



**community**research

UNDERSTAND ENGAGE CONSULT

## **Patient and public views about Continuing Fitness to Practise**

**Report on a focus group conducted for the  
General Osteopathic Council (GOsC)  
by Community Research  
in Belfast in June 2014**

**June 2014**



## Contents

1. Executive Summary .....	3
2. Background, Objectives and Methodology .....	5
2.1 Background and objectives .....	5
2.2 Methodology .....	5
3. Key Findings .....	7
3.1 Expectations of professionals and continuing Fitness to Practise .....	7
3.2 Reassurance gained from different possible approaches .....	8
3.3 Reactions to GOSC's current proposals .....	14
4. Conclusions and Next Steps .....	20
5. Evaluation Feedback .....	21
Appendix A: Respondent profile .....	22
Appendix B: Discussion Guide .....	23

# **1. Executive Summary**

## **1.1 Background, objectives and methodology**

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

- Explore people's unprompted expectations of professionals (including osteopaths) and their regulators in assuring continuing fitness to practise (FTP).
- Examine a variety of different possible interventions and approaches to assuring continuing FTP and seek to understand how far they each give reassurance to members of the public / their perceived relative and comparative strength.
- Understand what participants feel the approach to continuing FTP should be for osteopathy specifically.
- Gather reactions to the GOsC's current proposed approach to continuing FTP.

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

A qualitative and deliberative approach was used whereby participants were drip-fed information about regulation and continuing FTP over an extended workshop, in order that informed opinions could be ascertained. This report is based on one workshop session conducted with patients and public in Belfast in June 2014.

## **1.2 Key findings**

Headline findings from this research were as follows:

- Patients and the public felt that the degree to which various kinds of professionals should have to prove their continuing FTP should differ based on the risks that unprofessional behaviour might pose to the public.
- When asked to give feedback on the degree of reassurance gained from different possible approaches to assuring continuing FTP; in general terms, participants gained greater assurance from approaches that involve independent assessment of the professionals' skills and knowledge - for example through independent testing or inspection processes.
- At the other extreme, participants had far more doubts about the effectiveness of approaches where the professional could decide matters for themselves (e.g. deciding the type of training they should undertake); or where the professional was perceived to have control over the approach without independent oversight.

- In addition to the possible approaches shared with participants, it was suggested that age-related competency checks might be important to consider. Participants raised the point that professionals may wish to continue practising well beyond the normal retirement age and that, where this is the case, checks should be made in order to ensure that the professional remains competent. Participants were also keen to ensure close supervision of those professionals who are newly qualified.
- The facts provided to workshop participants about osteopathy led some to have greater confidence in the profession and feel immediately more relaxed about the need for stringent external scrutiny. The single most important fact in giving participants such reassurance was the level of reported satisfaction with osteopathic care (96%<sup>1</sup>).
- Overall, initial reactions to the GOsC's draft continuing FTP scheme were positive. The proposed scheme was seen as appropriate to the profession, given what participants understood about osteopathy via the deliberative process.
- Participants had concerns that reviews undertaken by professional colleagues within the proposed scheme should be undertaken by someone who is appropriately qualified and entirely independent of the individual osteopath. Suggestions for achieving this included the reviews being undertaken by:
  - The GOsC itself.
  - Colleges that teach osteopathy.
  - Osteopaths collaborating across different regions.
- One aspect of the proposals that participants found particularly positive was the fact that specific areas of training and development would be required over the three-year period.
- Whilst some doubts had been raised about the validity of patient feedback within a programme designed to ensure continuing FTP, participants did see the value of patient feedback within the process, if arrangements could be made to ensure that the feedback is genuine.

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<sup>1</sup> Investigating osteopathic patients' expectations of osteopathic care: the OPEn project. University of Brighton, 2011 (<http://www.osteopathy.org.uk/resources/Research-and-surveys/GOsC-research/Osteopathic-patient-expectations-study>)

## **2. Background, Objectives and Methodology**

### **2.1 Background and objectives**

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

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

- Explore people's unprompted expectations of professionals (including osteopaths) and their regulators in assuring continuing fitness to practise (FTP).
- Examine a variety of different possible interventions and approaches to assuring continuing FTP and seek to understand how far they each give reassurance to members of the public / their perceived relative and comparative strength.
- Understand what participants feel the approach to continuing FTP should be for osteopathy specifically.
- Gather reactions to the GOsC's current proposed approach to continuing FTP.

### **2.2 Methodology**

#### ***2.2.1 Overall approach***

A qualitative and deliberative approach was used whereby participants were drip-fed information about regulation and continuing FTP over an extended workshop, in order that informed opinions could be ascertained. A single extended workshop session was undertaken in Belfast in June 2014. Further sessions may follow in due course.

