



**Education and Registration Standards Committee and Osteopathic Practice Committee**

**27 February 2014**

**Osteopathic Practice Standards Evaluation**

<b>Classification</b>	Public.
<b>Purpose</b>	For discussion.
<b>Issue</b>	The GOC undertook a programme of work to implement the Osteopathic Practice Standards published on 1 September 2011 and implemented on 1 September 2012. The GOC wished to evaluate how effective this implementation strategy was in achieving its aims and the evaluation is presented here.
<b>Recommendations</b>	<ol style="list-style-type: none"><li>1. To note the evaluation of the implementation of the Osteopathic Practice Standards.</li><li>2. To note the recommendations for future evaluation and communication strategies for other projects.</li></ol>
<b>Financial and resourcing implications</b>	None
<b>Equality and diversity implications</b>	None
<b>Communications implications</b>	<p>The evaluation will be considered internally for learning points across all of our functions for the future implementation of guidance.</p> <p>Outcomes to be shared with the Osteopathic Practice Committee and Education and Registration Standards Committee.</p>
<b>Annex</b>	Evaluation Plan for OPS Implementation Strategy.
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## Background

1. The GOsC published its new Osteopathic Practice Standards (OPS) on 1 July 2011; these took effect on 1 September 2012. The intervening period was used by the GOsC to help ensure that registrants and all other relevant stakeholders were aware of the new standards. The implementation strategy aimed to support osteopaths, Osteopathic Educational Institutions (OEIs) and students in meeting the standards from 1 September 2012 onwards. The implementation strategy also ensured that all GOsC policies and processes, including those used in registration assessments for internationally qualified applicants and fitness to practise cases were in line with the OPS by the implementation date and that assessors, reviewers and panellists received appropriate training.
2. The General Osteopathic Council Business Plan for 2013, Section 2.2 states that we will 'embed the role of the *Osteopathic Practice Standards (OPS)* as the core principles and values for good osteopathic practice and high standards of professionalism.' One of the activities to achieve this is: 'Evaluate the effectiveness of the implementation strategy for the OPS for all stakeholders and identify further evaluation activities or further actions required to embed the OPS, to feed back into the other work of the GOsC'.
3. A copy of the Implementation Strategy was endorsed by the Education Committee at its meeting of 14 March 2012 and is available on the GOsC website: [http://www.osteopathy.org.uk/uploads/part\\_i\\_item\\_6\\_annex\\_a\\_-\\_osteopathic\\_practice\\_standards\\_implementation\\_update\\_-\\_implementation\\_strategy.pdf](http://www.osteopathy.org.uk/uploads/part_i_item_6_annex_a_-_osteopathic_practice_standards_implementation_update_-_implementation_strategy.pdf)
4. A cursory review of all the websites of the regulators shows that there is little published in this area. Regulators such as the General Medical Council have reviewed performance of the organisation as a whole against specific customer service standards and has even evaluated whether its work on revising its own standards has followed best practice (See GMC Council Paper – *Evaluating the GMC's Performance*, 10 September 2009). No regulators appear to have published information about how they have evaluated the effectiveness of their communications and implementation activities although we would want to explore this further.
5. As implementation of guidance is so critically important in order to ensure awareness and to support practice in accordance with standards, we developed an evaluation strategy to attempt to explore the effectiveness of our implementation activities. This work could also provide useful information about how we implement guidance in the future.

## Discussion

6. The detailed evaluation report is presented at the Annex. It contains an executive summary of the key findings and conclusions, together with recommendations for

future promotion and evaluation. The Committee is asked to consider the report and its outcomes.

**Recommendations:**

1. To note the evaluation of the implementation of the Osteopathic Practice Standards.
2. To note the recommendations for future evaluation and communication strategies for other projects.

### **Evaluation Report of the Implementation Strategy used for the Osteopathic Practice Standards**

#### **Executive Summary**

##### ***Osteopaths (paragraphs 15 to 82)***

- Osteopaths are very aware of the OPS – 72% of participants in the 2012 Registrants' Survey indicated awareness. High participation in supporting initiatives such as the Revalidation Pilot training and Regional Conferences have helped to raise awareness within the profession.
- Osteopaths favour a wide range of communication approaches.
- Osteopaths value the face to face interactions and training that GOsC has been able to deliver in the past
- Osteopaths have indicated that e-learning is a potentially useful method for delivery of learning, including work on implementing standards and professionalism.
- Some indication of application of the standards is provided by the conclusions of the Revalidation Pilot and participation in e-learning modules. Professionalism e-learning may be key tool to evaluating application of standards in the future.

##### ***Osteopathic Educational Institutions (OEIs) (paragraphs 83 to 101)***

- The implementation of the OPS with the OEIs, has benefited from the GOsC's close working relationship with these institutions, including regular face to face meetings, telephone support and regular email communication.
- The GOsC can have confidence that at a senior level in these organisations, the OPS is clearly understood and implemented into the design and outcomes of pre-registration education courses.
- It is less clear as to the extent that non-senior staff members are familiar with the OPS. Future work related to the professionalism project at undergraduate level may give a clearer indication when faculty will be invited to undertake the undergraduate e-learning module. In general this is something that could be explored further with OEIs in terms of any support that GOsC may offer.

##### ***Osteopathy Students (paragraphs 102 to 109)***

- The targeting of osteopathy students with presentations and e-learning related to professionalism supports the work of the OEIs in delivering the OPS and gives students a clearer understanding of the context and background of the profession they hope to enter in the future.
- The GOsC should work to better target its presentations to fit with the curricula of the OEI and the level of the students understanding.
- The work undertaken with the OEIs to embed OPS within the curriculum will also mean that students are more aware of the standards.

### ***GOSc Registration Assessors (paragraphs 110 to 118)***

- The implementation of annual training, clearer guidance and reporting forms, and the introduction of appraisal has raised awareness of the necessity to clearly reference the OPS.
- The GOSc should continue to monitor the quality of assessment reports and feed back to assessors where necessary, at the time or through the appraisal system.

### ***Other Stakeholders (paragraphs 119 to 132)***

- The referencing of the OPS by other institutions in their own work is a key indicator of success of the implementation of the OPS. This has worked well with osteopathy organisations such as the British Osteopathic Association, OEIs and National Council for Osteopathic Research (NCOR).
- This appears to have been less successful for CPD providers and postgraduate education providers, but historically the GOSc has had less direct involvement with these organisations, although this is beginning to change with the new development agenda and collaborative work. Further promotion of the benefits of linking OPS to CPD and postgraduate provision could help.

### ***Patients and other organisations (paragraphs 133 to 159)***

- Very little data is available to assess whether patients are aware of the Osteopathic Practice Standards.
- In conjunction with its patient focus group, GOSc has recently produced a set of posters/leaflets for osteopaths to use to promote standards.
- The GOSc is currently consulting focus groups on their view of osteopathy and the understanding of the GOSc – this will eventually lead to a more extensive Patient Survey in July 2014. As part of these focus groups and survey, it would be useful to ask whether participants know that there are practice standards which apply to osteopaths and what they are.
- Further work can then be done at a later date to understand the impact of the production of promotional materials for osteopaths. Evaluating the understanding of organisations outside of the osteopathy sector is more difficult, but could be done by monitoring references to the work of the GOSc. Knowledge of the OPS is evident in the work of Professional Standards Authority (PSA) and other healthcare regulators who have quoted it in their own reports.

### ***Evaluation planning (160 to 164)***

- In future GOSc should aim to plan an evaluation strategy at the same time as drafting project initiation plans. In some cases such as the evaluation of whether new standards such as OPS are being applied, this may require some evaluation work to be undertaken before implementation as well as after.
- GOSc should look to rationalise data collection across the organisation to better inform it's future projects, particularly the collection of data relating to correspondence, telephone calls and emails.

- GOsC should include within its Registrants' Survey 2015 for osteopaths, direct evaluation questions related to key projects, consulting the project leads to ascertain what these questions may be. The survey should also include the original question related to awareness of the OPS, to get a current view of the knowledge of the standards – this will offer a base line for the evaluation of new standards which are due to be published in 2016.
- Focus groups/meetings/telephone interviews should be used where appropriate in future to ascertain whether the implementation of certain knowledge has been achieved. Again, GOsC would need to consider their use before and after implementation.
- The professionalism projects will offer a new opportunity to assess whether osteopaths understand the OPS and can apply in practice.
- Monitoring of social media is currently focussed on general terms and recorded informally. For future evaluation, it would be useful to have a greater focus on these areas around the time of an implementation or launch.

### *Recommended further work connected to the promotion of OPS*

- Evaluation of the professionalism projects will be a key indicator of whether there is a real application of standards within the profession. Further work should be undertaken to promote the existing e-learning modules and future e-learning modules that come online – potentially through links with CPD
- Greater prominence should be given to the OPS support pages on the GOsC website as these are key to delivering the aims of GOsC in instilling professional values within the profession. This needs to be in conjunction with a plan to refresh the content on a regular basis to keep osteopaths interested. This would required a separate project plan and commitment to develop regular content.
- Further work undertaken to promote the benefits for osteopaths of linking CPD and postgraduate courses to the OPS. This will make it easier for osteopaths to address development needs, meet CPD requirements and potentially link in to a future Continuing Fitness to Practise regime.
- Training supporting the development of continuing fitness to practise is an effective way of implementing the Osteopathic Practice Standards and this benefit should be considered when assessing the cost/benefits of the scheme.
- Further discussion on the benefits for osteopaths of making specific references to the OPS could be discussed with NCOR, particularly in the sections reporting the outcomes of GOsC-commissioned research.

### Introduction

1. At its meeting of 19 September 2013 the Osteopathic Practice Committee (OPC) was presented with the evaluation plan for the OPS which had been agreed previously by the Education Committee (now known as the Education and Registration Standards Committee) at its meeting of 27 November 2012.
2. The plan was based on a model in *Evaluation Step-by-Step Guide* developed by State Government of Victoria Department of Planning and Community Development to evaluate the effectiveness of public awareness programmes. Consideration was given to a range of models including the model of evaluation proposed for our own Corporate Plan. Some models are very much concerned with the evaluation of activities against set criteria or standards that already exist, which would not be useful in this circumstance as no initial criteria or benchmark for comparison exist. Some models were explored relating to the implementation of public awareness campaigns which were more closely related to the work undertaken by GOsC. The Victoria State Government model was a useful basis as it provided a step by step guide through the evaluation process.
3. The model has been modified for our purposes to include additional columns to consider the feasibility of some evaluation activities to take account of the fact that we are planning evaluation at a later stage. The table explores the aims of the evaluation, the questions that should be asked, the potential existing data sources, the feasibility of the evaluation and any further work that we might do to collect data for evaluation.
4. The OPS was first published on 1 July 2011 and it was over a year before it came into effect on 1 September 2012. The evaluation will attempt to focus on the period 1 September 2011 to 31 August 2013 giving a data set which spans a year either side of the implementation date where possible, accounting for the work that we undertook in preparation of the implementation and the support work we have undertaken in the year following implementation. There will be exceptions to this depending on the nature of the data and when it was collected.
7. The various pieces of information outlined in the plan were collected and analysed and the findings are presented in this paper.

### Purpose

8. The purpose of the evaluation was to try to evaluate whether the Osteopathic Practice Standards Implementation plan had helped to achieve three key aims. These were:
  - a. Raising awareness of the OPS with all relevant stakeholders
  - b. Improving the quality of patient care through a greater understanding of the OPS and how standards apply to practice

- c. Delivering a range of resources which are useful, accessible and used by a range of stakeholders
9. It was agreed that as the evaluation element had not been incorporated into the initial development and implementation plans for OPS, that therefore, the GOsC should utilise data that was already available to attempt to evaluate these aims. The types of data to be collected and an indication of what this could evaluate for each stakeholder is shown in Appendix A.
10. For ease of reference, the analysis of this data is considered for each stakeholder group below in terms of the aims listed in paragraph 8 a, b and c above.

