath

Seeking an osteopath would mostly be undertaken via seeking out personal recommendations; although there were also mentions of searching online (with a search for practitioners in their local geography).

"I think it's basically going to somebody who has used one and is happy with them. I think I would certainly go by word of mouth rather than Googling and just 'oh, I'll pick Fred Bloggs'." (Eastbourne participant)

Many commented that they would like to see a list of recommended osteopaths being made available at their GP surgery or their local community hospital. The majority of participants, however, were not aware of the Register of qualified practitioners prior to the discussion, but they found the fact that osteopaths can only practise if on the Register extremely reassuring, once informed of this fact.

"I just noticed something I didn't know, which I think is really reassuring to hear, is the bit on the back [of the GOsC leaflet] where it says it's illegal to describe oneself as an osteopath without registration. Maybe I kind of assumed that, but it's great to see that." (London participant)

Some participants (most commonly women) indicated that they would have a preference for finding an osteopath of their own gender, given the requirements to undress.

Factors influencing satisfaction with an osteopath

There were clearly some **'hygiene factors'** that participants felt osteopaths need to get right, for example working in a clean environment and ensuring confidentiality, if a patient is going to decide to continue receiving treatment from them, after the initial consultation.

Other key influencing factors related to how the osteopath conducts themselves and their **inter-personal skills**, for example clear communication, putting the patient at their ease and demonstrating their honesty and integrity. Some found it difficult to articulate what might make a good osteopath. Much seemed to come down to the **'chemistry'** between the patient and the practitioner.

"Trust, for me it's hard to sum it up, it's a feeling, it's the whole package that when you go to see them you think 'do I want to go back and see this person again'. It's all little snippets of all those things, the environment, their qualifications, the history, the room that you get, everything really." (Warrington participant)

"The amount of trust you need to allow someone to manipulate your back, your neck or wherever, is actually quite significant so finding one you trust I think is really interesting." (London participant)

It was evident that many participants who had been osteopathic patients had seen a number of practitioners over time. Such patients had sometimes changed practitioners not because they were unhappy with the treatment per se, but to find an individual practitioner who they were 'more comfortable with'.

"Osteopaths are not the same, I've used about five in my life and sometimes I think 'no, you haven't got it', and other times I think 'yeah, you know what you're doing'. It's not the qualifications, its more what I feel inside and the way they handle you." (Eastbourne participant)

"You go in to see one osteopath, you might go into a practice and see one osteopath and think 'yeah, I'm happy with this person' and another time you'll get put to another one and you'll think 'no, I don't like you, I don't feel comfortable'." (Eastbourne participant)

Section Summary:

Triggers, barriers and deciding on an osteopath

- A key trigger to visiting an osteopath was that of having received a recommendation to do so.
- Trusted sources of information about osteopathy tended to be a recommendation from either a GP or a friend / family.
- Key barriers to trying osteopathy included:
 - Lack of awareness.
 - Lack of understanding about osteopathy.
 - Lack of links to the NHS.
 - Cost.
 - A variety of fears, for example: fear of the unknown; fear of the treatment hurting or fear of the treatment making the original condition worse.
- When choosing an osteopath participants said they would make a decision based on a range of factors including their judgement about the level of qualifications and training, location, personal recommendations and their first impressions.
- Seeking an osteopath would mostly be undertaken via seeking out personal recommendations; although there were also mentions of searching online.
- Awareness of the GOSc's Register of practitioners was very limited.
- Some found it difficult to articulate what might make a good osteopath. Much seemed to come down to the 'chemistry' between the patient and the practitioner.

3.3 Patient expectations and information needs

During the group discussions participants were asked to discuss their expectations of the experience of finding and becoming a patient of an osteopath. For those with experience as a patient they were asked to recall some of their expectations, prior to their first patient experience. Through the discussions we have been able to map out patient expectations and information needs at various stages of the patient journey, as summarised in Figure 3.



Figure 3 – The Patient Journey

3.3.1 Prior to the first visit

When participants were asked to think about how they would / or did feel prior to their first appointment a high level of anxiety and fear was apparent about what might happen.

