



**General
Osteopathic
Council**

Consultation on revised *Osteopathic Practice Standards*

1 August – 31 October 2017

Introduction

1. The General Osteopathic Council (GOsC) is seeking the views of osteopaths, patients and the public on updated *Osteopathic Practice Standards*.

About the General Osteopathic Council

2. We regulate and develop osteopathic practice in the United Kingdom. In doing so, the objectives of the Council are:
 - to protect, promote and maintain the health, safety and wellbeing of the public;
 - to promote and maintain public confidence in the profession of osteopathy; and
 - to promote and maintain proper professional standards and conduct for members of that profession.

Context

What are the Osteopathic Practice Standards?

3. The *Osteopathic Practice Standards* and associated guidance published by the General Osteopathic Council:
 - Describe the standards that all osteopaths must practice.
 - Explain to patients, other health professionals, students and others the standards which they can expect all osteopaths to practise to.
 - Define the standards that all UK-qualified osteopaths must meet in order to be awarded a 'Recognised Qualification' leading to registration with us. This means that all UK osteopathic educational institutions develop detailed curricula and assessments mapped against the *Osteopathic Practice Standards* and this in turn is the standard against which qualifications and institutions are quality assured.
 - Define the standards that internationally-qualified applicants must substantially meet before being registered with us through our GOsC assessment processes.
 - Are used to support osteopaths returning to practice after two or more years out of UK practice to identify appropriate CPD.
 - Define the standards that osteopaths are judged against in our fitness to practise procedures when considering whether conduct amounts to 'unprofessional conduct'.

The development of revised standards and guidance

4. The development process included a call for evidence (January-May 2016) in which osteopaths and others were invited to comment on the current standards, and their experience of implementing these in practice. The revisions were informed by the responses to this call for evidence, and developed further in conjunction with a Stakeholder Reference Group. This group included input from various stakeholders, including the Council of Osteopathic Educational Institutions, National Council for Osteopathic Research, Osteopathic Alliance, Institute of Osteopathy and patients.
5. We have undertaken a comprehensive review in order to update our standards and guidance, enhancing clarity and ensuring fitness for purpose for today's patient-practitioner consultation.

Proposals for consultation

The Osteopathic Practice Standards and application to practice

6. The *Osteopathic Practice Standards* comprise part of a range of components that influence practice, and the relationship between patient and practitioner. In order to enhance implementation, the GOsC Council determined that the scope of the consultation on revised *Osteopathic Practice Standards* should embrace four levels:

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.

Overarching values / principles

7. What is important to patient and practitioner will influence the decision making within the osteopathic consultation. We are working closely with the Collaborating Centre on Values Based Practice at St Catherine's College in Oxford, the General Dental Council and independent consultants Community Research, in order to develop a clearer understanding of the values that are

important to individual patients and practitioners and thus better inform the interpretation and application of standards.

8. The Institute of Osteopathy is introducing a Patient Charter and set of service standards for osteopaths which will also influence this area.

Standards and Guidance

9. The *Osteopathic Practice Standards* and associated guidance can be used together and collectively to inform all the functions of the *Osteopathic Practice Standards* outlined at paragraph 4 above, supporting consistent and clear practice. This means that standards and guidance are synonymous in their effect¹.
10. However, standards should provide a comprehensive summary of all the information which is outlined in the guidance. They should be regarded as universal – applicable to all osteopaths in all contexts. The standards collectively inform the overarching framework whereas guidance informs and supports their interpretation of the standards, whilst still being authoritative and applicable in all the contexts outlined above.

