



PATIENT VIEWS GET FEEDBACK DURING COVID-19

COMMITTEE CHAIR

FAIRNESS AND JUSTICE FOR ALL

REGULATION

HOW CAN WE MAKE IT BETTER?

The Osteopath

Supporting high standards in osteopathic practice

SPRING 2021 | VOL 23 | ISSUE 6

Supporting high standards in osteopathic practice

SPRING 2021 | VOL 23 | ISSUE 6

A NEW APPROACH

WE ARE EMBRACING MORE
WAYS TO LISTEN AND ENGAGE





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Osteopathic
Council

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The Osteopath

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COVID-19 queries or feedback?

You'll find the latest updates from the GOSC, plus key advice from the government and other useful information, on the COVID-19 section of our website at: osteopathy.org.uk/covid-19

If you have any further queries or feedback for us, please email: covid19@osteopathy.org.uk

Useful contacts

Communications

Publications (including public information leaflets), Registration Marks and posters.

info@osteopathy.org.uk
x242

The Osteopath magazine and ebulletins.

editor@osteopathy.org.uk

Events, regional groups and social media.

goscmail@osteopathy.org.uk
x254

Media enquiries.

pressoffice@osteopathy.org.uk
x242

GOSC website (including the online Register) and

o zone, International Journal of Osteopathic Medicine.

webmanager@osteopathy.org.uk
x228

Governance

Council and committees (including all meetings and business), Chief Executive and Registrar, staff, complaints about the organisation.

council@osteopathy.org.uk

Regulation

Concerns or complaints against an osteopath. Reporting unregistered practice.

regulation@osteopathy.org.uk
x224

Freedom of information requests.

foirequests@osteopathy.org.uk

Education, standards and CPD scheme

Osteopathic education, the Osteopathic Practice Standards, policy development and research, enhanced patient partnership, patient care and patient safety.

standards@osteopathy.org.uk
x230 or x233 or x240

Registration

Applying to the Register, annual renewal, registration fees, updating your details, practising status and professional indemnity insurance.

registration@osteopathy.org.uk

CPD scheme and CPD audits.

cpd@osteopathy.org.uk



Welcome



Welcome to the final issue of The Osteopath magazine. We're evolving our communications strategy, with a renewed focus on listening and engaging – find out more on p6.

Getting patient feedback is valuable for enhancing your practice at any time, but a number of osteopaths have asked about gathering patient views during the pandemic. The GOSC's Dr Stacey Clift outlines resources to help with this on p17. On p20 you can read about NCOR's latest PROMs data collection, plus news of additional COVID-19 related questions.

Thank you to everyone who took part in the latest independent survey on the development of regulation. Professor Gerry McGivern sets out the findings on p8. While GOSC Director Fiona Browne explains how this is influencing our renewed focus on listening (p11).

On p15, Richard Davies, Chair of the Professional Conduct Committee, explains the Committee's role in ensuring fairness and justice, and you can find out more about a recent webinar to 'demystify' the FtP process (p13).

As this is the final issue of The Osteopath, we'd like to thank you for your support, and we very much look forward to continuing to engage with you in the future.

Clare Conley

Managing Editor

Email: editor@osteopathy.org.uk

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UPDATE

GOsC NEWS

Final issue of The Osteopath magazine published

The GOsC is preparing a new approach to communications and engagement that will help us to promote patient safety and support osteopaths in delivering quality care.

To make a start on this new strategic approach, with its increased focus on listening and engaging, at the end of 2020 Council (comprising five osteopaths and five lay members) made the decision to discontinue The Osteopath magazine from spring 2021. Therefore this will be the final issue.

You will still be able to revisit this issue along with previous editions of The Osteopath dating all the way back to 2010, on our website at:

osteopathy.org.uk/the-osteopath

Read more about our new approach on page 6.



COVID-19 latest guidance

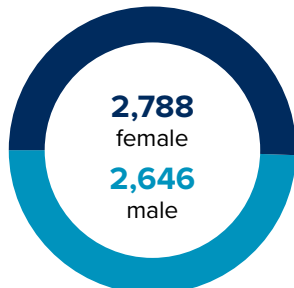
You'll find the latest updates from the GOsC, plus key advice from the government and other useful information, on the COVID-19 section of our website at: osteopathy.org.uk/covid-19

Mentor-matching website launches

Charitable trust The Osteopathic Foundation (OF) has launched a new mentor-matching website. Located at: iomentoring.onpld.com, the site enables osteopaths to receive advice and support from fellow industry professionals who have trained as mentors. The OF funds innovative research and supports development of the osteopath profession. To find out more visit: osteopathy.org/the-io/the-osteopathic-foundation

SNAPSHOT

REGISTER STATISTICS: 1 FEBRUARY 2021



GOSc NEWS

Registration fees frozen

At its meeting towards the end of 2020, Council agreed to freeze annual registration fees for the seventh year in succession.

They recognised the impact of the global pandemic on osteopaths, and signalled their support for the profession by continuing to hold registration fees at their current level for the 2021/22 financial year.

GOSc Chief Executive and Registrar Matthew Redford said: 'Freezing registration fees for a seventh successive year demonstrates that Council recognises the effects of

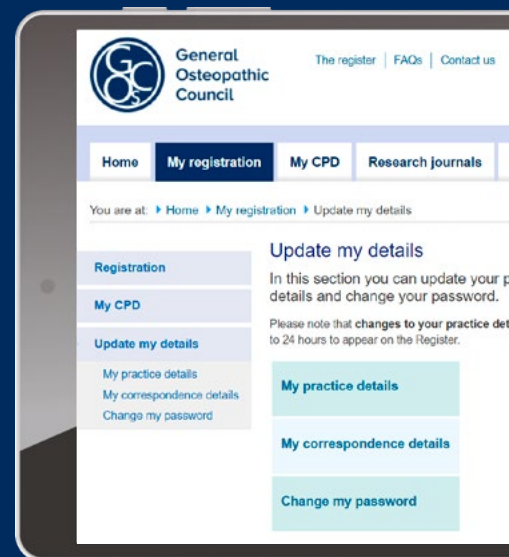
the coronavirus pandemic on the profession, and continues to provide support to osteopaths.

Fees frozen for 7th year...

'The GOSc has proven that we can continue to operate as a cost-efficient and effective regulator, enabling us to absorb the quarter

of a million pounds in income lost by not increasing the registration fee in line with inflation over the past seven years.'

You can see how annual registration fees are spent by the GOSc in the Winter 2020 issue of The Osteopath at: bit.ly/TheOsteoWinter20 (you'll find the breakdown on page 21).



IN PRACTISE

Are your details up to date?

If your practice details are out of date on the Register, your patients – both current and prospective – could find it harder to get in touch with you.

The good news is that you can update your contact and practice details at any time via the o zone, simply by clicking the 'Update my details' button at the top right of the page after logging in.

Once there, you can choose to provide separate personal contact details (address and email), which we will use when we get in touch with you. If these details are not up to date, you could miss out on important information from us – including reminders to renew your registration.

You can choose whether or not you want these contact details published on the public Register.

To update your details, visit the o zone at: ozone.osteopathy.org.uk

NEED ANY HELP?

If you have any trouble with this, or any feedback for us, do please get in touch at: webmanager@osteopathy.org.uk

GOSc NEWS

Fitness to Practise Annual Report published



Our latest Fitness to Practise Annual Report (2019-20) provides details of the decisions and any sanctions applied from the substantive hearings of the GOSc's Professional Conduct Committee

(PCC) concluded during the period spanning 1 April 2019 to 31 March 2020. As part of the GOSc's programme to continually enhance its fitness to practise processes, this year's report details a number of updates, some of which involve adaptations in light of the COVID-19 pandemic.

Our Fitness to Practise Annual Reports provide guidance to osteopaths on the high standards of conduct and practice required to maintain registration. Read about our fitness to practise webinar on pages 13-14. You can read the annual report at: osteopathy.org.uk/ftp-annual-reports

GOSc NEWS

Connecting patients, practitioners and regulators: osteopathy shows value of shared decision-making

GOSc staff have contributed a case study supporting the positive experiences and processes of shared decision-making in osteopathy to a new publication: International Perspectives in Values-Based Mental Health Practice.

The publication provides a model of values-based practice, where the patient's individual values play a key role. It uses case studies and commentaries based on actual clinical encounters in a diverse range of cultural contexts.

This book is open access, which means you can refer to it as much as you like for free, and offers essential information on values-based practice: the clinical skills involved, teamwork and person-centred care, the links between values and evidence, and the importance of partnerships in shared decision-making. You can find out more at: bit.ly/gosc-shared-decision-making

Increasing our focus on listening and engaging

And saying goodbye to The Osteopath magazine

Increasing our focus on listening and engaging

And saying goodbye to The Osteopath magazine

Is it OK if...