"Do you know what it feels like? It feels like if you're going, you're the pioneer. It's like people have been going to the doctors for years and years and years so you're not the first person to have a go, but how do you feel if you're the first person to walk through that door? You feel like a guinea pig." (Warrington participant)

"I'd be very nervous." (Belfast participant)

Some indicated that they would feel similar levels of apprehension about visiting a chiropractor or physiotherapist. However, others disagreed because they felt that osteopaths are associated with more manual treatments (and cracking of bones).

"Everyone's fear seems to be that they're going to crack bones, so if there's a leaflet to explain that actually we're not going to do any physical or whatever and explain that it's going to be gentle, or we won't do anything you're not happy with." (Warrington participant)

Some participants said they would like to see positive case studies of patients who had been helped by the osteopath and related testimonials or to actually speak to a current patient about their experiences. Some thought that an online review site, similar to 'Trip Advisor', might be helpful in this context.

Key information requirements / questions that patients would have at this stage of the patient journey were as follows:

- What exactly is likely to happen at the visit?
 - What should I wear?
 - Will I need to get undressed?
 - Will there be any treatment at the first session?
 - How long will I be in there?
 - Explanation that the osteopath will not do anything that the patient is unhappy about.

"What can he do to stop the pain? Because you haven't been there before you've no idea what he's going to do to you." (Belfast participant)

- Will the treatment hurt / make me worse?
- How much will the treatment cost and will it provide value for money?

"Am I going to get my money's worth? And what I'd probably be thinking is how am I going to get there? And what do I need to wear? And all those sort of, I was going to say, practical thoughts." (Eastbourne participant)

Participants were shown the GOsC's leaflet *'What to expect from your osteopath'*² and asked to review the contents. No gaps in terms of required information were identified and the leaflet was generally very well received. It was suggested that all osteopaths should provide a copy of this leaflet to patients at the first visit (or beforehand if possible).

3.3.2 The first visit

Location and environment

Being located at a doctor's surgery or in a bespoke clinic was felt to be desirable, particularly for those who had not visited an osteopath previously. Some also mentioned a preference for a larger organisation with a number of practitioners. It was felt that such locations would reassure participants about the osteopath's professionalism.

"If it's part of a Medical Centre, you're attached to a Medical Centre or even if it's next door, that proximity, that reassurance." (Warrington participant)

² This leaflet is provided at Appendix C.

"If they're a single handed practice I think I'd have slightly more reservations than if they were part of a larger organisation with maybe other practitioners there." (London participant)

One of the London participants identified the issue that many osteopaths work out of their own homes, rather than a formal clinic, and that this presents challenges in terms of conveying professionalism. When this point was put to others, participants still felt that osteopaths should consider their environment and ensure that it appears professional, even if home-based. However, once the patient has got to know the osteopath, the setting was felt to be considerably less important.

Especially in home-based practice, the importance of having a dedicated, private space for treatment that is clean and well-maintained was emphasised; many also felt that a separate entrance would be important. Participants stressed the following elements with regards to the environment:

- A clean and fit for purpose space.
- A friendly receptionist/greeting.
- A certificate of qualifications being placed in a prominent place.
- A list of frequently asked questions / appropriate information being available.

"It's that presentation, initially the professionalism of the place you're going to, because that is indicative in some ways of... the quality of the treatment." (London participant)

"His parchment on the wall from a recognised institution." (Belfast participant)

First impressions

First impressions of the osteopath themselves are also important, particularly their appearance. Some participants (again mainly those who had never visited an osteopath) expected that osteopaths should be dressed as a health professional and wear a white tunic or similar uniform. Some felt that this was important for the first visit, but becomes less important over time. Many of those who had seen an osteopath were more relaxed about this aspect and felt that the osteopath should wear whatever is comfortable for them.

Previous patients also commented that the first few minutes of the consultation are extremely important and that they tended to form their judgements about the quality of the osteopath quickly. This was about far more than the osteopath's appearance and, as was true when discussing how an osteopath would be chosen, much was felt to come down to 'chemistry'.

