General Osteopathic Council

Council
18 July 2017
Review of the *Osteopathic Practice Standards*

Classification	Public
Purpose	For decision
Issue	Review of the *Osteopathic Practice Standards*
Recommendations	1. To agree the *Osteopathic Practice Standards* for consultation. 2. To agree the consultation strategy for the *Osteopathic Practice Standards*.
Financial and resourcing implications	The review so far has been within budget allocations. Consultation and engagement, including the preparation of documentation will be accounted for in the 2017-18 budget. The equality impact assessment advice has also been accounted for within the budgets.
Equality and diversity implications	An equality impact assessment is provided at Annex F.
Communications implications	The draft updated *Osteopathic Practice Standards* will be subject to a public consultation later in 2017 (August to October). A communications strategy has been developed to promote feedback to the consultation with all our stakeholders including patients and the public. A draft communications strategy for OPS implementation in 2019 is being developed. 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 be involved.
Annexes	A. Draft of updated *Osteopathic Practice Standards* B. Draft consultation document C. Communications and engagement plan D. Version of the draft updated *Osteopathic Practice Standards* without additional text or comments. E. Statement of changes to current *Osteopathic Practice Standards* F. Equality Impact Assessment
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Background

1. At its meeting of 2 May 2017, Council noted progress on the review of the *Osteopathic Practice Standards* (OPS) including the outcomes of the discussions at the Stakeholder Reference Group meeting of 30 January 2017, and at the Policy Advisory Committee of 9 March 2017.

2. A minor recommended change to the consultation timetable was noted by Council in that the consultation is now planned to take place from early August 2017 to the end of October 2017 (a month earlier than originally intended). The revised timetable is as follows:

Activity	**Date**
Multi-stakeholder working group established to collaborate on the development of updated OPS and supplementary guidance documents.	January to May 2017
Report to Policy Advisory Committee	June 2017
Council approval of draft OPS and guidance for consultation	July 2017
Consultation	Early August to end October 2017
Post consultation analysis	November 2017
Publication and introduction	Spring 2018
Preparation for updated OPS coming into force	Spring 2018 to Autumn 2019
Standards come into force	Autumn 2019

3. On 25 April 2017, an internal meeting was held at the GOsC with representatives of each department present. At the meeting, the then current draft OPS was considered line by line, giving each department an opportunity to contribute to the development of standards and guidance, informed by their own experience and perspectives in the different GOsC functions (regulation, registration assessments, communications and education).

4. The updated draft, as a result of this meeting, was then considered by the Stakeholder Reference Group at its second meeting on 9 May 2017. The meeting was attended by representatives from the following stakeholders:

- The Council of Osteopathic Educational Institutions
- The National Council for Osteopathic Research
- The Institute of Osteopathy
- The Osteopathic Alliance
- Osteopathic patients (two patient representatives attended)

5. The Stakeholder Reference Group considered the draft, working through each standard and its associated guidance. In many cases, this resulted in minor editorial changes to better reflect the meaning, intent or presentation of the standard or guidance. There were, however, some broader issues raised for discussion where a consensus was not reached. These were:

   - reference to osteopaths personal lives within the standards.
   - values and equality issues
   - reference to osteopathic philosophy.

6. These issues, and the revised draft were discussed at the Policy Advisory Committee on 8 June 2017.

7. This paper reports on outcomes of discussions held at the Policy Advisory Committee in relation to the updated OPS and presents the current draft updated OPS (Annex A) and consultation document (Annex B) for consideration and approval by Council prior to formal consultation from 1 August to 31 October 2017.

Discussion

Policy Advisory Committee discussions and outcomes in relation to the draft updated OPS

8. The issues in paragraph 5 above, which were discussed at the Stakeholder reference Group, were considered by the Policy Advisory Committee on 8 June 2017.

Reference to personal lives

9. As will be seen in the attached draft updated OPS, the introductory statement to the Professionalism theme includes:

   'Osteopaths must act with honesty and integrity and uphold high standards of professional and personal conduct to ensure public trust and confidence in the profession…..'

10. The reference to personal conduct in this statement is reflected in the revised standard D7, which states:

    'D7. You must uphold the reputation of the profession at all times through your conduct, in and out of the workplace.'