What are your views...

Can we discuss...

My patients tell me...

Patient Focus Group

Osteopathic Practice Standards

WEBINARS

6



Here at the GOsC, we are preparing a new approach to how we collaborate, explains **Liz Niman**, Head of Communications and Engagement. This will help us to promote patient safety and support osteopaths in delivering high-quality care

We are working to rebalance our approach with an increased focus on listening and engaging, while recognising that osteopaths are not all the same and that there is a good deal of diversity across the profession. We will certainly continue to communicate key information to osteopaths, patients and others, but we aim to do this with a greater emphasis on two-way communication across our engagement, and by providing information that is clear, timely and relevant.

How we aim to do this

Our plans for the future include:

- greater use of digital media, and more scope to participate and connect
- increasing opportunities for the GOsC to learn from osteopaths and patients
- improving our websites to create a better user experience, informed by user research and testing
- working with osteopaths and patients to help bring our material to life, with a greater focus on personal stories
- actively seeking feedback from osteopaths and patients to identify any growing concerns, and to help shape our support and resources for osteopaths



FROM START TO FINISH: THE OSTEOPATH MAGAZINE

This is the final issue of The Osteopath. However, you can revisit previous editions of the magazine, going all the way back to 2010, on our website at: osteopathy.org.uk/the-osteopath

- more use of our staff as the voices and faces of our organisation, through a variety of digital media, so osteopaths can hear from us more directly
- more larger-scale webinars, building on the success of our first-ever Fitness to Practise webinar last year and the Peer Discussion Review webinar that was planned for January. These we hope will help to explain our role and increase opportunities for osteopaths to engage with us online, wherever they are (to find out more, see page 11)
- expanding the number and diversity of patients helping us with our patient involvement forum
- supporting patients so that they can contribute fully to a new co-production model of policy-making

Making a start

To set this new strategic approach in motion, at its meeting on 18 November 2020, Council (which comprises five osteopaths and five lay members) made the decision to discontinue The Osteopath magazine – so this will be our final issue. As a result, we will be better able to utilise our resources on more frequent, more up-to-date communications and engagement. Osteopaths will still be able to benefit from the breadth of content in the magazine through our digital channels. We are aware that growing numbers of osteopaths want to see more of our content online, and that magazine content can become out-of-date quite quickly (particularly in the context of COVID-19). For example, to meet the schedule for this magazine, we started drafting these articles in November last year.

We also recognise that we spend a disproportionate amount of resource on the magazine compared to other methods of engagement, and that discontinuing the magazine will help us to redistribute this resource more effectively. This will also help reduce our environmental footprint – a growing concern among many of you on the Register, and a key area of focus for the GOsC over the coming years.

You will see the importance in us

increasing our listening and reducing our ‘informing’ in the article on pages 8 to 12, where Professor Gerry McGivern of Warwick Business School explains the findings from the independent research on regulation he carried out with his team. As a result of the new strategy, we hope you will find it easier to engage with the GOsC. We are keen to support enhanced collaboration with osteopaths, patients and other health professionals. If you have any ideas that will help us with this, please do get in touch (see box below).

Where to go now for information

Although we will no longer be publishing the magazine, you should still be able to find the information you need across our digital channels, including:

- guidance and tips on the CPD scheme: cpd.osteopathy.org.uk
- OPS and related guidance: standards.osteopathy.org.uk
- CPD courses and events: cpd.osteopathy.org.uk/events
- advice on insurance: osteopathy.org.uk/insurance
- advice on advertising: osteopathy.org.uk/advertising
- access to research: ozone.osteopathy.org.uk/research-journals
- how to register with the GOsC: osteopathy.org.uk/how-to-register

If you are a CPD provider, you can still list your courses and events on our CPD site. Or, if you are a member of the Institute of Osteopathy (iO), you can advertise in the iO magazine, Osteopathy Today. Contact us via the email address below if you can't find what you are looking for.

GET IN TOUCH

If you have any questions or ideas to help the GOsC engage with osteopaths or patients, or if you would like to help us with any user testing, please get in touch with us at: info@osteopathy.org.uk. We would love to hear from you.

Regulation: how can we make it better?

The nature of professional regulation is changing. Here, **Professor Gerry McGivern** sets out the findings from his team's latest independent research with osteopaths. And – on page 11 – **Fiona Browne** explains the GOsC's response and how you can get involved



Last year, a team of academic researchers from Warwick Business School and I collaborated with the GOsC to conduct an online survey of UK osteopaths' views and experiences of their professional regulation. This followed up on a similar survey we had conducted in 2014 (see: osteopathy.org.uk/effective-regulation-research-2014). The 2020 survey was completed by 612 osteopaths – and many thanks to all of you who took the time to complete it (see the Jan/Feb 2020 issue of The Osteopath at: bit.ly/TheOsteoJanFeb20).

So, what did osteopaths say this time, and how have their views and experiences of regulation changed since 2014? I will look at each of our major findings below in turn.

More confidence that osteopaths are regulated well, but less confidence that the GOsC communicates well

Our new survey suggests that osteopaths' views of the GOsC have become a little more mixed and polarised since the previous survey was carried out in 2014. In many ways, osteopaths viewed the GOsC more positively in the most recent survey. For example, more osteopaths (56% in 2020 versus 44% in 2014) agreed that they were 'confident that osteopaths are well regulated by the GOsC'.

Paradoxically, however, fewer osteopaths (35% in 2020 versus 43% in 2014) agreed that 'the GOsC communicates well with osteopaths'. Why might this be? Our earlier research from 2014 highlighted the importance of the GOsC reaching out, personally engaging and improving relations with the osteopathy profession. In 2014, the GOsC was investing significant time in meeting osteopaths face-to-face, 'listening' as well as 'telling'. In recent years, the GOsC may have relied more on electronic communication, and communication in smaller groups, rather than big events, thus potentially reaching fewer osteopaths.

Moreover, the professional membership body, the Institute of Osteopathy (iO), has since taken a more strategic role in relation to the profession, so osteopaths may now be getting more profession-specific information from the iO instead of from the GOsC. However, it is important for us to better understand this finding.



Gerry McGivern

Professor of Organisational Analysis, and Head of the Organisation and Human Resource Management (OHRM) Group at Warwick Business School, Gerry McGivern's research focuses on understanding professionals' knowledge, practices, identities, leadership and how they are affected by systems of regulation and organisation, primarily within healthcare systems.

Changes in understanding of regulation, being 'a good osteopath' and the OPS

Our new survey suggests that osteopaths' understanding of regulation and compliance has increased. In 2020, 80% of osteopaths (compared to 76% in 2014) agreed that they are 'familiar with the Osteopathic Practice Standards (OPS)', and 63% (versus 49% in 2014) have a 'clear sense of whether they are complying with the OPS'. A recommendation based on our 2014 survey data was for more communication and training about the OPS, which the GOsC has since pursued – and this seems to have borne fruit.

However, fewer osteopaths (25% in 2020 compared with 44% in 2014) agreed that the 'OPS reflects what it means to be a good osteopath'. This may be because osteopaths now better understand the OPS as a regulatory requirement (perhaps linked to fitness to practise or CPD requirements), and see their osteopathic identity (technical competence, skill, values and something else perhaps more innate or holistic) as sitting somewhere outside of this. However, this is another issue that requires further exploration.

Overall levels of reported compliance remained similar. In 2020, 41% (vs 45% in 2014) agreed or strongly agreed that

what they do as an osteopath always fully complies with the OPS.

More positive about evidence-based practice

Osteopaths have become significantly more positive about evidence-based practice. In 2020, 50% of respondents (compared with 38% in 2014) agreed that 'practising evidence-based osteopathy improves patient care'. We previously recommended that the GOsC encourage the development of evidence relating to benefits and risks of osteopathy, which it has continued to do – for example, by supporting the National Council for Osteopathic Research (NCOR). This was because our 2014 survey data (and now 2020 survey data) suggest that a positive view of evidence-based practice is associated with a positive view of regulation, better understanding of the OPS and, in turn, compliance.

