General Osteopathic Council

Council
29 January 2014
Professionalism

Classification	Public
Purpose	For discussion
Issue	This paper provides an update about the development of our professionalism work and provides the opportunity for Council to discus the contribution it could make to the further achievement of our objectives and goals in our Corporate Plan.
Recommendation	To note the work to date on the professionalism project and to consider the scope and opportunities for the professionalism work across all our functions and to respond to the challenges in healthcare more widely.
Financial and resourcing implications	The costs for the research and development of the tools, administration, data analysis and reporting have been £12,000. It is planned that the ongoing maintenance of the data analysis and reporting and development of new surveys will cost in the region of £8,000 per annum.
Equality and diversity implications	The situational judgement scenarios do include aspects of equality and diversity within them and data has been collected about views and attitudes. Limited demographic information is also being collected in order to assess differences in responses between people with particular characteristics which will help us to assess whether the questions are correctly framed in due course.
Communications implications	Articles about the development of this work have been published in *the osteopath*. We have also presented this work to a variety of stakeholders including other regulators, the Department of Health and a range of health and other professionals in a variety of forums.
Annex	Examples of data collected from the undergraduate professionalism surveys.
Author	Fiona Browne, Marcus Dye and Priya Lakhani

Background

1. The Corporate Plan 2013 to 2016 provides that we will '…promote public and patient safety through proportionate, targeted and effective regulatory activity'. One of the ways that we have committed to doing this is by ensuring '…that initial education and training is of high-quality and is fit for purpose in an evolving healthcare and higher education environment' by supporting '…high standards of professional behaviours in students through student fitness to practise guidance, evaluation and ongoing activity.'

2. The Corporate Plan 2013 to 2016 also provides that we will '… encourage and facilitate continuous improvement in the quality of osteopathic healthcare.' One of the ways that we have committed to doing this is by embedding '…the role of the *Osteopathic Practice Standards* as the core principles and values for good osteopathic practice and high standards of professionalism' by, amongst other things, evaluating '… awareness of the standards among registrants and their effectiveness in practice' and by developing and providing 'appropriate resources to support continuing professional development relating to the *Osteopathic Practice Standards*.'

3. In June 2013, and at its strategy day in September 2013, the Council considered the *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* (the Francis Report) and its implications in the context of osteopathic practice. The Council will also consider our response to the Francis Report today (along with other subsequent key reports and inquiries) elsewhere on this agenda. One of the key themes and challenges from the Francis Report is the intelligent collection, sharing and use of data to identify and address systemic concerns and challenges. This theme is about pro-active regulation – understanding and intervening within the regulatory environment before problems occur.

4. In 2012, the General Osteopathic Council (GOsC) published research by Professor Della Freeth, Dr Paul McIntosh and Dr Dawn Carnes about *New Graduates' Preparedness to Practise*. This research is available on our website at http://www.osteopathy.org.uk/uploads/new_graduates_preparedness_to_practise_report_2012.pdf. Of relevance to this paper is that themes of diversity autonomy and isolation permeated the data analysed in this research. This is a challenge in terms of the implementation of standards because widely differing views about standards, their importance, their relevance to professionalism challenges their effective implementation and therefore the role of the regulator in promoting patient safety and enhanced quality of care. We have responded to the research in a variety of ways, many in conjunction with our development partners, and which are documented in a paper to the Education Committee (the precursor of the Education and Registration Standards Committee) in February 2013 (see http://www.osteopathy.org.uk/uploads/part_i_%20item_8_preparedness_to_practise_update_final.pdf) However, this research is also relevant to the matters outlined in this paper.

5. In 2011, the Education Committee consulted on its student fitness to practise guidance. In response to the consultation, a proposal was received from Sue Roff, an educationalist at Dundee University, which suggested the ability to develop tools to support the implementation of the student fitness to practise guidance and support the teaching and learning of professional behaviours.

6. A project specification was devised which enabled the project to support both the implementation of the student fitness to practise guidelines, published in 2012 but also the implementation of the *Osteopathic Practice Standards* which came into force in September 2012.

7. In 2012, the Finance and General Purposes Committee agreed funding and the original project specification, (available on request from fbrowne@osteopathy.org.uk), was endorsed by the Education Committee in March 2012. During 2012 and 2013, the Education Committee received regular and full progress reports demonstrating that the project was proceeding successfully. During this time, tools were developed and piloted for undergraduate students and for osteopaths.

8. Although our initial work on the development of tools was about the implementation of the student fitness to practise guidelines and the implementation of the *Osteopathic Practice Standards*, it is clear that the tools and associated work have potential to influence professional behaviours and to connect and understand the views of stakeholders in a way we had not initially envisaged.

