

Item 9 Annex B

Good Medical Practice consultation
Standards and Ethics Team
General Medical Council
Regent's Place
350 Euston Road
London
NW1 3JN

5 December 2011

Dear Sir/Madam,

Thank you for the opportunity to respond to the *Good Medical Practice* consultation 2012.

We would like to congratulate the General Medical Council on a clear and concise document. We particularly support the emphasis on collaboration with colleagues and other members of the team throughout the document.

Our main point throughout our comments relates to the definition of 'colleagues' and 'teams'. The definition of colleagues and team should include a perspective about the whole patient pathway throughout the NHS and independent sector, the mainstream and the complementary sector.

We have set out some background about the General Osteopathic Council (GOsC) – the statutory regulator of osteopaths, osteopathy and osteopathic education as an annex to provide you with a context for our response.

Yours sincerely

Tim Walker
Chief Executive and Registrar

Response to consultation

Question 1 – Do you agree that *Good Medical Practice* should be restructured under the four domains rather than the seven headings

Yes

Our recently restructured Osteopathic Practice Standards (our core standards of competence, conduct and ethics for all registered osteopaths) used very similar domains:

- Communication and patient partnership
- Knowledge, skills and performance
- Safety and quality in practice
- Professionalism.

We used these domains following a review of the domains in use by all the regulators. The response to our consultation was very favourable on the revised layout which was very much supported because it simplified the old structure. We are currently piloting these domains as part of our revalidation pilot and the reduced number of domains is so far proving very helpful in simplifying the analysis of osteopath's practice.

Question 4 – Do you have any additional comments on the style and the structure of the draft guidance?

Yes

Our experience when consulting on our 'Osteopathic Practice Standards' was that respondents appreciated clear delineation between 'must' statements representing the standards and 'should' statements representing guidance. We distinguished the 'must' standards by putting them on columns on the left of the page with 'should' guidance on the right hand side which was well supported in our consultation.

Question 5 – Do you have any comments about the duties of a doctor statement?

Yes

This is an excellent summary statement of the duties of a doctor. We wonder whether the word 'colleagues' needs to be expanded to emphasise that colleagues can be working with the patient at any point of the patient journey – whether primary or secondary care or in the independent or NHS sector – and may not be restricted only to doctors Perhaps you might consider the following form of words:

'Work with healthcare colleagues, across the whole of the patient journey, in the ways that best serve patients' interests.'

We recognise that the word 'patient pathway' can have quite specific protocols which is why we have used the term 'patient journey' to emphasise the wider nature of the patient experience.

Question 6 – Do you have any comments on the revised introduction?

Yes

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The introduction provides an opportunity to emphasise the importance of doctors working in partnership with the wider healthcare team *and* the patient to emphasise the importance of an integrated patient journey or patient pathway throughout their experience of healthcare. The footnote helpfully defines colleagues as 'anyone a doctor works with, whether or not they are also doctors' but the term 'works with' should not restrict the requirements to those employed alongside doctors. For example, a patient may have a relationship with an osteopath, pharmacist, podiatrist or others where the working relationship may be ambiguous.

Question 10 – Do you have any other comments about the guidance in this section?

Yes

We very much support the guidance in section 13c which states 'referring a patient to another practitioner *who is accountable to a regulatory body* when this is in the patient's best interests'. This allows explicit referral from doctors to osteopaths (as well as other manual therapists) where this is in the patient's best interests. You may also wish to refer to patient choice here in line with the 'Any Qualified Provider' proposed changes in England.

In paragraph 14 – 'consult and take advice from colleagues when appropriate' – you may wish to consider how to emphasise that colleagues may not be medical practitioners – but other members of the team caring for the patient along the patient journey or pathway. For example, advice from and to osteopaths or other statutorily registered healthcare professionals may be beneficial as part of the patient's care.

Question 11 – Is it clear what we mean by saying that the care doctors provide must be 'compatible' with all other aspects of the patients care?

Yes.

Paragraph 20 outlines an important principle which helps to emphasise the patient may be receiving care from a wider healthcare team including, for example, osteopaths. Is it appropriate to say 'your' patient? Sometimes, the doctor will not be the lead carer for the patient and a slight change of language here to 'the patient' may help to recognise this.

Question 17 – Do you have any other comments about the guidance in this section?

Paragraph 19 refers to 'your team'. Might it be more appropriate to use the term 'the team'.

An osteopath may not be regarded as part of the doctors team, yet sharing information and data for the purposes of audit may help to improve the patient pathway and perhaps patient outcomes in due course.

Participating in reviews of other healthcare professionals along different aspects of the patient's journey is also important to provide different perspectives on care and performance.

We strongly support collaboration between healthcare professionals at different parts of the patient journey to explore patient outcomes for the benefit of patients and to recognise the increasing complexity of the way in which healthcare is delivered both within mainstream and complementary care in both the independent and NHS health sectors.

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Question 18 – Do you agree that the guidance on responding to risks to safety is clear?

Yes

In 22a we suggest that you add 'another statutory regulatory body' where doctors have concerns about a colleague who is not a doctor. For example, if doctors have concerns about osteopaths, they should contact the General Osteopathic Council.

Question 23 – Do you have any other comments about the guidance in this section?

Yes

The Osteopathic Practice Standards are based on similar domains to the revised draft of Good Medical Practice. We have put the 'Communication and patient partnership' domain first to emphasise the importance of working in partnership with patients.

Paragraph 36 could make explicit reference to the wider aspects of the team and should also include those in the independent as well as the NHS sector. Osteopaths often report challenges about giving and receiving information about patients which cannot be in the best interests of the patient. There is an opportunity here to emphasise the wider nature of the team and the way in which patient journey may involve a variety of types of care.

