



**Council**  
**4 February 2015**  
**Effectiveness of regulation research**

<b>Classification</b>	Public
<b>Purpose</b>	For consideration
<b>Issue</b>	The draft report on commissioned research about the effectiveness of regulatory activities titled <i>Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards of practice</i> .
<b>Recommendations</b>	To consider the draft research report, <i>Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards of practice</i> .
<b>Financial and resourcing implications</b>	The total costs of this research are £79,987 (including full economic costs) which was from funds designated for research activity by Council in 2011-12.
<b>Equality and diversity implications</b>	Equality and diversity implications were explored as part of the research.
<b>Communications implications</b>	Regular communications about the research have appeared in the osteopath and also the e-bulletins to osteopaths. We have also provided information to the OEIs, the Osteopathic Alliance and the Institute of Osteopathy (formerly the British Osteopathic Association) and to our patient and public reference group. The report will be published and circulated to stakeholders when finalised.
<b>Annex</b>	Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice: Final Draft Report to the General Osteopathic Council, December 2014.  (n.b. the annex will not be published until any comments from Council have been incorporated into the draft.
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## Background

1. On 13 December 2012, the Council agreed a framework within which it could make decisions about the commissioning of research. The framework included research that supports and informs osteopathic regulation and research-related activities that contribute to the enhancement of patient safety and the quality of osteopathic care.
2. Also on 13 December 2012, the Council agreed to commission research on the effectiveness of osteopathic regulation. The work is important as it will help us to explore which regulatory interventions are more effective in achieving our goal of patient safety and quality of care. A copy of the original invitation to tender document comprising detailed background to the research and the research questions is available from Fiona Browne at [fbrowne@osteopathy.org.uk](mailto:fbrowne@osteopathy.org.uk)
3. There were three key questions posed for the research which were:
  - a. Which regulatory activities best support osteopaths to be able to deliver care and to practise in accordance with the *Osteopathic Practice Standards*?
  - b. What factors inhibit osteopaths from practising in accordance with the *Osteopathic Practice Standards*?
  - c. What factors encourage osteopaths to practice in accordance with the *Osteopathic Practice Standards*?
4. In July 2013, a selection panel comprising Professor Colin Coulson-Thomas, Dr Jorge Esteves, Tim Walker and Fiona Browne appointed a research team comprising Professor Gerry McGivern (University of Warwick), Professor Justin Waring (University of Nottingham) and Dr Michael Fischer (University of Oxford and lately of the University of Melbourne) to undertake this research. They subsequently appointed a larger research team to provide additional regulatory and osteopathic experience. Their proposal posited wider research questions in order to answer the questions posed in our invitation to tender.
5. At its meeting on 17 October 2013, the Council noted that the research had commenced and that Julie Stone and Haidar Ramadan were members of the Research Advisory Board. Other members of the Research Advisory Board included: Douglas Bilton (Professional Standards Authority), Fiona Browne (GOsC), Michael Guthrie (Health and Care Professions Council), Brenda Mullinger (Patient Reference Group) and Steve Vogel (International Journal of Osteopathic Medicine). The purpose of the Research Advisory Board was to check early findings and interpretations and provide comments on overall study findings and recommendations.
6. The research itself was overseen by the Osteopathic Practice Committee. At its meeting on 27 February 2014, the Committee noted the scoping report from the

research and the milestones to enable it to monitor progress. At its meeting on 2 October 2014, the Committee noted further progress reports received. The Research Advisory Board also met on two occasions in November 2013 and May 2014 as well as providing electronic comments.

7. As part of the checking of the research findings before production of the final report, the emerging findings were also presented to:
  - The Scottish Government Regulation Conference – 27 October 2014.
  - The Council at a seminar on 6 November 2014.
  - A stakeholder seminar on 6 November 2014 comprising for example, representatives of the osteopathic profession (including educators, researchers practising osteopaths and those representing advanced practice groups), patients, members of other professions and the media.
  - The senior management team met with Professor Gerry McGivern on 19 January 2015 to discuss the final research report and to provide feedback.
8. This paper provides the final draft research report for consideration by Council.

### Discussion

9. The final draft research report is attached at the Annex. Please note that the annexes to the report are available from Fiona Browne at [fbrowne@osteopathy.org.uk](mailto:fbrowne@osteopathy.org.uk)
10. The research report comprises the following sections:
  - Executive summary
  - Introduction and research background
  - Research methods
  - Osteopathic professional identify, practice and evidence base
  - Perceptions and experiences of *Osteopathic Practice Standards*
  - Experiences and perceptions of the General Osteopathic Council and regulation
  - Experiences and perceptions of fitness to practise hearings
  - Dealing with problems, near misses and complaints in practice
  - Strengthening professionalism by creating 'formative spaces' in 'peer discussion review'
  - Summary, discussion and conclusions.

### Overview

11. At the outset, it is worth reflecting on the context of this research report. Osteopaths work primarily without teams or employers. Consequently, the ways in which our regulatory activities influence what osteopaths do becomes more prominent. It therefore becomes very important to us to more fully understand the factors which encourage and inhibit osteopaths practising in accordance with our standards. Such an understanding may help us to focus more on activities that encourage osteopaths to practise in accordance with our standards, and

less on activities which inhibit osteopaths practising in accordance with our standards, whilst ensuring that we deliver our statutory functions as we are required to do.

