



Council
12 November 2015
Review of the Osteopathic Practice Standards

Classification	Public
Purpose	For decision
Issue	The paper outlines the proposed approach to the review and revision of the 2012 <i>Osteopathic Practice Standards</i> .
Recommendation	To agree the approach to the review of the 2012 <i>Osteopathic Practice Standards</i> set out in the paper.
Financial and resourcing implications	The costs of the review and implementation will be incorporated into the 2016-17 and 2017-18 budgets.
Equality and diversity implications	Equality and diversity issues will be assessed as part of the review project plan.
Communications implications	Any revision and implementation will require a separate communication plan and campaign.
Annexes	None
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Background

1. Section 13 of the *Osteopaths Act 1993* requires the GOsC to:

‘publish a statement of the standard of proficiency ... required for the competent and safe practice of osteopathy’ (the Standard).
2. In addition, section 19 requires the GOsC to:

‘prepare from time to time and publish a Code of Practice laying down standards of conduct and practice ... and giving advice in relation to the practice of osteopathy’ (the Code).
3. There are a range of supplementary requirements in relation to these documents:
 - a. Where the Standard is varied, a statement of the differences between versions must be published
 - b. The Standard must be published a year before it comes into force
 - c. There is a duty to keep the Code under review and to consult on any revisions.
4. The *Osteopathic Practice Standards* (OPS) are an amalgam of the Standard of Proficiency and the Code of Practice. The document was published in September 2011 after an extensive consultation and came into force in September 2012. At the time of publication, the GOsC also ran a programme of regional meetings to introduce the new standards to the profession.
5. Good practice suggests that standards should be reviewed at approximately five-year intervals.

Discussion

The need for a revision

6. Regular reviewing of standards takes account of changes in public expectations and the external environment, revisions to the law, and developments in osteopathic practice and training. We are already aware that some areas for particular attention include, but are not limited to:
 - a. Raising concerns/safeguarding
 - b. Duty of candour
 - c. Changes in the law relating to consent
 - d. Confidentiality and implied consent
 - e. Advertising

As part of a review process we will consider how best to incorporate or strengthen these areas within the *Osteopathic Practice Standards*.

The scope of any revision

7. The amalgamation of the Code of Practice and Standard of Proficiency into a single document, the *Osteopathic Practice Standards*, was a significant undertaking, not only in terms of the consultation and drafting, but also its embedding into education curricula and practice. In updating the current standards, we shall want to take care that the positive work that was undertaken in developing and embedding the OPS is not undone.
8. We need to consider also the extensive work and wide discussion within the osteopathic profession in relation to the proposed new CPD scheme. This scheme has been built, in part, around ensuring that osteopaths undertake CPD in each of the four themes of the current *Osteopathic Practice Standards*.
9. Central to the review will be desk-based research in a number of key areas to identify and address weaknesses in practice and the need for improved support, including reviewing common ethical enquiries, complaints and claims data, public-patient feedback, current standards in other regulated health practices, and relevant research.
10. Building on our work in relation to CPD and the development of the profession, we intend to work closely with osteopaths, osteopathic organisations and training providers to identify specifically where change is needed. To this end, we propose to have a 'call for evidence', inviting and encouraging the profession to identify where practitioners believe enhancements to the current standards are necessary. Naturally, all proposals for revisions to standards will be subject to public consultation.
11. Recent research suggests it is important to take account of the level of awareness and understanding of the standards among osteopaths. The research¹ conducted for the GOsC by Professor Gerry McGivern and colleagues provided a range of significant data in this regard. It was found that 76% of respondents agreed or strongly agreed that they were familiar with the *Osteopathic Practice Standards* (OPS). However, the data also showed that a significant proportion of osteopaths did not believe that the OPS reflected what it means to be a good osteopath, did not always think about the OPS when treating patients, and did not always have a clear sense of whether they are complying with the OPS while practising. Closer examination of the data and feedback suggested the root problem was not the standards themselves, but poor understanding of the purpose and intent of the standards, and/or our supporting guidance.

¹ <http://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/research-to-promote-effective-regulation/>

12. This strongly suggests that rather than focus on revising the standards, resources may be better used embedding the standards in practice and helping osteopaths with their understanding and application of standards in practice.

The role of values in relation to the OPS

13. Over the past year we have been working with the Collaborating Centre for Values-based Practice in Health and Social Care at St Catherine's College, Oxford, exploring issues around values and osteopathic practice.
14. This work has taken the form of two separate workshops on values in osteopathic practice. The most recent seminar highlighted some important aspects of how new standards should be developed which are set out below.

- There needs to be greater clarity of the 'shoulds' and 'coulds' in future standards
- The development process and who is involved is important, the standards should not emerge from an 'ivory tower'
- The end point should be a happier, healthier patient
- The values underpinning standards need to be owned by the profession
- It is important for standards to be supported by exemplar behaviour
- Standards should not just be about telling osteopaths what to do
- 'Hard to reach' registrants are an issue, although reaching them might be assisted by the new CPD scheme
- The patient should be at the forefront of all regulatory and professional functions
- There is a challenge to balance comprehensiveness with conciseness in standards
- Stories within the profession will shape engagement with the development and implementation of standards

15. In revising the *Osteopathic Practice Standards* we will want to be mindful of the conclusions from this seminar (although we are by no means bound by them).
16. Consideration might be given to incorporating an over-arching values statement as part of the *Osteopathic Practice Standards* (in much the same way as the General Medical Council's *Good Medical Practice* contains the over-arching 'Duties of a doctor'). However, the values underpinning practice standards

should probably be owned by the profession rather than the regulator. This is considered further below.