### Method

11. The method used to undertake the evaluation is also contained in Appendix A.
12. In summary, the method explored the aims outlined above in paragraph 8 from the perspectives of osteopaths, students and patients.
13. Data used and analysed included:
  - Annual CPD submissions
  - Website traffic
  - Feedback from e-learning modules
  - Data about calls and emails to the GOsC
  - Data from the revalidation pilot.
14. For each stakeholder, we have set out information about how we communicated the Osteopathic Practice Standards and then data which may demonstrate how effective such communication may have been.

### Results

#### *Osteopaths*

15. Osteopaths are the most important stakeholder when it comes to their understanding and implementation of the OPS. They are required to meet the standards which it outlines in order to continue to be fit to practice. For the purposes of this evaluation, we are using the current figure for the number of osteopaths on the register which is 4815.
16. The GOsC has attempted to communicate the OPS to osteopaths in a number of ways:
  - Extensive consultation on development of OPS



- Direct mailings and communications via written and online resources such as *The Osteopath* and e-bulletins
- Presentations given as part of the 2012 set of Regional Conferences.
- Production of support pages on the GOsC website
- Development of e-learning modules
- Telephone and email support

### *Consultation participation and response*

17. Consultation is an important part of raising awareness of changes in policy and standards at the GOsC. To this end the GOsC consulted on the revision of the *Osteopathic Practice Standards* in 2010. 431 osteopaths or 9% of registrants contributed responses to the consultation via focus groups, telephone interviews and written submissions. This is indicative of an awareness of the changes that were about to take place to the document. This is a high response rate for this type of consultation.
18. In 2013 we also conducted a consultation on the supporting document to OPS entitled Obtaining Consent. 12 Osteopaths responded to this consultation together with 13 who attended a focus group, totalling 25 osteopaths. This indicates again an awareness of the OPS, but is insignificant in terms of providing any indication of knowledge within the profession.
19. Consultation is a good way of raising awareness within the profession of potential changes to standards and the OPS, but it should not form the only method of communication. The participation in the consultation may give an indication of awareness of a new standards document although it will not necessarily give an indication that people will be aware of the final publication. Similarly it does not provide information on whether osteopaths are able to apply this to practice.

### *Registrants' Survey*

20. The GOsC Registrants' Survey 2012 was conducted between 26 March and 30 April 2012. Distributed in hard copy to all osteopaths on the UK Register, and available also for completion online. It was conducted independently for the GOsC by Opinion Matters ([www.opinionmatters.co.uk](http://www.opinionmatters.co.uk)). The survey comprised 62 questions, including 31 free-text options, gathering data a range of matters including awareness of the *Osteopathic Practice Standards* and CPD processes. Responses were also gathered in relation to:
21. Responses were received from 1,342 osteopaths, equivalent to 30% of the profession. This is a very high response rate for a survey of this kind.
22. The survey provided an opportunity to test at a half-way point awareness of two areas of development important to osteopaths. At the time of the survey, we

had issued the newly published OPS to all stakeholders including osteopaths, established the OPS support pages on the website, met with the post-graduate education providers and OEIs, delivered training on the new OPS to QAA and registration assessors and published four OPS specific articles in *The Osteopath*.

23. By April, 72% of respondents were aware of the new OPS due to take effect in September 2012. To supplement this and optimise awareness of the new OPS, in August 2012 a detailed information pack was sent directly to every registrant.
24. Such a level of awareness is important because as osteopaths practice primarily independently, we rely on osteopaths, rather than teams or employers, to make themselves aware of the standards applicable to practice at any point.

### *Direct mailings and communications*

25. Direct mailings about the publication and implementation of the OPS were sent to all osteopaths as individual letters and these were supported by a series of articles published in *The Osteopath* magazine and notices via the e-bulletins and GOsC Fitness to Practise bulletins. In itself, this offers little in terms of evaluation as we are unable to evaluate whether these items were read or understood.
26. However, when we look at this in combination with the results of our Registrants survey we find the following statements which would increase confidence in this method of raising awareness:
27. Print media – specifically *The Osteopath* magazine – has traditionally been the mainstay of GOsC communication with osteopaths, but increasingly this is supplemented by a range of electronic media – e-bulletins, websites, e-reader versions of our print publications, all of which represent opportunity to increase the level of dialogue between the GOsC and registrants, in preference to one-direction information delivery.
28. Just 4.5% of respondents reported that they do not read the bi-monthly Osteopath magazine (Q. 35), and the majority rated the language, content, relevance, layout and design, and frequency, as 'good' or 'very good' (Q. 36). However, areas for improvement are to be noted in the free-text responses to Q.29 (language and tone of GOsC communications) and Q.37, in particular the desire that content should relate more directly to the day-to-day practice of osteopaths and to support continuing professional development by providing learning resources.
29. The GOsC has expanded our registrant communications with the regular production of three e-bulletins to highlight key issues, supplement the websites and signpost information. We currently hold email addresses for 87% of registrants. Two-thirds of survey respondents reported reading the monthly news e-bulletin (Q.44). One-third considered the quality only 'fair', though the majority thought it was 'good' (Q.45). Indications are that the periodic Fitness to Practise e-bulletin is read by three-quarters of osteopaths (Q.47), the majority rating the content quality 'good' or 'very good' (Q.48).'

### *Supporting materials*

30. The GOsC produced and distributed materials to support the OPS coming into effect on 1 September 2012. These included:
- a. A paper copy of the OPS in full sent to all osteopaths at time of publication and subsequently as part of the registration pack for new registrants. Available to download on the website
  - b. Development and distribution of pocket guide to the OPS listing all 37 standards. This refers the reader back to the website and contains our first use of QR codes technology allowing those users with a scanning app on their mobile to scan the code and access the website directly. Copies of these have also been produced to promote awareness of the standards for other stakeholders.
  - c. Development of a A4 printed sheet detailing the Osteopathic Practice Standards
31. Copies of the main resources are available on the GOsC website:  
[www.osteopathy.org.uk/ozone/resources/publications-and-support-materials/Osteopathic-Practice-Standards](http://www.osteopathy.org.uk/ozone/resources/publications-and-support-materials/Osteopathic-Practice-Standards).
32. We originally issued 4420 copies of the OPS, one being sent to all osteopaths on the register at the time (electronic versions were sent to other stakeholders). Since implementation we have issued the following quantities of these documents in printed form:

<b>Document</b>	<b>Number of printed copies issued</b>
OPS – full version	1,190
OPS – pocket guide	1,473
OPS – A4 version	Download only

33. Downloads from the website for the documents above are as follows for the period 1 July 2011 to 31 January 2014

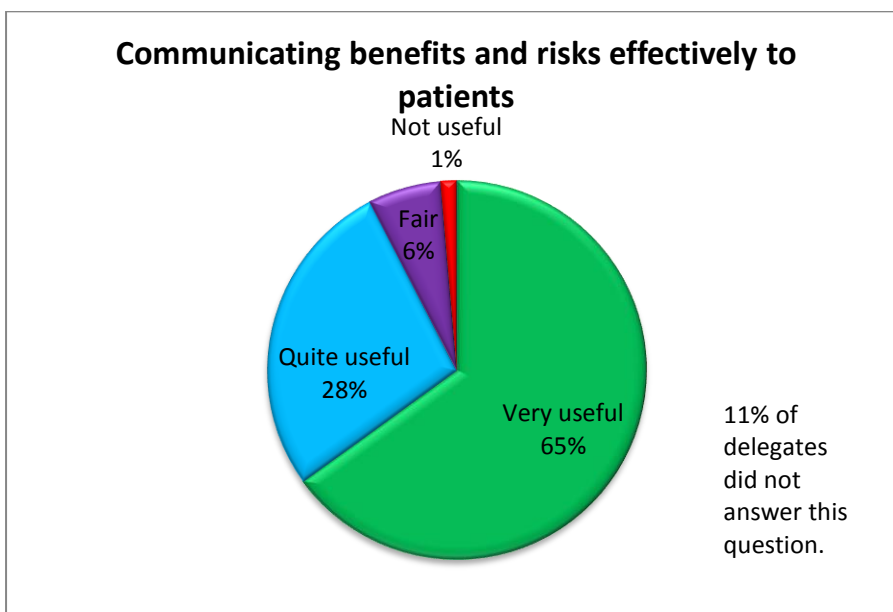
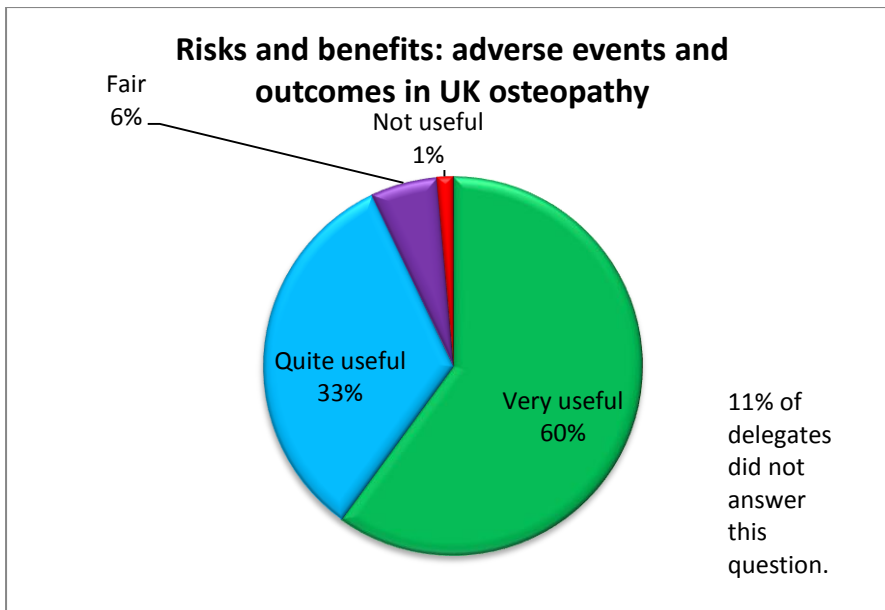
<b>Document</b>	<b>Number of downloads</b>
OPS – full version	6,062
OPS – pocket guide	85
OPS – A4 version	20 (only available since January 2014)

34. These downloads are in addition to the printed copies of the OPS full and pocket guide versions that the osteopaths would have received at point of publication or subsequent graduation, indicating that osteopaths and or members of the public are accessing the documents for reference. Unfortunately we are unable to distinguish between osteopaths and others who use the public website.
35. It should be noted that no direct question was asked about the quality of support materials produced for osteopaths in the Registrants' Survey of 2012. GOsC should consider a question along these lines in future surveys. GOsC may also like to consider the introduction of a customer service questionnaire to support the registration process which could include a question on support materials for newly registered osteopaths.

### *Presentations at 2012 Regional Conferences*

36. During 2012, GOsC hosted six regional conferences concentrating on key developments within osteopathy regulation. Three presentations related to the OPS were delivered and these were Introduction to the OPS (GOsC), Risks and benefits: adverse events in osteopathy (Steve Vogel) and Communicating benefits and risks effectively to patients (Pippa Bark).
37. In total, 781 osteopaths or 16% of the profession attended the Regional Conferences to hear these presentations. As the conferences were held at locations across the UK, this allowed the GOsC to interact with osteopaths that may not have attended meetings in London or who may not have previously spoken with the GOsC before.
38. Feedback on the presentations was as follows:





39. Feedback showed that most osteopaths attending found these presentations 'Quite useful' or 'Very useful'. The usefulness increases in relation to the two presentations on how the OPS can be applied in practice which can be used for a proxy of 'awareness' at least at the time of the conference.
40. Separately, an extract from the analysis of the Registrant Satisfaction survey 2012 states that: 'Registrant feedback consistently highlights the value and effectiveness of face-to-face engagement between the GOsC and registrants. Respondents felt that the GOsC should continue to prioritise direct interaction with osteopaths regionally and locally, with students, education and research leaders, and representatives of special interest groups, to achieve a good level of mutual understanding of clinical practice and public expectations.'

*Youtube videos related to OPS*

41. Videos from the Regional conferences in 2012 which explore the OPS in general and its specific content related to risk and communication were uploaded to YouTube account (GenOstCouncil) in November 2012. The figures for number of views and average viewing time are presented below for the period 1 November 2012 – 31 January 2014. The number of views is reasonable given that we have not actively marketed these (one article in *The Osteopath* along with availability highlighted on the ● zone registrant website. We also made many revalidation participants aware of the videos in their pilot feedback) Average viewing time could benefit from being increased and the GOsC might consider promoting the two risks and benefits videos again as a way to fulfil CPD requirements.