The morning of the workshop was spent discussing patient and public views about osteopathy at a general level in order to:

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

This session formed part of a wider project which is being reported separately. However, it served the purpose of giving participants a good broad understanding of osteopathy as a profession, and the role of the General Osteopathic Council.

The afternoon session then focused on exploring views of continuing FTP. The session followed a semi-structured guide in order to allow participants to elaborate on and express their views and perceptions freely. The session was facilitated by Community Research, an independent research organisation. The workshop was audio recorded and transcribed. The detailed discussion guide used is provided at Appendix B.

### ***2.2.2 Recruitment***

Recruitment of patients was undertaken by the GOsC, assisted by Northern Ireland registrants. The general public participants were free-found by Community Research. None of these participants had previously visited an osteopath. A profile of group participants is provided in Appendix A.

Participants were given an incentive in cash as a thank you for their attendance.

### ***2.2.3 Limitations / warnings for interpretation***

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

### 3. Key Findings

#### 3.1 Expectations of professionals and continuing Fitness to Practise

In order to begin the discussions on continuing FTP<sup>2</sup>, participants were first asked to spontaneously suggest what they generally expect professionals and/or their regulators to do in order to ensure that individuals' skills remain up-to-date and that they continue to be fit and safe to work in their profession.

Participants spontaneously mentioned a number of possible activities including:

- Re-taking exams/refresher courses and tests.
- Attending conferences.
- Attending training courses.
- Having skills assessed by an independent person.
- Being inspected.
- Regulators circulating new developments in the field.
- Attendance of training courses - with targets for levels of attendance and penalties if these are not achieved / benefits or incentives if they are.
- Mystery customer/mystery shopping programmes being run by the regulator.
- Supervision and management processes to oversee the development of skills.
- Professional networking.

Before going on to talk about osteopaths specifically, participants were asked to consider their differing expectations with regard to assuring continuing FTP for a variety of different professions, including doctors, lawyers, pharmacists, airline pilots and teachers.

When asked to order these professionals in terms of the degree to which they would expect stringent regulation to ensure continuing FTP, the group gave priority to airline pilots, followed closely by doctors. Pharmacists and teachers were categorised as the next most important professions for stringent regulation, with lawyers being perceived as the least important group in terms of ensuring skill levels are maintained. This order of priority was based quite simply on the relative risk to life that an unfit professional might pose.

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<sup>2</sup> Whilst throughout this report the term continuing FTP will be used, this term was purposefully not used with participants during the workshop; instead of this term, the subject of the discussion was explained in terms such as 'approaches to ensuring that professionals keep their skills up to date and have good levels of knowledge' or 'things they have to do to prove that they're fit to do the job, still safe, still qualified, still have the right skills to do the job.'

This is not to say that participants felt maintaining skill levels amongst lawyers and teachers is not important, rather that the degree to which professionals should have to prove their continuing FTP should differ based on the risks that unprofessional behaviour might pose to the public.

### 3.2 Reassurance gained from different possible approaches

Following this initial discussion participants were asked to consider a range of possible approaches to assuring continuing FTP and to prioritise these in terms of the relative level of assurance that each possible approach might give to members of the public.