9. The purpose of this paper is to provide Council with an update on the work undertaken to date on promoting professionalism for both pre-registration and undergraduate education and also for registrants in partnership with Sue Roff. The paper also seeks to explore Council's view about the potential contribution of the work to the achievement of our functions of ensuring patient safety and enhancing quality of care and our goals in our Corporate Plan and our goals in the context of the current political context.

Discussion

Undergraduate professionalism

10. In 2011, Sue Roff and Kabir Dherwani published *Development of inventory for polyprofessionalism lapses at the proto-professional stage of health professions education together with recommended responses* in *Medical Teacher*, a leading medical education journal. The inventories (or surveys) for both 'pre-clinical' and 'clinical' students had been developed in conjunction with senior figures in the medical profession and tested with students. Subsequent articles have published data about the views of medical students to particular aberrant behaviours through the use of situational judgement scenarios.

11. These surveys have been adapted for use in osteopathy using recognised consensus methods and piloting in an osteopathic educational institution. In

practice, this has meant some minor change to language to ensure appropriateness and familiarity to the osteopathic context. Additional items, such as scenarios about social media have also been included recognising the changing social context since the original inventories have been developed.

12. A research article about the development of the osteopathic surveys has been submitted (and is currently under review) to the *International Journal of Osteopathic Medicine* about the development and piloting process which took place in one osteopathic educational institution.

13. We have collected data from students in years 1 and 2 for the 'pre-clinical' survey and from students in years 3, 4 and 5 in the 'clinical' survey from five osteopathic educational institutions (OEIs). Examples of the kind of data that has been collected are provided in the Annex.

What have we done with the data and what has its impact been to date?

14. On 11 September 2013, at the GOsC/OEI meeting, we presented some of the results of the surveys back to the OEIs to explore their responses. The full reports of the data collection results during 2013 are intended to be submitted for publication later in 2014.

15. OEI members concluded that:

    - Some of the responses were unexpected and surprising. For example, there was some surprise about dishonesty in this context not being a 'zero tolerance' matter. It was felt that the students should treat aspects of dishonesty such as falsifying records more seriously.

    - The range of views was broad in relation to some questions indicating lack of consensus and further focus from the OEIs in some areas possibly required to change behaviours.

    - There was a need for the development of guidance about appropriate boundaries, duty of candour and sanctions and that a timeline for development of the guidance should be developed for further discussion.

16. On 19 September 2013, the Education and Registration Standards Committee considered some of the results of the professionalism surveys alongside an analysis of student fitness to practise cases and feedback from the OEIs. The findings were noted and the Committee was also informed that a further discussion about the evaluation would take place in early 2014. It is intended that this will incorporate timetables for the development of further guidance about boundaries, duty of candour and sanction guidance – this is likely to form a review of the student fitness to practise guidance.

17. In September 2013, a pilot bespoke data collection was undertaken for one OEI with the explicit intention of feeding the results of cohort compared to other cohorts who had undertaken the survey in November (to complete the feedback

loop explicitly and support the development of the tool as a method of teaching and learning rather than simply collecting data to inform the need for collective guidance and support).

18. Around 27% (number (n) =16) of the cohort (n = around 60) completed the professionalism survey. On 11 November 2013, the Head of Professional Standards presented an analysis of individual cohort data back to one cohort at an OEI. The seminar session, attended by around 50% of the students was lively and engaging. It enabled debate and discussion among students and staff about differing factors in professional behaviours including the views of others and the particular context of the scenario, thereby promoting dialogic learning amongst the students about why scenarios were professional or unprofessional. The session also enabled us to explore and discuss the views of patients and the public and senior members of medical faculty drawing on similar but not the same published data from Susannah Brockbank, Timothy David and Leena Patel, *Unprofessional behaviour in medical students: A questionnaire based pilot study comparing perceptions of the public with medical students and doctors* in *Medical Teacher,* 2011.

19. Evaluation Feedback following the session was positive – the response rate was about 20% (n=6) of those attending (n=about 30). Interestingly only 66.67% of those responding to the evaluation survey had hoped to find out about the patient perspective at the session and only 16.6% about the views of the faculty. However, following the session of those responding when considering appropriate professional behaviour; 100% said that they would consider the views of the carer and the guardian and osteopaths, over 80% said that they would consider the views of the individual patient and fellow health professionals, 66.67% said that they would consider the views of the public and students. Although numbers are very small, it suggests that this pilot session may have enabled participants to consider applying a larger variety of perspectives or lenses to determine appropriate professional behaviour suggesting that the session could have promoted change in thinking. (Although note numbers are small).

