



Council
2 November 2016
Review of the *Osteopathic Practice Standards* – 2016 call for evidence

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| Classification | Public |
| Purpose | For decision |
| Issue | An update on the review of the <i>Osteopathic Practice Standards</i> |
| Recommendations | <ol style="list-style-type: none">1. To agree that the progress of the review is consistent with Council's principles.2. To agree the proposed revised timetable. |
| Financial and resourcing implications | There will be a moderate cost incurred over the course of the 2016-17 financial year to in relation to the Stakeholder Reference Group. The equality impact assessment advice has also been accounted for within the budgets. Consultation and engagement will be accounted for in the 2017-18 budget. |
| 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 in 2017. 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 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 of 4 February 2016, Council approved principles to underpin the *Osteopathic Practice Standards* review. These principles are:
 - a. The existing four themes for the *Osteopathic Practice Standards* should be retained, i.e. Communication and patient partnership; Knowledge, skills and performance; Safety and quality; Professionalism.
 - b. The *Osteopathic Practice Standards* should continue to comprise both the *Code of Practice* and the *Standard of Proficiency*, standards specified in the Osteopaths Act 1993.
 - c. A call for evidence, using a diverse range of communications, should target all our stakeholders. Evidence gathered in this way will inform proposed revisions to the *Osteopathic Practice Standards*, prepared for public consultation.
 - d. A reference group comprising a range of stakeholders should be engaged to ensure a balanced approach to the analysis of pre-consultation feedback and the development of new draft standards.
 - e. The scope of the review will embrace the four levels of standards and guidance outlined in the November 2015 Council paper, namely:

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| 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. |

2. At its meeting of 12th July 2016, Council noted the outcome of preliminary analysis of the initial call for evidence in relation to the *Osteopathic Practice Standards* (OPS), as well as an overview of broader engagement with stakeholders.

3. This report outlines progress in relation to each of the principles referred to in paragraph 1 above, and addresses issues raised at the Policy Advisory Committee on 13 October 2016.

Discussion

Principle a – the existing four themes for the Osteopathic Practice Standards should be retained

4. The review process has been underpinned by the assumption that the four existing themes of the Osteopathic Practice Standards (Communication and patient partnership; Knowledge, skills and performance; Safety and quality; Professionalism) will remain. This makes sense given that the new CPD scheme requires osteopaths to map their CPD to the four themes of the practice standards, and the profession is now familiar with these.
5. Feedback in response to our initial call for evidence did not indicate that respondents felt the themes needed to be changed. There were examples, however, where comments indicated that a limited number of the current standards might be better placed in different themes. We have taken this into account in developing a document to take to the Stakeholder Reference Group with suggested revisions for consideration.

Principle b – the Osteopathic Practice Standards should continue to comprise both the Code of Practice and the Standard of Proficiency, standards specified in the Osteopaths Act 1993

6. The *Osteopathic Practice Standards* combine the *Standard of Proficiency* with the *Code of Practice* in one document and these are currently differentiated within the document. Although feedback received to date has not specifically raised this as an issue, the Executive consider that this arrangement contributes to some repetition of content and over-complicates the presentation of the standards.
7. In developing a draft for the Stakeholder Reference Group we are considering a more seamless integration so that there is no differentiation between the *Standard of Proficiency* and *Code of Conduct* within the *Osteopathic Practice Standards*.
8. External legal advice on this matter has been sought which has confirmed that our requirement to publish a *Standard of Proficiency* and *Code of Practice* under sections 13 and 19 of the Osteopaths Act respectively, could be met within one set of standards. This would need to be made explicit within the introduction to the document, but it would avoid the differentiation within the current *Osteopathic Practice Standards*, and would reduce repetition and aid clarity.

Principle c – call for evidence, using a diverse range of communications, should target all our stakeholders

9. A call for evidence took place, and was reported to Council on 12 July 2016, alongside an overview of GOsC communications and engagement activity between January and end-May 2016 to inform the standards review.
10. In an article on the Consultation Institute's website <https://www.consultationinstitute.org/latest-trend-online-consultation/>, our initial call for evidence process has been held up as an example of good practice:

"The General Osteopathic Council have already set the standard in the UK – hosting a commentable Osteopathic Practice Standards review, resulting in over 360 submissions."

The Consultation Institute is a respected national organisation whose membership ranges impressively across the public and private sector, including national/local government, education, healthcare, commercial and charity sectors. It is gratifying therefore to have been recognised by them for the quality of our call for evidence process.