Supporting compliance with standards through relational regulation

Drawing on theory about regulatory compliance and analysing our 2020 survey data, we developed a model (see overleaf) that attempts to explain key influences on the extent to which osteopaths comply with regulation in practice. We identified sets of questions that respondents answered in a similar way. Through this approach, we were able to identify seven distinct factors in our survey data, which we labelled as follows:

- pro-regulator
- pro-evidence-based practice
- understanding of regulation
- anxiety about regulation
- anger about regulation
- fear-based compliance
- compliance

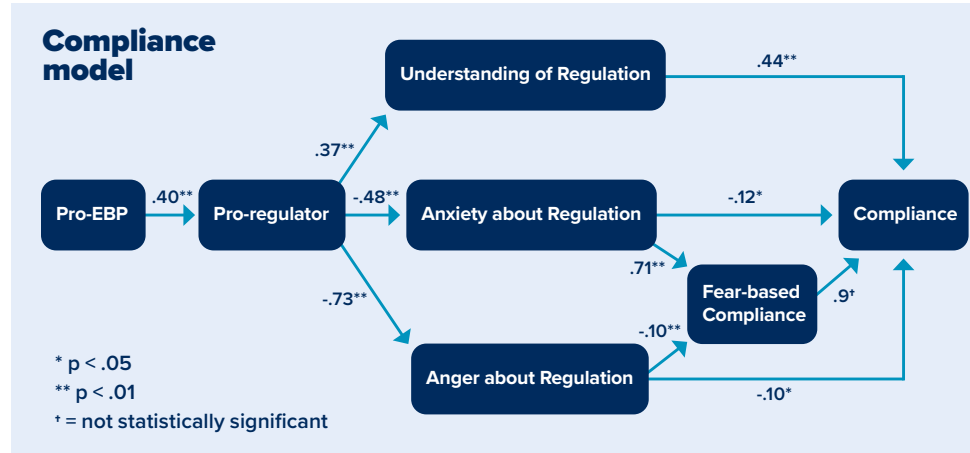
Our analysis showed that being a **pro-regulator, pro-evidence-based practice** (pro-EBP in the diagram) and **understanding of regulation** were highly correlated with **compliance**. This reflects what we term a 'persuasion-based pathway' to compliance, on which osteopaths understand and agree with regulation and so want to comply.

However, an increasing number of osteopaths (61% in 2020 vs 45% in 2014) agreed that they 'comply with the OPS' →

→ to avoid getting into trouble with the GOsC'. This indicates a rise in what regulatory theory terms 'fear-based compliance' and what we describe as a 'punishment-based compliance pathway', involving compliance due to fear of punishment for non-compliance rather than because osteopaths agree with regulatory standards.

Relatedly, we noted a significant drop in osteopaths' reported understanding of and confidence in the GOsC's disciplinary processes. In 2020, only 35% (vs 43% in 2014) agreed that they 'fully understand the GOsC's process for handling complaints made against osteopaths by patients or the public'. Even fewer osteopaths (only 16% in 2020 vs 23% in 2014) agreed they are 'confident that the GOsC's disciplinary procedures produce fair outcomes'. Clearly, the GOsC needs to work to increase osteopaths' understanding and confidence in its disciplinary processes, particularly as our previous research found that this affects wider views of regulation.

Indeed, 23% of survey respondents reported feeling **anger**, 36% **irritation**, 38% **frustration**, 38% **fed up** and 42% **cynical** about regulation often or very often. Responses to these five questions created a factor for **anger about**



regulation. Anger about regulation was negatively associated with both **fear-based compliance** and **compliance**. 28% of survey respondents felt **anxious** and 31% felt **worried** about regulation often or very often. Responses to these two questions created a separate new factor for **anxiety about regulation**. The factor for **anxiety about regulation** was highly associated with **fear-based compliance** but insignificantly correlated with **compliance**.

Three groups identified

In simpler terms, our analysis suggests that osteopaths respond to regulation

in contrasting ways. We identified the following three key groups:

- **Group 1** are positive about the GOsC and evidence-based practice, understand regulation, and so want to – and are more likely to – comply with the OPS.
- **Group 2** are negative about the GOsC and evidence-based practice, worry about regulation and are fearful of punishment for non-compliance. This fear increases their compliance but only insignificantly.
- **Group 3** are hostile towards the GOsC and evidence-based practice. They feel anger and frustration with regulation. Interview data gathered from our 2014 research suggests that this may be because they fear that evidence-based practice and the OPS may restrict and undermine 'traditional' and 'holistic' osteopathic practices, about which there is limited evidence. These osteopaths are far less likely to comply with the OPS, regardless of the threat of punishment for non-compliance.

Conclusions

Our analysis suggests that anger and anxiety about regulation are negatively associated with compliance in practice. We therefore argue that promoting a positive view and an understanding of both regulation and evidence-based practice, which are positively associated with compliance, is a more reliable way of promoting compliance than threatening punishment for non-compliance, which may invoke anger and anxiety.

Our analysis of the 2020 survey data therefore again supports a relational approach, involving dialogue between the GOsC and osteopaths to improve the latter's understanding of regulation and the former's understanding of ways in which regulation can improve further.



The GOsC & you: working together in new ways

Regulation is often perceived as quite a negative word. In the Collins Dictionary, the definition of 'Regulations' is 'rules made by a government or other authority in order to control the way something is done or the way people behave'.


The research of Professor McGivern and his team (see previous pages and the January/February 2020 issue of *The Osteopath*: bit.ly/TheOsteoJanFeb20) has shown us that this is an outdated definition of regulation. McGivern and his team argue that 'relational regulation', which means regulating through encouraging and supporting people to understand the purpose and benefits of regulation, is much more likely to lead to people embedding and embodying the standards – and therefore achieving our common purpose.

Here at the GOsC, we have tried to evolve our approach to regulation, to move away from a focus on control, processes and rules, towards an approach which is much more focused on people, values and outcomes. Regulation is part of a process of good-quality care and patient safety that is a common goal for all of us. But how successful have we been in evolving this approach and understanding how effective the implementation of our standards is?

Responding to the data

We are delighted that more osteopaths feel well regulated, are more aware of the Osteopathic Practice Standards and feel more positive towards evidence-informed practice. However, we recognise that we still have much work to do to improve our communications and engagement with osteopaths, including:

- reducing unwarranted fears and anxiety
- increasing trust and understanding
- clarifying and explaining our role –



Fiona Browne

Fiona is responsible for undergraduate and pre-registration standards, quality assurance, standards, CPD and a range of policy and research projects to support enhanced patient care and patient safety. She is also a trustee of the Patients Association and a member of a local government Standards Advisory Committee that provides advice about standards in local government.

particularly with regards to increasing knowledge about how the independent fitness to practise processes work

- highlighting and discussing our common goals, and the benefits of regulation to osteopathy and its patients
- better supporting osteopaths through the concerns process
- better listening and understanding about the diversity of osteopaths

But most of all, we need to do more 'listening' and less 'telling' – and you can read more about how we are planning to move in this direction in the article on pages 6–7.

This new approach will help us, together, to achieve the following:

- embed standards

- enhance osteopathic practice and the quality of patient care
- maintain the confidence of patients, the public and other key parties, such as other health professionals and health departments.

Key themes for further progress

We have identified the following key themes, which could help inform our further development as a regulator. But your views are very much welcome on these (see box on the next page).

More listening/less telling?

How might we transform and innovate our communications so that we spend less time 'telling' and more time listening, both reflecting the diversity of osteopaths but also the diversity of ways to communicate and engage? We have proposed a number of ways forward as part of our new communications and engagement strategy, but your views are welcome.

We could listen better in a range of ways, for example:

- by hosting more frequent and larger-scale webinars on topics of interest. (The fitness to practise webinar we held in September 2020 had over 50 participants, and enabled attendees to ask questions and better understand how the fitness to practise process works, and to feel more comfortable with it. See article on pages 13–14). We are planning similar webinars about our fitness to practise process and our Peer Discussion Review process
- continued smaller-scale webinars (eg with up to 10 attendees) for osteopaths to undertake specific aspects of our CPD scheme – for example, case-based discussion, Peer Discussion Review, peer observation, patient feedback, etc. Demand for these webinars is increasing and we currently have waiting lists
- ongoing surveys about topics of interest – eg our annual CPD evaluation survey helps to inform us about ways in which we can assist osteopaths in completing the CPD scheme
- feedback via our social media channels (eg Twitter, Facebook, etc), email and phone calls
- continued presence at local regional groups (currently online but in person as requested, and when permitted and safe to do so)



- ■ continued presence at osteopathic conferences – for example, the Institute of Osteopathy, the National Council of Osteopathic Research and others held by osteopathic educational providers
- making better use of the data and insights that we already hold
- making sure that we pay greater attention to making our communications more accessible and inclusive

Q How can we better listen to you?

Enhancing understanding of the fitness to practise process and improving the management of concerns

More osteopaths in 2020 believe that ‘Regulation is too focused on rare cases of serious malpractice rather than the day-to-day practice’ compared with 2014.

We know from feedback following our recent fitness to practise webinar that osteopaths found it helpful to have the opportunity to demystify the fitness to practise process (see pages 13–14). We also know that there is potential for further development of knowledge, understanding and engagement about our fitness to practise processes, and this is under way.

We have also made a start on work to develop messages around the fact that the integrity of the profession is in the interests not only of the regulator but crucially of patients, the profession and others. The fitness to practise process also helps us to understand where concerns are arising and what actions we might take collectively, for example to reduce concerns.