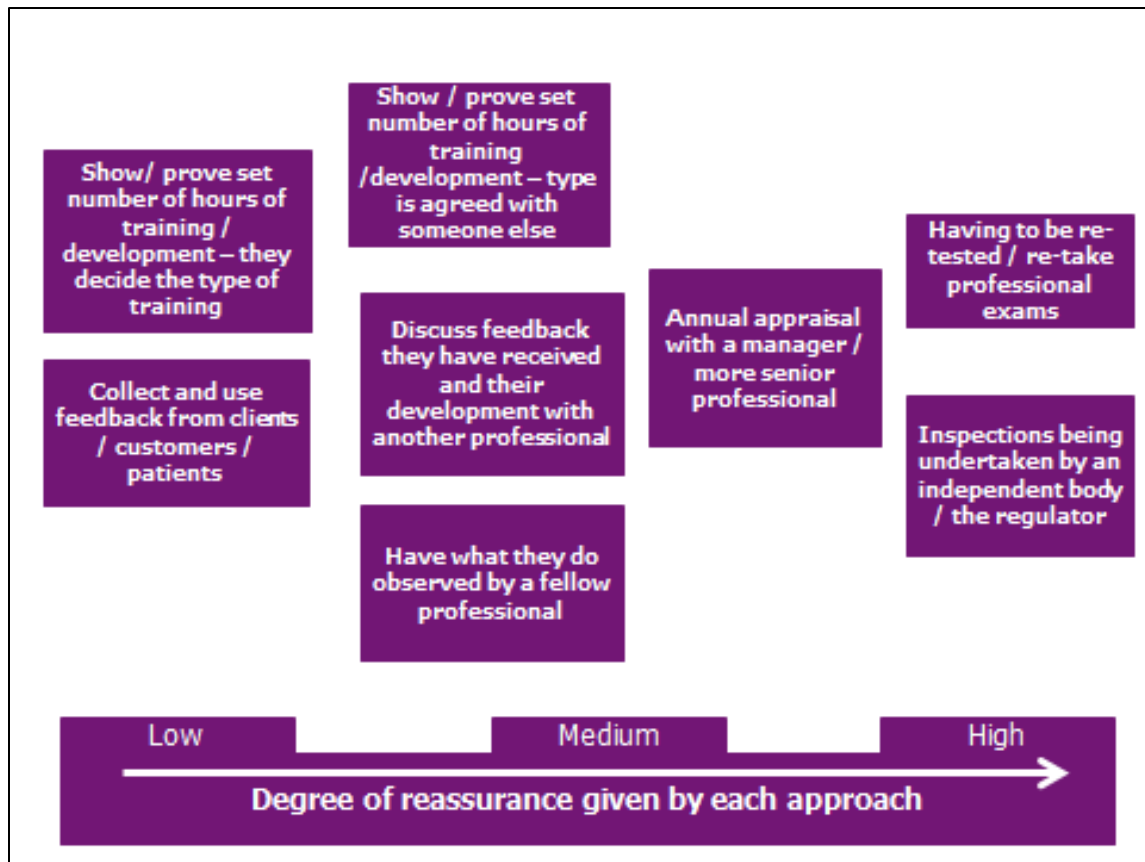
The approaches considered were as follows:

- Having to be re-tested / re-take professional exams.
- Having to collect and use feedback from clients / customers / patients.
- Having to show / prove a set number of hours of training / development have been undertaken – they decide the type of training.
- Having to show / prove a set number of hours of training / development have been undertaken – type is agreed with someone else.
- Having to discuss feedback they have received and their development with another professional (peer).
- Having to have what they do observed by a fellow professional.
- Having to go through an annual appraisal with a manager / more senior professional.
- Inspections being undertaken by an independent body / the regulator.

Each of these approaches was provided to participants on a card and in small groups participants were asked to sort the approaches in terms of the level of reassurance they felt appropriate. In addition, participants were able to suggest any further approaches that they felt might be important in giving the public reassurance.

Figure 1 shows the broad hierarchy that participants tended to assign to the various approaches. In general terms, participants gained greater reassurance from approaches that involve independent assessment of the professionals' skills and knowledge - for example, through independent testing or inspection processes.





**Figure 1 – Approaches to Continuing Fitness to Practise and Levels of Reassurance**

At the other extreme, participants had far more doubts about the effectiveness of approaches where the professional could decide matters for themselves (e.g. deciding the type of training they should undertake); or where the professional was perceived to have control over the approach without independent oversight.

More detailed reactions to the approaches (in order of the degree of reassurance they tended to be assigned) were as follows:

**Approaches that deliver high levels of reassurance:**

These approaches were:

- Having to be re-tested / re-take professional exams.
- Inspections being undertaken by an independent body / the regulator.

The idea of retaking professional exams and/or having skills reassessed through independent testing was seen as an approach that would give considerable reassurance. Whilst this, for most, gave the highest level of reassurance, participants were realistic that retaking examinations or constantly being retested was unlikely to be feasible or fair. Nevertheless, there was some appetite for the

idea that any significant new developments within a profession should potentially be the subject of external tests:

*"Just too much to do the whole retest, it was more like refresher courses on the new stuff and tested on anything that was new."*

A good deal of trust and reassurance was gained from the idea of the independent body or regulator for a profession undertaking inspections. What appealed specifically about this approach is that it would be conducted by someone who is trusted to make an honest assessment, by virtue of being entirely independent of the professional and the practice in question.

*"Just they were completely separate from being involved in what they are, whoever's running it."*

Additional reassurance would be gained where inspections are unannounced and unexpected, thus ensuring that the professional is unable to prepare and significantly change their usual practice in order to impress an inspector.

*"Same as when we were kids in the classroom, somebody came in and sat at the back, nobody expected it."*

Whilst participants did gain significant reassurance from the idea of independent re-testing and inspection, they also spontaneously recognised that a balance needs to be reached. They recognised that if a profession is too stringent or too demanding in its approach, this will be off-putting for professionals and will potentially discourage people from choosing that profession as their career path.