Learning resources

11. Research undertaken for the GOsC by Professor Gerry McGivern and others² suggests it is not just the 'what' but the 'how' and the 'why' which is important in supporting implementation of standards. However, some of this 'how' and 'what' is not suitable for guidance, and might best be demonstrated through learning resources, for example, case scenarios, e-learning or videos, or 'think pieces' published in *the osteopath* journal to help to implement, describe or explain a particular aspect of the *Osteopathic Practice Standards* or supporting guidance.
12. We suggest that 'learning resources', therefore, would be a range of material specifically linked to the *Osteopathic Practice Standards*, providing more explicit explanation of why standards are in place and how they might apply in practice. We envisage that these would include a much more dynamic range of additional resources, or sign-posting to relevant external resources, case studies, and interactive educational material, largely provided online. Examples of such learning resources are available on our dedicated CPD website at: <http://cpd.osteopathy.org.uk>. We have also referred to specific examples in response to some of the feedback we have already received and outlined below.

¹ See s13 and paragraph 15 to Schedule 1 of the *Osteopaths Act 1993*:

<http://www.osteopathy.org.uk/news-and-resources/document-library/legislation/osteopaths-act-1993-as-amended/>

² *Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice*, available at: <http://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/research-to-promote-effective-regulation/>

Developments in the health environment within which standards are applied

13. The current *Osteopathic Practice Standards* were published in 2011 and implemented from 1 September 2012.
14. Since then, there have been developments in health, health regulation and research, for example:
 - Clarification of the duty of candour
 - Commissioned research about the application of standards in practice indicating that understanding the 'why' of the standards was as important as understanding the 'what' in ensuring the application of standards to practice.
 - Commissioned research suggesting that in the specific osteopathic context:
 - Communicating risks and gaining consent from patients: clarifying how osteopaths can communicate risks of osteopathic treatments to patients in ways that do not alarm them or undermine their confidence in osteopathy.
 - Keeping patient notes: addressing osteopaths' concerns about what constitutes adequate note-keeping and why notes are necessary.
 - Patient dignity and modesty: clarifying what is expected in relation to these standards to prevent some osteopaths interpreting them in 'black and white' terms, which do not reflect the intent of the *Osteopathic Practice Standards* and undermine their confidence in the *Osteopathic Practice Standards* more generally.'
 - Clarification about raising concerns (including in relation to mandatory reporting of Female Genital Mutilation)
 - Changes in the law relating to consent (the Montgomery³ judgement)
 - Advertising.
15. We also have the experience of implementation in practice and editorial feedback to better support accessibility and clarity in the standards.

³ https://www.supremecourt.uk/decided-cases/docs/UKSC_2013_0136_Judgment.pdf

Consultation areas

16. We welcome comments on all areas of the proposed revised *Osteopathic Practice Standards*, but are particularly interested in views on the following areas:
 - A. Combining the standard of proficiency, Code of Practice and four themes of the *Osteopathic Practice Standards*
 - B. Clarity around the duty of candour, consent, boundaries, notes and modesty and understanding the 'why' of standards
 - C. Osteopathic principles and philosophy
 - D. The role of osteopathy in public health and in relation to other health professionals
 - E. The content of the standards and guidance
 - F. Period of implementation.
- A. Combining the standard of proficiency, Code of Practice and four themes of the *Osteopathic Practice Standards***
17. The *Osteopaths Act 1993* requires the General Osteopathic Council to determine the standard of proficiency required for the competent and safe practice of osteopathy, and publish a Code of Practice laying down the standards of conduct and practice expected of osteopaths.
18. The current *Osteopathic Practice Standards*, in force since 2012, were the first to combine a standard of proficiency and Code of Practice into one document. However, they remain separately delineated causing repetition and lack of clarity.
19. The updated standards incorporate simultaneously both the standard of proficiency and the Code of Practice. This is intended to streamline their presentation, avoid repetition and help to improve navigability and clarity.
20. We have also retained the existing four themes of the *Osteopathic Practice Standards*:
 - Communication and patient partnership
 - Knowledge, skills and performance
 - Safety and quality in practice
 - Professionalism.
21. These themes are familiar to osteopaths, and also map easily to those domains in place for other health professionals. They are also in place for our new continuing professional development (CPD) scheme due to be implemented in 2018, which will require osteopaths to undertake activities across these four themes within a three-year CPD cycle.

Question 1: Do you support the structure of the proposed revised *Osteopathic Practice Standards*?