Presentation	Number of views
<p><i>An Introduction to the OPS</i> – overview of OPS and GOsC implementation work given by Head of Regulation/Regulation Manager.</p> <p>Length: 6.02</p>	<p>238 views in total</p> <p>196 in the UK</p> <p>Remaining split between 13 other countries</p> <p>Average viewing time per view: 1.64 minutes</p>
<p><i>Risks and benefits – adverse events and outcomes in UK osteopathy</i> – a presentation of the findings of one of the GOsC funded research projects looking at risks, given by the research lead Steve Vogel (Vice Principal (Research and Quality) at the British School of Osteopathy).</p> <p>Length: 42.63</p>	<p>578 views in total</p> <p>374 in the UK</p> <p>Remaining views split between 33 other countries</p> <p>Average viewing time: 6.70</p>
<p><i>Communicating benefits and risks effectively to patients</i> – presentation on practical ways in which osteopaths can communicate benefits and risks to patients led by Pippa Bark, Principal Research Fellow at University College London.</p> <p>Length: 36.47 minutes</p>	<p>411 views in total</p> <p>276 in the UK</p> <p>Remaining views split between 32 other countries</p> <p>Average viewing time: 6.74 minutes</p>

### *Revalidation Pilot*

42. The GOsC developed a revalidation scheme based on the Osteopathic Practice Standards which it piloted with osteopaths. 484 osteopaths (around 1 in 10 of the profession) started the revalidation pilot from September 2011 to September 2012 and 262 (one in 18 of all registrants) completed the pilot. They were given a Revalidation Handbook which asked the participants to consider the OPS and identify the areas of practice where they could demonstrate each of the standards and those areas which would require them to collect evidence or undertake further training/development.
43. The pilot then allowed the participants to collect evidence based on the standards and relate this back to practice in a report. Finally they were asked to re-evaluate where they felt they were at demonstrating that they met the OPS. Feedback from the pilot itself is captured in the *Final Report of the Evaluation of the General Osteopathic Council's Revalidation Pilot*, February 2013 produced by KPMG. The GOsC is currently working to develop the scheme further based on the findings of this report.
44. Out of the 484 pilot participants, 263 successfully completed the pilot and submitted a completed revalidation portfolio. 94% of these submitted a self-assessment that managed to demonstrate at least partially, all of the themes of the Osteopathic Practice Standards, with 84% being fully completed against the revalidation criteria. While the report goes on to highlight difficulties in osteopaths demonstrating that they met the criteria linked to the OPS and how to produce evidence to support this, it can still be concluded that these osteopaths were made aware of the OPS and how this relates to practice and that they were able to apply this to their own practice with varying degrees of success. Almost 80% of osteopaths found the purposeful review of the Osteopathic Practice Standards helpful.
45. This group of osteopaths may be key in the future to disseminating the outcomes of the pilot to others in the profession, including about how the OPS relates to practice.
46. It is suggested that in the future development of continuing fitness to practice that OPS remains at the heart of the process and support is given to osteopaths on how to evaluate practice against the OPS. This is a strong methodology for embedding knowledge of the standards within the profession and how they relate to practice and demonstrating continuing professional development. Feedback from a total of 427 osteopaths who attended the 15 initial revalidation training events held in 13 different locations around the UK is provided below:

*How useful did you find the revalidation training?*

Not useful	2 (0.5%)
Of limited use	21 (5%)
Useful	117 (27%)
Very useful	192 (45%)
Extremely useful	95 (23%)

47. You will see that 95% of participants found these face to face training sessions useful. In their discussions with osteopaths KPMG noted in its report that: 'We understand through discussions with osteopaths that many practitioners feel that they learn most effectively when interacting with others rather than simply reading literature or guidance'.
48. This is important to remember when considering future role-out of GOsC projects.

*OPS support pages*

49. As part of the implementation of the OPS, the GOsC created a new section of its registrants' website, the **o** zone to promote the OPS and its content. This section is only accessible to osteopaths and consists a landing page containing a overview of the content of OPS together with e-learning modules linked to content and professionalism. There are also separate pages related to each of the four key themes of the OPS which contain GOsC and external learning resources linked to each specific theme. Data has been collected on how many separate visits have been made to the support pages since they were introduced in September 2012. The figures are provided below in table and graph form.

**Table showing the number of times each page was accessed during January 2012 to January 2014**

<b>o</b> zone page	01/01/12-30/04/12	01/05/12-31/08/12	01/09/12-31/12/12	01/01/13-30/04/13	01/05/13-31/08/13	01/09/13-31/12/13	01/01/14-30/01/14	Total
OPS landing page	176	437	371	351	165	197	78	1,162
Communication and patient-partnership	34	111	104	74	52	58	14	302



## Annex to 5

Know- ledge, skills and perform- ance	22	55	35	23	21	17	6	102
Safety and quality in practice	27	44	38	46	30	18	5	137
Profess- ionalism	22	33	34	30	27	24	5	120

50. Initially the number of visits to the main landing site was high and that this has tailed off over the time since implementation
51. A similar thing has happened to each of the pages linked to the Themes. The Communication and Patient partnership theme had a peak between May and December 2012 which coincides with the regional conferences taking place where this was a key theme. The presentations from the conferences are presented on this page.
52. The content has not changed since the implementation, with the exception of the new module 'Professional Dilemmas in Osteopathy – part one' This may account for the increased traffic in the first month of 2014 which is already almost half of that received in the two preceding quarterly periods. If this is the reason for the increase in traffic, this bodes well for further work on e-learning which is planned for later on in 2014.
53. We will consider further how to drive more traffic to the OPS section of the o zone. Options include:
- Regular promotion of this section within written and online communications
  - Highlighted standard link on front page of the o zone
  - Greater emphasis on links to CPD and continuing professional development in future work.
  - Regular content updates – currently there will be additions to the landing page over the next few months, but content on the theme pages need to be reviewed, updated and promoted more regularly. A system of indexing the information stored under each could help to encourage osteopaths to visit these elements.

### *E-learning modules*

54. The GOsC launched an initial e-learning module which took the form of a straightforward quiz about the content of the OPS as a whole. The quiz contained 16 multi-choice questions presented using 'Articulate' software which allowed the user to select one of a number of options for the answer. The participant was provided feedback directly on submission of an answer via a pop

up box on the screen. The feedback either confirmed the correct answer or provided the correct answer with the relevant extract from the OPS. In this way it acted as a learning and revision tool. 174 osteopaths completed this e-learning in total (a further 172 opened the e-learning or partially completed). Following completion of the module, users were asked for their feedback on usefulness, accessibility etc. The results of this survey are presented below:

Evaluation Question	Responses = 55 separate responses			
How useful did you find the e-learning?	Poor = 0%	Not useful = 0%	Useful = 74.6%	Very Useful = 23.6%
How easy was it to use the e-learning?	Very difficult = 0%	Difficult = 1.8%	Easy = 47.3%	Very easy = 50.9%
How effective is e-learning for osteopaths?	Very ineffective = 1.8%	Ineffective = 1.8%	Effective = 67.3%	Very effective = 29.1%

55. For the 174 osteopaths who completed the e-learning, please find below the number of osteopaths with corresponding percentage scores for the number of correct answers:

0-20%	21-40%	41-60%	61-80%	81-100%
42 (24.1% of osteopaths taking part)	3 (1.7% of osteopaths taking part)	1 (0.6% of osteopaths taking part)	35 (20.1% of osteopaths taking part)	93 (53.5% of osteopaths taking part)

56. The passing results are less significant in terms of applying knowledge as the quiz is intended as a learning tool rather than a testing tool. It does however give an indication on the existing knowledge of OPS, with 73.6% of the profession getting greater than 9/16 questions correct, i.e. over 50%. Ideally you would be able to have individual login details for every registrant so that they could undertake e-learning and compare scores before and after, but the resource needs to be proportionate.

57. The feedback on the usefulness, ease of use and effectiveness of the e-learning module is very positive and indicates that this is a useful tool for delivering knowledge of the standards to osteopaths. This is supported by some free text

comments which accompanied the survey such as: "More please" and "Provide more quizzes and other e-learning activities if possible". There was also a lot of feedback to suggest that the module could have more questions and that these could be more complex or 'open-ended' to stimulate thought.

58. This idea supported work which was already taking place in conjunction with Sue Roff, an educational consultant, to develop a suite of e-learning modules to explore and teach professional values for osteopaths. The basic format of these modules would be to collect data on the osteopaths professional view of a situation in practice, ask them to match it to a section from the OPS which was relevant and then ask them to think again about their professional view having read the OPS. These modules would again be delivered using Articulate software and material from previous fitness to practise cases would be drawn upon to develop scenarios. The e-learning would be more complex in nature and be more challenging to the profession in terms of how the professional values outlined in OPS are applied in real life. The first of these modules was developed and piloted in May 2013 with a group of 9 osteopaths. The module contained 10 situational based questions and the osteopaths were asked to complete these and then provide feedback on the usefulness, accessibility etc. of the e-learning.
59. Participants generally welcomed the initiative with remarks such as
  - "Good teaching and learning tool"
  - "I think an e-learning module is a fantastic way to encourage osteopaths to re-familiarise themselves with practice standards and it certainly got me to read through them quite thoroughly"
  - ... "I thought that the use of scenarios was a very good way to facilitate the process of familiarising myself with the practice standards"
60. However, participants, offered constructive criticism and suggestions about the design of the programme's content as well as pointing to some IT glitches, particularly those resulting in difficulties in scrolling through the sections which made it more time-consuming than necessary. This is relevant as such feedback could stop people from completing the module and therefore becoming more familiar with the OPS. This feedback was incorporated into a simpler, quicker and more intuitive version.
61. Of particular interest was the range of answers to the Likert scale questions relating to how dangerous to the public the respondents considered the 'situations' to be. Even with very limited information, there was a wide distribution of responses from these practising osteopaths. This influenced the design of the next version, to see if the pilot was predictive of a low level of consensus about various aspects of professionalism.
62. Following the pilot, the feedback was taken into account and a final version of this module was produced. The module was launched at the beginning of December.

### *CPD returns*

63. In relation to Continuing Professional Development, we felt that it was important for osteopaths to be able to use the OPS to reflect and plan their own learning and development needs to demonstrate that they continued to be fit to practise. We took the following actions in order to promote the use of OPS for CPD:
- a. A series of meetings took place with key CPD, postgraduate and undergraduate education providers between 3 March and 4 April 2012, where these organisations were encouraged to link the learning outcomes of CPD and postgraduate courses to the OPS and outline this in advertising and course documentation for the benefit of osteopaths completing CPD Annual Summary forms.
  - b. The use of OPS for CPD was promoted to osteopaths through articles in the GOsC magazine *The Osteopath* and through CPD correspondence sent out during the process.
  - c. The use of the OPS to reflect on practice, plan learning and inform audit was the key to our Revalidation Pilot. The guidelines for the pilot specifically required the participants to review the OPS at the beginning and end of their participation and to link activities directly to it.
  - b. That referencing to the OPS in completed CPD Annual Summary forms will show an increase following implementation due to awareness and application of standards)
64. A random sample representative of the profession as a whole was taken for CPD annual summary forms submitted between 1 September 2011 and 31 August 2012. A similar sample was taken for CPD annual summary forms submitted between 1 September 2012 and 31 August 2013. A sample size of 370 CPD returns was used which is just under 8% of the population.
65. Each CPD annual summary form was evaluated for explicit references to the OPS in the 'relevance' category on the form, demonstrating a link to the OPS. Where references can be found to OPS, this will be recorded as a positive finding, where no references are found, this was recorded as a negative finding.
66. The results of both samples are presented below.