*"If there's going to be too many inspections then people will eventually stop going for the courses because they know it's really hard to actually keep up. You've got to let them choose, it has to be strict and flexible at the same time."*

Participants were open to the idea that approaches such as inspection could be targeted rather than being universally applied. Such targeting should be based upon past performance, with stricter regulation being placed upon professionals with any history of poor performance:

*"If they're going to inspect something to see whether it's all going well then there's less need to come back. Whereas if they had a problem, they could come back out of the blue."*

### ***Approaches that deliver medium levels of reassurance***

These approaches included:

- Having to go through an annual appraisal with a manager / more senior professional.
- Having to show / prove a set number of hours of training / development have been undertaken – type is agreed with someone else.
- Having to discuss feedback they have received and their development with another professional (peer.)
- Having to have what they do observed by a fellow professional.

Participants were keen to understand how far the peers and fellow professionals mentioned within these approaches were adequately qualified and sufficiently independent. Concerns were raised about the idea of people who are too close to the professional being asked to assess their abilities.

*"We think it would be better if it's not with the osteopath down the road that he's probably playing golf with, probably with somebody that is senior to him."*

Given adequate guarantees that the overseeing professionals would have the right skills and qualifications themselves and would be entirely independent of the professional being assessed, participants felt that these approaches would give a reasonable level of reassurance to the public.

### ***Approaches that deliver lower levels of reassurance***

These approaches were:

- Having to collect and use feedback from clients / customers / patients.
- Having to show / prove a set number of hours of training / development have been undertaken – they decide the type of training.

Whilst the idea of collecting patient or customer feedback was seen as positive, this approach was not seen as giving strong reassurance to the public because it was perceived to be potentially easy for professionals to cheat. If the patient feedback were collected independently, for example by the regulator or governing body, without the possibility of professionals choosing which of their customers provide feedback, then a higher level of reassurance might be achieved.

*"And then the feedback off customers and patients, .... unless it's being collected independently .... if it's down to yourself and you've got nine good ones and one bad, you're just going to leave the bad one out."*

Even so, patient feedback as a mechanism for assuring continuing FTP, was also perceived as somewhat weak because participants believed that many patients

and customers would be reluctant to give honest negative feedback and would prefer to give professionals the benefit of the doubt.

*"So even if they're not really happy they're not going to be bad to that person, they'll make out things are better than they actually are. Because .... maybe he's new, I'll give him a chance and write something better than he's supposed to be."*

Participants also expressed significant doubts at the idea of professionals being able to choose their own training and development, even where requirements to complete a set number of hours exist. The main objection to this was that professionals would choose areas of strength to focus their development on, rather than choosing to address any areas of weakness. In contrast to approaches where an entirely independent body is examining, inspecting or overseeing the professional's practise, this self-determination was seen as a key weakness.

*"They could dodge the stuff that they're not very good at and just do the good stuff, you're not going to do your worst points, are you?"*

*"I know what I'd do, I'd do the bit that made you look the best rather than what's going to make you look the worst, especially if your livelihood depends on it."*

In addition to not focusing on their weak points, participants were concerned that the lack of oversight within this approach would lead dishonest professionals to falsify their training records or ask friends within the profession to help to do so.

*"Also, you could have your friends say that you did the hours."*

### ***Other approaches and suggestions***

In addition to the approaches that participants were provided with, they were given the opportunity to suggest their own additional approaches if they believed them to be helpful.

Participants suggested that routine medical checks along with Criminal Records Bureau checks would be important in order to ensure that professionals are in good enough health to practise and do not pose a risk to the public.

Participants, furthermore, suggested age-related competency checks might be important to consider. They raised the point that professionals may wish to continue practising well beyond the normal retirement age and that, where this

is the case, checks should be made in order to ensure that the professional remains competent.

Participants were also keen to ensure close supervision of those professionals who are newly qualified suggesting, for example, that a mentoring scheme might be important; allowing recently qualified young professionals to be supervised and advised by a more experienced person, before being allowed to practise alone. One group suggested that there should be differential levels of scrutiny placed upon professionals according to their level of experience and their age.

*"Another one was age related competency check, in other words, if you've got somebody coming into the field that's 25-30 year old, you want to check him for his competency in doing the job and his own medical ability, maybe once every five years; but an 85 year old still doing the job, you're maybe starting to worry about him losing his marbles and that and you may want to check him every year."*

This led to a discussion amongst participants about the relative importance of experience vs. training. They raised the point that older and more experienced professionals may have a good deal of learning to pass on to the more recently qualified professional. Conversely, however, older professionals may be 'stuck in their ways' and reluctant to learn about new developments within their profession.

*"The older ones also get too comfortable then they stop learning, they think they know it all."*

*"They {older professionals} would have a lot to give to younger ones. Also younger ones have new input."*

Finding mechanisms to share learning across the generations and institute checks at both ends of the age spectrum was felt to be worthy of consideration. Approaches which seek to ensure that younger practitioners' lack of experience does not adversely affect the quality of their practise; whilst at the same time checking that those with experience are re-trained as, and when, new developments occur, was felt to be an important aspect of any programme to ensure continuing FTP.

