

Consultation strategy

1. The consultation strategy in relation to *the draft Guidance to support osteopaths engaged in adjunctive or complementary therapies in relation to the Osteopathic Practice Standards* will follow the [GOsC consultation principles](#). These five principles are set out below, with an explanation as to our approach in relation to this particular consultation.

Principle 1: Formative - Our consultations should be undertaken at an early stage to ensure the policy or guidance document can be influenced by the stakeholders we are consulting. We will ensure that we undertake initiatives and activities as part of pre-consultation engagement to inform the development of our policy and guidance documents.

2. The guidance was developed following input from stakeholders at a workshop to consider the challenges of applying osteopathic practice standards to adjunctive therapies/non-typical osteopathic approaches. These included PCC members, patients, the Institute of Osteopathy, The Council of Osteopathic Education Institutions, and patients.

Principle 2: Authentic Our consultations should be authentic and be truly seeking views and scrutiny, rather than either simply consulting for the sake of consulting, or to have been seen to have consulted. We will demonstrate there is a purpose to the consultation and ensure that we are asking questions on areas where final decisions have not already been reached.

3. We will explain clearly the rationale for developing the guidance within a consultation document, and explore views, including:
 - Whether the guidance is clear and accessible.
 - Whether the case scenarios included in the guidance are helpful and representative.
 - Whether it is felt that anything is missing from the guidance.
 - Whether the guidance might be enhanced in any way.
4. The consultation will be available on our website, and publicised via our ebulletins and social media. Invitations for responses will be sent specifically to key stakeholders, including:
 - Institute of Osteopathy
 - Council for Osteopathic Educational Institutions
 - The broader profession (Via ebulletins)
 - PCC and ICC members
 - Patients (via our patient group)
 - The Osteopathic Alliance
 - Other regulators and professional bodies

Annex B to 13

- Professional Standards Authority
- Groups with different particular protected characteristics to explore whether there are any equality, diversity and inclusion issues that have not been identified by the development process so far.

Principle 3: Accessible Our consultations should be open for any individual to respond. We will ensure that our consultations last for 12 weeks unless there are good reasons not to do so and, in those situations, we will provide a clear explanation as to why that is the case.

5. The consultation will be open for a twelve week period.

Principle 4: Inclusive - We will ensure our consultations are accessible to all stakeholders and, where necessary, we will take steps to ensure we are able to receive responses in a variety of different formats where that is helpful to respondents.

In developing our consultation strategy, we will consider our consultation audiences, and use a targeted approach to reach those with a greater interest in the subject matter and those it may be most relevant to or who will be more directly affected.

We will ensure that we have considered equality, diversity and inclusion as part of our consultation strategy development. This will include ensuring our consultations use clear and concise language and are free of jargon. We will ensure that our consultations are not overly long and try to ensure that they are easy to understand.

6. We will ensure that responses are not limited to specific questions, and that any feedback is welcome. As mentioned above, those stakeholders with a greater interest will be targeted, but any osteopath or other stakeholder might have an interest in this subject, and the consultation will be clear and accessible to all.
7. We will offer a focus group approach to specific groups to provide another means of gathering feedback, including:
- PCC/ICC members
 - Patients
 - Osteopaths

Principle 5: Transparent - We will publish an analysis of consultation responses and we will demonstrate where and how the consultation feedback has informed our thinking.

8. Responses to the consultation will be collated, analysed, considered in relation to the final draft and reported to the Policy and Education Committee.

Annex B to 13

Timetable for consultation and subsequent activities

9. The proposed timetable is as follows:

Month	Activity
25 November 2022	Council approval of draft guidance for consultation and consultation approach
Early January 2022 – End March 2022	Consultation
April – May 2022	Analyse feedback and finalise draft guidance
June 2022	Report to Policy and Education Committee
July 2022	Report to Council
Following Council approval	Publish and publicise guidance