Period	Explicit reference to OPS	% of profession making explicit references to OPS if extrapolated
1 September 2010 – 31 August 2012	0 (made to old Code of Practice/Standard of Proficiency)	0

1 September 2011 – 31 August 2012	21	5.67 % (273 osteopaths)
1 September 2012 – 31 August 2013	35	9.46 % (455 osteopaths)

67. The periods represent when the year prior to OPS publication, the year of publication and the year after implementation respectively. The rise in references to the OPS can be correlated to a promotion of the use of the standards for CPD purposes and interactive learning within *The Osteopath* magazine as follows:

- August/September 2011 – Introduction of OPS and use of CPD to familiarise osteopaths with the document
- Oct/November 2011 – Theme A
- December 2011/January 2012, Theme B and Does your CPD Address your real learning needs?
- Feb/March 2012 – Theme C
- April/May 2012 – Theme D
- June/July 2012 – Theme D, GOsC learning resources on the o zone

68. The linking of OPS to the CPD could also be a result of increased awareness resulting from the Revalidation Pilot where the OPS was used to evaluate development needs and produce learning/action plans.

69. GOsC should continue to promote the link between the OPS and CPD both with osteopaths and with CPD course providers to ensure that future CPD is appropriate, well-planned and effective for osteopaths.

### *External website references*

70. A review of references to the OPS on external websites is presented at Appendix B. Three search engines were used to input the exact phrase 'Osteopathic Practice Standards' and the search results were collated. This data shows a wide diversity of different stakeholders that reference the OPS and that the websites of at least 18 osteopaths reference the OPS directly.

### *Communications with the GOsC*

71. Currently three departments at the GOsC record the number and types of correspondence, telephone calls and emails received to inform communications and other activity. These are the Communications Department, the Professional

Standards Department and the Regulation Department. These three departments will deal with most calls relating to the OPS.

72. Below is presented the number of telephone calls/emails/letters received from osteopaths concerning OPS/standards (excluding complaints). This is split into two sections, the year prior and after the implementation date of 1 September 2012.

Department	1 September 2011 – 31 August 2012	1 September 2012 – 31 August 2013
Communications	113	199
Professional Standards	Not recorded	From 1 April 2013 – 31 August 2013 only  12
Regulation	Not recorded	From 1 November 2012 to 31 August 2013 only  16

### Conclusions for Osteopaths

*Raising awareness of the OPS with all relevant stakeholders*

73. Are osteopaths aware of the OPS and what these are?
74. It is suggested that we can be reasonably confident that it has raised awareness of the OPS with osteopaths from the variety of activities that it has undertaken. In particular, its use of face to face meetings and training will have helped to directly communicate the message to osteopaths.
- Regional Conferences – 16 % of the profession
  - Direct mailings – 100% of the profession
  - Website visitors (OPS homepage) – 24% of the profession
  - E-learning initial module – 3.6% of the profession
  - CPD evidence – 5-9% of the profession
  - Revalidation Pilot – 10% of the profession
  - Registrant Survey – 72% of respondents were aware of OPS.

75. The limitation of using these figures is the uncertainty as to whether they relate to the same or different osteopaths. Another is that these osteopaths may be a self-selecting group that is already self-aware and reflective of the standards required of osteopaths. However, this evaluation is intended to give an indication of whether the work that we do to implement standards is useful, rather than being a scientific analysis. As such, in reaching the percentage of osteopaths that we have, it is argued that we are stimulating culture change and it would be hoped that these osteopaths will continue this process through interactions and discussions with other colleagues and organisations.

*Improving the quality of patient care through a greater understanding of the OPS and how standards apply to practice*

76. Have osteopaths demonstrated a greater understanding of the OPS since the implementation of the strategy? Has patient care improved since the implementation of the strategy?
77. Although we have consulted widely on the OPS, including patient and public input, it is difficult to demonstrate that their implementation will enhance patient care. In part, this is due to the complex interplay of factors that will influence professional judgement in any situation.
78. Further, data – such as clinical outcomes, is not consistently available in osteopathy.
79. Nevertheless, information relying on self-reported perceptions from osteopaths about improvements in patient care is available.
80. The revalidation pilot demonstrated that around '40% of participants reported that their participation in the pilot has benefited their patients' (p4)
81. e-learning has the potential to offer us data in this area as the modules which are being developed for the website ask the osteopath to apply the standards to professional practice. At the present time 3.6% of the profession have undertaken the revision quiz and 73% of these got over half the questions correct. With the launch of more complex modules shortly, we will begin to build up data on the how well osteopaths apply the standards in practice. This should be a key promotion for the GOsC.

*Delivering a range of resources which are useful, accessible and used by a range of stakeholders*

82. Both face to face interactions and e-learning have proved popular with osteopaths. The Registrant Survey gave a strong indication that different parts of the profession preferred different communication methods, so a one-size fits all approach would not be suitable. It is suggested that the GOsC continues to offer a diverse range of communication with the profession where possible within its resources.

### Osteopathic Educational Institutions (OEIs)

83. The OEIs offer the GOsC recognised qualifications that allow graduates to apply for registration with the GOsC. They also offer a range of CPD and postgraduate courses for osteopaths and support the development of osteopathy education in the UK.
84. It is important for the OEIs to be aware and apply the OPS in practice as all new graduates are expected to meet the outcomes of OPS at the point of graduation.
85. The GOsC has supported the implementation of the OPS with OEIs in the following ways:
- Presentations to Senior Management as part of our regular 3 yearly meetings with the OEIs
  - The offer of direct presentations to wider faculty – taken up by ESO and College of Osteopaths only
  - Direct consultation as part of development of OPS
  - Direct communication of the standards to the OEIs
  - Review of references in Quality Assurance handbook
  - Requirement that the OEI ensures that all curricula, learning outcomes and assessment criteria are mapped to the OPS by 1 September 2012, which was to be confirmed in its annual report for that year.
86. There are three main sources of information that could be used to evaluate the implementation plan in relation to OEIs and these are as follows:
- Annual Reports
  - GOsC review visit reports
  - Website references.

### Annual Reports

87. As part of the Annual Report for 2012, all OEIs were asked to confirm that they had reviewed their curricula, learning outcomes and assessment criteria against the new OPS. 100% of OEIs confirmed in their Annual Report submissions for 2012 that this had been undertaken. The evidence of the annual reports gives confidence that all OEIs were aware of the new OPS and an indication that this had been applied in practice to the educational courses.
88. At this point the GOsC may wish to consider how this has filtered down to all staff within the structure to ensure that awareness is at every level and that staff are role-modelling correct behaviours to students. As stated above, the



GOSc offered to present directly to staff members, but only three of the 11 institutions where osteopathy is delivered took up this offer. Out of the three where the GOSc presented, two were to the Senior Management Team only and one was to the clinical faculty only. The GOSc should consider other effective ways of ensuring the dissemination of the OPS to staff members within OEIs, potentially through the monitoring of training and appraisal systems as part of the quality assurance process or through further development of its Professionalism e-learning work with undergraduate education.

### GOSc Review Visit Reports

89. Since the OPS was first published in July 2011, there have been 5 reviews of separate osteopathic educational institutions which have been completed by the Quality Assurance Agency for Higher Education (QAA). The two institutions whose reviews took place before 1 September 2012 when OPS became effective, agreed to be assessed against the new OPS.

90. The reviews were as follows:

<b>Osteopathic Educational Institution</b>	<b>Date of review</b>	<b>OPS implemented satisfactorily?</b>
College of Osteopaths Staffordshire and Middlesex courses	May 2012	Had been mostly mapped at time of review and follow up documents submitted to Review Visitors after the review confirmed that all themes of OPS had been mapped prior to implementation on 1 September 2012.
British School of Osteopathy	May 2012	All themes of the OPS embedded within curricula and learning outcomes
Leeds Metropolitan University	October 2012	No concerns raised about embedding, learning outcomes mapped and assessment demonstrates that students meet OPS
British College of Osteopathic Medicine	January 2013	All themes of the OPS embedded, particularly Theme A.
Surrey Institute of Osteopathic Medicine	February 2013	No concerns raised about embedding, learning outcomes mapped and assessment demonstrates that students meet OPS

91. These reviews provide an independent evaluation of whether the OPS has been applied in practice. The reports can all be accessed on the GOsC website at <http://www.osteopathy.org.uk/practice/becoming-an-osteopath/training-courses>.
92. All five reports (100%) indicate that the visiting team were satisfied with the mapping of curricula, learning outcomes and assessment criteria to the OPS in totality.
93. Two further reviews have been completed, but are not ready for publication. Early findings here suggest that one institution has fully embedded the OPS while the other has an oversight in mapping some assessment modules which will be rectified with a condition. Reviews of the remaining four institutions are all due to take place between January and March 2014, so further evidence of embedding of the OPS will be available later in the year.
94. It is clear from these reports that all OEIs are aware of the OPS and its implications for osteopathy education and that so far 100% of institutions have successfully embedded this within the courses that they offer.
95. Again at this stage, reference should be made to the comment on whether individual staff members implement the OPS on a daily basis and how this is monitored.

### Website references

96. From the review of website references to the OPS presented at Appendix B, four osteopathic educational institutions make direct reference to the OPS in relation to the recognised undergraduate courses and two validating universities (linked to two of the four OEIs mentioned) also make direct reference to the OPS. It should be noted that the websites for all of the remaining 7 institutions make reference to the General Osteopathic Council and standards.
97. It may be helpful to consider direct referencing to the *Osteopathic Practice Standards* to reinforce awareness and the importance of those standards.
98. It is also worth highlighting that one OEI is undertaking a research project looking at different ways of embedding awareness of the *Osteopathic Practice Standards* looking at educational interventions prior to admission and at four points during the first term to explore which make the most impact on students. The results of this, when available, could also inform further work by the GOsC in this area.

### Summary

99. It is clear that all OEIs are aware of the OPS and how this guides the curricula, learning outcomes and assessment criteria. It has also been confirmed that on the whole the OPS has been implemented within the courses offered by the OEIs.

100. Some consideration should be given to how the GOsC can support the OEIs to ensure individual staff members are aware of the OPS and how they should professionally role-model for students.
101. Of the methods used to communicate, the direct meetings with Senior Management at the OEIs appear to be effective in disseminating the requirements of OPS in an efficient manner. However, due to the lack of take-up for meetings with faculty members it suggests that institutions do not favour GOsC involvement via this route. As an alternative, GOsC could help support staff training and development linked to the OPS through its undergraduate professionalism work involving the development of e-learning modules. It could also seek the views on what the OEIs consider the role of GOsC to be in terms of supporting staff understanding and development linked to the OPS.

### **Osteopathy Students**

102. It is important for Osteopathy students to be aware of the OPS as they progress through their course if they aim to meet the standards by graduation. Indeed being aware of and practising in accordance with the requirements is a condition of the award of a recognised qualification and entry to the Register.
103. A poster exists to highlight the standards in clinics and OEIs. Visits to OEIs have suggested that the posters are displayed in prominent places in most OEIs.
104. The GOsC currently presents the OPS and its content to osteopathy students in either the 1<sup>st</sup> or 2<sup>nd</sup> years of a number of OEIs. This is conducted on a voluntary basis.
105. In 2013, the GOsC began to collect feedback on these presentations from the student attendees. The GOsC spoke to 109 students at the following institutions:
- British School of Osteopathy ( 1<sup>st</sup> year mixed mode pathway)
  - College of Osteopaths (2<sup>nd</sup> year students)
  - European School of Osteopathy (2<sup>nd</sup> year students)
  - Oxford Brookes University (2<sup>nd</sup> year students).
106. Feedback on how useful the total number of students found the presentation is provided below:

Very Useful			Not useful
49 (45%)	42 (39%)	15 (13%)	3 (3%)

107. It is felt that direct contact with the GOsC is an important way of communicating the importance of the standards to students and to promote the 'human' and contactable side of the organisation. This provides students with an opportunity to familiarise themselves with GOsC early on and interact with GOsC staff members to see how OPS links to their course and future career. The feedback indicates that the students think that direct contact with the GOsC is important, but also indicates that the GOsC needs to consider both the point at which the presentation takes place and the level at which the content is pitched in order to complement the training course and not duplicate what has already been learnt. While there is currently a standard presentation that supports this area, other GOsC staff members have presented various other types of presentations linked to the standards and professionalism.
108. The GOsC should continue to deliver these presentations and retain the ultimate aim of informing students about the GOsC, the OPS and professionalism. However to reflect the diverse nature of the OEIs and the different timescales for student development on different courses, it should consult with the OEIs individually to plan the best fit within their own individual curriculum and what the OEI would hope to achieve from the presentation for their own students. The GOsC could then tailor the presentations drawing on those that have already been developed. This may offer a better solution than the one-size fits all approach and present a clearer message in partnership with the OEI.