*"Training is not a substitute for experience, or vice versa."*

### 3.3 Reactions to GOsC's current proposals

After having discussed the relative merits of different possible approaches to assuring continuing FTP for professionals in general, participants were given further detailed information about the osteopathic profession.

Facts about the profession, as outlined in Box 1, were shared with participants as a hand-out:

#### **Box 1**

##### **Some facts about Osteopaths**

Many osteopaths run their own practice, working independently and unsupervised, so responsibility for managing the practice and for patient safety rests firmly with individual osteopaths.

Even in group practices, osteopaths consult with patients on their own. More than half of osteopaths normally practise alone, meaning they are frequently alone with patients.

About 1 in 5 practising osteopaths spend more than half of their time practising in their own home.

Not many (less than 1 in 10) osteopaths work in teams or have employers, such as in hospitals or clinics (that are subject to NHS standards and management processes).

Research shows that osteopathic treatment is a 'low risk intervention' – serious problems or incidents are rare, but they can occur.

**BUT**

Research with patients of osteopaths shows a very high rate of satisfaction with over 96% of respondents reporting being satisfied or very satisfied with their osteopathic care.<sup>3</sup>

Complaints are few and far between. Those that do arise cover a wide variety of issues but those surrounding consent and communication misunderstandings are most common.

<sup>3</sup> Investigating osteopathic patients' expectations of osteopathic care: the OPEn project. University of Brighton, 2011 (<http://www.osteopathy.org.uk/resources/Research-and-surveys/GOsC-research/Osteopathic-patient-expectations-study>)

This information formed part of the deliberative process within the workshop. These facts were shared because it was felt important to ensure that the unique nature of the osteopathic profession in the UK was properly understood, prior to gaining feedback from participants about the proposed approach to continuing FTP.

The facts provided about osteopathy led some participants to have greater confidence in the profession and feel immediately more relaxed about the need for stringent external scrutiny. The single most important fact in giving participants such reassurance was the level of reported satisfaction with osteopathic care:

*"It makes me feel a bit more confident, that 96%."*

The fact that so many osteopaths practise alone and in their own home gave participants an understanding of the challenge inherent in developing a scheme for assuring continuing FTP appropriate for the profession.

*"They're a bit of a maverick bunch, it's difficult to police a maverick bunch since they're here and there, sort of dotted around on their own."*

The nature of osteopathic practice being mostly in the private sector and practitioners mostly being self-employed, suggested to some participants that market economics would naturally lead osteopaths to address their own weaknesses in order that they are more commercially successful and competitive.

*"They're self-employed so they would know what would be best for them to improve the practice."*

*"I also think if they improve their qualifications they'll get a variety of clients as well."*

Having absorbed this initial information about the profession, current proposals for continuing FTP were shared with participants. The description in Box 2 was provided as a hand-out to participants.

## Box 2

### Ensuring that osteopaths keep their skills and knowledge up to date and continue to be fit to practise

#### A Draft Scheme for Osteopaths

- The proposed scheme will run as a **3-year cycle**.
- Osteopaths will have to show evidence to the GOsC that they have done **30 hours of training and learning each year** (90 hours over the 3 years.)
- **At the start** of each three year cycle, osteopaths will have to **do something that helps them to decide what learning and training they might need** the most. They might do this, for example, by:
  - Getting feedback from their patients
  - Being observed by a fellow osteopath
  - Discussing some cases / or what they do with a fellow osteopathOsteopaths can largely undertake any training or learning activity that they think will improve their practice.
- However, at the end of each three year cycle, **some learning must have been completed in each of the following** areas:
  - Communication and patient partnership;
  - Knowledge;
  - Skills and performance;
  - Safety and quality in practice
  - Professionalism;
  - All osteopaths will also need to show they have done at least one activity that focuses on **consent and communication**.
- The osteopath will **keep a record** of the learning they have undertaken and how they have used this to improve the quality of their patient care.
- **At the end** of each three year cycle, there must be a **discussion** that takes place with **someone independent**, to **review** what training and learning the osteopath has done and how this has improved their practice. This review discussion must also be written down.
- The review would be undertaken with a **professional colleague** (either an osteopath or another healthcare professional), who is able to help the osteopath identify what is going well and what aspects of their practice would benefit from further training or other improvements in order to ensure high standards of patient care.

Overall, initial reactions to the draft scheme were positive. The proposed scheme was seen as appropriate to the profession, given what participants now understood about osteopathy.