    The reference here to 'in and out of the workplace' is an addition to the existing standard in this respect, though the guidance to current standard D17 ('Uphold the reputation of the profession through your conduct') already reflects aspects of this, referring to professional and personal conduct, and requiring osteopaths to have regard to their professional standing, 'even when not acting as an

osteopath'. Examples are further given in current D17 guidance of what 'upholding the reputation of the profession' may include, such as not abusing alcohol or drugs or behaving aggressively or violently 'in your personal or professional life'.

11. One member of the Stakeholder Reference Group had a particular aversion to personal lives being referenced in this way within a professional standards document, arguing for example the law had been, at times, highly discriminatory (for example in relation to sexuality). Others felt that it would be very difficult to draw a distinction between professional and personal conduct in this context.

12. The Policy Advisory Committee felt it was appropriate to include the reference to personal lives within the updated OPS, and that this was consistent with the situation within other regulated healthcare professions. The Committee noted the recent change to the Osteopaths Act 1993 in 2016, which explicitly inserted the same clause into all health professional regulators' legislation which stated that the GOsC was required to pursue objectives including maintaining public confidence in the profession.

Values and equality issues

13. The suggestion for revised standard A7 reflects the content of current standards D4:

    '*A7. You must make sure your beliefs and values do not prejudice your patients' care.'*

    The first two elements of guidance to support this standard are as follows:

    '1. The same quality of service and care should be provided to all patients. It is illegal to refuse a service to someone on the grounds of their gender, ethnicity, disability, religion or belief, sexual orientation, transgender status, age, marital or civil partnership status or pregnancy

    2. If carrying out a particular procedure or giving advice conflicts with your personal, religious or moral beliefs, and this conflict might affect the treatment or advice you provide, you must explain this to the patient and advise them they have the right to see or be referred to another osteopath.'

    These are both also in the current OPS, though the scope of the categories referred to in paragraph 1 has been extended to reflect current equality law.

14. One member of the Stakeholder Reference Group raised some concerns regarding the guidance in paragraph 2 on the basis that it might imply that personal feelings or values of an osteopath could override equality law. This was not the intent of the guidance, and nor would it be possible to override equality law in this way, but the issue was considered by the Policy Advisory Committee, and referred back to the Executive for further review.

15. On reflection, the Executive considered that any ambiguity suggested by paragraph 2 of the revised guidance to updated standard A7 might be best addressed by deleting this paragraph altogether. It is difficult to envisage a situation where the application of an osteopathic technique or procedure would pose a moral or ethical concern for an osteopath in the way suggested within this guidance. This proposal was further put to the equality expert with whom we have been working on the updating of the OPS, who agreed that the deletion of this paragraph was an appropriate way forward. It has now been removed from the draft.

Reference to osteopathic principles and philosophy in the standards

16. The issue regarding reference to osteopathic principles within the OPS was raised in the paper to Council of 2 May 2017. As was stated, some respondents to the initial call for evidence on the current OPS felt that referring to osteopathic principles within a standard was problematic as they are not universally agreed, understood or applied in practice, and nor, some may argue, are they unique to osteopathy. To attempt to address this issue, the current standards B1 and B2 have been combined into a single new B1: *'You must have sufficient and appropriate knowledge and skills to support your work as an osteopath'.*

17. In the draft updated OPS considered by the Stakeholder Reference Group, the guidance to this standard included examples of what this knowledge should comprise, which included; *'an understanding of osteopathic, principles and concepts of health, illness and disease and the ability to apply this knowledge critically in the care of patients'.*

18. The view put forward at the Stakeholder Reference Group on behalf of the Osteopathic Alliance was that this element of guidance did not go quite far enough, and that specific reference should be made to 'osteopathic philosophy' as well as principles.

19. The lack of clarity about what 'osteopathic philosophy' comprises in terms of a standards document was discussed at the Stakeholder Reference Group meeting but a consensus not reached. It was pointed out that 'philosophy' is not mentioned in the current OPS, though, reference to this is made within the *Guidance for Osteopathic Pre-registration Education*[1], which sets out the outcomes students are expected to meet in order to graduate with a Recognised Qualification.

