



**Council**  
**12 July 2016**  
**Review of the *Osteopathic Practice Standards* – 2016 call for evidence**

<b>Classification</b>	Public
<b>Purpose</b>	For noting
<b>Issue</b>	An update on the review of the <i>Osteopathic Practice Standards</i>
<b>Recommendation</b>	<ol style="list-style-type: none"><li>1. To note progress on conducting the 2016 review of the <i>Osteopathic Practice Standards</i>.</li><li>2. To note the revised timeline for the review.</li></ol>
<b>Financial and resourcing implications</b>	There will be a moderate cost incurred over the course of 2016-17 financial year to prepare documentation for public consultation next year, which is contained within the Professional Standards and Communications budgets. The equality impact assessment advice has also been accounted for within the budgets. Consultation and engagement will be accounted for in the 2017-18 budget.
<b>Equality and diversity implications</b>	A draft equality impact assessment is being prepared ahead of consultation. We intend to commission an expert in equality and diversity to consider the equality impact assessment and the guidance pre and post consultation.
<b>Communications implications</b>	The draft revised <i>Osteopathic Practice Standards</i> will be subject to a public consultation in 2017. A communications strategy will be developed to promote the consultation and introduce the revised standards before implementation in 2018. The process of revising the standards will be regularly reported in the osteopathic media to ensure wide awareness, as well as through channels that encourage other stakeholders to respond.
<b>Annex</b>	An overview of GOC communications and engagement activity between January and end-May 2016 to inform the standards review.
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## Background

1. At its meeting of 12th November 2015, Council approved plans to review the *Osteopathic Practice Standards*. This was to involve a broad process of stakeholder involvement focussing on a 'call for evidence', desk based research, redrafting and further consultation on the revised draft standards.
2. At its meeting of 4 February 2016, Council approved fundamental principles to underpin the Osteopathic Practice Standards review. These principles are:
  - a. The existing four themes for the *Osteopathic Practice Standards* should be retained, i.e.: Communication and patient partnership; Knowledge, skills and performance; Safety and quality; Professionalism.
  - b. The *Osteopathic Practice Standards* should continue to comprise both the *Code of Practice* and the *Standard of Proficiency*, standards specified in the Osteopaths Act 1993.
  - c. A call for evidence, using a diverse range of communications, should target all our stakeholders. Evidence gathered in this way will inform proposed revisions to the *Osteopathic Practice Standards*, prepared for public consultation.
  - d. A reference group comprising a range of stakeholders should be engaged to ensure a balanced approach to the analysis of pre-consultation feedback and the development of new draft standards.
  - e. The scope of the review will embrace the four levels of standards and guidance outlined in the November 2015 Council paper, namely:

1. Overarching values/ principles	Possible inclusion of a set of high-level over-arching values/principles. Alternatively, reflect those developed and owned by the profession (e.g. Patient Charter').
2. Standards	The existing 37 standards with modifications where required.
3. Guidance	Revision and strengthening of the current guidance, incorporating revisions identified in the review.
4. Learning resources	A range of material explicitly linked to the OPS, providing more explicit explanation of why standards are in place/how they apply in practice. In support, also additional resources, or sign-posting to relevant external resources, case studies, and interactive educational material, etc. This would largely be provided online.

