



## General Osteopathic Council Equality Impact Assessment

### Step 1 Scoping the equality impact assessment (EIA)

<b>Name of the policy</b>
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The Osteopathic Practice Standards
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<b>Is this a new or existing policy?</b>
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This EIA relates to a revision of the existing Osteopathic Practice Standards, which were first published in 2011 and implemented from September 2012.
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<b>What is the main aim, purpose and/or outcome of the policy?</b>
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The Osteopathic Practice Standards comprise both the Standard of Proficiency and Code of Practice for osteopaths. They set out the standards of competence and conduct required of osteopaths to promote the health and wellbeing of patients and to protect them from harm. This EIA refers both to the current draft of the policy and to the process of review.
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<b>Who is most likely to benefit from or be affected by the policy?</b>
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Patients, practitioners, educators and students of osteopathy.
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<b>What data, research and other evidence or information is available which is relevant to this EIA?</b>
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This EIA was initiated in September 2016 and is subject to review at different stages of the Practice Standards process, to reflect the drafting and consultation phases. Implications for equality have been considered throughout the revision process for the Osteopathic Practice Standards. The EIA process included consideration of available demographic data, the results of stakeholder engagement processes, including the call for evidence and stakeholder reference group, and review at a number of stages of the revision process by an external expert on equality, diversity and inclusion (see <a href="https://www.linkedin.com/in/agnesfletcher">https://www.linkedin.com/in/agnesfletcher</a> )
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<b>What further data or information is needed to carry out a full assessment?</b>
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There is no further data required to complete the assessment.
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### Step 2 Involvement and consultation

<b>If you have involved stakeholders, briefly describe what was done, with whom, when and where. Please provide a brief summary of the response gained and links to relevant documents, as well as any actions.</b>
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In terms of the EIA, the key stakeholders are registrants, students and patients with protected characteristics. Therefore analysis of impact has focussed on these groups and involvement of stakeholders has taken account of issues for these groups.
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### Call for evidence from stakeholders

The initial phase of the review process comprised a 'call for evidence'. 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.

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:

1. Which standards could be presented and explained more clearly?
2. Which standards might hinder rather than support good osteopathic practice?
3. Whether there are any areas not covered that would benefit osteopaths, patients and the public?
4. 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 the GOsC 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.
- 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'.

Stakeholder Reference Group:

- Following the call for evidence, the responses were analysed and an initial outline of potential changes were discussed with a Stakeholder Reference Group. This group comprises representatives of:
  - The Institute of Osteopathy
  - Council of Osteopathic Education Institutions
  - National Council for Osteopathic Research
  - The Osteopathic Alliance

Patients:

- An initial meeting of the Stakeholder Reference Group was held on the 30

January 2017, following which the draft updated Osteopathic Practice Standards were developed further, with input from the GOSc's Policy Advisory Committee. This was further discussed with the group at its next meeting on 9 May 2017.

**Step 3 data collection and evidence**

**What evidence or information do you already have about how this policy might affect equality for people with protected characteristics under the Equality Act 2010?**

Please cite any quantitative (such as statistical data) and qualitative (such as survey data, complaints, focus groups, meeting notes or interviews) relating to these groups. Describe briefly what evidence you have used.

In terms of establishing any adverse impact from the operation of the current standards, personal information relating to the personal characteristics of registrants was examined.

**Register statistics: 1 June 2017**

Osteopaths on the Register: 5,181

Female: 2,632 Male: 2,549

4,433 practise in England

138 practise in Wales

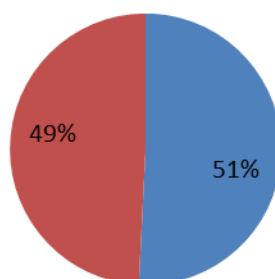
158 practise in Scotland

24 practise in Northern Ireland

428 practise in the rest of the world.