But, whilst recognising that patients always have the right to raise concerns, and that serious matters should be referred to the regulator, perhaps there is also a need to support better concerns management at the local level when things go wrong? We know that patients benefit from effective discussion about concerns at the earliest opportunity. How can we build this into osteopathic practice more effectively?

Q What are your questions about the fitness to practise process?

Q How best can we answer them?

Q In what ways can osteopaths be supported to manage concerns locally with patients?

Reducing anxiety

We are keen to reduce anxiety about regulation and to support compliance with standards.

We recognise that this is a time of major change. The coronavirus pandemic started just as this research survey was completing and, within osteopathy, changes include implementation of the updated OPS and introduction of the new CPD scheme (this scheme was indeed a major change, but it was designed to make support and community a key component of osteopathic practice).

We want to hear more about what increases anxiety and what we can do to support osteopathic practice, reduce anxiety and increase osteopaths’ confidence in the standards and compliance with them.

In relation to this finding, we could run some focus groups to further understand what might generate such feelings, and to understand the issues/challenges osteopaths are facing.

Q What worries you about osteopathic regulation?

Q What can the GOsC do to support your practice and reduce anxiety?

Informing practice and sharing knowledge to improve patient care

More osteopaths feel that ‘practising evidence-based osteopathy improves patient care’. But what are the benefits and what evidence helps you to improve patient care?

Q What benefits do osteopaths and patients gain from evidence-based or evidence-informed osteopathy?

Q How can we better support access to evidence?

Q How can we help you to improve patient care even more?

Here at the GOsC, we welcome your thoughts and feedback on our response to this research and how we might work with osteopaths and patients better to develop and regulate osteopathy, embed standards and enhance patient safety and patient care. Please get in touch with us at: info@osteopathy.org.uk

What is the GOsC for?

According to the Osteopaths Act (1993), the GOsC must ‘develop and regulate the profession of osteopathy’. As part of this requirement, like all the other health professional regulators, the GOsC has an overarching objective of ‘protection of the public’, which includes:

- protecting, promoting and maintaining the health, safety and wellbeing of the public
- promoting and maintaining public confidence in the profession of osteopathy
- promoting and maintaining proper professional standards and conduct for members of that profession (for more information, see section 1(3B) of the Osteopaths Act 1993).

COMMON PURPOSE

Osteopaths generally agree that the GOsC and osteopaths have these

same overarching objectives in common, which are mainly around helping and protecting patients. And when we explore the nature of being a professional and, in particular, a health professional, we also hear these points being made:

- being trustworthy
- having integrity
- being caring
- having knowledge, skills/ techniques and experience
- being effective and appropriate
- being reflective

All of these qualities are reflected in the Osteopathic Practice Standards (2019). This means it is important for the GOsC and osteopaths to work together to discuss our common values, and to maintain and develop osteopathy. This is why the impact of our regulation is so important to us all.

Talking about fitness to practise



Sheleen McCormack, the GOSc's Director of Fitness to Practise, helps demystify the process



At the end of September 2020, the GOSc hosted the first of a new series of webinars where we shared insights on fitness to practise by familiarising and demystifying our processes. More than 50 people attended the event and had the opportunity to ask questions of the panel. Below is a selection of the questions we were asked on the evening. During the webinar we touched upon:

- the GOSc's role as the regulator
- the steps to take if someone raises a concern
- apologising to a complainant
- what happens at a hearing
- what the process is like for the patient or a witness
- how to get help from the independent charity Victim Support

A little about my background

As well as managing the fitness to practise function at the GOSc, I have specialised in professional regulation for the past 16 years – as a barrister and advocate at tribunals; before the High Court; and as a Chair sitting on hearings (for example, with the Medical Practitioners Tribunal Service and the Health and Care Professions Council). This experience has brought me into contact with many witnesses and registrants in the most difficult and sensitive cases. I am committed to ensuring that the GOSc's fitness to practise functions are transparent, timely and just, and that all participants can take part without fear or anxiety.

What is the purpose of a fitness to practise investigation?

The GOSc's statutory purpose (eg provided by Parliament) is to act in the public interest to protect patient

and public safety. In this case, 'the public interest' does not only include protecting the public, it also refers to upholding the standards of the osteopathic profession, which could be damaged if we did not take action. Where we are alerted to serious concerns of misconduct or incompetence that calls into question an osteopath's fitness to practise, it is important that we investigate those allegations.

Where do concerns come from?

The majority of concerns we receive come from patients or the general public. However, concerns arise from various other sources, including the police, other osteopaths and self-referral. We can also raise concerns (through a Registrar's allegation) if we become aware – eg through the media or registration checks – that something is amiss. This might be, for example, someone not having the appropriate professional indemnity insurance – see article on page 16.

How does the Investigating Committee determine whether there is a case to answer?

The Investigating Committee (IC) meets in private and makes decisions based on an assessment of the evidence and written submissions – this is referred to as a 'bundle' and can include witness statements, patient records and expert reports. The IC does not reach decisions on the facts or make findings of fact. It is required to decide whether there is a realistic (or real) prospect of a Professional Conduct Committee finding the allegation made against the osteopath proved, and, if so, whether there is a realistic prospect that this would amount to unacceptable professional conduct or professional incompetence. 'Realistic'

'I am committed to ensuring that the GOSc's fitness to practise functions are transparent, timely and just, and that everyone can take part without fear or anxiety'

means there is a genuine possibility, as opposed to a remote or fanciful possibility. The IC is not able to resolve substantial conflicts in the evidence presented, as it does not make findings of fact. It is in the public's interest to refer the case for a final hearing before the Professional Conduct Committee.

The IC can:

- adjourn and request further information
- conclude a case
- conclude and issue advice
- refer a case for a hearing

You can read more about how the Committee determine whether there is a case to answer in the Investigating Committee Decision Making Guidance. You'll find it here: osteopathy.org.uk/ic-decision-making-guidance

What if someone falls below the required standards – could they try to attain them before any action is taken?

The GOSc CPD scheme aims to



→ identify developmental needs. We also encourage potential concerns to be raised locally with the osteopath to give them an opportunity to address them. However, we recognise that not all concerns can be addressed in this manner. Around half of the concerns we receive are closed without referral to a hearing. So, if an osteopath has taken remedial action, fully reflected and demonstrated meaningful insight, the IC will take this into account when deciding whether it's in the public interest to refer a case for a hearing.

To what extent do the Investigating Committee and the Professional Conduct Committee communicate with each other?

The short answer is, they don't! They may talk to each other at training sessions and the various stakeholder engagement events – to share good practice, for example. However, panellists never discuss individual cases or concerns with each other, or indeed with anyone else except for the other panellists or the legal assessors on the case.

Why do complainants, witnesses and osteopaths get assistance from Victim Support during fitness to practise proceedings?

We recognise that raising a concern and being the subject of an investigation can be a daunting and stressful experience. Because of our commitment to ensuring the wellbeing of all involved, the GOsC has put in place additional help, providing access to Victim Support, an independent charity that offers free information and confidential support via its helpline, ensuring that witnesses and osteopaths aren't left to deal with the emotional impact of investigations

JOIN OUR NEXT WEBINAR

We plan to hold the next Fitness to Practise webinar at 6.30pm on Thursday 25 March 2021. If you're interested in attending, or if you have ideas for topics you would like covered, or questions you would like answered, please email: stowle@osteopathy.org.uk



What attendees told us

The majority of attendees at our Fitness to Practise webinar in September 2020 were osteopaths. Before the webinar, they told us about their thoughts and concerns around the fitness to practise process. We saw these key words: 'unsure', 'worrying', 'negative', 'punitive' and 'scary'.

After the webinar, attendees fed back these key words and phrases: 'supportive', 'reassured', 'encouraged' and 'I understand'.

Overall, attendees found the webinar 'engaging' and 'informative', and liked interacting with GOsC staff they wouldn't normally meet. Many of them said the evening 'was full of content but presented in a relaxed and interesting way'. See below for details of our next webinar.

'We recognise that raising a concern and being the subject of an investigation can be a daunting and stressful experience. GOsC has put in place additional help, providing access to Victim Support'

and hearings on their own. This service is funded by, but independent of, the GOsC, and is entirely confidential and non-judgemental.

If you ever find yourself in need of assistance, give the Victim Support helpline a call on 0300 303 1964. The service is available 24 hours a day, every day of the year.

MORE INFORMATION

Please get in touch if you want to know more about any of these questions or if you have other questions:
regulation@osteopathy.org.uk



Fairness and justice for all

Richard Davies, Chair of the Professional Conduct Committee, explains the Committee's role in ensuring fairness and justice for everyone involved

On average, fewer than 1% of osteopaths come before the Professional Conduct Committee (PCC) in any given year – and the number of those then subject to practice restrictions is even smaller.