*"There's a bit of everything we've all sort of said throughout, so I suppose it's not too bad."*

*"Because this one gives them the independence as well as being in control. It's very well balanced like that, I think."*

Participants still had concerns that reviews undertaken by professional colleagues should be undertaken by someone who is independent of the individual osteopath. Participants were principally concerned that given the relatively low numbers of osteopaths (particularly in Northern Ireland) many will know one another and this was seen as a risk that might undermine the independence and honesty of assessment and review processes.

*"If it's someone independent that's okay, not just colleagues."*

*"Especially if there was 5,000 of them, 5,000 isn't that big a number really in one profession, they're soon going to get to know each other."*

A number of participants stated that they would still prefer to see completely independent review processes, perhaps from GOsC itself. Another acceptable alternative would be if colleges that teach osteopathy could be involved in the independent review.

*"And maybe the review should be undertaken by the Council themselves and not a colleague or somebody like that."*

*"What about if they go back to the school where they were trained and they did that there?"*

Peer review within the profession was seen by some as likely to result either in osteopaths looking after each other or, if an osteopath should criticise another, their being ostracised within a relatively small professional community.

*"Either he was friendly with these people or else he was looked on as a whistle blower himself and was ostracised."*

Some were more relaxed about osteopaths assessing one another, but still wanted to ensure that an appropriate distance and independence was achieved, perhaps through osteopaths collaborating across different regions.

*"Somebody from a different area perhaps, a different part of the UK even."*

Another reason why osteopaths within the same region should not be allowed to assess one another's fitness to practise was the fact that within a region osteopaths may be competing with one another and that therefore there would be a built-in incentive for one osteopath to criticise the practise of another.

One aspect of the proposals that participants found particularly positive was the fact that specific areas of training and development would be required over the three-year period. This was seen as an effective way of addressing concerns that osteopaths would simply choose training and development in areas of practice that they enjoy or are already strong in.

*"Instead of them having their own choice of what they learn that there still is the requirement as well of what they actually have to do. That they're having to do the essential things as well."*

Whilst some doubts had been raised about the validity of patient feedback within a programme designed to ensure continuing FTP, participants did see the value of patient feedback within the process, if arrangements could be made to ensure that the feedback is genuine. One participant suggested a programme of patient feedback where osteopathic patients send their responses directly back to the GOsC:

*"After treatment the osteopath hands you a form, 'how is your treatment?' 'are you happy with your treatment?', you don't have to fill in this form but if you do, if you think the treatment's brilliant fill it in, send it off' and you'd know there's a guy that's got great reports. But if there's some problems with this guy and people think 'I'm not too happy, he did this or the other' and sent it off."*

Participants were also enthusiastic about the possibility of developing an online rating site for osteopathic patients to use in order to provide feedback about their treatment. It was felt that such a site would provide useful data for the GOsC as well as for patients who are considering using an osteopath. Participants were of the opinion that, in and of itself, such a site would provide incentives for osteopaths to improve the quality of their practice, if for no other reason than to ensure commercial success.

*"It's just another business, isn't it, that's a money making thing for them so they're going to want to do the best and get the best reviews all the time."*

One further comment made about the proposed programme was that evidence of its existence and of the osteopath's adherence to the programme should be made visible to patients.

*"One thing I was thinking about, they get a certificate when they qualify and they probably have to hang it up on their wall, but if they're going to be doing a three year should they not maybe have an update each year. Otherwise you're going to get an osteopath who qualified in 1967 or something like that."*

## **4. Conclusions and Next Steps**

### ***Conclusions***

The GOsC's current proposals for assuring continuing FTP were broadly seen as positive by participants in the workshop. The positive response to the scheme was in part influenced by participants' enhanced understanding of the osteopathic profession and in particular the current high levels of satisfaction amongst osteopathic patients. Members of the public and patients who do not have this knowledge may perceive the scheme less positively.

It will be important to ensure that the review processes outlined within the current proposed scheme are designed in such a way that the reviewer is perceived to be adequately independent of the osteopath being reviewed. Likewise if patient feedback is to form an inherent part of programme, it will be important to ensure that patients and the public have confidence in the validity and independence of such feedback.

### ***Next Steps***

This research was conducted with only one group of patients and the public in Northern Ireland. Further research is recommended in order to explore whether patients and the public in other areas of the UK hold similar opinions.

## 5. Evaluation Feedback

An evaluation questionnaire was distributed to all participants at the end of each workshop. There was a high level of satisfaction, with all participants indicating that they agreed with all of the statements.