Yes No

Comments:

Content of the proposed revised *Osteopathic Practice Standards*

22. The content of the standards has largely remained the same except as outlined in the remainder of this consultation document. This is because the current content maps to the content of the standards of other health professionals and required updating rather than rewriting. No significant gaps were identified in our call for evidence conducted last year, as feedback was mostly editorial in nature.
23. Feedback in response to our 2016 call for evidence indicated that there were some areas of repetition within the current *Osteopathic Practice Standards*, and some standards that seemed better suited in a different theme. In the proposed revised standards we have attempted to remedy this by deleting standards where their intent was felt to be repeated elsewhere, or combining some of the existing standards to avoid unnecessary repetition and to clarify their meaning. We have also moved some of the existing standards from the 'Safety and quality in practice' theme (current C3-5) to 'Communication and patient partnership', or have combined with standards from that theme. Similarly, some current standards from 'Professionalism' seemed to relate more to 'Safety and quality in practice' (current D2, D11, D12, D13), or 'Knowledge, skills and performance' (D3) and have been moved accordingly.
24. We have also reviewed the language used throughout the document to improve its clarity, and to support the implementation of the standards in practice.

Question 2: Do you feel that the content of the standards and guidance in the proposed revised *Osteopathic Practice Standards* is accessible and clearly worded?

Yes No

Comments:

Guidance on specific areas

25. A number of areas identified either through our research or through feedback required further consideration. These are set out below:

Consent

26. An issue which was considered during the review process is the inclusion of guidance. Currently the *Osteopathic Practice Standards* document contains both the standards and supporting guidance. In some cases, for example, in relation to consent (A4) the guidance is extensive, and we received feedback that this can be hard to navigate.

27. We considered whether in the case of certain standards, it would be better to reduce the guidance within the *Osteopathic Practice Standards* document, and publish more extensive guidance separately. Other healthcare regulators approach this differently. Some contain guidance within their standards document as to how the standards must or should be met. Others do not publish guidance within a standards document – just a range of standards. Most, including the General Osteopathic Council, publish some supporting guidance separately in specific areas, or resources to support the implementation of standards.

28. The Stakeholder Reference Group (referred to above) felt, in general, that it would be more convenient to retain the bulk of guidance currently included within the *Osteopathic Practice Standards* within one document, and we have therefore done so in the revised standards. This does not preclude further guidance being published separately, as is the case now, for example, in relation to aspects of capacity and consent, but does keep the general feel of the document similar to its current familiar format aiding the perception of accessibility.

29. In relation to consent guidance, we have removed some of the more detailed content regarding the treatment of children, in an attempt to focus the guidance on key issues. These aspects are already covered, in separate guidance

published in the Standards and Guidance section of the **o** zone (the dedicated website for osteopaths) which is referenced within the guidance (A4.14). Headings have also been added to the consent guidance to improve navigability.

Question 3: In relation to standard A4, Is the section on consent guidance and signposting of resources sufficient to support the implementation of this standard?

Yes No

If no, please explain how it could be changed to provide greater clarity or accessibility?

Comments:

Duty of candour

30. D7 of the current *Osteopathic Practice Standards* state that osteopaths 'must be open and honest when dealing with patients and colleagues and respond quickly to complaints'. In the proposed revised standards we have divided this into two revised standards (D3 and D4) as it was felt that there were two issues here – the duty of candour and the managing of complaints. D3 now refers specifically to the duty of candour, and the related guidance reflects the joint statement on candour, signed by the Chief Executives of all UK healthcare regulators.⁴

Question 4: Is revised standard D3 in relation to the duty of candour sufficiently clear and accessible?

Yes No

If no, please explain how it could be changed to provide greater clarity or accessibility?

Comments:

⁴ <http://www.osteopathy.org.uk/news-and-resources/document-library/our-work/joint-statement-on-the-professional-duty-of-candour/>

Boundaries

31. D16 of the current *Osteopathic Practice Standards* states 'do not abuse your professional standing'. The guidance to this focuses largely on maintaining sexual boundaries with patients. We have modified the standard (now D2) to specifically require osteopaths to establish and maintain clear professional boundaries with patients, and not to abuse their professional standing and position of trust, and have expanded the guidance to this standard.