The work of the Osteopathic Development Group and the Institute of Osteopathy

17. One of the projects being undertaken by the Osteopathic Development Group (ODG) is the development of a set of service standards that would complement our standards of practice and conduct. While these service standards would be voluntary, logically they would cross-reference with the *Osteopathic Practice Standards*, as some of the themes are similar but expressed at the practice level rather than the practitioner level.
18. Alongside this work, the Institute of Osteopathy has been developing a 'Patient Charter' for use by members. This is yet to be finalised, but the early draft suggests the Charter is likely to reflect the types of patient values identified in our recent values seminars.

Improving understanding of standards

19. One of the most striking aspects of the McGivern research was the suggestion that where osteopaths either misinterpret or misunderstand the standards, or believe them to be unworkable, then they will ignore the standards or work around them.
20. The obvious question here then becomes 'is it the standard that is fault or is it the guidance attached to that standard or the explanation of why the standard is in place that is at fault?'
21. The standards themselves are not significantly different to those that apply to other health professions, which suggests it may be the guidance and justification that needs to be reviewed. This could be done either within the content of the *Osteopathic Practice Standards* itself or by way of additional learning materials provided online.

A potential structure for the standards

22. Drawing these threads together suggests a possible tiered structure for a revised *Osteopathic Practice Standards* as set out in the table below.

Level	Content/approach
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.
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27. Note at this stage this is only an indicative approach and will depend on what is learned in the course of the review. However, evidence to date suggests a need to focus on providing fresh, comprehensive material at 'Level 4', as an important means of improving registrant understanding and use of the Standards.

Proposed approach to the review

28. There are a number of separate elements that are proposed for the review:
- a. Communications and engagement programme to support standards review.
 - b. Desk research including:
 - i. Review of ethical enquiries concerns received
 - ii. Review of external environmental changes (see paragraph 6)
 - iii. Review of changes to other regulators' standards since 2010
 - iv. Review of relevant research (e.g. McGivern, GOsC public-patient surveys, etc)
 - v. Review of fitness to practise and complaints/claims data
 - vi. Review of best practice in standards implementation/embedding in practice across a range of regulatory environments
 - c. Call for evidence from osteopaths, osteopathic organisations, indemnity insurance providers, and other key stakeholders, focussing on problems and limitations identified within the OPS
 - d. Consideration of role of values in relation to *Osteopathic Practice Standards* (potentially a further seminar)
 - e. Drafting
 - f. Consultation on draft
 - g. Approval of revised *Osteopathic Practice Standards*
 - h. Publication and implementation programme (this is likely to be a significant programme of work which will require further planning and review by committees and Council).

Discussion in the Education and Registration Standards Committee and Osteopathic Practice Committee

29. The two policy committees considered a version of this paper at their meetings on 13 October 2015. The committees broadly welcomed this approach, making the following observations:
- a. It was not felt necessary to undertake a complete overhaul at this point and that it was better to 'refresh and refine' the standards.
 - b. It would be important to identify the proposed areas of change when consulting.
 - c. It would be helpful to have some form of overarching statement of values but what this should look like required further discussion and perhaps should be the subject of survey work or research with the profession.
 - d. The idea of a 'call for evidence' was welcomed as was the focus on providing new learning resources.
 - e. The initial desk research should include reviewing what approaches are taken by other regulators and professional bodies in providing learning materials and other methods that are used for embedding standards and changing behaviours in practice.
 - f. Would it be possible to clarify which areas of the standards represented a minimum requirement and which areas signified best practice.
 - g. It would be important to ensure that there was sufficient internal capacity to undertake the review in the timescale suggested, and also to avoid consultation fatigue with the profession.

Timetable

30. The introduction of the *Osteopathic Practice Standards* in 2012 was carefully timed to ensure that the osteopathic educational institutions were prepared to implement them from the start of the new academic year. This was a major undertaking given the fundamental difference between the old Code and Standard and the OPS. If our assumption is that the core standards in the OPS remain largely unchanged, then this may not be such a problem with this revision.
31. A potential timetable for the review is as follows:

Approval of review approach	November 2015
Call for evidence; engagement with key stakeholders	January to July 2016

Desk research	January to March 2016
Initial draft to OPC	Autumn 2016
Approval of consultation draft by Council	November 2016
Consultation	January to March 2017
Consultation analysis	April-May 2017
Revised draft considered by Council	July 2017
Publication	Autumn 2017
Implementation/roll-out	Autumn 2017 to Autumn 2018
Standards come into force	Autumn 2018

Recommendation: to agree the approach to the review of the *Osteopathic Practice Standards* set out in the paper.