However, as I come towards the end of my four years as Chair of the PCC, I can affirm that my colleagues and I remain keenly conscious of the pressures that proceedings before the Committee inevitably bring.

In reality, of course, the PCC cannot simply make the experience of facing misconduct or other allegations a pleasurable and comfortable experience. It has to deal with allegations concerning a practitioner's practice under statutory rules, without fear or favour, and subject to oversight by the courts and the Professional Standards Authority for Health and Social Care.

Yet, at the same time, the PCC is responsible for sustaining fairness and

'Ethical osteopathic professionalism relies on each and every practitioner's commitment to sustaining the public interest'

justice for everyone involved in a case.

It does so:

- by seeking to adopt behaviours that are responsive, searching and courteous
- by setting out fully reasoned decisions – and by reaching these decisions in a straightforward, accessible and timely way
- because both the public and practitioners have a strong interest in due process (fair treatment), in judgments determined solely on the basis of evidence tested before the Committee, and in decision-making that is both impartial and wholly independent of any of the parties involved.

Were the Committee to favour the osteopath, what would be the outcome? In short, it would be impossible to persuade the public that patient protection was being given pre-eminent weight. Once established, that perception would damage the profession's reputation irrevocably.

Indeed, ethical osteopathic professionalism relies upon each and every practitioner's commitment to sustaining the public interest. Protecting patients, sustaining standards and understanding

ABOUT RICHARD DAVIES

2013: joined as a member and Panel Chair of the PCC and also appointed Chair of the Health Committee

2016: reappointed as PCC Panel Chair

2017: appointed Chair of the PCC (term ends on 31 March 2021)

In addition to his work at the GOsC, Richard has undertaken a wide range of non-executive, consultancy and regulatory roles within the UK and beyond. He was previously a Board Director at the Welsh Government.

the legal obligations of practice are integral to upholding the reputation of the profession itself.

Still, things can go wrong – bad things can happen to good people. But, as I mentioned at the start, the number of osteopaths whose cases come before the PCC is very small. In general, issues arise when practitioners have assumed too much and challenged themselves too little. Typically, they have lost sight of the Osteopathic Practice Standards, and their personal obligation to sustain professional grip.

So, should a letter from the regulator arrive for you, my advice would always be the same. Draw breath, reflect, respond candidly, and remember that you have the right to be represented. Try to take steps to look after your health and wellbeing and, so far as you can, stay open to learning throughout the process. You'll find that such a disposition will matter.

What does the PCC do?

The GOsC's Professional Conduct Committee (PCC) considers and hears complaints against osteopaths relating to professional misconduct, incompetence, where an osteopath is convicted of a criminal offence, or where there is an allegation of ill health leading to impairment of ability to practise. The PCC has 17 members: 7 osteopaths and 10 lay members – one of the lay members is appointed as Chair. Find out more at: osteopathy.org.uk/committees

A closer look at insurance



Sheleen McCormack, the GOsC's Director of Fitness to Practise, introduces our new Guidance on Insurance Requirements for Osteopaths, and draws some reflections from a recent case decided by a Professional Conduct Committee

The fundamental purpose of professional indemnity insurance (PII) is to protect and assure patients and the public in the event of a claim. It also ensures that an osteopath is indemnified against liabilities incurred while registered. Osteopaths are under a duty to ensure they are compliant with the rules, and need to ensure they fully understand the nature of their cover and the period for which they are covered.

PII underpins public confidence in the profession and, if an osteopath were to practise without it they could be acting to the potential detriment of patients. Public liability insurance, on the other

hand, protects osteopaths against claims for damage caused at their place of work, outside of their work as an osteopath.

Within our Strategic Plan 2019-2024, we set out our approach to foster and promote high standards of practice and conduct while preventing poor practice and harm to patients, rather than intervening only when problems are reported. Our Guidance on Insurance Requirements for Osteopaths supports this approach by providing clear information for osteopaths, and those wishing to register with the GOsC, about the requirement to have adequate PII and public liability insurance in place while registered with the GOsC.

It also sets out the requirements as outlined in the Osteopathic Practice Standards, and addresses the main issues that have arisen in practice at indemnity insurance cases at the Professional Conduct Committee over the past five years.

We originally conducted a public consultation on this guidance from January to April 2020. However, because of the low response rate due to the pandemic, we ran it again from August to October 2020. We also worked widely with stakeholders before the consultation to gather feedback.

To read the guidance, visit osteopathy.org.uk/insurance-guidance

A recent fitness to practise case involving PII

A recent case heard by the Professional Conduct Committee (PCC) concerned a failure by an osteopath to have PII in place for a significant period of time. The osteopath did not attend the hearing, nor was he represented.

As part of an audit conducted by the GOsC, the osteopath was asked to provide evidence of PII. After a significant delay in responding, he declared that he had appropriate insurance in place and provided the GOsC with an insurance certificate. It then came to light that the osteopath had altered the insurance certificate he had provided to us. The PCC decided that by holding himself out as an osteopath in professional practice, he had made an 'implied assertion' to his patients and the public at large that he had met the necessary professional insurance safeguards required of him. The PCC concluded that the osteopath's conduct demonstrated a lack of integrity. He did not have insurance and thus placed

patients at risk. Furthermore, the PCC considered the osteopath's actions in falsifying a certificate of PII, and providing that to the GOsC, to be dishonest.

In reaching a decision, the PCC sought to differentiate this osteopath's case from that of other osteopaths who may, on occasion, by error or by mistake, not obtain or maintain insurance but immediately admit their error and take steps to rectify the situation. The PCC concluded that 'to err is human, to admit and remediate that error demonstrates integrity and professionalism'. In contrast, the osteopath in this case displayed no such integrity or professionalism; he 'stooped to dishonesty in order to mislead his regulator'.

The PCC found no evidence of insight or remediation. The osteopath's attitude when caught without insurance was to behave dishonestly. Given all these circumstances, the PCC decided to remove the osteopath from the Register.

Insurance: reflections and learning points

- If you realise that your insurance cover has lapsed, don't stick your head in the sand! Tell your indemnity insurance provider immediately and let the GOsC know.
- Being open and honest when you make a mistake or when things go wrong with your indemnity insurance underpins your integrity and professionalism as an osteopath.
- Osteopaths are under a duty to ensure they are compliant with the relevant PII rules.
- If you receive a communication from the GOsC requesting proof of your PII cover, it is vital that you reply and engage with us.
- Ignoring the GOsC's request for proof of insurance can itself amount to 'unacceptable professional conduct'.
- Making a false declaration in relation to PII is classified as a serious concern.
- A failure to comply with PII requirements could result in removal from the Register.

Capturing patient feedback



Stacey Clift, Senior Research and Policy Officer for the GOsC, outlines how you can capture patient feedback about COVID-19 while meeting your CPD objectives

Patient feedback is a useful mechanism for gaining insight into your practice, and is also a great way of meeting the requirements of the continuing professional development (CPD) scheme.

A number of osteopaths have asked us how they can capture their patients' experiences of, and attitudes towards, osteopathic treatment during the COVID-19 pandemic, and whether there is anything further that can be done to reassure patients during this time.

Last year, the GOsC ran online focus groups with patients to help us understand their views (see page 8 of *The Osteopath*, Winter 2020: bit.ly/TheOsteoWinter20). There were a number of things that patients felt osteopaths should be mindful of, including:

- safety being a joint effort/partnership
- the right of patients to be able to make decisions for themselves about their care and the right to access it
- video or phone calls being used to complete the factual information or case history before having a face-to-face appointment, but not replacing 'hands-on treatment'
- the experience of lockdown having made some patients focus more on self-help techniques and be aware of stress levels or triggers that might assist with improving their general wellbeing

The Patient Feedback Workbook

Before you start collecting feedback from the people who attend your practice, take a look at the Patient Feedback Workbook. You'll find more information on page 19.

Once you've worked out who you want to seek feedback from, and chosen what method you are going to use, you might want to think about whether one of the following new survey templates we have designed would be useful in helping you to collect your own patient feedback.

Template 1: Impact of COVID-19

This template is divided into three main sections:

1. pre-treatment
2. experiences of osteopathy appointments during COVID-19
3. after-care/self-help during COVID-19

You might choose to use the entire template or pick the sections that are most relevant to your practice at the moment. You can download the workbook and the templates at: cpd.osteopathy.org.uk/patient-feedback-workbook

Template 2: National Voices (2020) What matters to people for health and care during COVID-19 and beyond

In this template, we have adapted the eight 'I statements' from the National Voices (2020) report *What We Need Now*. See the box on the right for more details.

Join a GOsC webinar series

To help you prepare for your patient feedback journey, why not sign up to one of our two-part webinars, the first of which starts in April 2021. To book a place or to find out more, contact me at sclift@osteopathy.org.uk. Places will be allocated on a first-come, first-served basis and are likely to fill up quickly.