3. As part of this discussion, the Council approved plans for engaging stakeholders in the review process, and for identifying revisions necessary to the *Osteopathic Practice Standards*. These included:
  - a. Monitoring of the external environment. This had already identified likely revisions of the standards and guidance in relation to issues such as:
    - Duty of candour
    - Raising concerns (including in relation to mandatory reporting of Female Genital Mutilation)
    - Changes in the law relating to consent (the Montgomery<sup>1</sup> judgement)
    - Advertising.
  - b. Desk based research: reviewing other healthcare regulators' standards of practice; trends in complaints against osteopaths; common ethical enquiries, and findings of recent research, including that conducted for the GOsC by Prof Gerry McGivern<sup>2</sup> and our public perception surveys<sup>3</sup>;
  - c. A 'call for evidence' from stakeholders, including: osteopaths, osteopathic educational institutions, postgraduate education providers, osteopathic special interest groups, the Institute of Osteopathy, osteopathic regional groups, patients (primarily via Healthwatch England and the GOsC Public Patient involvement group), and other healthcare regulators.
4. The Council also approved the timeline for the review.
5. On 16 June 2016, the Policy Advisory Committee noted the progress of the review of the *Osteopathic Practice Standards*. As part of that discussion the Committee discussed the following:
  - a. The ambitious timetable – although they noted that it was feasible at this stage of the development of the review.
  - b. The robust and comprehensive engagement strategy.
  - c. The need to ensure that the extent of the proposed revision of the *Osteopathic Practice Standards* remained in line with the principles agreed by Council in February 2016. The Committee were concerned to ensure that there was not an unnecessarily and burdensome impact on the educational institutions, osteopaths and others because of the revision of the *Osteopathic Practice Standards*.

<sup>1</sup> [https://www.supremecourt.uk/decided-cases/docs/UKSC\\_2013\\_0136\\_Judgment.pdf](https://www.supremecourt.uk/decided-cases/docs/UKSC_2013_0136_Judgment.pdf)

<sup>2</sup> <http://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/research-to-promote-effective-regulation/>

<sup>3</sup> <http://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/public-and-patient-perceptions/>

6. This report provides an update on the review process to date, and outlines a revised timetable, leading to the publication of revised *Osteopathic Practice Standards* in late 2017 and their implementation from the autumn of 2018.

## Discussion

7. The review process has progressed in accordance with the timetable as follows:

### *The 'call for evidence' – stakeholder engagement*

8. A dedicated website<sup>4</sup> was established to allow stakeholders (particularly osteopaths) to provide feedback on each of the current standards in an accessible and easily navigable format. An overview of our supporting communications and engagement strategy is provided in the annex.

### *Desk based research and review of relevant literature and perspectives*

9. Desk-based research is underway, and will continue until August 2016. Other healthcare regulators' standards are being reviewed, along with key research in this area as outlined in 2(b) above. Trends in fitness to practise cases and complaints will be analysed. Detailed consideration will be given to the Institute of Osteopathy's 'patient charter'<sup>5</sup> and to the service standards being developed by the [Osteopathic Development Group](#)<sup>6</sup>.
10. We have supplemented the desk research with meetings with others, including the General Chiropractic Council<sup>7</sup> and a meeting of the inter-regulatory group comprising all the healthcare professional regulators, the Quality Assurance Agency and the Centre for the Advancement of Inter-professional Education, to ensure that our standards fit within the healthcare professional environment. We are facilitating feedback sessions with stakeholders, including regional communication network leads, osteopathic educational institution leads, GOsC staff, registration assessors and fitness to practise panellists, to ensure that we gather views on our specific standards in a range of contexts. We have also had feedback on the standards from an NHS perspective.

### *Multi-stakeholder working group*

11. A multi-stakeholder working group will be established to support the development of revised draft standards, develop a consultation draft and advise on key consultation questions, between October to December 2016. This will aim to include representatives from a range of stakeholders, including the Council of Osteopathic Educational Institutions, the Institute of Osteopathy, the Osteopathic Alliance, and the GOsC Patient Participation Group. A working group

<sup>4</sup> <http://standards.osteopathy.org.uk/>

<sup>5</sup> See Institute of Osteopathy, <http://www.osteopathy.org/news/the-io-launch-new-patient-charter/>

<sup>6</sup> Osteopathic Development Group – Service Standards, see <http://osteodevelopment.org.uk/theme/service-standards/>

<sup>7</sup> The GCC have reviewed their own code, and their new standards are brought into force in July 2016

is important in the development and revision of standards, to achieve consensus where there may be diverse opinions and views.

### **Preliminary thoughts**

12. The initial 'call for evidence' concluded on 31 May. Analysis of the feedback will continue over the summer, along with other research and evidence gathering to consolidate our proposed approach. In reviewing comments and feedback received so far, some preliminary themes have begun to emerge.
13. In the context of the four overarching themes that comprise the current *Osteopathic Practice Standards* (which Council are minded to retain), the following issues have arisen.