**Osteopaths on the Register 1 June 2017:  
Total = 5,181**

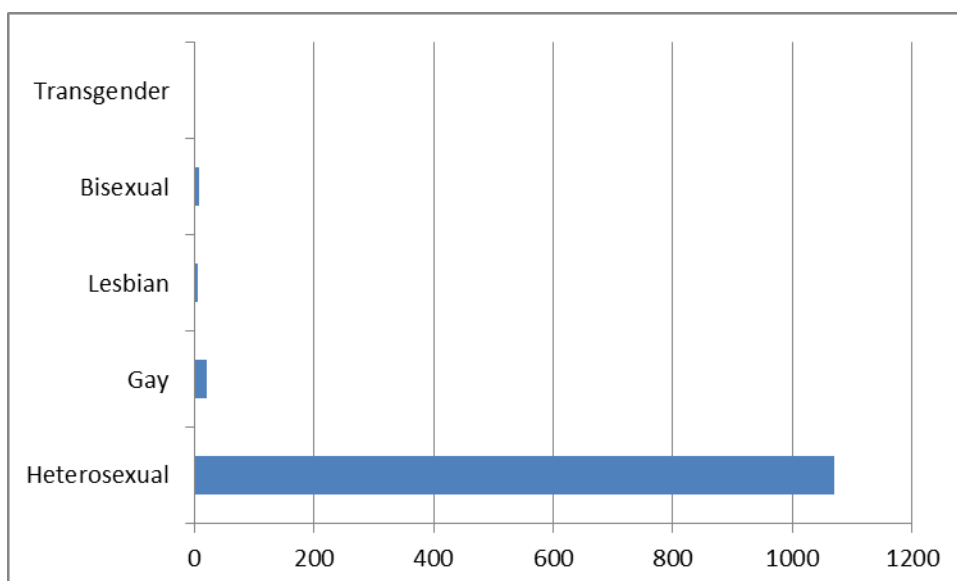
■ Female ■ Male



Sexual orientation of registered osteopaths

It is not a requirement that osteopaths disclose this information when registering,

Heterosexual	1069
Gay	21
Lesbian	6
Bisexual	8
Transgender	1



Disabilities declared by osteopaths on the register

Very few osteopaths declare a disability, and there are only six who have done so currently on the register. This gives a percentage of 0.12 per cent of registrants. Given that the estimate for the percentage of the working age population who meet the definition of disability in the Equality Act is 17.5 per cent and that about half of the working age population who meet the definition are in paid work, this is likely to represent significant underreporting. It may be that registrants do not understand the definition against which the GOsC is asking for personal information; it may be that there is limited understanding of the importance of collecting such data or its storage and use.

Data on the age or ethnicity of registrants was not available for this EIA.

**What additional research or data is required to fill any gaps in your understanding of the potential or known effects of the policy? Have you considered commissioning new data or research?**

Nothing is required for the completion of the EIA but ongoing analysis of complaints

would be valuable, including fitness to practise processes, from the perspective of people with protected characteristics, whether registrants or patients - for example tracking the operation of standards in relation to communication and the impact of proficiency in English related to country of origin, the impact of concerns about the physical or mental health of registrants or complaints by patients relating to issues to do with cultural or religious background or disability-related needs.

### Step 4 – assessing impact and strengthening the policy

#### What impact does, or could, the policy have on:

- **promoting equality of opportunity for people with protected characteristics;**
- **eliminating unlawful discrimination, harassment and victimisation?**

The policy promotes safe and effective practice and is therefore of benefit to all members of the public, including those with protected characteristics. It requires a fair, legal and ethical approach to practice, thereby helping to eliminate discrimination and promote equality for stakeholders, including registrants, students and patients, with protected characteristics.

Particular issues relating to equality are raised throughout the standards and guidance, including the need to respect different needs relating to the protected characteristics, including cultural and disability-related needs.