20. The question of including reference to osteopathic philosophy, either within a standard, or within guidance, was discussed at the Policy Advisory Committee meeting of 8 June, with a diversity of opinion evident. The Committee noted that the inclusion of the philosophy of osteopathy had been discussed comprehensively and at some length in previous meetings. The diversity of

[1] http://www.osteopathy.org.uk/training-and-registration/becoming-an-osteopath/guidance-osteopathic-pre-registration-education/

views remained the same but it was agreed that patients should always be central to the profession. Osteopath members and observers suggested it would be helpful to include reference to the 'philosophy and principles' rather than just 'principles' of osteopathy in the OPS, especially for overseas practitioners applying to join the register. The issue was whether this should be explicitly mentioned in standards or guidance.

21. It was agreed that in order for Council to make an informed decision on this matter in due course post consultation, a specific question would be included within the consultation document regarding reference to osteopathic philosophy and principles, with options as to how these could be referenced within the document. In the meantime, the current draft reflects a reference to osteopathic philosophy and principles in the guidance in relation to updated B1:

    '*an understanding of osteopathic philosophy, principles and concepts of health, illness and disease and the ability to apply this knowledge critically in the care of patients'.*

Current draft of the updated Osteopathic Practice Standards

22. Following the Policy Advisory Committee of 8 June, the draft *Osteopathic Practice Standards* document has been further amended to reflect the outcome of discussions and internal scrutiny. This is attached to this paper as Annex A. A version of the draft without additional comments is included in Annex D for ease of reading.

23. The draft in Annex A shows the current OPS, suggested revisions to these, and suggested guidance. Commentary and notes are shown in relation to each of the standards. Current guidance is not shown, though changes are referred to in the commentary in relation to each. For a full comparison, it is suggested that the draft be compared to the current OPS[2].

Summary of changes

24. At its meeting of 2 November 2016, Council agreed that the approach being undertaken to review the OPS was consistent with the principles which it set at its meeting of 4 February 2016, which included:

    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.

25. The scope of the review would include:

[2] Available at: http://www.osteopathy.org.uk/standards/osteopathic-practice/

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.

26. The revised draft OPS retain the four existing themes of the standards, set out in 23a above.

Overview of changes in relation to each theme

27. Overall, the number of standards has reduced from thirty-seven to twenty-nine. This is aimed at reducing unnecessary repetition, and improving navigability. We have considered the language used, and the nature of the guidance in relation to each standard. The initial call for evidence, stakeholder feedback and our own scrutiny of the document identified a number of areas where the existing guidance did not clearly support its associated standard, leading to ambiguity or confusion, and we have tried to address this in the updated OPS. It is important to highlight, though, that the mapping of content against the standards of other health professional regulators shows that the same areas continue to be covered, and that the reduction in the overall number of standards has not reduced the substantive content. The involvement of patients as a key constituent has also ensured that we retain an objective perspective on the development of the updated OPS.

28. The Stakeholder Reference Group, on balance, felt that there was a benefit to retaining fairly detailed guidance within the OPS document itself, rather than publishing this separately (for example, in relation to consent, boundaries ad managing patient information), and the draft has been prepared with this in mind. Its final published format will therefore be reasonably familiar to osteopaths, with four themes, a set of standards, and guidance in each case to support the implementation of the standards in practice.

29. A table highlighting changes to existing standards is included as Annex E to this paper.

30. Since the Policy Advisory Committee of 8 June, we have reviewed the updated OPS again in detail relative to the current OPS, to ensure that all necessary elements have been captured within the updated version. This included a review of use of the words 'you must' and 'you should', within standards and guidance. We have worked with the following rationale for this:

    a. If 'you must' is included within the standard, it is not always essential in the guidance.

    b. If there is a legal requirement, then 'you must' is required.

    c. If 'you must' is not included within the standard, then consider its inclusion in within the guidance to that particular standard.

Communication and patient partnership

31. The number of standards within this theme has increased from six to seven, but some standards have been incorporated from 'Safety and quality' and 'Professionalism' into this theme. In some cases, standards have been merged, or existing standards incorporated, instead, into guidance.