"That's the whole part of the feeling you get when your osteopath is competent, that's the general first five minutes you're in there, you think this person knows what they're doing. Or another time you think 'not so sure'."
(Eastbourne participant)

"And they give off enough confidence." (Belfast participant)

Expectations of the consultation

There was a strong expectation that, at a first visit, there would be a combination of thorough note-taking on the patient's previous medical history and current symptoms, as well as some manual treatment. The emphasis placed on each of these components varied according to previous osteopathy experience.

Those who had visited an osteopath in the past, tended to stress the importance of comprehensive discussion; whilst those who hadn't seen an osteopath previously were more likely to indicate that they would feel 'short-changed' if they did not have some treatment during their first visit. Some expected to be sent for an x-ray as standard procedure, before any manual treatment takes place, to check the diagnosis.

"I'd want a consultation where I'm doing most of the talking, I'd expect them to ask me questions about myself, what pain I've got, what my symptoms are, what I do for work, what my lifestyle is. I would expect me to be doing 60 to 70 per cent of the talking." (Warrington participant)

"Certainly, if you were going in in some discomfort, you wouldn't want to go in and spend your time filling a form out almost and then walk away again. There would need to be something, to make you want to go back again."
(London participant)

"I'd want them to do something." (Belfast participant)

Expectations of the osteopath

Key expectations of osteopaths during the first visit were as follows:

- **Clear communication** throughout the visit, in terms of explaining what they are doing and why. Participants mentioned talking in plain English and/or explaining any technical terms. Some patients liked the fact that their osteopath had different 'props' (for example, a model of a spine) to help explain things clearly.

"I'd like them to explain what they're going to do on the assessment, not the treatment but to start off at the very beginning 'it's necessary for me to whatever, whatever'. So, communication." (Eastbourne participant)

"They'd have to be telling you what they're going to do, how they're going to treat such and such and make sure you're happy with that." (Belfast participant)

- Consideration of **privacy and dignity** requirements. Given that patients might feel vulnerable and embarrassed during treatment (particularly the first time) the importance of the osteopath considering the patients' feelings and dealing with them sensitively (by offering to leave the room when they undress and providing a sheet or towel if appropriate) was stressed.

"I was very embarrassed that I was with this man that I didn't know and you're stripped down to your underwear and they start wiggling you around." (Eastbourne participant)

"If you're going to have to take your clothes off to be treated, you sort of expect them to say 'I'll go out of the room while you get undressed and get ready, if you want to have a towel covering you'" (London participant)

"Respect your dignity, that there would be somewhere you could change." (Belfast participant)

- Close **involvement in treatment plan and decisions** was seen as vital. Participants stressed the importance of their osteopath asking for verbal permission to do any manual treatments and also agreeing the pain threshold with their patient. Osteopath should also explain at this early stage whether there are any specific risks associated with the treatment in order that the patient can give their informed consent.

"It's someone sitting you down and communicating what's going to happen, and also when you're having it, communication also saying... it sounds silly and once you've got undressed someone saying 'would it be okay for me to now do whatever'." (London participant)

"I was asked how much can I do and he said can you bend until you don't feel comfortable. Not on the first time because I couldn't, but the second time, he wanted to see how much I was prepared to push myself as well." (Eastbourne participant)

- An **honest initial assessment** of the patient's problem and the **prognosis** was also expected. This related both to giving patients a realistic prognosis and also to telling the patient whether or not they would be able to help them.

"Yes, if it's actually valid to say that, but sometimes it's not valid to say 'you're going to be fine' because maybe you aren't. Do you see what I mean?" (London participant)

"My osteopath treated a friend of mine, he had pain in his knee and he said it was arthritis and he wouldn't touch it, he told him to go back to his doctor. So that's what they should do, if it's not within their remit." (Eastbourne participant)

3.3.3 At the end of the first visit

In addition to the above requirements during the first visit, at the end of this visit it was felt to be important to fully brief the patient about what needs to happen next. These requirements included explaining to patients:

- What to expect immediately after treatment
 - Is the pain likely to move or change in any way?
 - Is the pain likely get worse before it gets better?
- Whether the patient can do anything to help aid their recovery or prevent the problem happening again.
 - This is partially prompted by the desire to save costs by reducing the number of osteopath sessions.
- What the suggested ongoing treatment plan is.
 - For some, this included the likely number of sessions and associated costs to attain a specific outcome (whether this is a 'cure' or simply an ongoing programme of management.)
 - Recommendation to see a different sort of practitioner, or not be treated at all if applicable.