HOW PATIENTS WANT TO BE TREATED

National Voices, the coalition of charities working to ensure person-centred care, has produced a report: *What We Need Now*. It is based on the experiences of those using healthcare services during the first wave of the pandemic. A website – Our COVID Voices – was created for patients to submit their experiences. Researchers took the first 50 stories, carried out qualitative data and thematic analysis, then hosted two focus groups based on the results. This enabled them to seek feedback on eight 'I statements' they'd identified, so that they could refine them. 'I statements' are simple expressions of how patients hope to be treated.

From these insights, National Voices was able to facilitate the creation of these new 'I statements':

1. I am listened to and what I say is acted on
2. I make decisions that are respected, and I have rights that are protected
3. I am given information that is relevant to me, in a way I understand
4. I am supported to understand risks and uncertainties in my life
5. I know how to talk to the person or team in charge of my care when I need to
6. I know what to expect and that I am safe when I have treatment and care
7. I am supported and kept informed while I wait for treatment and care
8. I am not forgotten

You can read the National Voices report at: bit.ly/what-we-need-now

Need help choosing an objective activity?

An objective activity is one of the requirements of the CPD scheme, and involves you receiving objective feedback on your practice as an osteopath. The idea is that it will bring another perspective to your practice, to help you analyse and reflect

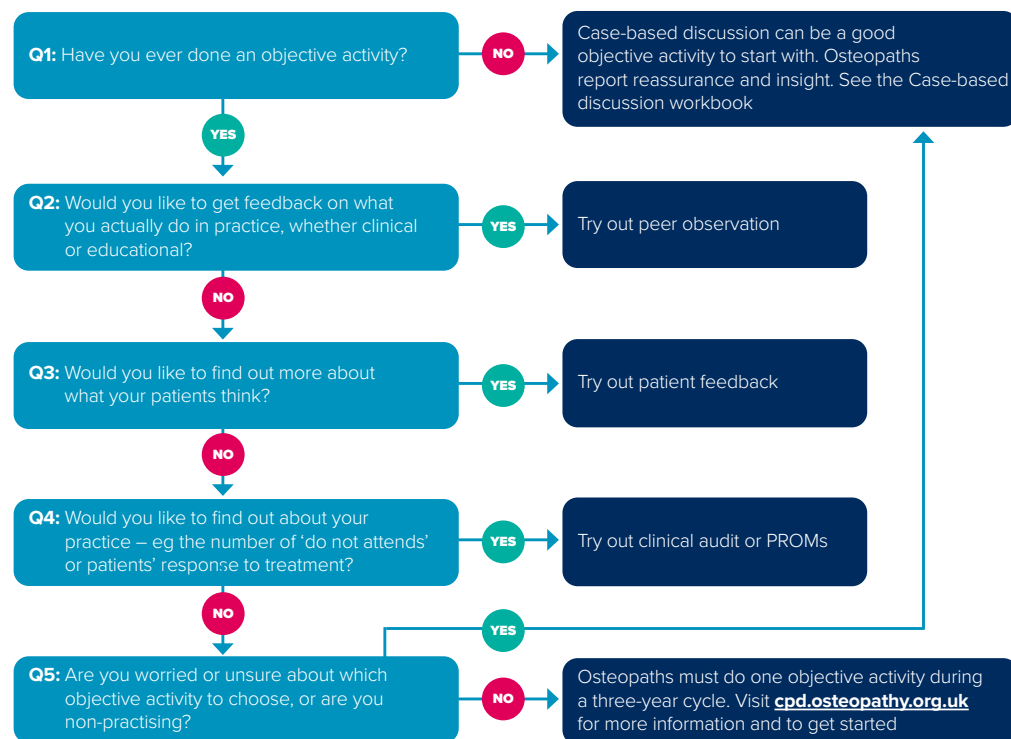
You can find out more about the objective activities mentioned here by reading the workbooks shown on the facing page.

You could gather feedback:

- from peers, through a case-based discussion or a peer observation
- from patients, via feedback or PROMs (patient reported outcome measures)
- yourself, using a clinical audit process

If you're just starting out and not sure where to begin, or if you want some inspiration to help you choose your next objective activity, you might find the decision tree below useful. ●

Objective activity decision tree



PROMs: Patient reported outcome measures

PROMs can be used to gather anonymous feedback from adult patients. Ask at least 25 new patients, or patients presenting with a new issue, to give anonymous feedback about how they are responding to treatment, and the National Council for Osteopathic Research (NCOR) will analyse the data for you and send you a report that you can use for objective feedback. To find out more, read the feature by NCOR's Carol Fawkes on p20.



Clinical audit

You can carry out a clinical audit using data from your own practice to generate new insights. It can help you to look at things in a different way, learn new skills and enhance how you run your practice. Examples of audits you might want to try include a practice audit, an audit of case notes, checking GDPR compliance, or assessing how you pass general health information on to your patients – eg around diet, nutrition, exercise or sleep habits. You might also consider an audit of a case to see if you are consistently recording what you need to, and, if you work alongside other osteopaths, whether you are all recording important information about patients in the same way.

You can choose to audit any aspect of your practice:

1. Collect or review data on your chosen area of practice
2. Compare with agreed standards for current practice
3. Identify and implement necessary changes
4. Carry out a re-audit to test the impact of the changes

NCOR can help you with research to set standards and criteria for your audit. To find out more, visit: ncor.org.uk/practitioners/audit

Have you tried our CPD workbooks?

We have created a series of practical workbooks to guide you through the elements of the scheme

Each of these workbooks includes a short overview of the CPD scheme; what constitutes CPD and how to link your CPD to the requirements of the scheme, including the four themes of the Osteopathic Practice Standards (OPS).

You can read the workbooks online or you can download them: they are available either as PDFs or, for those people who want to type into them, Word documents.

The workbooks include:

- learning points
- templates
- reflection sheets to help you record your activity for your CPD records
- links to further resources

You'll find more details on each workbook below:



Planning your CPD

Get some help planning your CPD across the three-year cycle, and find out how to ensure that you fulfil the various requirements of the CPD scheme.

This workbook includes:

- details on why planning your CPD is important
- advice on planning across the three years of your cycle and linking with the four themes of the OPS
- key points to consider for your planning
- a development plan template



Keeping CPD records

You need to keep a record of your CPD activities as you go along. You can choose to use your personal online CPD Diary, which you will find in the **o** zone, or you

can choose a different method to help you keep track.

This workbook includes:

- methods of recording your CPD activity
- things you might want to consider when keeping your records
- advice on how to keep records that will help you prepare for your Peer Discussion Review
- completed examples of a CPD activity record template



Communication and consent

Communication is central to relating effectively with patients. You'll need to carry out at least one CPD activity relating to communication and consent during your three-year cycle.

This workbook includes:

- tips on communicating effectively with your patients
- details of the communication and consent requirement of the CPD scheme
- the various different options for how you can cover this requirement – eg case studies, CPD events, group discussions, reflections on practice and objective activities
- advice on linking your communication and consent activity to the Osteopathic Practice Standards

Workbooks to help you with the objective activity element:

The following workbooks are focused on case-based discussion, peer observation and patient feedback. Other options include Patient Reported Outcome Measures (PROMs) and clinical audit (to find out more, see previous page).



Case-based discussion

A case-based discussion is a means of getting objective feedback about your practice in relation to a particular case (an anonymised real case or an example scenario).

Discussions are carried out with a fellow osteopath or another health professional.

This workbook includes:

- details of what a case-based discussion is
- advice on how to choose a case to discuss
- duties of confidentiality
- tips on structuring the discussion



Peer observation

Peer observation is when you are observed in practice by a peer, who can be an osteopath or another health professional. It's usually a two-way process,

with colleagues observing each other to provide feedback and insight into what they each do in their everyday practice.

This workbook includes:

- advice on choosing a peer observer and deciding the areas you want feedback on
- tips for giving and receiving feedback
- guidance for peer observers
- details of how to ensure patient confidentiality and gain consent



Patient feedback

Gathering feedback from your patients and analysing the results can help you to explore an area of your practice that is important to you, as well as enabling

you to identify your strengths and any areas you might be able to develop.

This workbook includes:

- advice on getting started and how to decide on your aims and objectives
- the various different methods of gathering feedback
- guidance on how to analyse the results
- examples of aspects of practice that osteopaths have chosen to explore using this method

Download all these workbooks at:
cpd.osteopathy.org.uk/workbooks

Giving patients a voice about osteopathic care



Carol Fawkes, Senior Researcher at the National Council for Osteopathic Research, explains why patients need a voice, and shares the latest findings from NCOR's PROMs data collection system

The changing role of the patient

The role of the patient in healthcare is changing. Although this change may seem like a relatively recent phenomenon, it has been happening slowly over many years. As long ago as 1983, the Griffiths Report encouraged the role of the patient as a legitimate judge of quality, and called for measurement of satisfaction levels through patient surveys.^{1,2,3} Thompson more recently used the following descriptions for the prevailing models of patient involvement in care, and the consequent shift in the balance of power between patient and clinician:

- **Parentalism:** the patient's involvement is limited to receiving information or giving consent
- **Shared decision-making:** options are shared between the patient and the practitioner
- **Practitioner-as-agent:** the practitioner holds technical expertise, but the patient's preferences are incorporated into decision-making
- **Informed decision-making:** technical expertise is transferred to the patient, who makes the final decision⁴

What are PROMs?