#### *Communication and patient partnership*

14. There is some repetition and replication between the individual standards. In some cases, the guidance may detract from the clarity of the standards.
15. Standard A4 (*You must receive valid consent before examination and treatment*) is a short standard with more than two pages of guidance, and has drawn much comment and query from respondents. There seems to be a need for greater clarity. We know that issues such as the Montgomery judgement<sup>8</sup> need to be reflected in the context of listening to patients, working in partnership with them and receiving valid consent, and in guidelines to support this.
16. In A6 (*Support patients in caring for themselves to improve and maintain their own health*) the guidance seems not to relate particularly well to the standard itself – this is a shortcoming evident in relation several of the standards.
17. The varying environments in which osteopaths practice is a significant issue cited by some respondents. For example, one respondent who works in the NHS has noted that he frequently must deal with quite challenging patients/cases within a fifteen minute appointment, and he reflects on the impact of meeting the standards for quality care within this time constraint. It may be that more guidance or specific learning resources appropriate to the various contexts in which the same standards apply may be helpful here.

#### *Knowledge, skills and performance*

18. The reference to 'osteopathic concepts and principles and the critical application of these to patient care' (B1) has elicited much comment. Some wish to see the 'osteopathic' element enhanced, but many question this, pointing to differing

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<sup>8</sup> This blog by the GMC's Assistant Director of Standards and Guidance gives a helpful overview of the Montgomery case and its implications for healthcare practice:

<https://gmcuk.wordpress.com/2015/05/29/making-decisions-together-the-implications-of-the-montgomery-judgment/>

views on the definitions of osteopathic concepts and principles, and how they should be applied. The relationship between osteopathic principles and the standards themselves has been raised.

19. Again, the guidance seems not always to aid clarity in the way that it might. That said, we must also avoid over-prescriptive guidance, because it is not possible to anticipate all examples of poor practice, nor should the standards usurp the important role of professional judgement in practice. This balance can be explored further in consultation and in the learning resources that will supplement the guidance.

#### *Safety and quality in practice*

20. The inclusion of the qualifying term 'osteopathic' in C1 and C2 (i.e. references to 'osteopathic patient evaluation' and 'osteopathic treatment plan') has provoked challenges similar to those outlined in paragraph 18, standard B1. Is this sufficiently understood to be consistent between practitioners? Some of the standards in this section overlap with standards in Communication and Patient Partnership, and could perhaps be better integrated.
21. Some respondents have observed that some standards are process orientated, whereas some are more behaviour orientated and further clarity around these could be beneficial.
22. A number of respondents have asked for clearer guidance and support in relation to cultural and ethnic expectations of patients.

#### *Professionalism*

23. This is the most extensive domain of the *Osteopathic Practice Standards*, currently comprising eighteen standards. Here there is a consistent call for much greater clarity in relation to many of the individual standards.
24. D1 (*You must consider the contributions of other healthcare professionals to ensure best patient care*), D2 (*You must respond effectively to requirements for the production of high-quality written material and data*) and D3 (*You must be capable of retrieving, processing and analysing information as necessary*) are particularly poorly understood – perhaps because they are quite generic and could be more specific. We shall need to consider whether more clarity is required in the standard itself, or in the guidance or learning resources.
25. D11 (*Be aware of your role as a healthcare provider to promote public health*) has also elicited much comment. The guidelines here relate more to health and safety requirements than to the concept of public health. The intention of the standard is perhaps less clear. The role of osteopaths within 'public health' was raised and discussed at one of our evidence-gathering meetings and perhaps this issue should be explored further in our forthcoming consultation.

26. In relation to D4, a number of respondents have queried the management of aggressive patients (*Make sure your beliefs and values do not prejudice your patients' care*). The guidance in relation to this standard could be misinterpreted to mean that aggressive patients should be referred on to other osteopaths. Further guidance or learning resources might help to articulate this standard more clearly.