11. The analysis of the feedback was considered by the Policy Advisory Committee on 13 October 2016 and they felt that the detailed matters should be considered further by the Stakeholder Reference Group and a formal consultation.

Principle d – a reference group comprising a range of stakeholders should be engaged to ensure a balanced approach to the analysis of pre-consultation feedback and the development of new draft standards

12. A Stakeholder Reference Group is being established to facilitate the collaborative development of revised standards for consultation in 2017. This will include representatives from the Council of Osteopathic Educational Institutions (COEI), the National Council for Osteopathic Research (NCOR), the Osteopathic Alliance (OA) and the Institute of Osteopathy (iO), as well as a student and patient representatives. The Group will be chaired by Jane Fox (a lay external member of the Policy Advisory Committee). It took longer than envisaged to hear from all of the stakeholder organisations with details of their representatives, and thus it is now planned that the first meeting of the group, which will be in a workshop format, will take place in early 2017.

Principle e – the scope of the review will embrace the four levels of standards and guidance outlined in the November 2015 Council paper:

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').

13. Each of the current themes of the *Osteopathic Practice Standards* is introduced by an overarching statement, and we are suggesting modifications of these for

consideration by the Stakeholder Reference Group. Some regulators include within their standards a statement of patient expectations of their professions^{1 2}. Again, this option will be explored with the Reference Group.

Standards: The existing 37 standards with modifications where required.

14. Feedback analysis, so far, does not suggest that the overall content of the 37 standards will change. The core aspects of standards, for example, communication, consent, confidentiality will remain the same. However, the way that they are expressed may change in response to feedback. Further information about this is outlined below.
15. Feedback from the informal consultation indicates that there is a desire for greater clarity in terms of what some standards actually mean in practice. Some current standards, on closer examination, could be clearer and more precise, and some standards may benefit from more extensive supporting guidance and/or learning resources. An example of this considered at the Policy Advisory Committee was the fact that the requirement to record consent is currently under a different theme than the requirement to gain consent – leading some to think that there was no requirement for consent to be recorded. Putting these requirements in the same place under the same theme would aid clarity and avoid repetition.
16. There is a degree of repetition in relation to some of the current standards, necessitating considerable cross referencing. Queries and feedback from osteopaths suggest that this makes aspects of the current standards potentially more difficult to navigate, understand and perhaps apply with confidence.
17. In response to feedback, we will be exploring, with the Stakeholder Reference Group, the suggestion that some individual standards be combined with others, and that some be moved from one theme to another, where this is felt to be more appropriate to aid clarity. General wording will be revisited and revisions suggested for consideration. This would not be a radical change in the standards themselves or their intent, but a revision that makes them easier to understand and apply in practice.
18. As part of our background research to inform the review process, we have looked at the standards issued by all other UK healthcare regulators. Our initial framework document which has been prepared for discussion with the Stakeholder Reference Group indicates what the *Osteopathic Practice Standards* might look like in response to the feedback received, and this has been mapped to the other regulators' standards documents to ensure that any suggested revisions are consistent with regulatory expectations. This mapping enables us to state with confidence, that we are not expecting the core content to change.

¹ See Standards for the dental team: <http://www.gdc-uk.org/dentalprofessionals/standards/pages/standards.aspx>

² See The General Chiropractic Council Code (pp7-8): <https://www.gcc-uk.org/good-practice/>

Guidance: Revision and strengthening of the current guidance, incorporating revisions identified in the review.