The results in summary were as follows:

Question	Responses
<b><i>I enjoyed taking part in the event</i></b>	
Strongly agree	9
Agree	6
Neither agree nor disagree, disagree or strongly disagree	-
<b><i>Everyone was given a fair chance to have their say</i></b>	
Strongly agree	11
Agree	4
Neither agree nor disagree, disagree or strongly disagree	-
<b><i>The event was well organised and structured</i></b>	
Strongly agree	11
Agree	4
Neither agree nor disagree, disagree or strongly disagree	-

All but three of the participants indicated that they are willing to be contacted by the GOsC to take part in future events or research about the issues discussed. Some comments from participants were as follows:

*"It was very informative about the topic and everyone got on well."*

*"The points were covered in a way that got us to think and communicate with each other and to express ourselves honestly and openly."*

*"Was not biased towards pushing your point of view, well-balanced and mixed crowd of people, everyone was involved."*

*"It was good to be able to talk about things that you may not have any ideas about the exercises were very well organised very pleasant atmosphere."*

*"It brought to light several areas which I didn't understand about osteopathy."*

## Appendix A: Respondent profile

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

## Appendix B: Discussion Guide

### 1. Spontaneous views on CPD / Continuing FTP (30 mins)

*Purpose: To explore people's unprompted expectations of professionals (including osteopaths) and their regulators in ensuring continued fitness to practise (not using this term).*

*FACILITATOR SAYS: In the leaflet we looked at earlier one of the things that it said could be expected of osteopaths was that they would keep their skills and knowledge up-to-date. This afternoon we are going to look at how this might happen and discuss what you expect of osteopaths (and other professionals) in terms of making sure they continue to live up to the standards the public would expect of them and practise safely.*

*First of all I want us to think more broadly than just osteopaths, in fact we can think about all professional people we rely on - lawyers, doctors, pharmacists, airline pilots, teachers.*

- What do you expect professionals and/or the bodies that oversee them (regulators) to do in order to ensure that such people's skills and knowledge remains up-to-date? FACILITATOR WRITES UP RESPONSES ON FLIPCHART:
  - PROBE FOR OTHER IDEAS: What else?
- What measures do you think should be in place to make sure and actually check that professionals take this responsibility to keep their knowledge and skills up-to-date seriously?
  - PROBE FOR OTHER IDEAS: What else?
- Is this something you ever think about in relation to the professionals you deal with?
- What, if anything, do you know about how professionals really are required to keep up-to-date?
  - Does anyone know of any examples of these requirements and how they work?
- Which professions do you expect to be most active in terms of ensuring that their training and knowledge is up-to-date? Why?
  - How would your expectations differ for some of the professions we have just mentioned?
    - Doctors?
    - Lawyers?
    - Pharmacists?
    - Airline pilots?
    - Teachers?
- OK, so what about osteopaths? How would your expectations compare to these other professions? Why do you say that?

- What is reasonable to expect such people to do once they have qualified?
  - CHALLENGE: How would you feel being asked to continuously update your knowledge and skills? Let's relate it to our driving test - we don't expect to be continuously monitored or retested, is it reasonable to expect professionals to do very much?
  - So, what is it fair to ask of professionals?

## **2. Reassurance gained from different possible approaches (30 mins).**

*Purpose: To examine a variety of different possible interventions and approaches to assuring continuing FTP and seek to understand how far they each give reassurance to members of the public / their perceived relative and comparative strength.*

MODERATOR SPLITS GROUP IN TWO / THREE AND HANDS OUT PRE-PRINTED CARDS TO EACH SUB GROUP. GROUPS ARE ASKED TO ORDER THEIR CARDS FROM TOP TO BOTTOM WITH THE ACTIVITY THAT GIVES THEM THE GREATEST REASSURANCE THAT A PROFESSIONAL WOULD MAINTAIN STANDARDS AT THE TOP AND THE ACTIVITY THAT GIVES THEM THE LEAST REASSURANCE AT THE BOTTOM. EXERCISE IS RELATED TO PROFESSIONALS IN GENERAL, RATHER THAN TO OSTEOPATHS SPECIFICALLY. IN ORDERING THEM THEY ARE ASKED TO DISCUSS THE BENEFITS AND DISADVANTAGES OF EACH APPROACH.

WHEN EXERCISE IS COMPLETE, THE FULL GROUP IS BROUGHT BACK TOGETHER FOR THE FOLLOWING DISCUSSION:

CARDS INCLUDE:

1. Having to be re-tested / re-take professional exams
  2. Having to collect and use feedback from clients / customers / patients
  3. Having to show / prove a set number of hours of training / development have been undertaken – they decide the type of training
  4. Having to show / prove a set number of hours of training / development have been undertaken – type is agreed with someone else
  5. Having to discuss feedback they have received and their development with another professional (peer)
  6. Having to have what they do observed by a fellow professional
  7. Having to go through an annual appraisal with a manager / more senior professional
  8. Inspections being undertaken by an independent body / the regulator
  9. Other (respondents can add further items on blank cards)
- Which of these activities gave people the most reassurance? Why?
  - Which activities give the least reassurance? Why?



