



Council
2 May 2017
Review of the *Osteopathic Practice Standards*

Classification	Public
Purpose	For noting
Issue	An update on the review of the <i>Osteopathic Practice Standards</i>
Recommendation	To note the progress and development of the <i>Osteopathic Practice Standards</i> review as set out in the paper.
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	A draft equality impact assessment is being prepared ahead of consultation by an independent consultant.
Communications implications	The draft revised <i>Osteopathic Practice Standards</i> will be subject to a public consultation later in 2017 (August to October). A communications strategy will be developed to promote feedback to the consultation with all our stakeholders including patients and the public. A communications strategy to introduce the revised standards before implementation in 2018-19 will also be 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	None
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Background

1. At its meeting on 2 November 2016, Council considered the progress made on the review of the OPS.
2. Council agreed a timetable for the project as follows:

Activity	Date
Multi-stakeholder working group established to collaborate on the development of revised 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	September to December 2017
Publication and introduction	Spring 2018
Preparation for revised OPS coming into force	Spring 2018 to Autumn 2019
Standards come into force	Autumn 2019

3. Council also noted the preliminary discussions that had taken place at the Policy Advisory Committee in October 2015 and how it was proposed to address those issues. In particular, it noted the following as issues that required further consideration by the Stakeholder Reference Group (SRG):
 - Inclusion of osteopathic principles and philosophy in the standards (Standards B1, B2, C1, C2)
 - The osteopaths role in public health (Standard D11)
 - The contribution of other healthcare professionals (Standard D1)
 - The requirement for the production of high quality material and data and being capable of retrieving, processing and analysing data (Standards D2 and D3).
4. The SRG met on 30 January 2017. This was chaired by Jane Fox, and included representatives of:
 - The Council of Osteopathic Educational Institutions
 - The National Council for Osteopathic Research
 - The Institute of Osteopathy
 - The Osteopathic Alliance

The SRG also has two patient representatives, though neither were able to attend the initial meeting. Both will give feedback on the information supplied, and on the draft as it develops.

5. This paper provides a further update for Council on work by the SRG which was discussed in detail, along with an initial working draft of the revised OPS, at the Policy Advisory Committee (PAC) meeting on 9 March 2017.

Discussion

Integration of the Standard of Proficiency and Code of Practice

6. The SRG discussed the suggestion that the Standards of Proficiency and the Code of Practice, which are currently separately differentiated within the OPS, be integrated more closely. The suggestion is to have one set of standards which, simultaneously, represent both the Standard of Proficiency and the Code of Practice. Legal advice from Fieldfisher solicitors confirms that this is possible within the provisions of the Osteopaths Act 1993, provided it is clearly stated that this is the case. The SRG was supportive of this suggestion.

Consent guidance

7. The SRG considered whether, in relation to consent (Standard A4), the current extensive guidance published within the OPS document could be reduced, with more detailed guidance being published separately. The general feeling of the SRG was:
 - It would be more convenient to have one single document with standards and guidance, as separate guidance may act as a barrier to engaging with this.
 - There was a strong feeling that standards and guidance should be available and easily accessible online, although it was acknowledged but that many would also rely on a hard copy.
 - The overarching aim, however guidance was published, would be to ensure optimum accessibility and engagement.
8. In the light of discussions with the SRG and at the PAC, we propose to take a balanced approach with some high-level guidance provided in the OPS but with other more detailed guidance, for example that relating to the treatment of children, to be provided elsewhere. To an extent, this reflects the current approach whereby some supplementary guidance is published on the **o** zone (Obtaining consent¹). However further consideration needs to be given to how to ensure that this supplementary guidance is well referenced in the OPS and easily accessible.

¹ (**o** zone log in required to access this) <http://www.osteopathy.org.uk/news-and-resources/document-library/osteopathic-practice-standards/consent-guidance-for-osteopaths-practising-in-england-and-wales/>

Reference to osteopathic principles in the standards

9. 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 initial call for evidence with respondents stating that osteopathic principles are not universally agreed, understood or applied, nor unique to osteopathy.
10. The SRG considered referring to osteopathic principles within the standard itself was not necessary, but that these could be referenced within the guidance to the standard, where an outline is given as to the knowledge necessary to meet this standard. It was acknowledged that the recent *Guidance for Osteopathic Pre-registration Education*², introduced since the current standards were implemented in 2012, now sets out the outcomes students are expected to meet in order to graduate with a Recognised Qualification. There is 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.
11. It was recognised by the PAC that this issue remains contentious, that it is unlikely that this will be resolved prior to consultation and will be one of the questions that will need to be put to stakeholders as part of the consultation process.

Relationships with other healthcare professionals and the role of osteopathy

12. In relation to standard D1 (You must consider the contributions of other healthcare professionals to ensure best patient care) feedback from the call to evidence indicated that this, and its guidance were not always clearly understood. The SRG was keen 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.

Production of reports and data analysis

13. 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. The SRG considered that this standard would be better placed within the Safety and Quality theme, and linked to the keeping of records. It was felt that guidance should refer to the production of reports and information to support patient care and effective practice management.
14. Standard D3 states: 'You must be capable of retrieving, processing and analysing information as necessary'. Again, feedback indicated that this was not

² <http://www.osteopathy.org.uk/training-and-registration/becoming-an-osteopath/guidance-osteopathic-pre-registration-education/>

always well understood. The SRG approved the suggestion to modify the standard to reflect the need to 'have sufficient knowledge and ability to analyse and reflect upon information related to your practice in order to enhance patient care and your own professional development'.

Role of osteopaths in relation to public health

15. Standard D11 states; 'Be aware of your role as a healthcare provider to promote public health'. The current guidance is not particularly helpful in explaining this, and, again, feedback indicated that the context of this standard was not always clear. The SRG considered this aspect, and felt that it was important that, as statutorily regulated healthcare professionals, osteopaths played a part in promoting 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.

Next steps

16. The draft revisions to the OPS and guidance will continue to be developed in collaboration with the Stakeholder Reference Group through the spring, and will be reported to the Policy Advisory Committee in a more final form at its meeting on 8 June. A final draft of revised OPS and the associated consultation document will then go to Council at its meeting on 18 July for approval, prior to wider consultation.

Consultation

17. We propose that the final draft revisions of the OPS will be subject to consultation from August to October 2017, which is slightly earlier than the consultation period envisaged in the timetable referred to in paragraph 2 above. The initial call for evidence used a dedicated microsite (<http://standards.osteopathy.org.uk/>), and we are considering adapting this to facilitate the consultation process.

Presentation of the Osteopathic Practice Standards

18. Consideration is also being given as to a variety of means of publishing the revised OPS and any supporting guidance and learning resources. As well as a hard copy or PDF version of the standards as now, this might include a better navigable website (or app) which would facilitate a more interactive and engaging experience for users.

Timetable

19. The suggested timetable below is as agreed at Council and referred to in paragraph 2 above, with a slightly earlier consultation period.

Activity	Date
Multi-stakeholder working group established to collaborate on the development of revised 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 revised OPS coming into force	Spring 2018 to Autumn 2019
Standards come into force	Autumn 2019

20. The final revision and decision making process will depend on the extent of the proposed post-consultation changes. Council may be asked to approve the revised OPS at its meeting in February 2018 but with the option of further consideration of a draft by the Policy Advisory Committee in March 2018 followed by approval by Council in May 2018.

Recommendation: to note the content of the report