19. The need for improved guidance and resources on a range of issues and more efficient signposting to other possibly external resources and websites has been identified, as reported to Council on 12 July 2016 illustrated both in feedback but also in research, for example the research by Gerry McGivern and colleagues, *Exploring and Explaining the dynamics of Osteopathic Regulation, Professionalism and Compliance with Standards in Practice* (2015) available at: <http://www.osteopathy.org.uk/news-and-resources/document-library/research-and-surveys/dynamics-of-effective-regulation-final-report/>.
20. The current *Osteopathic Practice Standards* document includes guidance to support the implementation of standards. We also have a separate guidance booklet on consent for each of the UK countries (which is signposted from within the *Osteopathic Practice Standards*). In some cases, the guidance in the *Osteopathic Practice Standards* is extensive (for example, the more than two pages of guidance on A4 regarding consent) in other areas, it is more limited (and may benefit from expansion).
21. Feedback analysis suggests that additional separate guidance be developed in some key areas (for example, consent, maintaining boundaries and managing patient information). This would help to ensure that the *Osteopathic Practice Standards* document itself is not too unwieldy and difficult to navigate, while ensuring that detailed guidance on such significant areas can be provided in a consistent format to effectively support the implementation of the standards. Separately published guidance would also be easier to update periodically. This would be developed, consulted on and approved by Committee and Council in the same way that we would expect to produce the *Osteopathic Practice Standards*.
22. The Policy Advisory Committee on 13 October 2016 considered the above suggestion that separate guidance be developed in key areas. Some members asked to whether the standards document itself should contain everything needed in terms of guidance for osteopaths to practice appropriately, or whether this could be produced separately in some instances. What would be the status of separate guidance as opposed to that in the standards document itself, and would osteopaths find this challenging.
23. We have sought advice to clarify the legal situation with regard to guidance published separately. Legal advice supports the view that guidance published separately, and which undergoes the same developmental process as that within the *Osteopathic Practice Standards* document itself, could be relied upon and would have the same status. Such an approach would allow a more agile approach to the development of guidance in response to changing context. For example, where particular items in the standards need to be highlighted in response to issues arising in between major revisions of the *Osteopathic Practice Standards* document.

24. The concept of referring to separate documents would not be completely new for osteopaths, as we already publish separate consent guidance. We also publish a range of supporting information and resources on the **o** zone. The intention would be that for specific guidance such as that on consent, a link would be provided within the standards to the appropriate document, so that those viewing electronically could access this seamlessly.
25. These issues will all be explored with the Stakeholder Reference Group to ensure that the proposed 'package' aids clarity and does not cause confusion. These matters will also need to be explored as part of a formal consultation.

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.

26. As mentioned above, we already publish a range of resources aimed at supporting the implementation of standards. We envisage that these would be expanded to 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.
27. We propose to make a distinction between any 'guidance' referred to above, which would be formally developed and consulted upon, and 'resources', which would be less formal, and would not be consulted upon. For example, articles from *The Osteopath* or case studies which we then make available in the **o** zone, would come under 'resources'.

Equality impact assessment

28. We are working with an expert on equality issues in relation to the development of an equality impact assessment. We have shared some of the early thinking regarding the potential revisions to the *Osteopathic Practice Standards*, and will take her early feedback into account in the version we take to the Stakeholder Reference Group. We will continue to liaise throughout the development process to ensure that the version we take to consultation is robust from an equality and diversity perspective, and the equality impact assessment will be prepared during this process, with a final version to be published alongside the final revised *Osteopathic Practice Standards* in due course.

Comments from Policy Advisory Committee of 13 October 2016

29. The detailed minutes of the Policy Advisory Committee discussion including the *Osteopathic Practice Standards* are attached to this agenda at Item 17. Most of the points made by the Committee have been incorporated with reference to the Principles of the Review outlined by Council above.

30. In this section we have summarised additional feedback from the Committee along with a response for Council to consider and note.

Scope of the review

31. Concern was raised that the extent of the review was exceeding the scope agreed by Council as referred to in Paragraph 1 above, which had envisaged a 'light touch' review to bring the standards and guidance up to date within the context of the four existing themes. A majority of Committee members, however, felt that potential changes which had been outlined were relatively minor and 'light touch', but were likely to improve clarity and support successful implementation.
32. The review will continue as a collaborative process with the Stakeholder Reference Group to ensure consensus in the development of draft revised standards and guidance. This will be reported to the Policy Advisory Committee and to Council before undergoing extensive consultation next year.

Capacity for undertaking a review of the Osteopathic Practice Standards

33. A query was raised as to the capacity of the Executive to manage a substantial review of the *Osteopathic Practice Standards* alongside other major projects such as the implementation of the new CPD scheme.
34. As with all major projects, we have regular review points to take account of changing circumstances and impact on projects. We will continue to monitor the *Osteopathic Practice Standards* review process and its timetable in the light of organisational demands, and will report to the Policy Advisory Committee and Council throughout the process (see later for revised timetable proposal).