There was some debate about expectations about what the osteopath should recommend in terms of ongoing sessions. Some participants would expect the osteopath to clearly outline their recommendations/predictions about the number of sessions they are likely to need (so that they can plan their time and expenditure).

"I suppose it would be good if they could tell you how many sessions you might need to have, and that's always an anxiety of mine, it's a worry that someone's going to over-treat you because they're in the private sector."
(London participant)

Others would see this negatively and feel that the osteopath would be likely to exaggerate the number of sessions required. They would prefer the osteopath to see how things went, on a session by session basis.

"I have had one experience ... I went for virtually just to be loosened up and I was immediately told by the young lady that that would be six treatments and that was going to be £200 to £300, and I didn't think I needed six treatments. I think one or two treatments would have been the maximum and I objected, I never went back, I just cancelled the appointment."
(Eastbourne participant)

One participant mentioned that she would like a written report noting down what was discussed and agreed at the session:

"It would be nice if they gave you a written report when you left. It's probably too much to ask for, but I think that would be really nice, if they could give you something written to go out with, or to follow it up with 'send it on in a few days' by email or something. A report of your consultation and send it to you afterwards." (Warrington participant)

3.3.4 Ongoing Treatment

Many of the expectations of an osteopath that apply to the first visit remain important as treatment continues (e.g. privacy and dignity, involvement in decisions.) In addition, some further elements were mentioned as being important expectations of osteopaths as the patient relationship continues.

Respecting confidentiality was spontaneously mentioned by only a few participants, but it was felt to be important (and to some extent taken for granted) by everyone, once raised.

Some participants mentioned that they would expect the osteopath to take great interest in their wider medical history and complaint, and do so in a caring and compassionate way which makes them feel listened to.

At the Warrington group (where few participants had been to see an osteopath), there was a presumption that the osteopath would not be responsible for liaison with the patient's own GP. They felt that the osteopath might do so if requested, but otherwise they would not be linked into other healthcare services. Participants at this group felt that an osteopath would be more likely to undertake this liaison role if the patient had been referred by the GP in the first instance.

"I think the question is if you've been referred. If you've been referred by the GP then the GP is going to be interested in the result. If you got to an osteopath without the GP, they didn't know about it in the first place."
(Warrington participant)

There was some debate over whether a patient would expect to sign some sort of disclaimer or waiver. Most felt that this would not be necessary but a few examples were cited of patients having signed something similar.

There was little spontaneous expectation of there being a formalised process by which a patient could give feedback (either positive or negative) to the osteopath. Some indicated that they would expect this to happen informally (in terms of the osteopath asking how they've been since the previous session and if the treatment has helped). Some also noted that they would feel awkward giving negative feedback directly to a practitioner.

3.3.5 If a problem occurs

The issue of what a patient should or would do if they had a concern or complaint about an osteopath was discussed. Numerous barriers to raising concerns were highlighted, including the following:

- Embarrassment about raising an issue directly with the individual involved.
- Lack of time.
- The fact that it would be easier just to find a new osteopath, than try to resolve issues.
- Doubt that anything would change, even if an issue were raised with the osteopath.
- Difficulties judging the benefits of the treatment (which may be long-term and/or different depending on the individual).
- Lack of self confidence in raising issues with a person of high professional standing.
- Lack of knowledge of who to complain to.

"If you've self-referred to an osteopath and then you think they're doing something wrong, whether it be poor practice or whatever the issue is, who do you go and tell? Do you go and tell the Police? Do you tell your GP? Do you tell a governing body or a regulatory? ... Who do you tell? I would not know the first place to go." (London participant)

"I think a lot of GPs would definitely resent you questioning them, so maybe it would be the same thing. I probably wouldn't have the confidence, and I certainly wouldn't have the knowledge to be able to argue my point with them." (Belfast participant)

There was some feeling that it would be more difficult to complain about a practitioner in private practice; because the issues would be complicated by the financial transaction and the fact that they are not operating within the NHS system.