- What could be changed or added to this activity to give greater reassurance?
- How far is the order of each group the same/different? Why did views differ?
- Looking at each one in turn:
  - What did you feel are the benefits of this approach?
  - What would be the disadvantages?
- How realistic is it to expect all these things to be done?
  - What if osteopaths doing this sort of thing adds a lot of cost to the service? Explain: In an ideal world we might want our dentist's practice inspected weekly – but, if this increased their fees tenfold, we might be satisfied with something less rigorous?
  - How should professions get the balance right between assuring the public they are safe and not 'going overboard'?

### **3. Osteopathy in focus – expectations within context (30 mins)**

*Purpose: To focus on osteopathy in more detail and to understand what participants feel the approach to continued fitness to practice should be (before being prompted with the GOsC's own proposals)*

FACILITATOR SAYS: *We're now going to talk about osteopathy and what you would expect of osteopaths in particular with regard to making sure that they keep up-to-date with their skills and knowledge and that the GOsC is able to monitor that this is the case.*

- Firstly, going back to our Sort Cards, which of these activities would you expect to be applied to Osteopaths in particular? Why?
- Which wouldn't be so necessary? Why?

FACILITATOR GIVES OUT HANDOUT E – SOME KEY FACTS ABOUT OSTEOPATHY AND SAYS:

*Osteopathy differs from other professions in a number of ways, some of these differences might be important for you to understand in order that you can decide what kind of approaches might be important and might work best to ensure that osteopaths maintain their skills and knowledge at the right level. These facts are shown here and we'll talk them through.*

- Does any of this change what you think the approach should be to ensuring osteopaths keep their skills and knowledge up-to-date and are safe to practise?
  - If so, what in particular has changed your view?
  - RE-CHECK SORT CARDS – Which would you add / take away? Why?

- Given the high levels of satisfaction with osteopathy noted in patient surveys and the low risks should a more hands-off approach be taken than is true with other professions?
- Given that osteopaths generally work alone can you foresee any particular difficulties for ensuring high standards are maintained?
  - Do you have any suggestions about how this might be managed?

## TEA BREAK (14.15 – 14.30)

### 4. The GOsC's proposals (30 mins)

*Purpose: To gather reactions to the GOsC's current proposed approach to continued fitness to practise.*

FACILITATOR GIVES OUT HANDOUT F – OUTLINE PROPOSALS FOR ENSURING OSTEOPATHS MAINTAIN THEIR SKILLS AND KNOWLEDGE, AND SAYS:

*All of the regulators of health care professions have been asked to introduce some form of scheme to make sure that health care practitioners and their regulators are able to properly assure that such professionals are safe and competent. The GOsC has been developing its ideas about how this might work for osteopaths and these are outlined on this Handout.*

- What do you think of these proposals?
- If you were / are an osteopath's patient would you feel reassured about your osteopath if you knew this scheme were in place?
  - What, if any, doubts would you have?
- What, if anything, else would you like to see put in place?
- Are these proposals asking too much of osteopaths? What do you think they will think about it?
- How far do you think this scheme will make sure that all osteopaths do stay safe and keep their skills up to date?
  - What are your doubts, if any?
- Is it too easy? How easy would it be for someone to 'cheat' do you think?
- How could this be prevented?
- LOOKING BACK AT HANDOUT E – Do you think these arrangements will work well for all the different kinds of osteopaths – including those working on their own, or from their home?
- Have the specific things we learned about osteopathy been taken into account?
- What do you think, specifically, about the idea of a 'peer' health professional doing the review at the end of three years?

- How well do you think this will work?
  - What doubts do you have about it?
  - How could these be addressed?
  - What might make it work more successfully?
- The scheme encourages osteopaths to actively seek feedback from others on their performance, to reflect on this, and, based on the feedback, to take action to address weaknesses that have been identified and build on strengths. Earlier we talked about how you'd feel if you were asked to re-take your driving test. Similarly, how do you tend to respond to feedback from your passengers / other drivers about your driving?
  - So, how do you think osteopaths might react?
  - What would make it easier to accept?
- One element of this scheme is that osteopaths might need to collect patient feedback about how well they are doing, to help them decide what training and learning they might need to do.
  - What you think about this idea?
  - How do you think such feedback should be gathered?
  - Will patients be honest?
  - Will patients mind being asked to give this feedback?
  - Do you have any ideas about how this could work?
  - One idea might be a website where people can leave ratings about their osteopath (there are some websites like this for other professions.) What do you think about this idea?

## **5. Final thoughts (5 mins)**

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

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

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