12. This research was commissioned as part of a commitment to Council to genuinely explore how best it can achieve the outcome of patient safety (and quality of care) in the context of osteopathic care and regulation. Taking such an innovative approach has enabled us to begin to develop an evidence base in this under-developed area of research and policy making.
13. Our view is that the research report is well written, well structured and extremely detailed and has delivered the initial brief set out in the invitation to tender and responded to the context of osteopathic regulation as we envisaged it should. The report delivers both academic context and rigour, but also ensures that this translates to recommendations suitable to the policy context within which we are working. The report provides us with a rich source of data and informed recommendations and ideas to inform the development of our regulatory approach both over the course of the next corporate plan but also in the immediate future, with particular reference to our work on continuing professional development: providing assurance of continuing professional development.
14. However there are some areas of further work for the report itself before it can be published. For example, certain aspects of the report may benefit from more precise definition and clarification. Some of the findings may need to be reflected more fully in the recommendations. Any factual errors should also be fed back.

#### *Initial responses to conclusions*

15. It is also worth highlighting that some of the recommendations in the report may not be able to be implemented in the future, perhaps due to legislative constraints or due to other factors which constrain the role that we play within society. Nevertheless, it is right that the report should fully reflect all the policy recommendations suggested by the findings and should not be constrained by the 'real world' context that we operate within. Publication of the report should not mean that we have to endorse everything written within it.
16. The research findings themselves feed into a number of recommendations which are outlined pages 9 to 11 of the report. The recommendations and some initial responses are set out below:
  - a. 'The GOsC should encourage and support the development of more evidence relating to the benefits and risks of osteopathy.' Our role in commissioning this kind of research has enabled us to support a number of projects (for example, the suite of adverse events projects and patient expectations available at <http://www.osteopathy.org.uk/resources/Research-and-surveys/GOsC-research/>) as well as our support for the National Council of Osteopathic Research. Further consideration of our role in research may be

an area for consideration as we embark on the development of our new corporate plan in 2016 and beyond.

- b. 'Further communication and training about the OPS' is necessary particularly in the areas of 'communicating risks and gaining consent from patients', 'keeping patient notes' and 'patient dignity and modesty'. A particularly interesting area of the research analysis was the dissonance between what the *Osteopathic Practice Standards* stated and what was perceived that they stated. Further thought about how we respond to the gap between what we say and what some osteopaths feel that we say (informed by stories from colleagues or their own experiences) is required – perhaps in partnership with other osteopathic organisations. This is a good example of one of the general points in the research about the irrational way people (not just osteopaths) respond to regulation. This is an area for us to consider in detail in order to ensure that we are having the impact that we expect and desire. The suggestion from the research is that regulation premised on the assumption that people will react to it rationally, is likely to be inherently flawed because people react irrationally.
- c. 'Our research supports the work that the GOsC is doing in reaching out, personally engaging and improving relations with the osteopathy profession.' The research suggests that this approach is influencing the way that osteopaths react (more positively) and comply with the *Osteopathic Practice Standards*. This is a very powerful finding focussing on the importance of our continued engagement with osteopaths face to face as well as through the tone of correspondence and publications, and the way that we deal with osteopaths on the telephone as a factor influencing their compliance with standards. Again, further thought about how we develop that within our Corporate Plan and Business Plan over the next three years will be required.
- d. 'Try to reduce the number of complaints taken into formal disciplinary investigations and FtP hearings'. This is one of the recommendations which does not take account of our legislative framework requiring us to investigate every complaint made to us. We have fed this back to the research team already for consideration.
- e. Further guidance about the managing of concerns/complaints at local level. Again, further thought in relation to this recommendation, our statutory role and the role of others is required.
- f. 'Support and encourage more reflective discussions of practice, learning and sharing between osteopaths' – this recommendation is directly tied in to both our current continuing professional development (providing assurance of continuing fitness to practise) proposals which aims to do precisely this. However, this recommendation and consideration of the detailed findings underpinning it may also enable us to reflect in a wider context, perhaps with reference to work with regional groups and other organisations and networks and the concept of remediation about any potential role this area.

- g. Our proposals for peer discussion review (PDR) are supported by the research findings but there are a number of specific recommendations suggested by the research, for example, keeping the PDR confidential (unless serious concerns are raised), undertaking PDRs annually and training for reviewers. Some of these recommendations conflict, on the face of it, with our patient research, for example, about the importance of audit. On the other hand, the annual recommendation perhaps could refer to a process which is different to the PDR that we envisage. The recommendation in relation to training, are to be explored as part of our policy development. Again, further thought is required in relation to these recommendations and the development of our policy and work with others in this area.

*Questions for Council's consideration*

- 17. Council may like to consider the following questions in relation to the report:
  - a. What are the strengths of the report?
  - b. What are the areas for feedback on the report?
  - c. What are emerging thoughts responding to the recommendations and the potential implications for our regulatory approach in the future?

*Next steps*

- 18. It is our intention to feedback any final comments from the Council to the research team immediately after Council, with a view to publishing the draft report shortly after that.
- 19. Professor Gerry McGivern and Fiona Browne, Head of Professional Standards, have been invited to present jointly on the research and the initial implications for the regulatory functions at the Professional Standards Authority Research Conference in March 2015.
- 20. After this, we will take some time to reflect more fully on the findings at the Council Strategy Day in April.
- 21. Finally, as outlined in our draft Business Plan for 2015-2016, we intend to review the implications this research across all policy development and functions and publish a report exploring options for next steps later in the year.

**Recommendation:** to consider the draft research report, Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards of practice.