Question 5: Is the revised standard D2 and its supporting guidance sufficiently clear and accessible?

Yes No

If no, please explain how it could be changed to provide greater clarity or accessibility?

Comments:

Patient records

32. The current standard C8 requires that osteopaths ensure that their patient records are full, accurate and completed promptly. This standard becomes C2 in the proposed revised *Osteopathic Practice Standards*. The guidance has been edited to enhance clarity, and an additional reference made to recording the presence, status and identity of any observer, as well as the patient's consent to their presence.
33. Current standard D6 regarding respecting patients' rights to privacy and confidentiality has been expanded in an amended D5 in the proposed revised standards to also require osteopaths to effectively maintain and protect patient information.

Question 6: Is the revised standard C2 and its guidance sufficiently clear and accessible in relation to the recording of patient information?

Yes No

If no, please explain how it could be changed to provide greater clarity or accessibility?

Comments:

Question 7: Is the revised standard D5 and its guidance sufficiently clear and accessible in relation to the maintenance of patient information?

Yes No

If no, please explain how it could be changed to provide greater clarity or accessibility?

Comments:

Production of reports and data analysis

34. Current Standard D2 states; 'You must respond effectively to requirements for the production of high-quality written material and data'. Feedback indicated that this standard and its guidance were not clearly understood. We have suggested that this standard would be better placed within the Safety and Quality theme, and linked to the keeping of records. We have included this standard as a new C3, and modified the guidance to refer to the production of reports and information to support patient care and effective practice management.

Question 8: Is revised standard C3 sufficiently clear and accessible?

Yes No

If no, please explain how it could be changed to provide greater clarity or accessibility?

Comments:

35. Standard D3 in the current *Osteopathic Practice Standards* states: 'You must be capable of retrieving, processing and analysing information as necessary'. Again, feedback indicated that this was not always well understood. Our suggestion is to modify the standard to 'You must be able to analyse and reflect upon information related to your practice in order to enhance patient care', and this is shown in the proposed revised standards, where this becomes B4 under 'Knowledge, skills and performance'.

Question 9: Is revised standard B4 and its supporting guidance sufficiently clear and accessible?

Yes No

If no, please explain how it could be changed to provide greater clarity or accessibility?

Comments:

Reference to osteopathic principles in the standards or the guidance

36. The current standard B1 states; 'You must understand osteopathic concepts and principles, and apply them critically to patient care'. This drew some critique within responses to the 2016 call for evidence with respondents stating that osteopathic principles are subjectively interpreted and therefore not universally agreed, understood or applied, nor unique to osteopathy. Feedback suggested that therefore it was difficult to justify their inclusion in a 'standard' which summarises principles that apply to all osteopaths.

37. However, reference to osteopathic principles or philosophy is an important issue for other osteopaths. Many consider these as central to their osteopathic identity and practice, although 'philosophy' is not mentioned within the current *Osteopathic Practice Standards*. For some osteopaths and osteopathic groups, osteopathic philosophy provides the foundation from which osteopathic principles derive. Osteopathy is patient-centred, rather than condition or disease centred, with predisposing factors, maintaining factors and consideration of the body as a whole being a basis for osteopathic care, and many see the principles as the way that this is implemented in practice.

38. The issue is given that universal nature of the 'standards' and the more explanatory nature of the guidance, whether reference to osteopathic principles or philosophy should be contained within standards or guidance, or even referenced at all. Osteopathic principles and philosophy are owned and defined by the profession, not the regulator.
39. It is worth highlighting that, since the current standards were implemented in 2012, the GOsC has published *Guidance for Osteopathic Pre-registration Education*⁵ which sets out the outcomes students are expected to meet in order to graduate with a Recognised Qualification (enabling them to apply for registration with the GOsC). The Quality Assurance Agency *Subject Benchmark Statement for Osteopathy*⁶ also sets out requirements in relation to osteopathic education. Both of these documents refer to the osteopathic principles and philosophy.