Today, patient satisfaction and experience questionnaires are widely used as measures of outcome in all healthcare settings.

The use of patient reported outcome measures (PROMs) in clinical practice is relatively recent, but they are becoming more prominent in measuring outcomes of care. PROMs have been widely used in research studies for many years. Patrick et al. describe PROMs as 'reports coming directly from patients about how they feel or function in relation to a health condition and its therapy, without interpretation by healthcare professionals or anyone else'.⁵

When making a decision about which PROM to use, it is important to consider your purpose, the setting, and your patient population. For example, are you interested in seeking information on the treatment of specific conditions and patient groups, or just generic outcomes? A PROM that meets your purpose is more likely to capture the relevant changes in a patient's symptoms.

Why PROMs are important to the osteopathy profession

We may assume we know how our patients are responding to treatment, but we can only really find out by asking them. This is the purpose of PROMs. Carried out using the specifically

designed PROMs app (see page 22), this system can be used to gather anonymous feedback from patients, and enables osteopaths to reflect on how patients respond to treatment over a period of time. Additional data collected in the app (including

Patient Reported Outcome Measures

WATCH THE PROMS APP ANIMATION

NCOR has launched a new animation to explain its system for collection of PROMs data. You can watch it here: cpd.osteopathy.org.uk/proms

demographic information) allows us to learn more about patients who are seeking osteopathic care, the symptoms they have displayed and their reasons for seeking treatment.

The data we collect using the PROMs app is done independently and not by individual practices, reducing any potential bias that may occur if patients were completing a questionnaire and returning it directly to their osteopath. This type of information is very helpful to individual osteopaths and the profession as a whole when trying to describe the effects of osteopathy to potential patients, other clinicians and commissioners of services.

Being able to demonstrate objective findings based on patients' reports helps to develop a growing evidence base about osteopathic care. The more osteopaths who are involved, the larger the dataset to describe the outcomes of osteopathic care for our patients.

NCOR's PROMs

Patients from all around the United Kingdom have been contributing data using the NCOR PROMs system, and the findings are very encouraging.

What we are learning from the PROMs data

We know from data submitted by over 1,600 adult patients that:

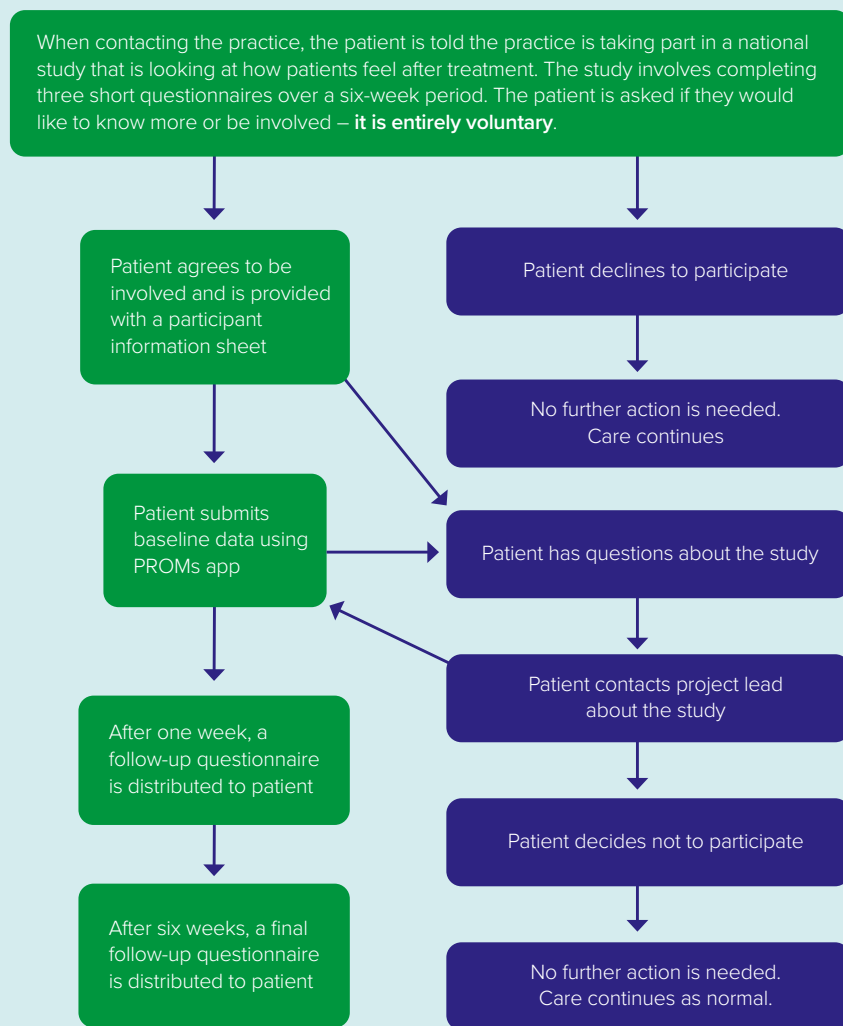
- 66% of patients who used the NCOR PROMs system were aged between 40 and 69 years old, with 10.7% being 70 years and over

WHY THE NCOR'S PROMS MIGHT BE USEFUL TO YOU

The data we have collected could potentially be useful to your practice in terms of profiling and assessing overall change in your patient population. In turn, this data can help to identify opportunities for CPD, and areas where further information could be sought through clinical audit. Patient feedback and clinical audit are two examples of an objective activity, which is a requirement of the GOSc's CPD scheme. To find out more about objective activities, read our feature on page 18 or visit cpd.osteopathy.org.uk/objective-activity

How does the NCOR's PROMs process work?

NCOR has designed the process to be as straightforward as possible, and to produce a minimal amount of extra work for osteopaths. This is how it works:



- at baseline, 39.8% of patients said they had experienced symptoms for this episode for 13 weeks or more
- low back pain was the most common symptom reported (55.8%)
- patients reported high scores for both satisfaction (88.1% very satisfied) and experience (93.5% very good) in relation to osteopathic care at six weeks post-treatment
- data from the Global Rating of Change Scale (asking patients how they feel overall after osteopathic care) indicated that at one week post-baseline, more than half (53.8%) of patients reported being much improved or completely recovered, and at six weeks this figure climbed to 74.4%

- the mean sum score for the Bournemouth Questionnaire[†] improved from 30.3 at baseline to 13.4 at six weeks post-baseline, representing a significant and clinically meaningful positive change score of 55.6%

NCOR also has a growing amount of data about outcomes for children, but the paediatric dataset is much smaller than the adult version as it has been used for a shorter period of time. You can read NCOR's findings on both adult and paediatric care by visiting: ncor.org.uk/wp-content/uploads/2020/10/Summary_data_report_March_2020_final.pdf. →

→ 'Long COVID'

It is now a year since the start of the COVID-19 pandemic. We know more about the virus now, including its acute and longer-term effects, and we may be seeing patients experiencing those longer-term effects within our practices.

A number of research studies are examining what is now being termed 'Long COVID'. Some osteopaths have contacted us to say that they are seeing patients who have had COVID-19 and are now experiencing lasting musculoskeletal symptoms and fatigue. To try to capture some information about this, a question has been added to the app. The addition of a question about COVID-19 allows us to gain valuable data regarding the number of patients that may be experiencing longer-lasting effects of the virus.

Using the PROMs app

Osteopathic practices vary, so it's up to you to consider what works best for you and how to put it into practice. Some osteopaths have chosen to integrate PROMs data collection into their practice for the long-term, but others prefer to use the system for short periods, take a break and then reintroduce it. It is up to you to decide what is right for your patients and your practice.

If you are working as a sole practitioner, PROMs can be introduced during treatment, or before patients leave. If you are in a practice with reception staff, you might find it easier if they have this conversation with patients.

You should give patients an information sheet that explains the processes involved and provides the contact details for the research team, in case they have further questions. The recent onset of COVID-19 has meant that many more osteopaths are contacting their patients by email. You can email the patient information sheet to patients with a code if you wish to avoid handling paper in practice.