### *Summary*

109. It is important for the GOsC to begin to instil the professional values of the OPS at an early stage within the profession, at a student level. It has a number of tools in which it is able to do so. The recent success of the Professionalism work being undertaken with students at some institutions demonstrates a simple and effective way in which the GOsC can support the work of the OEIs. Similarly, the GOsC presentations made to students prior to them entering clinic generate lots of debate – GOsC should however consider the best point at which these presentations should be given and key messages. More positive feedback was received from students in Year 1 of the course than was provided by Year 2/3 students who had already covered a lot of the material.

### **GOsC Registration Assessors**

110. The GOsC has an assessment process for applicants with international qualifications to enable them to demonstrate the OPS or that there are no significant gaps. There are pools of registration assessors who assess this process. Details of the registration assessment processes can be found on the GOsC website: [www.osteopathy.org.uk/practice/How-to-register-with-the-GOsC](http://www.osteopathy.org.uk/practice/How-to-register-with-the-GOsC)
111. It is therefore important for these assessors to have knowledge of the current requirements of the OPS and how this is applied in assessment. It is also important for them to demonstrate application of the OPS in determining the outcomes of registration assessments.

112. In 2011, the GOsC commissioned an independent review undertaken by the Quality Assurance Agency for Higher Education (QAA) of the assessment documentation to ensure that it was mapped to the new OPS. The QAA undertook consultations with the GOsC assessors and other stakeholders and developed revised assessment documentation which was published by the GOsC in August 2012, following approval by the Education Committee. The QAA also conducted training for all registration assessors on 19 September 2012. Subsequently in 2013, the GOsC undertook a further recruitment exercise to appoint further registration assessors and this was supported by further training on 2 and 3 November 2013.
113. The feedback from the most recent training was positive and a report is attached at Appendix E. The GOsC website has been updated with the new assessment materials including the guidelines and forms and these can be accessed here: <http://www.osteopathy.org.uk/practice/How-to-register-with-the-GOsC/>. Further work is being undertaken to make the structure of the Registration pages more accessible, including the information on assessment.
114. The number of assessments which have been conducted since the implementation of the OPS on 1 September 2012 is as follows, together with the distribution between assessors.

*Number of assessments undertaken over two year period.*

Year	Number of FEP mapped to OPS	Number of ACP mapped to OPS	Number of RTP mapped to OPS
1 September 2012 – 31 August 2013	8	6	14
1 September 2013 – 31 January 2014	5	5	10

115. The majority of assessors (78%) have been required to apply the new standards during assessments that they have completed since 1 September 2012. Those that have not are newly appointed assessors effective from 1 October 2013 and we are looking to assign assessments to everyone by the end of the 2014.
116. A shortfall in this data is that previously there was no formal mechanism for feedback process related to assessment. Since 2012 there has been formalised annual training for assessors and in 2013 the GOsC introduced an appraisal system for assessors which will help to identify where assessors are finding it difficult to understand the process, i.e. application of OPS and can be used as part of a feedback process if assessors are not correctly applying OPS to assessments.

**Summary for Registration Assessors**

117. All assessors are aware of the Osteopathic Practice Standards through their training. This is supported by explicit guidelines and assessment criteria, as well as assessment forms which require the assessor to clearly reference OPS. 78% of the current assessment pool have demonstrated the application of OPS in the assessment setting since 1 September 2012.
118. Future feedback on skill of applying OPS and development needs will be addressed in future through new training and appraisal systems.

**British Osteopathic Association**

119. The British Osteopathic Association (BOA) is the professional association which represents and supports osteopaths. The GOsC consults directly with the BOA on all important developments including the development of the OPS. It meets face to face with the GOsC on a regular basis at Chief Executive level. The GOsC also conducted a training event for key BOA staff members where we spent a morning explaining what the OPS is, the main content and potentially vexatious issues for the profession and how the BOA could support osteopaths in practice.
120. To evaluate whether the BOA is aware of the OPS and implementing it in relation to its own work, GOsC reviewed references to the OPS in the professional magazine, Osteopathy Today from the time of initial publication of OPS to present. These are presented in the table below:

<b>Date</b>	<b>Explicit reference to OPS content</b>	<b>Implicit reference to OPS content</b>
June 2011	None	Scope of practice for osteopathy (Theme B)
July 2011 – August 2012 (twelve issues)	None	None
September 2012	Introduction to the OPS	None
October 2012	Patient complaints with direct reference to D7, paragraph 3	None
November 2012	None	None
December 2012/January 2013	Informed consent – direct reference to A4 with quote	None
March 2013	None	None
April 2013	None	None
May 2013	None	None
June 2013	Exploring professional	Social media do’s and

	conduct in personal life with direct reference to OPS, D17.	don'ts (D17)
July/August 2013	None	Recording risks and options available to patients (A4 and C8)
September 2013	Obtaining Consent supporting guidance to OPS – advertisement for focus group	None
October 2013	None	GOsC Continuing Professional Development scheme
November 2013	None	Maintaining effective patient records
December 2013/January 2014	None	None

121. Looking at references to the OPS within the BOA publication, *Osteopathy Today*, shows an increasing trend towards referencing the OPS and specific sections. From June 2011 to July/August 2012 there are no direct references to the OPS or articles that could truly be related to the content of OPS (for the purposes of this assessment we have excluded articles about philosophy or techniques which could generally fall under Section B of OPS).
122. From September 2012 onwards there is an increasing reference to the OPS, including direct reference to sections of the OPS or articles related to the content.
123. The fact that the OPS is directly referenced by the BOA is an indication that as an organisation it is aware of the document and its relevance to the osteopathy profession.
124. That the BOA has begun to publish articles that relate to the content of the OPS and directly references particular sections and relates them to issues within the profession demonstrates and understanding and application of the document by the organisation.
125. The increasing trend of referencing from September 2012 onwards could relate to a number of changes within the profession and the relationship between the BOA and the GOsC. September 2012 coincides with the implementation date of the OPS, when osteopaths were required to meet the standards which had been published a year earlier. This also coincides with a period where the GOsC has been working more closely with the BOA and other stakeholders to

promote the development of the profession through a number of different projects , all underpinned by the OPS and its requirements for osteopaths.

126. It is important to continue to work closely with the BOA to promote standards as this will meet the aims of both organisations. The BOA assists and develops osteopaths in practice and an important part of this is the maintenance of standards. The GOsC should continue its regular meetings with the BOA and promote areas of the OPS that the association may wish to cover in articles or through other communications. The GOsC should also encourage the BOA to reference the OPS within it's magazine, CPD courses and conferences as a way of helping osteopaths to understand and apply the standards in practice. This type of continued collaboration would be mutually beneficial to both organisations without confusing the separate roles of each.

### **Postgraduate CPD providers/specialist training providers**

127. The GOsC consulted directly with a number of postgraduate education and CPD providers as well as special interest groups. Following publication, it followed this up with a series of meetings with key CPD, postgraduate and undergraduate education providers between 3 March and 4 April 2012, where these organisations were encouraged to link the learning outcomes of CPD and postgraduate courses to the OPS and outline this in advertising and course documentation for the benefit of osteopaths completing CPD Annual Summary forms.
128. The GOsC can be assured that arranging face-to face and telephone meeting with senior management makes the organisation aware of the existence of the OPS, but it cannot be assured that this information was necessarily disseminated to other individuals within these institutions. There is also no available data at present to ascertain whether this awareness is present. One solution would be to survey members of staff at these institutions, but this may be overkill in terms of evaluation and working to communicate with the senior management of an institution is more cost effective. However, GOsC could consider holding group briefing sessions/seminars to all staff members in future to raise awareness.
129. One area which GOsC thought could be an indication of whether the OPS is being used by postgraduate institutions/CPD providers is by reviewing references to the OPS or its content within training courses that it advertises and on the websites of the providers themselves.
130. Courses advertised in The Osteopath magazine over the periods 1 September 2011-31 August 2012 and 1 September 2012 to 31 August 2013 were reviewed for references to the OPS. The websites of key postgraduate and CPD providers were also reviewed for references to the OPS. Data was as follows:



<b>Period</b>	<b>Advertisements in <i>The Osteopath</i> making reference to OPS</b>	<b>Websites making reference to OPS</b>
1 September 2011 – 31 August 2012	0	0
1 September 2012 – 31 August 2013	0	5

131. There is no baseline data in relation to the content of CPD providers websites to use as a comparator. However, anecdotal evidence from discussions with postgraduate/CPD providers indicate that this was not happening prior to these meetings taking place.

132. Since the face to face meetings with postgraduate and CPD course providers, there has been an increase in the number of courses referenced to the OPS although this is still small. This provides an indication of application of the OPS in practice. The evaluation only considered advertisements and material on the providers websites. There is the possibility that the course materials provided by other course providers may also explicitly reference the OPS. GOsC should consider in future conducting a short survey of postgraduate/CPD training providers to ask specifically whether they reference the OPS in their materials on their websites.

### **Are Patients and Patient groups aware of the Osteopathic Practice Standards?**

133. There is limited data currently available to base any conclusions on whether patients are aware of the OPS. We can evaluate participation in consultations and feedback about osteopaths and OEIs which may reference the OPS.

#### *Consultation participation*

134. During the initial consultation on the OPS, we received one response from patient groups and one from patients directly.

135. During the consultation on the supporting document Obtaining Consent we received no responses from patient groups or from patients. As part of this work, we also held a forum to discuss issues related to obtaining consent. However, the GOsC did hold separate focus groups with patients for input on the accessibility of the document.

#### *Communications and correspondence*

136. The number of telephone calls, emails and correspondence received from the public in relation to the OPS is provided below:

Department	1 September 2011 – 31 August 2012	1 September 2012 – 31 August 2013
Communications	19	37

### *Feedback on osteopaths*

137. A Common Classification System has been established to capture data on complaints and claims that have been made about osteopaths. Comparison of this data might give some indication of change in patterns of complaints following the introduction of the OPS.
138. The system was developed and adopted by the GOsC, the British Osteopathic Association and providers of professional indemnity insurance to osteopaths. Since 1 January 2013, each of these organisations has been using the system to record the nature of the complaints and claims that it is receiving. This includes formal and informal complaints and claims. The data collected will be reported on annually beginning January 2014.
139. This standardised classification system has potential to improve the quality and accuracy of data collection, enable data linking, and generate a regular and comprehensive indication of trends in complaints and claims about osteopaths.
140. Although participating organisations only began to collect data using the agreed classification categories since 1 January 2013, GOsC data is provided for the period 1 June 2012 and 31 July 2013. Charts 1 to 5 at Appendix C show the number of cases against each category and the decisions reached by the fitness to practise committees. This data is taken from a total of 30 cases.
141. The report at Appendix D provides data from 68 cases, which were closed between 1 January 2010 and 31 May 2012. It uses old categories of complaint and was captured before the Common Classification System was developed. It does, however, provide a useful analysis of the cases closed during this time and comparison to the more recent data.
142. The data is taken from a very small number of cases and so should be viewed with some caution. In time, more meaningful data will be available, particularly when the reports include claims made to professional indemnity insurers.
143. Unfortunately due to the change in process and dates of collection it is difficult to compare like for like. By compensating for the first data collection period being 29 months and the second being 12 months and fitting the new classification categories into the older categories, it gives an indication of changes in the types of complaint, but this data should not be relied on for accuracy.

