



Council
2 May 2017

Osteopathic Development Group and Advanced Clinical Practice update

Classification	Public
Purpose	For discussion
Issue	The paper provides Council with an update on the Osteopathic Development Group's Advanced Clinical Practice project and related discussions within the profession.
Recommendation	To consider the content of the report
Financial and resourcing implications	None at present.
Equality and diversity implications	None identified.
Communications implications	None at present.
Annexes	None
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Background

1. Since 2013, the Osteopathic Development Group (ODG) – comprising representatives of the British Osteopathic Association, Council of Osteopathic Educational Institutions, National Council for Osteopathic Research, Osteopathic Alliance and the GOsC – has been working on a number of projects aimed at supporting the development of the osteopathic profession.
2. The core of the ODG work has been eight projects as follows:
 - a. Leadership
 - b. Service Standards
 - c. Mentoring
 - d. Advanced clinical practice
 - e. Regional support/communities of practice
 - f. International
 - g. Evidence/PROMs
 - h. Career development
3. The projects have proceeded at different paces and they all involve different partners. The GOsC's involvement varies from project to project. Details of all the projects can be found on the Osteopathic Development Group's website at <http://osteodevelopment.org.uk/>
4. The GOsC has also provided some financial support for some of the projects. Grants were approved by Council in 2014 for four projects:
 - a. Leadership – funding for the joint OU/ODG programme to run three years (2017 will be the third year of this project).
 - b. Mentoring – funding for initial research and a pilot project. The research phase has been completed and the pilot will commence this summer.
 - c. Evidence – funding was provided for the completion of NCOR's two adverse event learning platforms – PILARS and PREOS – see www.ncor.org.uk. This work has been completed.
 - d. Advanced Clinical Practice (ACP) – funding for research to inform the development of an approach to advanced clinical practice in the context of osteopathy
5. This paper explores the background to the ACP project, the findings from the research work and anticipated next steps.

Discussion

6. Currently there exists no common framework for the pathways by which osteopaths develop their clinical skills post registration, nor is there any reliable means to judging claims by osteopaths to have obtained advanced skills. Despite this, there is increasing prevalence of osteopaths claiming advanced clinical

practice skills and a growing demand among patients for a reliable means of identifying osteopaths with higher level capability. Most prevalent are claims to specialism in paediatrics and sports care, although other specialties have been identified.

7. The GOsC has no powers to develop supplementary registers or to annotate the main register with advanced practice information and this option was ruled out by the CHRE (now the PSA) in their 2009 advice to the UK health departments on advanced practice¹.
8. The ODG Advanced Clinical Practice project aims to address these issues by investigating the nature of advanced clinical practice in osteopathy, defining the need for an ACP framework and developing a suitable framework that can be used by the profession and its institutions, and provide a clear benefit to the public.
9. This project is being led by the Osteopathic Alliance (OA) and the Council for Osteopathic Educational Institutions (COEI).
10. The first phase of the project aimed to undertake research to inform policy development in this area and was made up of the following parts:
 - a. Review existing research relating to ACP in osteopathy
 - b. Survey patients' needs in relation to ACP
 - c. Research osteopaths' views and behaviours, including existing pathways through which they attain to ACP
 - d. Review existing osteopathic infrastructure, including quality assurance and accreditation of current ACP training
 - e. Review frameworks for ACP in other professions
 - f. Secure stakeholder and professional engagement.
11. Progress on this part of the project was much slower than anticipated and the consultants report was not finalised until autumn 2016. The final report identified three possible models for developing clinical interest and advanced clinical practice in osteopathy. The three models are:

Clinical interest groups – groups of practitioners who share an interest in a particular area of practice. Their main purpose is to share good practice and promote development in that field. A number of osteopathic clinical interest groups currently exist in the UK.

Credentialing – many healthcare professions have developed a means for recognising and/or accrediting advanced practice. This process is commonly referred to as 'credentialing'. Credentialing is normally 'indicative' of training and experience in a particular area of practice rather than 'restrictive' in limiting who can work in that field. If a credentialing scheme were developed for osteopaths,

¹ <http://www.professionalstandards.org.uk/docs/default-source/publications/advice-to-ministers/advanced-practice-2009.pdf>

participation would be entirely voluntary and would not limit the broad scope of general osteopathic practice.