Many participants said they would only complain about something if it was a serious concern and/or there was a perception of risk to other members of the public. There was some feeling that market economic drivers would effectively weed out poor practice and many said that rather than complain they would simply 'vote with their feet.'

"Most of them are in private practice and if they mistreated their patients they wouldn't have any patients. So I don't think, unless there was a really bad misdemeanour, you probably would just find another one and say no, they don't suit me." (Eastbourne participant)

"It depends what the complaint was, if I was a bit worried that it didn't seem to be going as I'd thought, I'd probably have a word with them. If I thought they were serially abusing people, I may well make a complaint." (London participant)

"If they weren't very professional then you just wouldn't go back." (Belfast participant)

Information on the complaints process was felt to be very important and many would expect information on how to raise a concern or make a complaint to be given to them at the first visit (either from the osteopath directly or available at reception). It is suggested that this information should be in the form of a leaflet. However, some questioned whether being provided with this information may be off-putting for first-time patients as it suggests that the osteopath is expecting complaints to be made, or that complaints are a regular occurrence. Some suggested that it could be positioned as giving information on bodies that the osteopath is a member of, rather than just the complaints process.

"I'd be quite worried though, if I was going for my first treatment and I was given information 'if you have a complaint', I'd be thinking why have they put that there? It would put me off." (London participant)

Participants felt that the information they had seen in the form of the GOsC leaflets shown during the group discussions should be made available at GPs' surgeries, pharmacies and hospitals. Libraries, community centres and post offices were also suggested as a way of disseminating information, although some felt that the information would be more compelling if it were provided in a health-care context.

Section Summary:

Patient expectations and information needs

- A high level of anxiety and fear about what might happen was apparent when participants were asked to think about how they would / or did feel prior to their first appointment.
- Key information requirements / questions that patients would have at this stage of the patient journey were as follows:
 - What exactly is likely to happen at the visit?
 - Will the treatment hurt / make me worse?
 - How much will the treatment cost and will it represent value for money?
- The importance of having a dedicated, private space for treatment that is clean and well-maintained was emphasised.
- The first few minutes of the first consultation are extremely important - judgements about the quality of the osteopath are made quickly.
- Key expectations of osteopaths included:
 - Clear communication and explanations.
 - Consideration of privacy and dignity requirements.
 - Close involvement in treatment plan and decisions.
 - An honest initial assessment of the patient's problem and the prognosis.
 - Respecting confidentiality.
- Information on the complaints process was felt to be very important. However, many participants said they would only complain about something if it was a serious concern and/or there was a perception of risk to other members of the public.

4. Conclusions and Next Steps

Conclusions

Osteopathic patients are generally positive about their experiences and treatment, however a good deal of fear and ignorance is apparent in relation to osteopathy amongst those with no experience. Even those who have seen an osteopath recall having anxieties prior to their first experience of the treatment.

Levels of awareness of the very existence of the profession appeared to be low in Northern Ireland. While many patients and the public have a vague sense that osteopathy is probably a regulated profession, they have very little idea of what this might mean in practice. Awareness of the Register of osteopaths is very limited and there is little understanding of the training required or the standards that must be adhered to in order to practise as an osteopath.

The fact that osteopaths are perceived to sit almost entirely separately from the NHS, tends to reduce trust in the profession and downgrade perceptions of professionalism and regulation, compared to healthcare professions that are more firmly embedded within NHS structures.

This research has highlighted some apparent information gaps. Patients and the public who took part in this research felt that information about what to expect from an osteopath and how to raise concerns, as well as about the nature of regulation, would be extremely useful for anyone considering treatment. Filling these gaps could build trust and reduce anxieties. There were calls for the information seen during the research process³ to be made more widely available by osteopaths themselves and in other public locations.

Next Steps

Whilst providing a useful indicator of patient and public perceptions regarding osteopathy, this research has been limited in scope and scale. The participants involved in the research cannot be assumed to be representative of the wider population. Further research would, therefore, be useful in order to:

- Test and quantify how far the perceptions uncovered in this research are held amongst the wider UK public.
- Ascertain how far these same perceptions are held by patients and the public in home nations other than England and Northern Ireland.
- Gather more detailed input into specific aspects of regulation, for example the detailed Standards and the processes to ensure continued Fitness to Practise.