20. On 27 November 2013, the Head of Professional Standards presented some of the emerging findings and ideas to the Scottish Regulation Conference a joint session on professionalism together with Bob Nicholls, Chair of the General Pharmaceutical Council. The audience comprising academics, staff and members engaged in a lively discussion about the views of others and provided some positive feedback. In particular, the ability to compare the views of patients, faculty, students and members of different professions was particularly valuable and interesting to the audience – although as we explained, our data enabled direct comparison with medical students and we compared similar but not the same data for patients and faculty. Following the conference we have been in touch with academics and others who are interested in hearing more about the results of the research.

21. On 3 December 2013, the Head of Professional Standards presented about the research to a research seminar facilitated by the Department of Health and the Professional Standards Authority. The seminar enabled us to present a range of research that we had undertaken in the past, but also enabled us to present our current thinking with other regulators. It is fair to say that most regulators do not appear to have access to the kind of data that we are generating and that there was some interest in this work from other regulators and from the Professional Standards Authority which we will be following up during 2014.

What next?

22. The work with the undergraduate surveys started off very much as a pilot to see what we could do and whether there was any potential for this kind of work to support our regulatory functions. The positive response to the findings, the surprising findings and indeed the potential ability to compare responses with others – patients and faculty – appears to have generated new knowledge and learning which we suggest supports us in our functions of patient safety and maintenance of the quality of care.

23. Reflecting back on the Corporate Plan and indeed our response to the Francis Inquiry and other reports alongside the challenges identified in the preparedness to practise report of autonomy, isolation, and diversity as outlined above in paragraphs 1 to 4 above, it seems that this research provides an opportunity to support us to meet a number of cross functional goals alongside other work.

24. It is hoped that providing resources to focus on other perspective about professional behaviour and allowing the facilitation of debates about professional behaviours as part of a learning community, combined with the development of our draft Guidance on Osteopathic Pre-registration Education (on this agenda at item 12) also highlighting the importance of community – setting a different tone from that previously in place, and our emerging proposals about peer support and review in our continuing fitness to practise framework, both due for consultation during 2014, could support and potentially demonstrate the necessary changes in culture highlighted in the Francis Report.

25. We are therefore planning to continue this work across 2014 as follows:

    - Collecting further data from students during 2014 to enable us to continue to build up a picture of views about professional behaviour in students both at the pre-clinical and clinical stage.

    - Reporting on data – both to OEIs through direct facilitation of seminars with cohort data and comparative data, but also through providing them with the data sets to do this themselves.

    - Seeking ethical approval for the collection of data on this survey from a sample of the public and the osteopathic faculty.

- Collecting data and reporting on the results of the collection from public and faculty to explore any dissonance between their views and the views of students.

- To open discussions with other regulators about the possibility of working collectively on these data collections with a view to increasing the range of comparative information available to regulators.

- To make recommendations about the need for additional guidance in partnership with OEIs. As explained above, the work already suggests a need for further guidance about boundaries and the duty of candour, for example, which will be considering further in 2014.

Questions for consideration

26. Does Council support this direction of travel? Is there more that we could be doing with this research to enhance its impact?

Post-registration professionalism

27. Our post-registration professionalism work involves similar concepts in that scenarios have been developed which are more relevant to every day practice. Osteopaths are asked their opinion about how professional they are. They are then asked to review the *Osteopathic Practice Standards* and associated guidance and select the applicable standards. Finally they are asked to consider again how professional or unprofessional a particular action is.

28. The scenarios provide the opportunity for osteopaths to become more aware of and familiar with the *Osteopathic Practice Standards* and to be provided with feedback on their responses which promotes learning. The scenario can be accessed at http://professionalstandards.articulate-online.com/2434016934

29. Some scenarios were piloted with osteopaths during 2013. Feedback from the pilot was generally positive and included comments such as:

    - "Good teaching and learning tool"

    - "I think an e-learning module is a fantastic way to encourage osteopaths to re-familiarise themselves with practice standards and it certainly got me to read through them quite thoroughly"

    - "I thought that the use of scenarios was a very good way to facilitate the process of familiarising myself with the practice standards."

30. This mirrors feedback received from a separate e-learning tool we created and launched in December 2012 to support the implementation of the *Osteopathic Practice Standards*. Out of 55 respondents to an evaluation survey of this learning, 76.4% thought it was useful and 23.6% thought it was very useful. In addition 67.3% of respondents thought that it was an effective way for osteopaths to learn, with 29.1% thinking it was very effective. While this module

was a more straight forward question and answer style learning tool, it indicates that the potential for using e-learning for osteopaths is great.