### General issues

27. At the time of writing this report, the initial call for evidence has relatively recently concluded, and more detailed and considered analysis is being carried out. However, the preliminary evaluation of feedback so far has indicated important issues that will need to be addressed in the revision of the standards. There is a desire, it seems, for greater clarity in terms of what the standards actually mean in practice. Some standards, on closer examination, may give way to ambiguity, and some standards may benefit from more extensive guidance and/or learning resources. These matters could be addressed and improved in the revised standards, guidance and learning resources.
28. There is a degree of repetition in the current standards, necessitating considerable cross referencing. Queries and feedback from osteopaths suggest that this makes the current standards more difficult to navigate, understand and perhaps apply with confidence. The presentation of standards within each existing theme will be reviewed ahead of consultation with the aim of improving navigation and clarity.
29. The *Osteopathic Practice Standards* combine the osteopathic *Standard of Proficiency* with a *Code of Practice*, and these are separately differentiated within the document. Although feedback received to date has not specifically raised this as an issue, there is a general sense that this arrangement contributes to some repetition of content and over-complicates the presentation of the standards. It may be helpful to explore a more seamless integration in the revised standards (as has been achieved in the new General Chiropractic Council standards<sup>9</sup>).
30. The research carried out by Prof Gerry McGivern et al<sup>10</sup>, exploring the dynamics of osteopathic regulation, professionalism and compliance with standards, raised a number of key issues, some of which have been echoed in responses to the call for evidence. In summary, the researchers found that many osteopaths believed the *Osteopathic Practice Standards* were a good 'benchmark' against which to evaluate their practice, but some complained that they were too vague or too rigid. Standards relating to communication of risks, note keeping and modesty were particularly criticised, and for some, compliance was more 'fear based', as a way of keeping out of trouble, rather than being driven by what is regarded as good practice. These factors will be taken into account in the review

<sup>9</sup> Available at: <http://www.gcc-uk.org/good-practice/>

<sup>10</sup> <http://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/research-to-promote-effective-regulation/>

process. These points often relate to 'why' a standard is in place and more about context and application to support understanding could feature in guidance or learning resources.

### *Supporting guidance and resources*

31. The need for improved guidance on a range of issues and more efficient signposting to other possibly external resources and websites has been identified. In addition to the OPS content, the GOsC provides further guidance on a number of issues via the registrant website, the **o** zone. The scope and presentation of supporting guidance will need to be reviewed.
32. The following aspects of practice have been identified as potentially requiring clearer guidance or links to additional support and resources:
  - Consent
  - Capacity
  - Candour
  - Cultural elements and influences on the therapeutic relationship
  - Risks of treatment
  - Safeguarding
  - Case notes and record keeping
  - Mentoring/supporting colleagues
  - Equality/diversity issues
  - Maintaining boundaries
  - Managing complaints and seeking patient feedback are issues identified in the external environment that may require further work as part of the review.
33. In many cases, such guidance and resources do exist, but are contained within the **o** zone, requiring a log-in by the osteopath to access them. This seems to act as a barrier and also it means that our guidance to osteopaths is not available to other healthcare professionals. Digital links to these could be more accessible by making the resources available on the public-facing GOsC website.
34. We need to consider to what extent supplementary guidance is included within the standards document itself, and how much is provided separately, and what is the criteria for determining this. The advantage of separate guidance is the flexibility to update this regularly as circumstances change, without requiring an update to the *Osteopathic Practice Standards* document. A challenge with separate guidance is the need to constantly raise awareness of changes to ensure effective implementation. We will explore these issues further through the consultation.
35. It is intended that the revised OPS will be consistent with the feel and intent of the current document but will seek to address the issues outlined above, so that the revised OPS is up to date, clearer, easier to navigate, understand and implement, and thus contribute more effectively to patient safety and quality of



care. The OPS should also be consistent with the standards issued by other healthcare regulators, which, although varying in terms of the professions they apply to, contain very similar themes.