For example, the *Guidance for Osteopathic Pre-Registration Education* requires that graduates have a range of knowledge and skills, which include an ability to:

"Know how osteopathic philosophy and principles are expressed and translated into action through a number of different approaches to practice."

The *Subject Benchmark Statement for Osteopathy* (2015) sets out clear expectations regarding students' developing understanding of osteopathic concepts and principles, and translating these into treatment and management approaches to meet the needs of patients, and states:

"Osteopathic practice seeks to blend a philosophical approach with intellectual and practical skills to guide the use of therapeutic intervention to help the patient by using an individual 'package of care' most suited to their needs."

40. There is, arguably, therefore, less need to be so explicit within the standards as to the nature of knowledge and skills required of registrants, so long as this is sufficient and appropriate to support their work. There are a number of options in relation to the position of osteopathic principles in the proposed revised *Osteopathic Practice Standards*:

Option 1: Inclusion of the osteopathic philosophy and principles in a standard?

41. The advantages of this option are that it may better preserve the nature of 'osteopathy' as distinct from other forms of manual therapy. For those osteopaths for whom these are an important component of their osteopathic practice and identity, inclusion in the standards will fit much more comfortably with their practice.

⁵ <http://www.osteopathy.org.uk/training-and-registration/becoming-an-osteopath/guidance-osteopathic-pre-registration-education/>

⁶ <http://www.qaa.ac.uk/en/Publications/Documents/SBS-Osteopathy-15.pdf>

42. The disadvantages of this option are that for those osteopaths for whom these are not a component of their osteopathic practice and identity, this will not fit so comfortably with their practice. Interpretation and definition of osteopathic principles and philosophy in fitness to practise proceedings or educational curricula cannot be consistently applied or defined.

Option 2: Inclusion of the osteopathic philosophy and principles in guidance (rather than standards)

43. The advantage of this option is that the guidance would have a formal status, however, it would not necessarily be 'universal' in the way that standards should be. It would provide context, demonstrating what 'appropriate knowledge and skills' to support work as an osteopath should include.
44. The disadvantage of this option would be that it may be seen as a symbolic downgrading of the value of osteopathic principles. Whilst this would not be the intention, it may be a perception affecting the application of the standards. .

Option 3: Removal of osteopathic philosophy and principles from standards and guidance

45. The advantage of this option would be that osteopathic principles could then be truly owned and defined by the profession in a way that it would not be appropriate for the regulator to do.
46. A disadvantage of this option may be in the assessment of international qualifications. It may be argued that it would infringe on the integrity of the Register if there were no 'osteopathic' requirement within standards or guidance. This may allow non-osteopaths to be registered with us and impact on the reputation of the profession.
47. Taking into account these options, we are suggesting Option 2 in the proposed revised Osteopathic Practice Standards which represents a balanced approach between both the importance of the osteopathic philosophy and principles and the fact that they are not universally regarded or applied in the profession. We have referenced osteopathic principles within the guidance to B1 (You must have sufficient and appropriate knowledge to support your work as an osteopath). This now includes a statement that this knowledge should include *'An understanding of osteopathic philosophy, principles and concepts of health, illness and disease, and the ability to critically apply this knowledge in the care of patients'*.

Question 10: What is your preferred option for referencing osteopathic philosophy and principles?