**Complaints data**

Category of complaint	1 June 2011 – 31 May 2012 (adjusted from main data set at Appendix C)	1 June 2012 – 31 May 2013
Communication	4	4
Consent	7	13
Sexual boundaries	2	2
Modesty	1	2
Clinical evaluation	11	20
Treatment	13	21
Record keeping	8	8
Personal conduct	5	4
Other	9	13

144. This data shows a potential doubling of cases relating to consent, modesty, clinical evaluation and treatment all of which are prominent areas of the OPS. However care should be taken when comparing trends on this adjusted data, as the second set of figures draws on information from other sources as well as the GOsC which was collected from 1 January 2013 onwards. Real comparisons can only be made when we compare with the data set for the period 1 June 2013 to 31 May 2014.

145. Therefore, no firm conclusions can be made from this data as yet. The GOsC must now ensure that data sets are recorded in the same manner for the same time periods in order to be able to undertake useful comparison. When reporting figures these should always be like for like periods.

*Feedback on Educational Institutions*

146. As part of our new Quality Assurance process for Osteopathic Educational Institutions, the GOsC and QAA have introduced a process for receiving unsolicited information from patients, staff, students and members of the public. Posters are prominently displayed in patient clinics informing people that a review is taking place and that the institution is being evaluated against the *Osteopathic Practice Standards*. Since this protocol was introduced the receipt of feedback has increased from zero to 2-3 items of feedback per review.

Year	Number of reviews	Number of items of feedback	Reference to OPS in the feedback
2011	2	-	-
2012	3	5	0
2013	4	6	2
2014	3	3 (to 10 February only)	0

### Summary

147. There is limited data that the GOsC has on whether there is an awareness of the OPS amongst patients and the public which is not conclusive.
148. The GOsC could consider whether it wished to commission research in this area, with a focus on osteopathy patients who are more likely to be aware of the standards which apply. However, it is suggested that resources would be better invested in promotion of standards at this stage through a targeted communication campaign.
149. The GOsC has recently developed patient leaflets and posters for osteopaths to use in practice to promote the fact that they are registered and meet the OPS. These will be made available to all osteopaths and their use will be encouraged by the GOsC to meet its own aims of awareness. The GOsC will also continue to develop its website content and patient feedback/complaints mechanism about osteopaths and osteopathy education to ensure that they are easily accessible and that standards are promoted through these vehicles.

### **Are healthcare organisations/other organisations aware of the Osteopathic Practice Standards?**

150. There are a number of ways in which healthcare regulators share information about the work that they do. These include:
- Chief Executives Forum
  - Inter-professional working groups for education, registration etc.
  - Reviews conducted on the work of the other regulators – GOsC undertook a review of other regulators standards at the point it was developing its own
  - Collaborative working on projects
  - Dissemination of good practice by the Professional Standards Authority.
151. For other organisations, the extent of contact may be exchange of information, face to face meetings or lobbying. In particular the GOsC met with the following organisations during the implementation of the OPS:

- CAIPE
- PSA
- Department of Health Wales
- Quality Assurance Agency for Higher Education
- Nursing and Midwifery Council
- General Medical Council.

152. In the review of websites making direct reference to the OPS presented at Appendix B, you will see that a number of these organisations directly reference the OPS on their websites and in reports.

### **Professional Standards Authority**

153. In terms of awareness, the PSA receives a report from the GOsC each year detailing its work and achievements. The OPS featured heavily in submissions made in 2011, 2012 and 2013. In all cases the PSA reviewed the reports and asked follow-up questions to further clarify its understanding in relation to OPS, therefore demonstrating awareness and application to its role of healthcare regulator. It has particularly shown an interest this year in our initial evaluation of the implementation of OPS.

154. The PSA references the OPS within reports on its website.

### **National Council for Osteopathic Research (NCOR)**

155. Commissioning of the Adverse Events research through NCOR which focusses on some key aspects of OPS including consent, communication and risk, has meant that there is reference to the GOsC and the Osteopathic Practice Standards on the NCOR website.

156. The references to GOsC standards within the various sections dealing with OPS content are currently vague rather than referencing the OPS content directly, i.e. the Dealing with Patient Feedback section states: 'The General Osteopathic Council (GOsC) stipulate in their practice standards that osteopaths should operate a procedure for considering and responding to patient feedback about their practice'.

157. Further discussion on the benefits for osteopaths of making specific references to the OPS could be discussed with NCOR, particularly in the sections reporting the outcomes of GOsC-commissioned research.

### **Summary**

158. The distribution of information on OPS on the websites of a diverse range of institutions as outlined in Appendix B gives an indication that knowledge of the OPS has been disseminated widely outside of the osteopathy context. There is also an indication by its referencing in the reports of certain institutions that the content and how this is applied is understood by these institutions, i.e. the PSA, GMC etc.

159. If GOsC wished to explore more thoroughly the understanding of these organisations, then it may wish to do a survey to ascertain this more thoroughly. However, it is suggested that these organisations simply need to know that appropriate standards are in place and would generally only need to apply them in specific circumstances. The GOsC should continue to keep these institutions informed through its normal pathways, but should also consider the provision of supporting information targeted at the specific institution when it is required to carry out a specific task.

### **How could the evaluation exercise prove more effective in future GOsC projects?**

160. There are different types of evaluation methods that can be used, but most will be based on the premise that you follow certain steps:

- a. Thinking – a clear definition of why you are doing the evaluation and what outcome you want.
- b. Planning – the steps required to conduct your evaluation, including the information required and where you will obtain it from.
- c. Collecting and analysing data.
- d. Communicating outcomes of evaluation – this helps to inform your future work.<sup>1</sup>

161. Ideally, the evaluation plan would be constructed at the same time as developing the implementation plan. While the evaluation strategy was not constructed at the same time as implementation in this case, it did not prevent us from developing something suitable at this stage. In future projects, we should endeavour to think about evaluation at the same time as developing implementation. This would then allow us to potentially use evaluation tools before the implementation strategy commences to collect a benchmark against which the effects of the implementation can be gauged at a later date.

162. If the evaluation plan was developed in advance other methods of evaluation could be achieved including the following evaluation tools:

- a. Use website customer quick survey to ask specific questions for osteopaths in relation to all three questions above.
- b. Use specific surveys to target other groups where we have little or no data, i.e. patients awareness of the standards or understanding of the information provided on the GOsC public website
- c. Focus groups to discuss with key stakeholders to gain more data, i.e. patient groups on awareness of standards; osteopaths to gauge how

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<sup>1</sup> *Evaluation Step-by-Step Guide*, 2008 developed by State Government of Victoria Department of Planning and Community Development

awareness of the standards and the support provided by the GOsC has changed over the past three years; how useful GOsC resources are in terms of content and the formats used.

- d. A survey included with new registrants packs could include questions on awareness of OPS as well as more standard customer service questions on how they found the registration process. We previously conducted a one-off review of customer satisfaction on the registration process, but could develop into a more regular feedback exercise on our performance. It could also explore understanding of the OPS to support patient care and ask for comments on the support resources available through the GOsC.

*Planning – the steps required to conduct your evaluation, including the information required and where you will obtain it from.*

163. We initially drafted a plan with targeted activities for each of the different stakeholder groups appropriate to our aims for each group. Evaluation should consider each of the original stakeholder groups which we identified at the beginning of the project, to assess whether the specific activities which were targeted to each have been successful in achieving the aims set out above and to potentially identify further work which we could undertake if necessary.
164. As we do not have a benchmark from before we started our implementation strategy, we should therefore consider what other measures can be used to identify effectiveness of our strategy. These are explored further in the proposed evaluation plan later on, but could include:
  - a. ● zone online e-learning – we can evaluate number of respondents. We could compare the numbers of osteopaths accessing the page and the numbers of people completing the survey to get an impression of how useful, accessible and used the e-learning is. There is also the ability to monitor the answers given to each question which might indicate trends over time in terms of understanding how to apply the OPS in practice.
  - b. ● zone OPS support pages – figures on traffic to the OPS support pages in general, hits on each page and time spent on each page compared to those on other pages will help us to understand if this part of the website is being used to give an impression about whether the resources are useful and accessible.
  - c. Registrants – we could add a survey to the website to enable us to explore whether the content is supporting osteopaths by:
    - i. Raising awareness of the OPS with all relevant stakeholders
    - ii. Improving the quality of patient care through a greater understanding of the OPS and how standards apply to practice

- iii. Delivering a range of resources which are useful, accessible and used by a range of stakeholders to help them to better understand the OPS and how the standards apply to practice
- d. Evaluation of OPS sections of regional conferences – although we didn't specifically ask questions related to awareness of the OPS, completing the evaluation form in relation to the content and delivery of the presentation can be used as a useful proxy for awareness of the standards. As to the enhancement of the quality of care, we might be able to explore this through analysis of the qualitative comments on the evaluation forms. Usefulness and accessibility of the resources provided at the conference could be considered using the responses to the questions about whether the conference and the delegate packs were useful. As we have now uploaded the conference videos, we could also consider a short survey asking people to specifically feedback about the answers to the questions set out above.
- e. Evaluation of assessor training – data on participation and feedback provided by assessors on the training session will give an indication of awareness of OPS and understanding of application for patient care.
- f. Numbers and feedback on the original OPS consultation will give an indication of awareness of the new OPS and usefulness of the resources we produce.
- g. Response to the *Obtaining Consent* supplemental guidance consultation will give an indication of awareness of OPS and the qualitative feedback may indicate whether there is an understanding of how to apply in practice to improve patient care.
- h. Confirmation from OEIs of mapping of OPS from 2012 Annual Reports and any training for staff and students will demonstrate awareness of OPS and potentially indicate understanding of application in practice at least at senior staff level.
- i. Roll out and evaluation of the Revalidation Pilot – the OPS is a central part of the revalidation scheme with osteopaths being asked to demonstrate that they meet all the standards. Participation in the scheme will indicate awareness and portfolio submission and evaluation feedback will help to demonstrate understanding of the application. We would also look to evaluate the support tools offered with the revalidation scheme.



**Evaluation Plan for OPS Implementation Strategy**

<b>Objectives</b>	<b>Questions</b>	<b>Information Required</b>	<b>Work to be undertaken (based on information currently available)</b>	<b>Gaps in information and potential further work</b>
Raising awareness of the OPS with all relevant stakeholders	<p>Are osteopaths aware of the Osteopathic Practice Standards and what these are?</p> <p>Are Osteopathic Educational Institutions (pre-registration) aware of the Osteopathic Practice Standards and what these are?</p> <p>Are osteopathy students/new graduates aware of the Osteopathic Practice Standards and what these are?</p>	<p>Data on the percentage of each stakeholder group that is aware of the Osteopathic Practice Standards</p> <p>Data on receipt of communications on the OPS</p> <p>Data on the understanding of the content of the Osteopathic Practice Standards</p> <p>Data on any change in practice as a result of the introduction of</p>	<p>Review of CPD submissions since 1 September 2012 – sample methodology to be decided and agreed. To ascertain whether osteopaths are making reference to the OPS linked to CPD which would help identify awareness by osteopaths.</p> <p>Figures collated on website traffic to the OPS support pages to indicate awareness of the OPS by osteopaths.</p> <p>Review references to the OPS in social media and other online sources – qualitative data to indicate awareness by osteopaths, osteopathic and other organisations.</p> <p>Review data on completion of current e-learning module on OPS support page to identify awareness by osteopaths.</p> <p>Results of pilot of future e-learning module, which may indicate awareness by osteopaths.</p> <p>Review of data/feedback from GOsC</p>	<p>Gap – understanding of patient awareness of OPS.</p> <p>Gap – understanding of the role of the patient in delivering education and students meeting the OPS.</p> <p>Gap – knowledge of experience of other organisations since the OPS was introduced.</p> <p>Potential for questionnaire to other key organisations/stakeholders to investigate whether they have promoted OPS or know of increased awareness/implementation among their own stakeholders – may be qualitative or quantitative.</p> <p>Development of further e-learning resources and analysis of engagement with these.</p>