36. The potential impact of the revised OPS on stakeholders will continue to be monitored, and the inclusion of stakeholder representatives on the working group will help to ensure that this process is effectively managed and consensus is achieved. For example, the osteopathic educational institutions (OEIs) will need to re-map their curricula to the new standards by the time they come into force. It is hoped that greater clarity will make this process more straightforward. There will be a year between publication of new standards and their implementation, which should allow plenty of time for the mapping to be undertaken prior to the commencement of the 2018-19 academic year (on the current timeframe). The GOsC Professional Standards team will be able to support, advise and work with OEIs on this process.
37. The new CPD scheme to be introduced in 2017 requires osteopaths to complete activities across all four of the themes of the *Osteopathic Practice Standards*. This does not require mapping of activities to specific individual standards, and although the standards are being revised, it is expected that the four themes will remain the same, as osteopaths are largely already familiar with this structure. Much work will be aimed at publicising the new *Standards* across the profession prior to their implementation, and we will collaborate with others, including regional groups and the Institute of Osteopathy to this effect.
38. Other impacts, for example on our own registration assessment processes will be monitored and developed. Again, it is expected that a mapping between our old and revised standards will aid this process.

### Timetable

39. The proposed timeframe for the review has been modified (although the proposed implementation date remains the same as previous proposals). The timeframe will be kept under review, but is currently envisaged as:

Call for evidence – engagement with key stakeholders	February to May 2016
Desk research	February to August 2016
Review of evidence	Summer 2016
Specific patient group consultation	Late September 2016
Report to Policy Advisory Committee with initial structure of revised OPS based on review evidence and feedback – seek feedback regarding consultation draft	October 2016

Multi-stakeholder working group established to provide further comment on the preparation of the draft standards for public consultation	October to December 2016
Council approval of draft OPS for consultation	February 2017
Consultation*	March to June 2017
Publication and introduction	Autumn 2017
Implementation/roll out	Autumn 2017 to Autumn 2018
Standards come into force	Autumn 2018

\*It may be the case that the full suite of guidance and additional resources are not developed until after the consultation on the revised standards. A separate consultation on specific guidance documentation would be envisaged within a timeframe to enable consistent introduction of these alongside revised standards.

### **Recommendations:**

1. To note progress on conducting the 2016 review of the *Osteopathic Practice Standards*.
2. To note the revised timeline for the review.

### **An overview of GOSc communications and engagement activity between January and end-May 2016 to inform the standards review.**

#### **Overview**

At its meeting in February 2016, the Council approved the notion that revising and updating the 2012 *Osteopathic Practice Standards* requires a strategy that enables stakeholders to identify where improvements are needed.

Evidence from recent research suggests that improving the clarity and presentation of practice standards may in turn greatly assist registrants' awareness, understanding and application of standards in practice.

A communications and engagement plan was developed with the aim of widely promoting awareness of the initiation of the review process and providing the opportunity for all interested parties, and particularly the osteopathic profession, to contribute views and recommendations for improving the current standards and supporting guidance. The strategy sought to encourage osteopaths and osteopathic education providers also to identify where supplementary information, signposting and additional CPD resources could helpfully assist good practice.

Between February and end-May 2016, we conducted an extensive campaign to generate stakeholder feedback on the current practice standards.

#### **Collecting feedback**

To facilitate feedback on all aspects of the current standards, we created a dedicated website – <http://standards.osteopathy.org.uk> – which allowed respondents to easily access and navigate *Osteopathic Practice Standards*, and lodge comments, publicly or privately, on each individual standard and its associated guidance. The website included an introductory video, hosted on the GOSc's YouTube channel, which introduced and outlined the review process and mechanisms for submitting feedback.

The review process proposed four underpinning key questions:

- Which standards could be presented and explained more clearly?
- Which standards might hinder rather than support good osteopathic practice?
- Whether there are any areas not covered that would benefit osteopaths, patients and the public?
- Where there might be a need to clarify the guidance that supports the standards?

The Review website attracted considerable activity. By the end of May 2016, the site registered:

- Number of video viewings: 365

- Number of comments received on the standards: 334

27 submissions were also received directly via email.

### *Promoting awareness of the 'call for evidence'*

To encourage the submission of as much 'evidence' as possible to inform our review of the *Osteopathic Practice Standards*, from January to end-May 2016 we conducted a comprehensive programme of communications and engagement, targeting osteopaths (in different sectors), students, patients and the public.