³ *What to expect from your osteopath*, General Osteopathic Council 2012; *Standards of osteopathic care*, General Osteopathic Council 2012 (both are provided at Appendix C.)

Appendix A: Respondent profile

The full demographic details of the groups recruited by the GOsC in Eastbourne and London were not recorded. Participants in these groups tended to be older and higher socio-economic groups than average (reflecting the demographics of osteopathic patients overall).

	<i>Eastbourne</i>	<i>London</i>	<i>Warrington</i>	<i>Belfast</i>
<i>Gender</i>				
Male	4	5	4	9
Female	6	4	4	6
<i>Age</i>				
16-24	1	1	1	4
25-34	0	0	1	1
35-44	1	1	2	3
45-54	2	2	1	2
55-64	3	4	2	3
65+	3	1	1	2
<i>Socio-economic group</i>				
AB	n/a	n/a	1	6
C1	n/a	n/a	5	4
C2	n/a	n/a	4	2
DE	n/a	n/a	-	3
<i>Ethnicity</i>				
White	10	7	7	15
Black	-	-	1	-
Asian	-	1	-	-
Mixed	-	1	-	-
<i>Previously visited an osteopath</i>				
Yes	7	8	1	5
No	3	1	7	10

Appendix B: Discussion Guide

Objectives (for facilitator only)

GOSC wishes to conduct some research with members of the general public in order to:

- Explore perceptions and expectations of the profession and levels of knowledge of and trust in osteopathy.
- Ascertain information needs and what information they might seek if becoming a patient of an osteopath.
- Explore expectations of the experience of being a patient of an osteopath.
- Explore relative perceptions of professionalism and quality of care as compared to other healthcare providers.
- Ascertain levels of awareness of regulation of osteopathy (particularly around protection from harm) and the response to the existence of the GOSC and the GOSC's role.

1. Introduction (5 mins)

- Welcome and introduction (introduce self and Community Research)
- Introduce topic of debate very briefly – we will be talking about health professions and health care.
- Explain:
 - importance of honesty
 - don't need to talk about anything too personal/sensitive health issues
 - make time for others to have their say
 - no right or wrong answers
 - respect each other's opinion
 - have a lot to get through so may move on at times
- Mobile phones off or on silent.
- Mention the presence of observers (if appropriate).
- Check everyone is OK with recording which will be for analysis and reporting purposes only.
- Tell participants that a report will be produced but that individuals will not be named in the report. GOSC are happy to share the report with participants.

2. Warm up exercise (5 mins)

Purpose: for participants to get to know one another and begin to gel as a group.

- Participants to introduce each other in pairs. Each has a couple of minutes to find out and present back to the group about their pair's...
 - Name
 - What they do
 - What they would be doing right now, if they weren't here

3. Mapping Exercise of Health Professionals (20-25 mins)

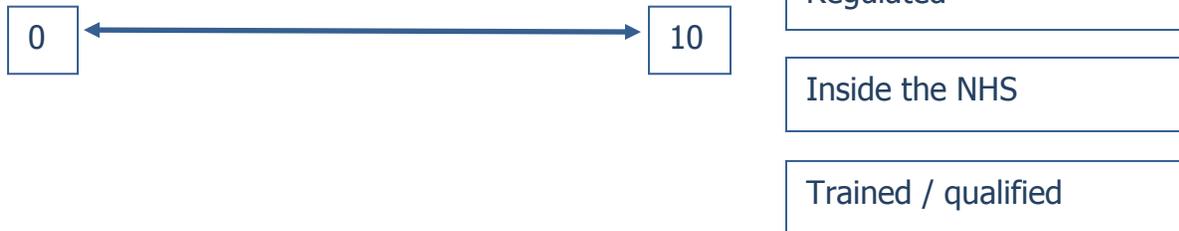
Purpose: to obtain a sense of the relative trust and perceived professionalism of osteopaths in relation to other health professionals.