## Appendix A

	<p>Are GOsC Registration Assessors aware of the Osteopathic Practice Standards?</p> <p>Are osteopathic organisations such as the BOA aware of the Osteopathic Practice Standards?</p> <p>Are other organisations aware of the Osteopathic Practice Standards?</p> <p>Are other Healthcare Professional organisations aware of the Osteopathic Practice Standards?</p>	<p>the Osteopathic Practice Standards</p> <p>Data on the practical demonstration of knowledge of the Osteopathic Practice Standards, i.e. through assessment</p> <p>Data from OEIs relating to mapping of course learning outcomes and assessment to the new OPS and the implementation of changes including communication to staff/students</p> <p>Award of RQs – any noticeable drop in awards</p>	<p>customer service survey, original OPS consultation response, GOsC regional conferences, consultation on supplemental guidance on consent to ascertain how many osteopaths/other organisations are engaging with GOsC and are aware of changes to standards.</p> <p>Review of data collected by Communications/Professional Standards/Regulation department on telephone calls and letters regarding OPS may indicate raised awareness by osteopaths and others.</p> <p>GOsC reports from osteopathic educational institutions will indicate the awareness of the OPS in educational context.</p> <p>Data on attendance and feedback forms from our direct talks to students in the second and final years will indicate awareness of osteopathy students.</p> <p>Participation data from Student FTP research will indicate awareness of osteopathy students.</p> <p>Review of publications in other media such as professional magazines, i.e.</p>	<p>Need to explore if types of contacts are filtered and recorded in the GOsC correspondence data.</p> <p>May require a more formalised research project on references to OPS in CPD returns Could undertake specific survey/research asking these questions through GOsC website or focus groups</p> <p>Further research to establish integration of standards into postgraduate courses</p> <p>Seek feedback from newly registered students on their understanding of OPS as part of a regular customer service questionnaire issued to evaluate their 'registration experience'. Would need to explore feasible with Registration department.</p> <p>Review of participation and feedback data from 2013 assessor training and appraisal.</p>
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## Appendix A

	<p>Standards?</p> <p>Are Patients and Patient groups aware of the Osteopathic Practice Standards?</p> <p>How effective were the methods of communication used and were they suited to the</p>	<p>following introduction of new OPS</p>	<p><i>Osteopathy Today</i>, will indicate awareness by other organisations</p> <p>Review of recent CPD course advertisements through our resources page may indicate a greater application of OPS to course outcomes as discussed previously with CPD/postgraduate training providers.</p> <p>Participation and analysis data of Revalidation Pilot will bolster awareness in osteopaths information – this includes participation of assessors.</p> <p>Data on participation in assessor training and feedback from the training sessions will indicate awareness of registration assessors.</p> <p>Data on assessments completed following introduction of OPS will indicate awareness of OPS in registration assessors.</p>	
<p>Improving the quality of patient care through a greater understanding of the OPS and</p>	<p>Have osteopaths demonstrated a greater understanding of the Osteopathic Practice</p>	<p>Data on visits to</p> <p>Data from OEIs relating to mapping of course learning</p>	<p>Review of CPD submissions since 1 September 2012 – sample methodology to be decided and agreed. To ascertain whether osteopaths are making reference to the OPS linked to CPD which would help identify implementation in practice.</p>	

## Appendix A

<p>how standards apply to practice</p>	<p>Standards since the implementation of the strategy?</p> <p>Has patient care improved since the implementation of the strategy?</p> <p>How effective were the different methods used to generate practical understanding of OPS, i.e. e-learning strategy for osteopaths, training for GOsC Registration Assessors</p>	<p>outcomes and assessment to the new OPS and the implementation of changes including communication to staff/students</p> <p>Award of RQs – any noticeable drop in awards following introduction of new OPS</p> <p>Data from GOsC processes</p>	<p>Review references to the OPS in social media and other online sources – qualitative data to may indicate understanding and implementation</p> <p>Review of results of e-learning activities on OPS support pages may indicate understanding and implementation of the new OPS</p> <p>Results of survey on usefulness of e-learning to osteopaths will indicate the effectiveness of the method of delivery</p> <p>Results of pilot of future elearning module will provide feedback on effectiveness of this learning tool.</p> <p>GOsC reports from osteopathic educational institutions will indicate the application of the OPS in educational context</p> <p>Participation data from Student FTP research will indicate application of OPS for osteopathy students.</p> <p>Review of publications in other media such as professional magazines, i.e. <i>Osteopathy Today</i>, will indicate implementation of OPS by other</p>	
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			<p>organisations, dependent on nature of article.</p> <p>Review of recent CPD course advertisements through our resources page may indicate a greater application of OPS to course outcomes as discussed previously with CPD/postgraduate training providers.</p> <p>Review of data collected by Communications/Professional Standards/Regulation department on telephone calls and letters regarding OPS may indicate raised awareness and implementation of OPS.</p> <p>Data from feedback forms from our direct talks to students in the second and final years may indicate thoughts on implementation (qualitative only).</p> <p>Consultation on revision of GOsC assessments and evaluation of Assessor training programmes indicates</p> <p>Review of data from the Revalidation Pilot will provide information on how the OPS was applied to this process – to be scoped.</p>	
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## Appendix A

			Data on assessments completed following introduction of OPS will indicate implementation of OPS in registration assessors.	
Delivering a range of resources which are useful, accessible and used by a range of stakeholders	<p>How useful are the resources which GOsC has produced for each stakeholder?</p> <p>How accessible are the resources?</p> <p>Have the resources been used by a wide range of stakeholders?</p>	Data from GOsC processes	<p>Figures collated on website traffic to the OPS support pages to indicate accessibility of the OPS by osteopaths.</p> <p>Review of results of e-learning activities on OPS support pages may indicate accessibility of resources.</p> <p>Results of survey on usefulness of e-learning to osteopaths will indicate the effectiveness of the method of delivery</p> <p>Results of pilot of future elearning module will provide feedback on effectiveness of this learning tool.</p> <p>Consultation on revision of GOsC assessments and evaluation of Assessor training programmes</p> <p>Reviewing feedback forms from our direct talks to students in the second and final years</p> <p>Reviewing feedback forms from our Regional conferences will indicate</p>	

## Appendix A

			<p>usefulness of presentation of OPS.</p> <p>Osteopaths telling us directly through Customer Service survey on whether OPS implementation methods useful.</p> <p>Participation and analysis of Revalidation Pilot – feedback may provide indication of whether resources are useful</p>	
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**Review of references to OPS on websites**

<b>Type of website</b>	<b>No. of different websites specifically referencing OPS</b>	<b>Comments</b>
Osteopath/ Multidisciplinary healthcare provider	18	High Silver Clinic On the Hill Practice LJ Osteopathic Healthcare Graham Spowage osteopath Oxford Osteopaths South Wales Osteopathic Society Good Health Centre, Leeds Osteopathy la defense Edinburgh Osteopathy Winchmore Osteopaths Ian M Bird via Yell.com Orchard Clinic Lucy the Osteopath Hamworthy Osteopaths The How Osteopathic Clinic Daniel Gerber osteopath Osteobcn.wordpress.com Chiltern Osteopathic Practice
Osteopathic educational institution /Validating University	6	BSO BCOM College of Osteopaths London School of Osteopathy Staffordshire University University of Bedfordshire
Postgraduate training institution / CPD provider	4	BSO – CPD mapped to OPS – direct link to OPS in courses Biobasics – course provider – direct link to OPS in advert for course Institute for Classical Osteopathy – directly references OPS in course documentation Sutherland Cranial College – info about consultation
Other osteopathy organisation in UK	6	Shaping Osteopathy discussion forum National Council for Osteopathic Research Practitioner Chronicles.com British Osteopathic Association Save-osteopathy-on-bupa.org Osteopathic Research Web
Other osteopathy organisation	4	Forum for Osteopathic Regulation in Europe (FORE)



## Appendix B

outside of UK		European Register for Osteopathic Physicians Osteopathic International Alliance – implicit reference to educational standards imposed by GOsC The Association of Military Osteopathic Physicians and Surgeons (AMOPS)
Other healthcare organisation in the UK	6	General Medical Council – analysis of the standards of other regulators Health and Care Professions Council – promoting our new OPS General Pharmaceutical Council – reference in report on revalidation Professional Standards Authority – referenced in Right Touch Regulation report and other reports National Health Service – report on extension of any qualified provider to musculo-skeletal services Halton Borough Council – Any Qualified provider specification for osteopathy – Merseyside NHS
Other healthcare organisation outside of the UK	3	Ehealth.gov.mt – website of Maltese Ministry of Health Donau Universitat Krems, Austria – publication of masters thesis reviewing curricula of European school of osteopathy and Internationalen Schule für Osteopathie Russian Medical Server – discussion in online forum
Other	10	QAA – references to GOsC educational reviews and standards Centre for the Advancement of Interprofessional Education (CAIPE) ARU Sanderson Parliament Health Select Committee / Department of Health /Health Education England – Evidence submitted to Health Select Committee concerning osteopathy education, standards and funding. University of Brighton Prospects.ac.uk – career advice website Eventbrite.co.uk – tickets for osteopathy events Santander Business guides Thewlis Graham Associates – recruitment agency Learn 4 Good – recruitment website

Charts 1, 2, 3 and 4 show the Common Classification System categories populated by data from the GOsC fitness to practise cases that were closed between 1 June 2012 to 31 July 2013.