31. The participants also offered constructive criticism and suggestions about the design of the programme's content as well as pointing to some IT glitches, particularly those resulting in difficulties in scrolling through the sections which made it more time-consuming than necessary. This feedback was incorporated into a simpler, quicker and more intuitive version.

32. Of particular interest was the range of answers to the Likert questions relating to how dangerous to the public the respondents considered the 'situations' to be. Even with very limited information, there was a wide distribution of responses from these practising osteopaths. This influenced the design of the next version, to see if the pilot was predictive of a low level of consensus about various aspects of professionalism.

33. The module 'Exploring ethical dilemmas in osteopathy – part one' was finalised following the pilot and launched in December 2013 accompanied by an article in *The Osteopath*. There is potential for these scenarios to help osteopaths to demonstrate that they are more familiar with the *Osteopathic Practice Standards*. Such a demonstration is important to connect the standards to behaviour. Over time, it could also be possible to demonstrate culture changes using the data collected (see also paragraph 4 above).

34. Plans for next year include:

    - The completion of more complex scenarios and other resources for launching in early 2014. These scenarios will build on those already in place providing more complex decisions to be made by participants again with further feedback to aid learning, familiarity and awareness.

    - Data analysis and reporting later in 2014.

    - Development of further scenarios, particularly around consent, to support osteopaths with the draft continuing fitness to practise framework which has Continuing Professional Development (CPD) in the area of consent as a required element. (Indeed this supports feedback from the regional groups on 22 November 2013 on the draft continuing fitness to practise framework that additional resources would help the groups to support osteopaths to take part in the framework).

Questions for consideration

35. Does Council support this direction of travel? Is there more that we could be doing with this research to enhance its impact?

Acknowledgement

36. We gratefully acknowledge the support of Sue Roff in the development of this project.

Recommendation: to note the work to date on the professionalism project and to consider the scope and opportunities for the professionalism work across all our functions and to respond to the challenges in healthcare more widely.

Examples of data collected from the undergraduate professionalism surveys

Academic survey example (filtered results)

13. Altering or manipulating data or findings (e.g. to obtain a significant result or disguise mistakes)			
13.a. Is this wrong?			
Yes:		93.3%	14
No:		0.0%	0
Unsure:		6.7%	1
13.b. Do you think your fellow students do this?			
Yes:		6.2%	1
No:		62.5%	10
Unsure:		31.2%	5
13.c. Have you ever done this in your present course?			
Yes:		0.0%	0
No:		93.8%	15
Unsure:		6.2%	1
13.d. Would you ever do this in your present course?			
Yes:		0.0%	0
No:		93.8%	15
Unsure:		6.2%	1
13.e. What level of sanction (1-10) should apply for a first time offence with no mitigating circumstances?			
1:		6.7%	1
2:		6.7%	1
3:		13.3%	2
4:		0.0%	0
5:		13.3%	2
6:		40.0%	6
7:		0.0%	0
8:		13.3%	2
9:		0.0%	0
10:		6.7%	1

Note: Levels of sanctions are defined as follow:

1 = None
2 = Reprimand (verbal warning)
3 = Reprimand (written warning)
4 = Reprimand plus mandatory counselling
5 = Reprimand, counselling, extra work assignment
6 = Failure of specific class/remedial work to regain credit
7 = Failure of specific year (repetition allowed)
8 = Expulsion from college (readmission after one year possible)
9 = Expulsion from college (no chance for readmission)
10 = Report to professional regulatory body

Clinical survey example (filtered results)

50. A fellow student falsifies audit or research data in collection or analysis / reporting			
50.a. How wrong do you think this behaviour / attitude is? (1 = not very wrong, 5 = very wrong)			
1:		7.1%	1
2:		14.3%	2
3:		14.3%	2
4:		28.6%	4
5:		35.7%	5
50.b. If a student becomes aware of this behaviour / attitude should they in the first instance			
Ignore it:		28.6%	4
Challenge the person about the behaviour / attitude:		35.7%	5
Discuss the person's behaviour / attitude with peers to find a way of addressing it:		14.3%	2
Report the person's behaviour / attitude to a more senior person without trying to address it oneself or with peers:		21.4%	3
Take another course of action:		0.0%	0
50.b.i. If you selected 'Take another course of action', please specify			
50.c. How frequently do you think this behaviour . attitude occurs among osteopathy students?			
1:		57.1%	8
2:		35.7%	5
3:		7.1%	1
4:		0.0%	0
5:		0.0%	0
50.d. How frequently do you think this behaviour / attitude occurs among qualified osteopaths? (not relevant or 1 = not at all frequently, 5 = very frequently)			
not relevant:		53.8%	7
1:		15.4%	2
2:		30.8%	4
3:		0.0%	0
4:		0.0%	0
5:		0.0%	0