- Option 1
- Option 2
- Option 3

Please explain the reasons for your response:

Relationships with other healthcare professionals and the role of osteopathy in the promotion of public health

48. Osteopaths are statutorily registered health professionals. Therefore, like other health professionals, osteopaths should contribute as part of the whole patient journey through healthcare. This should be reflected in terms of relationships with other health professionals, but also in terms of the ways in which osteopaths should signpost patients to information they need in the context of public health, for example, signposting resources on smoking cessation, osteoporosis or exercise..
49. In relation to current standard D1 (You must consider the contributions of other healthcare professionals to ensure best patient care) feedback from the 2016 call to evidence indicated that this, and its guidance were not always clearly understood. This standard becomes D10 in the proposed draft revised *Osteopathic Practice Standards*, and its guidance has been modified slightly to emphasise an understanding of the contribution of osteopathy within the context of healthcare as a whole, and a collaborative approach to care, where appropriate. The aim is to emphasise that osteopaths are part of a larger community of healthcare professionals, and to reflect a respectful and collaborative approach with the patient at the centre.
50. Current standard D11 states; 'Be aware of your role as a healthcare provider to promote public health'. Feedback indicated that the context of this standard could be clearer. The Stakeholder Reference Group (referred to above) felt it was important that as statutorily regulated healthcare professionals osteopaths played a part in public health. This should be reflected in terms of being aware of public health issues and concerns, being able to discuss these impartially with patients or referring them to others or to resources to support decision making.
51. In the proposed draft revised *Osteopathic Practice Standards*, this becomes standard C6 under the 'Safety and quality in practice' theme. The suggestion is to modify the guidance to: '*You should be aware of public health issues and concerns, and be able to discuss these impartially with patients, or guide them to resources or to other healthcare professionals to support their decision making regarding these.*'
52. One of the Stakeholder Reference Group organisations are concerned about the word 'promote' within this standard, however. Although they are content with

the revised guidance to this, they are anxious that osteopaths may find themselves in a position where they are required to promote public health policies which conflict with their own values. This is certainly not the regulator's intention, and the revised guidance clearly explains what meeting this standard would look like. The standard has been in force since the current practice standards were implemented in 2012 without any issues having arisen, and we have left it unchanged within the consultation draft.

Question 11: Do you feel that revised guidance to standard C6 is clear and adequately sets out the appropriate position of osteopathy in relation to the promotion of public health?

Yes No

If no, please explain how it could be changed to provide greater clarity or accessibility?

Comments:

Question 12: Do you feel that revised guidance to standards D10 is clear and adequately sets out the appropriate position of osteopathy in relation to other healthcare providers?

Yes No

If no, please explain how it could be changed to provide greater clarity or accessibility?

Comments:

Question 13: In your opinion is there anything missing from the document?

Yes No

If 'yes', please provide details.

Comments:

Question 14: Are there any suggestions you can make which you feel would improve the clarity of the document?

Yes No

If 'yes', please provide details.

Comments:

Question 15: Are there any other comments regarding this document that you would like to make?

Yes No

If 'yes', please explain why you think this is the case.

Comments:

Equality impact assessment

Question 16: Are there any aspects of the proposed revised Osteopathic Practice Standards that you think will adversely affect either osteopaths or members of the public in relation to gender, race, disability, age, religion or belief, sexual orientation or any other aspects of equality?

Yes No

If 'yes', please explain why you think this is the case.

Comments:

How to respond

You can send us your comments by accessing our online version of this consultation at: <http://standards.osteopathy.org.uk>

Alternatively, fill in this *Osteopathic Practice Standards* consultation response form document and email it to standards@osteopathy.org.uk or post to:

Osteopathic Practice Standards consultation
General Osteopathic Council
Osteopathy House
176 Tower Bridge Road
London
SE1 3LU

Copies of this response form are also available on request in other formats by contacting the GOsC at: standards@osteopathy.org.uk or on 020 7357 6655 x240

You are also welcome to send in any comments via email or by post. All feedback will be taken into consideration.

If you have concerns or comments which you would like to make relating specifically to the consultation process itself, please contact Steven Bettles (sbettles@osteopathy.org.uk)

The deadline for responses to this review is **31 October 2017**.

We look forward to receiving your comments.

Thank you.

Confidentiality of information

The information you provide will be used only for the purposes of analysing the consultation responses. Reports published relating to this consultation exercise will not identify any respondent. Personal data will be collated, and a report generated. The collated data may be presented in the final consultation report.