Paragraph 38 – Again the point about colleagues being explicitly referred to as 'any healthcare practitioner along the patient journey' could be made here.

Question 24 – Do you agree that this is a helpful addition to the guidance?

Yes

We very much support the addition of the new duty at paragraph 40 to 'work collaboratively with colleagues to improve care, or maintain good care for patients, and ensure continuity of care wherever possible'. This is a crucial addition to support better patient care.

We strongly suggest that the point we have made about colleagues throughout our response is made explicit in this section. Colleagues should be defined as 'any (statutorily registered) healthcare professional at any point of the patient journey whether or not they are employed alongside a doctor' to fully support patient care. Such a clear definition will also demonstrate respect for patient choice for those patients who choose other healthcare practitioners to complement the care received in a medical setting.

Question 31 – Do you have any other comments about the guidance in this section?

We wonder if there is a need to refer explicitly to 'patient choice' in the section 'establish and maintain partnerships with patients'. For example, in England, the 'Any Qualified Provider' route will allow patients to choose the appropriate therapist for musculo-skeletal conditions. It will therefore be important for doctors to respect patient choices.

ANNEX

About osteopathy

Osteopaths are trained to be primary healthcare practitioners. This means that they are able to undertake an initial consultation with any patient. This includes taking a case history, performing an examination of the patient, formulating a differential diagnosis and undertaking treatment where appropriate. Osteopaths are trained to refer patients to other healthcare professionals when they are not the most appropriate professional to manage an underlying condition (although they may still provide treatment to the individual referred).

Osteopaths are able to treat patients exhibiting a significant number of symptoms with a range of osteopathic approaches.

Most osteopaths work in independent practice. However, up to 15% do provide services within an NHS setting and within multi-professional local teams.

Background to osteopathic regulation

The General Osteopathic Council (GOsC) is the statutory regulator (by virtue of the Osteopaths Act 1993) tasked with 'developing...and regulating the profession of osteopathy'. Like all healthcare regulators we exercise our statutory functions to protect patients.

By law osteopaths must be registered with the GOsC in order to practise in the UK.

- The GOsC keeps the [Register](#) of all those permitted to practise osteopathy in the UK.
- We work with the public and osteopathic profession to promote patient safety and we set, and monitor the maintenance and development of [standards](#) of osteopathic training, practice and conduct.
- We also assure the quality of osteopathic education and ensure that osteopaths undertake [continuing professional development](#).
- We help patients with any [concerns or complaints](#) about an osteopath and have the power to remove from the Register any osteopaths who are unfit to practise.

The osteopathic educational environment

There are two publicly funded Universities – Oxford Brookes University and Leeds Metropolitan University delivering Bachelors and Masters degrees in osteopathy.

There are also six independent colleges (the British School of Osteopathy, the British College of Osteopathic Medicine, the College of Osteopaths (at Keele and Borehamwood), the European School of Osteopathy, the London School of Osteopathy and the Surrey Institute of Osteopathic Medicine) awarding degrees from validating universities including the University of Greenwich, University of Bedfordshire, Staffordshire University, Keele University Middlesex University, University of Surrey and Anglia Ruskin University. Most of these colleges currently receive public HEFCE funding allocated via their validating university.

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There is one other college which awards a postgraduate qualification: Member of London College of Osteopathic Medicine. This postgraduate diploma is only awarded to medical practitioners who already have a primary medical degree allowing registration with the General Medical Council.

All these osteopathic educational institutions are required to deliver education that meets our standards in order to obtain and retain recognition. The standards are available on our website at www.osteopathy.org.uk.

The award of a GOSc Recognised Qualification (RQ) means that the holder is capable of practising, without supervision, to the standards expected in the GOSc Code of Practice and the Standard of Proficiency (from 1 September 2012 the Osteopathic Practice Standards) capable of meeting the required standards of conduct, competence and ethics. These standards are available on the GOSc website at: <http://www.osteopathy.org.uk/practice/standards-of-practice/>

Once a RQ has been awarded, an osteopath is able to be registered on the GOSc's Register, subject to satisfying statutory character and health requirements. There are currently around 4600 osteopaths on the GOSc Register, practising throughout the UK and abroad.

Educational Institutions are able to award 'Recognised qualifications' following a decision by the General Osteopathic Council to enable them to do so. The process of recognition is a detailed process overseen on our behalf by the Quality Assurance Agency for Higher Education. RQ decisions are also subject to approval by the Privy Council. Quality assurance is also overseen through an annual monitoring report and action plan along with targeted requests for information and visits if information provided requires this. Further information is available on our website at <http://www.osteopathy.org.uk/about/our-work/> and <http://www.qaa.ac.uk/health/gosc/consultation/>

Continued fitness to practise

Once registered, osteopaths are fully responsible for their own training and development (as well as that of their employed staff).

All osteopaths are required to undertake regular CPD both by themselves and with others and to submit an annual summary form to the GOSc. Each year a sample of these forms and the folders underpinning them are audited by the GOSc. Information about our CPD scheme is available on our website at: <http://www.osteopathy.org.uk/practice/standards-of-practice/continuing-professional-development/>

Currently 10% of the osteopathic profession are piloting a revalidation scheme designed to formalise structures of clinical governance in osteopathic practice. The tools being piloted include patient feedback, colleague feedback, clinical audit tools, structured reflection and significant event analysis among others. Further information about our revalidation pilot can be found at: <http://www.osteopathy.org.uk/practice/Revalidation/Piloting-the-scheme/>

The pilot will conclude in October 2012. We expect to report on the findings of our Revalidation and our CPD review in 2013.