The reference to “disability” in the previous policy has been changed to refer to “physical and mental health and disability”. In relation to a patient’s requirements in terms of modesty, which may be related to cultural or religious background, the guidance has been amended to include: “If the patient does not wish to be observed, you must respect their wishes and find another way of establishing the clinical information you need.”

In relation to treating children, the relevant Standard has been amended to: “If you treat children, you must be aware of the law in this respect, which may vary depending on where you practice in the UK. Obtaining consent for treatment to be given to a child or young person is a complex issue: Further details are provided in the GOsC guidance document *Obtaining Consent*.”

The following has been deleted from the guidance:

“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.”

This was as a result of feedback from the Stakeholder Reference Group and the Policy Advisory Committee from an equality perspective, and the equality expert commissioned to support the EIA.

A new paragraph has been added to the guidance requiring osteopaths to comply with the law to protect children and vulnerable adults. In general terms, since the

last iteration of the Standards, the process has involved an updating of its presentation of legal and ethical issues related to equality, which should have a positive impact on people with protected characteristics, whether registrants, students or patients.

**If the policy is likely to have a negative effect on equality ('adverse impact'), what are the reasons for this?**

No negative effects have been identified.

**What practical changes will help to reduce any adverse impact on particular groups?**

n/a

**What could be done to improve the promotion of equality within the policy?**

Drafting of the revised Standards has included a number of elements clarifying the scope of the Standards in relation to particular equality groups.

### Step 5 – procurement and partnerships

**Is this project due to be carried out wholly or partly by contractors? If yes, have you done any work to include equality into the contract already?**

A range of channels was used for the engagement aspect of the review, ensuring that stakeholders with different access needs had an opportunity to respond.

An external expert on equality issues was used as an independent reference point.

### Step 6 – making a decision

**Summarise your findings and give an overview of whether the policy will meet the GOsC's responsibilities in relation to equality.**

The review of the Standards has taken account of any potential positive or negative impact on people with protected characteristics and the need to tackle discrimination and promote equality at all stages. The consideration of equality at each stage of the review process has led to Standards which better reflect and express the requirements of registrants in relation to equality.

**What practical actions do you recommend to reduce, justify or remove any adverse/negative impact?**

n/a

**What practical actions do you recommend to include or increase potential positive impact?**

The review process itself has resulted in improved Standards in relation to equality.



**Step 7 – monitoring, evaluating and reviewing****How will the recommendations of this assessment be built into wider planning and review processes?**

Any updating of other GOsC policies should draw on the findings of the consultation exercise and the drafting changes made as a result of the review and this EIA.

**How will you monitor the impact and effectiveness of the new policy?**

Through analysis of any relevant comments, complaints and compliments from registrants, students, patients and others.

**Give details of how the results of the impact assessment will be published.**

This EIA will be presented to the relevant Committee alongside the latest draft of the Standards so that the implications for equality of the review can be included in governance processes.

**Step 8 – action plan**

**Taking into consideration the responses outlined in steps 1-7, complete the action plan below.**

	<b>Actions</b>	<b>Target date</b>	<b>Responsible postholder and directorate</b>	<b>Monitoring postholder and directorate</b>
<b>Involvement and consultation – stage 1</b>	This has been conducted as detailed in section 2	Completed		
<b>Data collection and evidence</b>	As in section 3	Completed		
<b>Assessment and analysis</b>	As in section 4	Completed		
<b>Procurement and partnerships</b>	As in section 5	Completed		
<b>Consultation – stage 2</b>	The final draft of the updated OPS will be subject to consultation from 1 August to 31 October 2017. The initial call for evidence used a dedicated microsite ( <a href="http://standards.oosteopathy.org.uk/">http://standards.oosteopathy.org.uk/</a> ),	31 October 2017		

## Annex F to 8

	and it is intended to adapt this to facilitate the actual consultation process.			
<b>Monitoring, evaluating and reviewing</b>	Ongoing			