### **Summary of activities:**

#### *Registrants*

- Lead story in GOsC monthly news e-bulletins to all registrants, January to May 2016.
- Targeted email to all registrants, introducing the review, how to 'get involved', link to dedicated interactive OPS microsite. Follow-up email in April 2016, encouraging registrants to discuss the current standards with colleagues to identify potential improvements.
- *The osteopath* magazine: Feb/March 2016 – launch of OPS review; focus on 'Communication and Patient Partnership, and Knowledge, Skills and Performance'. April/May 2016 – Safety and Quality in Practice, and Professionalism. June-July 2016 – update on review process.
- **o** zone: On-going news items in line with overarching themes/messages through life of review (March: Promoting awareness of the review, look at the OPS. April 2016: "Talk to your colleagues". May 2016: "Tell us what you think", last chance, deadline).
- Flyer included in GOsC Renewal of Registration packs sent to over 2,000 registrants between March and May 2016(over 2,000) – 'OPS review: tell us what you think'.

#### *Undergraduate/postgraduate osteopathic education sector*

- Targeted emails to education providers sent March and April 2016.
- GOsC-Osteopathic Educational Institutions (OEIs) meeting, 23 May – interactive workshop on OPS revisions.
- *Osteopathy students*: OPS review highlighted in all GOsC presentations to Final-year students across nine institutions (January-April 2016); targeted email inviting OEIs to post information for students on institution intranets, and student/alumni sites (Manus Sinistra website, etc).

### *Osteopathic organisations*

- Institute of Osteopathy, National Council for Osteopathic Research, Osteopathic Educational Foundation – targeted emails March, April and May 2016. Supported by discussion in bilateral meetings.

### *Regional and local osteopathic groups*

- Targeted emails in March, launching review, encouraging local groups to engage members in discussion of the *Standards* review.
- Regional Communications Network meeting, 18 March 2016 – workshop. Follow-up email, 23 March, with calls to action, offering support to hold regional/local OPS review sessions.

### *Health and social care regulators (including international competent authorities)*

- Targeted emails and cross-regulatory engagement activities.
- Care Quality Commission, Healthcare Improvement Scotland, Health Inspectorate Wales, Regulation & Quality Improvement Authority, Professional Standards Authority, British Acupuncture Council, Complementary and Natural Healthcare Council – targeted emails, February and May.
- Osteopathic International Alliance, Forum for Osteopathic Regulation in Europe (FORE), Osteopathic Board of Australia, Australian Osteopathic Association, Osteopathic Council of New Zealand, Council for Professions Complementary to Medicine, Gibraltar Medical Registration Board, Allied Health Professionals Board of South Africa – targeted emails, February and May 2016. FORE newsletter to members, May 2016.

### *Osteopathic Indemnity insurance providers*

- Targeted emails, March and May 2016.

### *Registration assessors*

- Targeted emails, March and May 2016.

### *Legal assessors*

- Targeted emails, March and May 2016.

### *Private Health Insurers*

- Targeted emails, March and May

### *Government departments*

- Targeted emails across the UK.

### *Patients and public*

- GOsC PPG, Healthwatch (England) network, Community Health Councils (Wales), Scottish Health Councils, Patient and Client Council (N Ireland), Private Patients' Forum, Clinic of Boundary Studies, National Voices – targeted emails, April and May 2016.
- Website and social media (Facebook posts and Twitter feeds). Our first post on Facebook about the review reached 895 and our most recent 632; over 50 newsletter/social media postings by Healthwatch organisations across England, Scottish Health Councils, Welsh Community Health Councils and the Northern Ireland Patient and Client Council.

### *GOsC staff*

- Staff briefing and updates, March to May 2016. Feedback received from GOsC Regulation, Registration and Communications teams.
- GOsC email signature: 'Tell us what you think of the *Osteopathic Practice Standards*. Visit <http://standards.osteopathy.org.uk> to find out more'.

### *Governance structure*

- Council email, 29 February 2016.
- Council meeting, 5 May 2016.
- Osteopathic Practice Committee meeting, 3 March 2016.