The PROMs app is available in two formats: online or via a mobile app that is available from Google Play for Android devices, and the App Store for Apple devices (iOS). Please don't assume

because a patient is older that they will not be able to use the Internet or download an app. Patients in our interview study and pilot ranged from 22 to 87, and all were willing to complete the PROMs questionnaire. Patients may decline but they have the right to be asked.

The app is available for both adults and children, but I have to stress that it is for completion by adults about their children and should not be completed by children.

The app is also being used by osteopaths in Europe, and its content has already been translated into French, German, Spanish, Flemish, Greek, Swedish, and Danish. Further translation into Norwegian and Finnish are ongoing.

The adult PROMs app contains 17 questions at baseline. This takes between 5 to 10 minutes to complete. The questions include three on demographics and five on symptom areas, access to appointments, duration of symptoms and reasons for seeking treatment. The single PROM included in the app is the Bournemouth Questionnaire (BQ), which contains seven questions. Follow-up data are collected at one week and six weeks after the initial questionnaire has been completed, when 10 questions are asked. They include:

- the BQ questionnaire again
- a patient satisfaction question
- patient experience questions
- a question on overall change in symptoms since treatment

This data collection facility allows collection of information about patients' symptoms at their initial consultation. Follow-up questionnaires collect data about patients' global change following osteopathic care. This is not symptom- or area-specific, so can be used for patients presenting with any type of symptom(s). ●



References

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- 6 Fitzpatrick, R., Davey, C., Buxton, M.J. (1998) **Evaluating patient-based outcome measures for use in clinical trials.** Health Technology Assessment 2(14):1-74.

*Global change explores patients' overall response to treatment. This allows patients to provide feedback without focusing on one particular area of symptoms. This is an important question considering the range of treatment approaches used, and the multifocal nature of symptoms reported by patients.

†The Bournemouth Questionnaire is a comprehensive multi-dimensional core outcome tool assessing patients' outcome of care in a routine clinical setting, which measures seven items concerning a patient's complaint, anxiety, work and recreational social activities. See: bit.ly/Bournemouth-Questionnaire

MORE INFORMATION

You can find out more about the PROMs app at: bit.ly/ncor-prom-data

If you would like to get involved or would just like further information, please contact Carol Fawkes at: c.fawkes@qmul.ac.uk

Courses 2021

For future courses, visit the CPD site at: cpd.osteopathy.org.uk/events

March

1 and 3

Learning with others

Venue: Webinar
academyofphysicalmedicine.co.uk

5-7

The pelvis, sacroiliac joint and lumbar spine masterclass

Speaker: John Gibbons
Venue: Oxford University Sports Complex, Jackdaw Lane, Oxford OX4 1EQ
Tel: 07850 176 600
johnngibbonsbodymaster.co.uk

5-8

The first year of life

Course Director: Hilary Percival
Venue: Sutherland Cranial College of Osteopathy, Hawkwood, Painswick Old Road, Stroud GL6 7QW
Tel: 01453 767 607
Email: admin@scco.ac
scco.ac

6

Complaints, conduct and competence

Speakers: Deborah Smith, Sandra Harding and Sarah Tribe
Venue: Webinar
cpd.uco.ac.uk

10

Case-based discussion

Venue: Webinar
academyofphysicalmedicine.co.uk

10-14

Osteopathy in the cranial field

Course Director: Tajinder Deoora
Venue: Columbia Hotel, 95-99 Lancaster Gate, London W2 3NS
Tel: 01453 767 607
Email: admin@scco.ac
scco.ac

11-14

The vital nerves masterclass

Speaker: Bernard Nolan
Venue: Oxford University Sports Complex
johnngibbonsbodymaster.co.uk

13-14

Placebo and touch in osteopathy

Speaker: Dr Francesco Cerritelli
Venue: University College of Osteopathy, 275 Borough High Street, London SE1 1JE
cpd.uco.ac.uk

16

Learning with others

Venue: Webinar
academyofphysicalmedicine.co.uk

18

Learning with others

Venue: Webinar
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20-21

Reappraising entrapment neuropathies

Speakers: Dr Annina Schmid and Dr Colette Ridehalgh
Venue: Webinar
cpd.uco.ac.uk

23

Case-based discussion

Venue: Webinar
academyofphysicalmedicine.co.uk

26

Pain and pharmacology

Speaker: David Baker
Venue: Webinar
cpd.uco.ac.uk

April

17-18

Finding health: building resilience in a stressful world

Course Director: Orianne Evans
Venue: Sutherland Cranial College of Osteopathy
scco.ac

May

13-17

Balanced ligamentous tension

Course Director: Susan Turner
Venue: Sutherland Cranial College of Osteopathy
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Please email: info@osteopathy.org.uk with details of future courses for inclusion on cpd.osteopathy.org.uk/events

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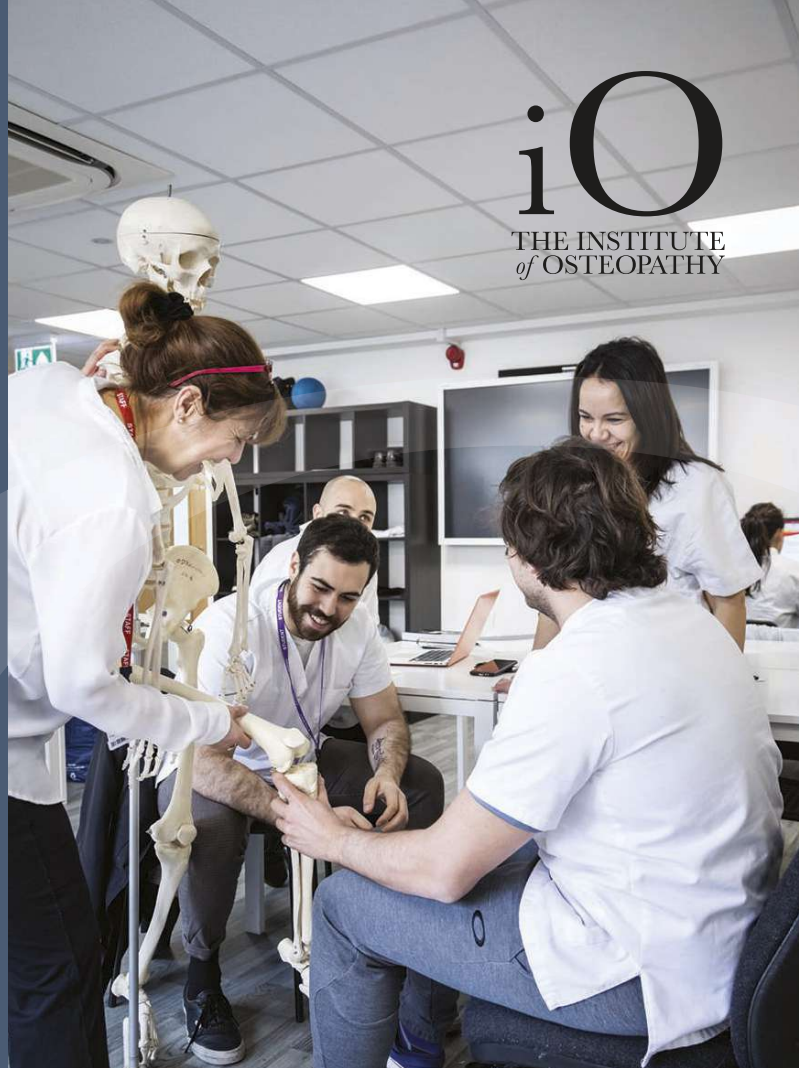
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residential, share ***£490**

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17-18 APR 2021

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PAEDIATRIC DIPLOMA WORKSHOP: Abdominal Motions [P6]

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residential, share **£599**

Leaders: HILARY PERCIVAL & MARK WILSON

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Hawkwood, STROUD

5-6 JUN 2021

If you'd like to attend this course and have yet to complete M9, this is available in March 2021

MORE COURSES FROM THE SCCO

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Osteopathy in the Cranial Field [M2] with TAJINDER DEOORA £250 BURSARY AVAILABLE TO RECENT GRADUATES Columbia Hotel, LONDON 10-14 MAR 2021 £990	Osteopathy in the Cranial Field [M2] with DIANNA HARVEY £250 BURSARY AVAILABLE TO RECENT GRADUATES Columbia Hotel, LONDON 15-19 SEP 2021 £990	Growing a Frame [P3] with HILARY PERCIVAL & MARK WILSON Hawkwood, STROUD 6-7 NOV 2021 £549/£599
Balanced Ligamentous Tension [M4] with SUSAN TURNER WAITLIST Hawkwood, STROUD 13-17 MAY 2021 £1165/£1400	Rule of the Artery [Level 1] with TIM MARRIS Hawkwood, STROUD 1-3 OCT 2021 £895/£995	Integrating Cranial into Practice [M10] with JEREMY GILBEY UCO, LONDON 13 NOV 2021 £165

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