32. The guidance relating to consent has been retained within the document (although we already publish separate guidance in this area –'*Obtaining Consent*') but has been reviewed and represented with sub headings to improve navigability and engagement with this.

Knowledge, skills and performance

33. There remain four standards within this theme, though these have altered slightly. We have suggested merging current standards B2 and B2, with current B1 incorporated more into the guidance of what now becomes the updated B1. This is the guidance where the issue of osteopathic philosophy is raised, as mentioned in 16-21 above. Existing standard D3 from 'Professionalism' has been reworded and incorporated here as a new B4 with clearer guidance to explain this in context.

Safety and quality in practice

34. By combining some of the existing nine standards with others, or moving them instead to guidance, where appropriate, the number of standards within this section has reduced to six. This includes some extra standards from 'Professionalism', for example, existing D12 and 13 become a new C5 relating to safety, cleanliness and health and safety within the practice.

35. The current standard D11 (*Be aware of your role as a health provider to promote public health*) is now supported by much clearer guidance as to what this would mean in practice. Although the Working Group representative from the Osteopathic Alliance (OA) is happy with the supporting guidance, an objection has been raised to use of the word 'promote' within the standard itself.

Although the standard has been in place for five years without any problems having arisen, the OA is concerned that 'promote' might imply a duty to support health initiatives, from time to time, which are not in tune with their own values or views on health. Other views are that the inclusion of public health in this way is a key component of statutory health professional. We have retained the existing wording in the draft, but there is a specific question in the consultation about the role of osteopaths in promoting public health.

Professionalism

36. By combining standards or moving them to other themes, the number in this section has been reduced from eighteen to twelve. The remaining standards have been re-ordered, which, although not implying that any are more important than others, represents a more logical approach to this theme.

37. Guidance in relation to confidentiality and the management of patient information (updated D5) has been updated with sub headings for ease of engagement, and guidance around patient boundaries (updated D2) has been substantially developed drawing on a range of external sources and our recent Boundaries Thematic Review.

38. We have added a requirement to the updated D1 guidance, requiring osteopaths to have professional indemnity cover, which will help in the management of cases where osteopaths have been found not to have such cover (even though it is a registration requirement).

39. Existing D18 has been reworded as updated D12, and now includes clearer guidance, and a requirement to provide significant information to the GOsC regarding conduct and competence, cooperate with any requests for information or investigation and comply with regulatory requirements.

Standards of Proficiency and Code of Practice combined

40. Council's principle b as referred to in 24 (b) above requires that the OPS should continue to comprise both the Code of Practice and the Standard of Proficiency, as specified in the Osteopaths Act 1993.

41. It was reported to Council on 2 November 2016 that we were exploring the option of a more seamless integration of Standards of Proficiency and Code of Practice into one set of standards, rather than these being separately differentiated as they are now within the current OPS document. Legal advice from Fieldfisher solicitors confirmed that this is possible within the provisions of the Osteopaths Act 1993, provided it is clearly stated that this is the case. Should circumstances arise where the law changes, or resources are urgently required to support osteopaths in implementing the standards, then these can be produced, regardless of whether these comprise 'official' guidance – that is, they comprise part of the Code of Practice. Clearly in producing such 'guidance' as part of the Code of Practice, Council would make a decision about a fair date

of implementation taking all perspectives into account. However, our usual approach would be simply to develop learning resources, for example, as we have done in relation to the Montgomery judgement and the law of consent.

42. It is still felt that the advantages to be gained by integrating the Standard and Code as suggested outweigh any potential risks, and do not substantially alter the current situation in this regard.

Consultation

43. The final draft of the updated OPS will be subject to consultation from August to October 2017 as noted by Council on 2 May 2017. The initial call for evidence used a dedicated microsite (http://standards.osteopathy.org.uk/), and it is intended to adapt this to facilitate the actual consultation process.

44. In an article on the Consultation Institute's website https://www.consultation institute.org/latest-trend-online-consultation/, our initial call for evidence was held up as an example of good practice, and we will be utilising a similar process for the full consultation.

45. Council's aim for the initial call for evidence was to utilise a diverse range of communications to target all our stakeholders, and a similar approach is planned for the consultation.