MODERATOR SPLITS GROUP IN TWO / THREE AND HANDS OUT PRE-PRINTED STICKERS TO EACH SUB GROUP. GROUPS ARE ASKED TO PLACE EACH PROFESSION LABEL ON A NUMBER OF PRE-PREPARED SCALES ON A FLIPCHART. THOSE WITH EXPERIENCE AS A PATIENT ARE KEPT TOGETHER IF KNOWN /POSSIBLE

STICKERS LIST A VARIETY OF PROFESSIONS / DISCIPLINES e.g. Osteopath, Pharmacist, Chiropractor, Acupuncturist, Psychologist, Chinese Herbalist, Masseuse, Counsellor, Physiotherapist, and GP

SCALES FOR EXERCISE⁴:

Where 0 is lowest / least and 10 is highest / most



⁴ *MODERATOR EXPLAINS: A **regulated** profession is one where access to or practice of a profession is restricted by law to those holding specific qualifications, the profession abides by a Code of Practice, and is overseen by a 'regulator' which protects the public, holds a Register of qualified practitioners, maintains standards (one such regulator you may have heard of would be the General Medical Council, which regulates doctors) and has the power to remove individuals from the Register if they are unfit to practise

MODERATOR LETS EACH GROUP DISCUSS AND AGREE WHERE EACH PROFESSION 'SITS' UNTIL THEY ARE FINISHED. THE RESULTS ARE THEN SHARED.

ONCE COMPLETED, FACILITATOR TO ENCOURAGE A GENERAL DISCUSSION PROBING:

- Why did you place this type of person there?
- Which did you find most difficult to place? Why?
- Did you all agree? Disagree? Why?
 - Probe different perspectives between the sub-groups
- Which of these is most familiar / do you know most about? ... and which least? How confident were you in your answers?
- In terms of 'outside/inside' NHS - which of these do you think you would be referred to by a GP? Which has the closest links to the NHS?

FACILITATOR TO PROBE IN PARTICULAR:

- Do you perceive osteopaths to be safe? Are they trusted? If not why not?
- Do you view a NHS physiotherapist and osteopath in private practice differently? Why?
- How do you know osteopaths are properly trained?; Do you know if and how osteopaths keep their knowledge and skills up to date?

4. Expectations and the Patient Journey (50-55 mins)

Purpose: to obtain a sense of patient and public expectations of osteopaths at various stages of the patient journey.

MODERATOR SHARES A PEN PORTRAIT OF A HYPOTHETICAL PATIENT ('HANDOUT A') AND ASKS PARTICIPANTS TO IMAGINE THEMSELVES IN THIS PERSON'S SITUATION.

First steps

- What would you do first in this situation?
- Who would you talk to/get advice from?
- Would you consider consulting any health professionals? If not, why not?
- If the scenario was different (for example, the patient was a different age, or had had the complaint for a different amount of time etc.), would this change how they would be likely to behave?

MODERATOR ASKS PARTICIPANTS TO IMAGINE THAT THEY TALK TO A FRIEND AND THE FRIEND SUGGESTS **OSTEOPATHY** WHICH THEY HAVE BENEFITED FROM.

- Are you aware of what an osteopath is?
- Can anyone describe what an osteopath is or does?
- Has anyone in the group visited an osteopath in the past?
- What immediately springs to mind when someone talks about 'osteopathy'?...what do you think of?

MODERATOR GIVES OUT 'HANDOUT B' PROVIDING A DESCRIPTION OF AN OSTEOPATH.

ONCE COMPLETED MODERATOR TO ENCOURAGE A GENERAL DISCUSSION CONTINUING THE PATIENT JOURNEY:

Considering an osteopath

- What factors would you consider when deciding whether to visit an osteopath?
- What doubts, if any, would you have?
- How would you know about their education and training and how would you find this information?
- How would you find an osteopath?
- Why would you choose a particular osteopath over another?
- Would you want to know the clinic has a complaints procedure?
- What would / might stop you making an appointment? / make you hesitate?

MODERATOR ASKS PARTICIPANTS TO IMAGINE THAT THEY HAVE DECIDED TO BOOK AN APPOINTMENT AND ASK THEM TO IMAGINE IT IS THE DAY BEFORE THEIR VISIT.