Links to the CPD scheme

35. Some members raised concerns as to the impact of introducing revised standards alongside a new CPD scheme, and whether the profession would respond negatively to this level of change. Many members did not see this as a problem, however, and thought that revising standards as the new CPD scheme rolled out was a 'golden opportunity' for osteopaths to review the revised *Osteopathic Practice Standards* in the first year of the implementation of the new CPD scheme.
36. The new CPD scheme requires osteopaths to complete activities across all four of the themes of the *Osteopathic Practice Standards*. This does not require mapping of activities to specific individual standards, only the themes. It has always been envisaged that the four themes will remain the same and feedback so far supports this. Osteopaths are largely already familiar with this structure and it works well in the context of the domains of the standards of other regulators. Much work will be aimed at publicising the new *Osteopathic Practice Standards* across the profession prior to their implementation, and we will

collaborate with others, including regional groups and the Institute of Osteopathy to this effect.

The Duty of Candour

37. At the Policy Advisory Committee, the example was given of the Duty of Candour as being something that could be regarded as being less missing from the current standards and whether more urgent changes were required. Having undertaken the mapping detailed above, the Executive does not believe that there are gaps in the current standards. The Executive also considers that making any interim changes risks causing more confusion within the profession and with stakeholders, and may risk the successful implementation of the revised *Osteopathic Practice Standards*.
38. With regards to this specific example of the duty of candour. This is implicit within the current standard D7: "*Be open and honest when dealing with patients and colleagues and respond quickly to complaints*". Separate information on the duty of candour is published on the **o** zone, alongside the joint statement of UK healthcare regulators on the duty of candour. However, this is a good example of an area that would benefit from additional guidance and resources to help osteopaths to implement this in practice to ensure that patients are given all the information that they are entitled to and need. We suggest that such an approach is entirely consistent with the scope of the review outlined by Council as indicated above.

Impact on stakeholders

39. The potential impact of the revised *Osteopathic Practice Standards* on stakeholders will continue to be explored, and the inclusion of stakeholder representatives on the reference group will help to ensure that this process is effectively managed and consensus is achieved in the development of revised standards and guidance for consultation. The consultation itself will be supported by an extensive consultation strategy to ensure the widest possible engagement with the matters explored by the Committee and Council.

Timetable

40. The timetable previously noted by Council was as follows:

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| Call for evidence – engagement with key stakeholders | February to May 2016 |
| Desk research | February to July 2016 |
| Review of evidence | Summer 2016 |
| Specific patient group consultation | Late September 2016 |
| Report to Policy Advisory Committee with initial structure of revised OPS based on | October 2016 |

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| review evidence and feedback – seek feedback regarding consultation draft | |
| Multi-stakeholder working group established to provide further comment on the preparation of the draft standards for public consultation | October to December 2016 |
| Council approval of draft OPS for consultation | February 2017 |
| Consultation | March to June 2017 |
| Publication and introduction | Autumn 2017 |
| Implementation/roll out | Autumn 2017 to Autumn 2018 |
| Standards come into force | Autumn 2018 |

41. As the review process has developed, however, some matters have arisen which raise issues regarding the timetable. In particular, the potential need to develop separate guidance in particular topic areas as referred to above. The nature of the development process for guidance is such that it would not be ready for consultation by spring 2017 as outlined in the timetable originally agreed by Council.
42. As mentioned above, it has also taken longer than envisaged for stakeholders to put forward representatives to the Stakeholder Reference Group. It is now intended that detailed papers will be distributed to group members in December, with the first face to face meeting taking place early in 2017 (date to be confirmed). Even without developing additional guidance, it would not be possible to collaborate sufficiently with the Stakeholder Reference Group to deliver a draft for Council to consider in February. An alternative, however would be to delay the consultation process for both the standards and the guidance by approximately six months, so that guidance documents could be developed, and consulted on at the same time as the standards themselves. The advantage of this is that the full suite of revised standards and guidance documents could be seen at the same time, potentially leading to the generation of more meaningful feedback – it also avoids the risk of ‘gaps’ if there were delays in the development of the comprehensive suite of guidance to support the standards. A revised timetable to support this approach is outlined below:

| Activity | Date |
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| 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 |

| Activity | Date |
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| 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 |

43. This timetable would lead to the revised *Osteopathic Practice Standards* coming into force a year later than originally envisaged, but would also give a longer period between publication and implementation. An additional advantage of such an approach is that this would ensure that stakeholders (such as the osteopathic educational institutions) had more than enough time to prepare for the implementation and map their curricula accordingly ready for the 2019-20 academic year.
44. If the new CPD scheme becomes fully mandatory from August 2018, then those commencing their three year CPD cycle could be advised to map their activity to the revised *Osteopathic Practice Standards* from the start, which would also help support their effective implementation.

Recommendations:

1. To agree that the progress of the review is consistent with Council's principles.
2. To agree the proposed revised timetable.