Communications and engagement strategy

46. The purpose of the OPS consultation is to ensure that all our stakeholders are provided with an opportunity to consider and comment on the updated standards and also provide their thoughts on the key policy issues that have been identified throughout the development process. It is part of the wider engagement process to develop the guidance.

47. The purpose of the consultation strategy is to deliver a process which ensures, as far as is possible, that we get good quality and a reasonable quantity of responses from all our stakeholders to provide Council with assurance that all relevant points have been made and considered before it makes a decision to publish the updated version of the OPS in early 2018.

48. A strategy for communication and stakeholder engagement throughout the consultation process is included as Annex C to this paper. This approach reflects a broad and inclusive approach to engagement with all stakeholder groups, including:

- Osteopaths
- Osteopathic educational institutions
- Patients
- Institute of Osteopathy
- Regional osteopathic groups
- Osteopathic students

- Osteopathic Alliance
- GOsC staff
- National Council for Osteopathic Research (NCOR)
- Other regulators and health professionals.

49. Different people will be encouraged to engage with us through different mechanisms. It is therefore important that the engagement strategy includes a variety of methods to encourage the broadest possible input from stakeholders, including:

    - Consultation website
    - Face to face meetings (e.g. Educational Institutions, Students, Regional Groups, Institute of Osteopathy, NCOR)
    - Articles in The Osteopath and e-bulletins to registrants.
    - Web meetings (e.g. regional groups, Osteopathic Alliance)
    - Focus group (for patients)
    - Promotion of the OPS consultation with our patient participation group
    - Direct communications with other regulators, and Professional Standards Authority
    - Social media promotion

50. Social media use will involve using our own platforms (Facebook and Twitter) to promote the consultation and engagement around this, as well as engaging with stakeholders with a social media presence and access to a membership group or community.

51. The consultation mechanisms should enable us to distinguish the views from our different stakeholders.

Consultation document

52. A draft consultation document is included at Annex B. The document is intended to give a detailed narrative as to how we have reached the current point (for example explicitly referencing points made and thinking in relation to how osteopathic philosophy and principles are referenced), and the issues raised. It aims to set out the reasons for and against particular approaches so that we can be sure that we have considered all possible arguments in order to inform Council decision making in early 2018 when we aim to finalise the document. It recognises that the consultation is not simply a vote – but an opportunity to express views to inform balanced decision making.

53. The draft consultation document will be available throughout the consultation process, but is recognised (as was discussed at the Policy Advisory Committee on 8 June) that this is a long document, and its length and detail may act as a barrier to some stakeholders.

54. We intend that the specific consultation questions will be broken down and summarised in relation to each theme within the consultation website for ease of stakeholder engagement. We are planning a patient focus group to ensure that

the views of patients are represented, but will also encourage patient engagement via the consultation website with targeted emails to our patient participation group, and broader patient groups such as Healthwatch, and its equivalents in Scotland, Wales and Northern Ireland.

Equality impact assessment

55. We have been working with an equality expert, who has publications in this area and who has worked with a range of other health regulators, professional bodies and statutory bodies in equality matters, in relation to the equality impact of the revisions to the OPS throughout its development. The advice of the expert has informed the development of the document discussed by the Stakeholder Reference Group at its initial meeting. An Equality Impact Assessment is included as Annex F to this paper and we intend that it will also be published as part of the consultation.

Presentation of the Osteopathic Practice Standards

56. As well as the consultation website, a consultation version of the updated OPS will be available for download or for sending as a hard copy.

57. Consideration will be given as to a variety of means of publishing the updated OPS in 2018. As well as a hard copy or PDF version of the standards, this might include a better navigable website (or app) which would facilitate a more interactive and engaging experience for users.

Post consultation process

58. The consultation feedback will be collated and analysed and any revisions considered with input from the Stakeholder Reference Group.

59. Final approval to the updated *Osteopathic Practice Standards* will be sought from Council in either February or May 2018, depending on the extent of any post consultation changes, and the need for further input of the Policy Advisory Committee.

Recommendations:

1. To agree the *Osteopathic Practice Standards* for consultation.
2. To agree the consultation strategy for the *Osteopathic Practice Standards*.