A knowledge and skills framework – that maps the knowledge, skills and capabilities required to practise at a range of levels in different roles/contexts. The NHS developed a broad generic framework that focused on the application of knowledge and skills rather than describing the exact knowledge and skills needed. Each profession has in turn developed specific standards and competences that relate to their particular field. The frameworks can be used by employers to assess candidates' suitability, for example, in the NHS it is used to match roles and responsibilities against a range of pay bandings. These frameworks are also useful for practitioners in identifying any gaps in their training or experience and to plan their professional development and career progression.

12. The ACP group is reviewing the detail of the potential models but may conclude that the most suitable approach is some combination of all three, i.e. the development of knowledge and skills frameworks for different areas of advanced practice and the development of credentialing approaches supported by the various special interest groups.
13. During the course of this work there has been a growing interest in the UK and overseas about paediatric practice in osteopathy. Council is aware that there has been considerable scrutiny of advertising claims in this area. In addition there has been considerable public debate about paediatric manual therapy practice in Australia and New Zealand.
14. The Osteopathic Council of New Zealand (OCNZ) has taken a two-pronged approach. First, following a review of osteopathic competencies it has decided to undertake a recertification process in paediatrics for all New Zealand osteopaths. All OCNZ registrants will be required to complete CPD in this area within a three year period. This is likely to include online learning with an emphasis on engagement rather than assessment.
15. In addition, in line with broader legislation in New Zealand which requires the definition of scopes of practice, the OCNZ has decided to introduce a specialist paediatric scope of practice. In future New Zealand osteopaths, to claim that they are qualified in the paediatric scope, will be required to undertake a mandatory training course (anticipated to be a PGDip in child health). However, it should be noted that it will not be a requirement to be registered in the paediatric scope in order to treat children.
16. The Osteopathy Board of Australia (OBA) has taken a different approach based on its own national law which, like the UK, does not allow for defined scopes of practice, but also prevents osteopaths describing themselves as specialists. In a recent statement the OBA said:

If registered osteopaths wish to change or develop their scope of practice, they must undertake further education and training to ensure they have the necessary competence.

The Board does not recommend individual post-graduate or continuing education courses to osteopaths, it is up to each practitioner to assess where they need to update their education and learning and complete this prior to changing or extending their scope of practice. The Board expects that any post-graduate or continuing education courses will be evidence-informed and that osteopaths maintain their knowledge through continuing professional development.

Osteopaths should not claim to or provide care for babies and children unless they have the appropriate education, training and competence to do so.

When practitioners do not have the clinical skills and knowledge to appropriately assess and manage a particular paediatric patient, the Board expects them to refer the patient to another healthcare practitioner who has the appropriate skills, or to co-manage the patient with them. This should happen immediately when there are serious conditions that require urgent referral.

Osteopaths with appropriate training and experience to practice in the area of paediatrics cannot use the term 'specialist' in relation to their practice or give the impression or advertise that they specialise or are a specialist in paediatrics and treating neonates, infants and young children.

17. In the light of the growing interest in this area of practice, the Advanced Clinical Practice project team identified the need to prioritise and accelerate work in the paediatric area as the next stage in the ACP project.
18. In early April a meeting was convened which included representatives of the four main UK providers of postgraduate training in paediatric osteopathy: the British College of Osteopathic Medicine; the British School of Osteopathy; the Foundation for Paediatric Osteopathy; and the Sutherland Cranial College of Osteopathy. The Chief Executive of the GOsC also attended the meeting.
19. The aim of the meeting was to explore the development of a common framework for paediatric osteopathic practice, how an accreditation scheme could be developed based around this framework, and as how the existing courses would feed into such a scheme. The preliminary outcome of the meeting was a positive commitment to identifying the core competencies for paediatric practice in osteopathy and to progress this work as quickly as possible.
20. This is an important project for the UK osteopathic profession and it is equally important that the leading groups within the profession understand the importance of working together to deliver an effective solution that protects the public and enhances public confidence, while also securing the buy-in from osteopaths to a voluntary approach.

21. Equally it is important that the GOsC, while playing a facilitative and supporting role, should not seek to intervene directly in this area where it has limited scope to do so.
22. Council will be kept informed on the project as it progresses, but in the interim is asked to provide any feedback on the approach set out in the paper.

Recommendation: to consider the content of the report.