Planning to visit an osteopath

PARTICIPANTS ARE ASKED TO COMPLETE INDIVIDUAL EXERCISE 'HEARTS AND MINDS EXERCISE' (HANDOUT C) AND THEN DISCUSS AS A GROUP. THE RESULTS ARE THEN SHARED.

- What did you think and feel about visiting an osteopath?
- Discuss any common fears/issues.
- What information about the osteopath or the clinic would give you confidence at this stage?

MODERATOR ASKS PARTICIPANTS TO IMAGINE THAT IT IS NOW THE DAY OF THEIR OSTEOPATH VISIT AND THEY HAVE JUST ARRIVED.

At the osteopaths

- What would give you confidence when first walking into the clinic?
- What would you expect to happen on your first visit to the osteopath?

- What are your expectations of the osteopath regarding:
 - Privacy?
 - Dignity?
 - Would you expect to be asked to undress? If so, how to you expect this to be handled?
 - Presence of a chaperone?
 - Confidentiality?
 - Involvement in treatment/decisions?
 - The amount of time taken with note-taking compared with hands on treatment?

- What information would you expect to be given about your course of treatment? (spontaneous and prompted)
 - Length of treatment?
 - Number of sessions?
 - Benefits/risks of treatment?
 - Likely outcome/prognosis?
 - Cost/payment methods?

- Is there any other, specific information that you would be expect to be given? (for example, how you should expect to feel after treatment).

- What are your expectations of in terms of referrals to other health professionals or liaison with your GP?

- Would you expect a process for providing feedback on the care you have received: both good and bad?

MODERATOR RECAPS ON DISCUSSION AND FLIPCHARTS KEY THEMES:

- What are the most important things for an osteopath to get right?

5. Raising Concerns and Complaints (10 mins)

Purpose: to explore information needs and expectations relating to concerns and complaints.

- If you had some concerns about any aspect of your osteopathy treatment, what would you do?
 - What would stop you raising any concerns with your osteopath?
 - What information needs would you have at this stage?

- If you raised the issue with your osteopath, how would you expect them to respond to any concerns about your treatment that you might have?
- Have you ever had cause to complain about any health treatment?
 - Did you know what to do?
- Would you know what to do if you had a complaint about an osteopath?
- Who would you complain to?
- Where would you go to find information about the complaints process?
- What would stop you making a complaint (barriers)?
- How would you expect your complaint to be managed?

6. Regulation (15 mins)

Purpose: to formally introduce GOsC and obtain views about their role and standards.

- Did you know osteopathy professionals are regulated (or had you heard of the GOsC) before today?
- Why do you think regulation might be necessary?

- Before today, were you aware of the Register of qualified practitioners?
 - Would you know where to find the Register or check if an osteopath is registered?
 - What do you think if the purpose of a Register?
 - What would you expect from a regulator of osteopaths?

MODERATOR PROVIDES SOME INFORMATION ON GOsC IN HANDOUT D:

- Is this in line with your expectations?
- Is there anything surprising here?

MODERATOR PROVIDES THE PATIENT LEAFLET 'WHAT TO EXPECT FROM YOUR OSTEOPATH' AND GIVES PARTICIPANTS A FEW MINUTES TO READ:

- Is this in line with your expectations? Are they the kind of things you would expect to see?
- Is there anything surprising here?
- Are there any gaps (anything that we've mentioned today that isn't in here)

- What would you expect to see in terms of the process for raising concerns/ complaints about an osteopath? How should this work?
 - How should osteopaths make this process visible to patients?
 - Where else might information about raising concerns or complaints be available?

7. Final thoughts (5 mins)

Purpose: to agree key take out from the groups and round up

- Reflecting back on the discussion – what are your final thoughts? How would you summarise our discussion
- Any further comments - anything further that you would like to say? Anything that is important that you haven't been asked about?
- Thank and close

GIVE OUT INCENTIVE PAYMENTS (IF APPROPRIATE)

Appendix C: Leaflets Shown to Participants

What to expect from your osteopath:

http://www.osteopathy.org.uk/uploads/what_to_expect_from_your_osteopath_leaflet.pdf

Standards of osteopathic care:

http://www.osteopathy.org.uk/uploads/standards_of_osteopathic_care_leaflet.pdf