Chart 1

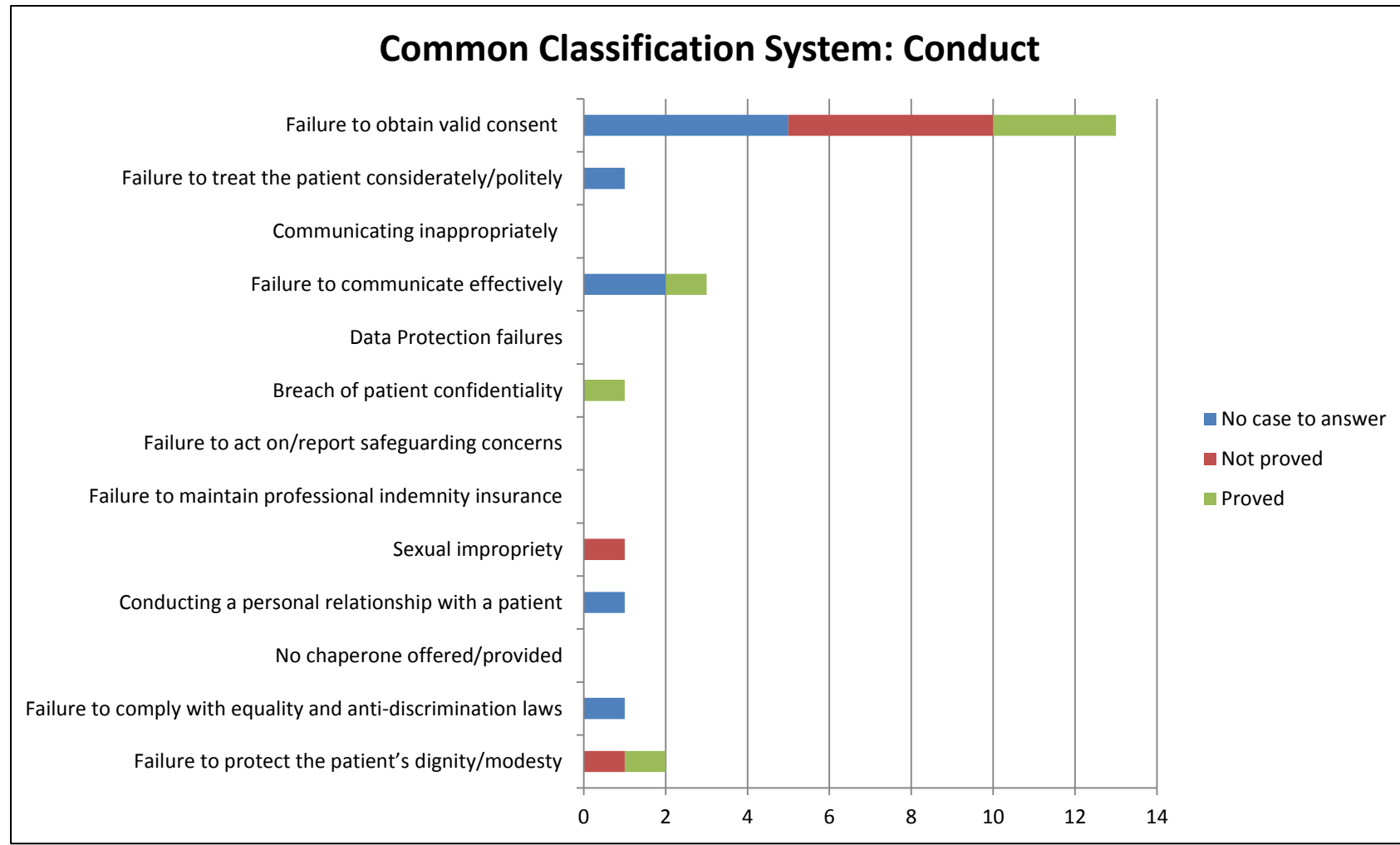


Chart 2

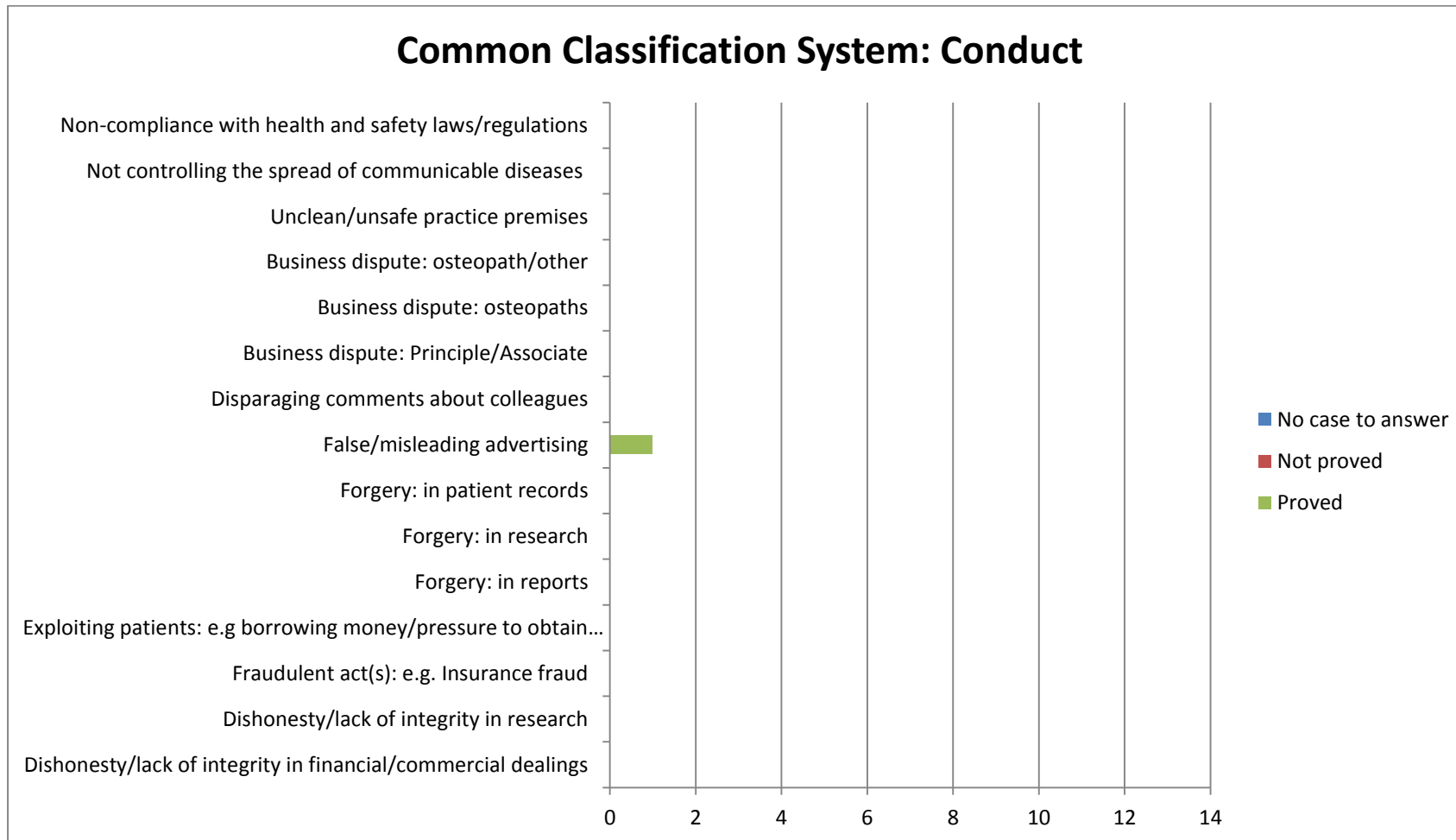


Chart 3

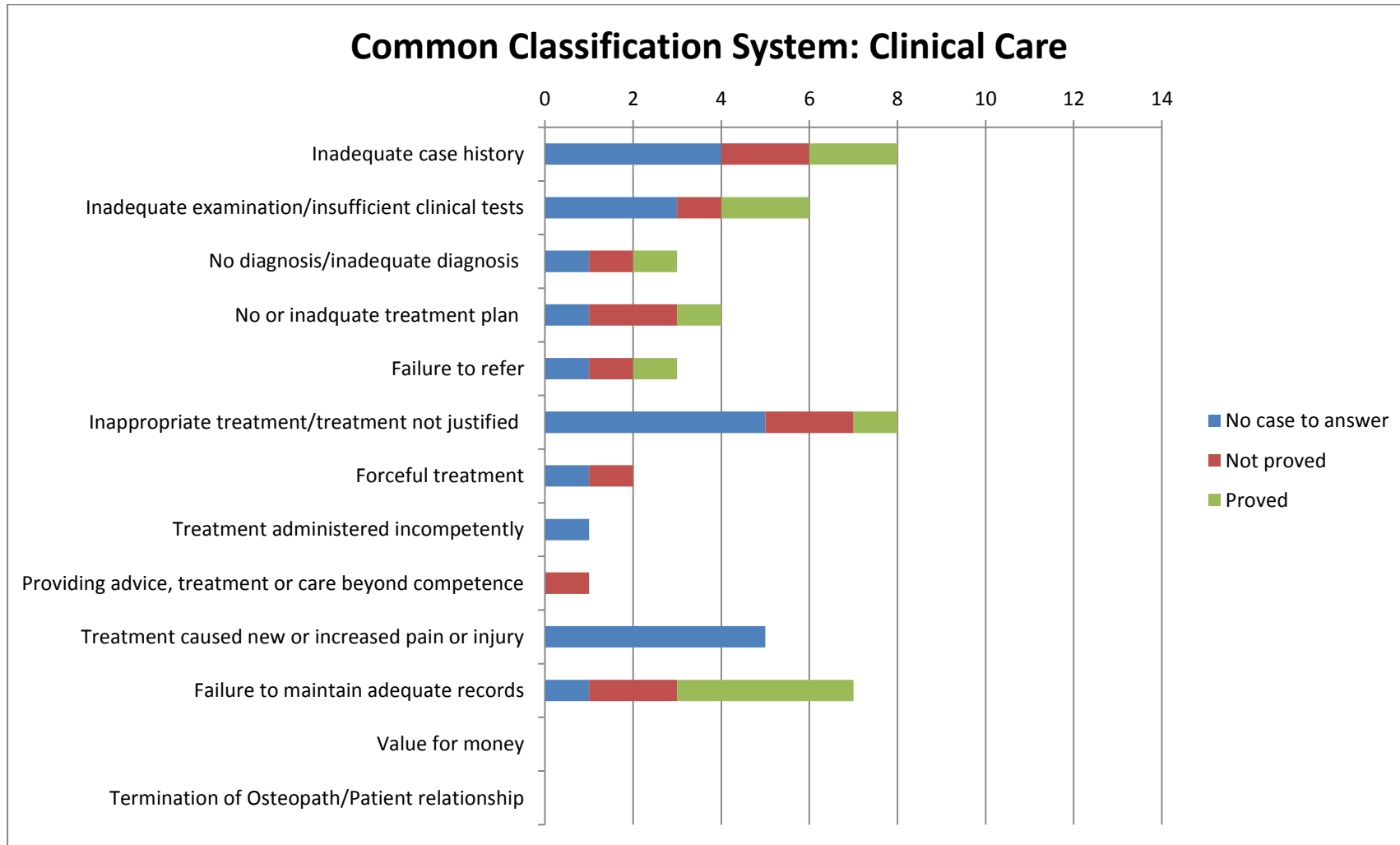
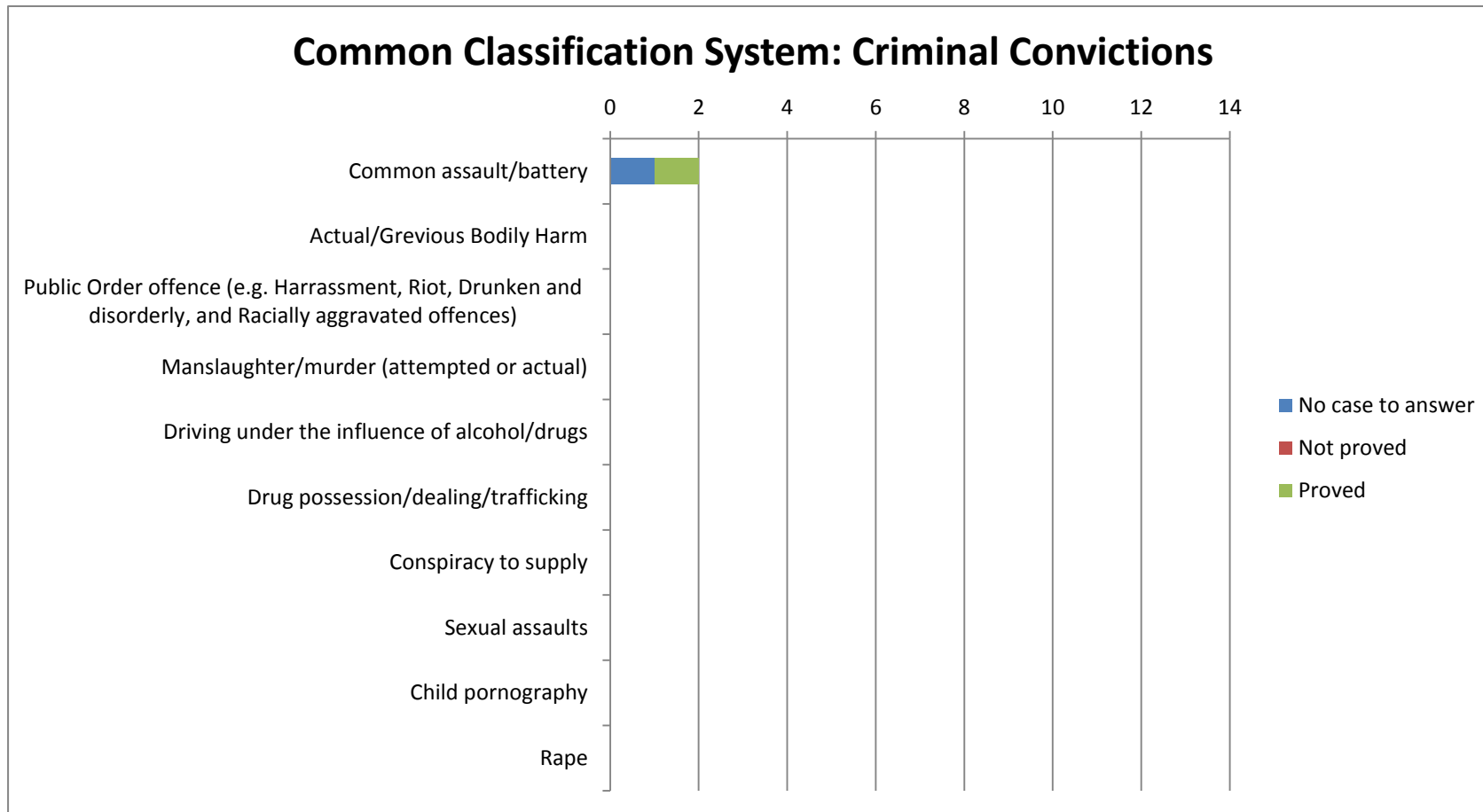
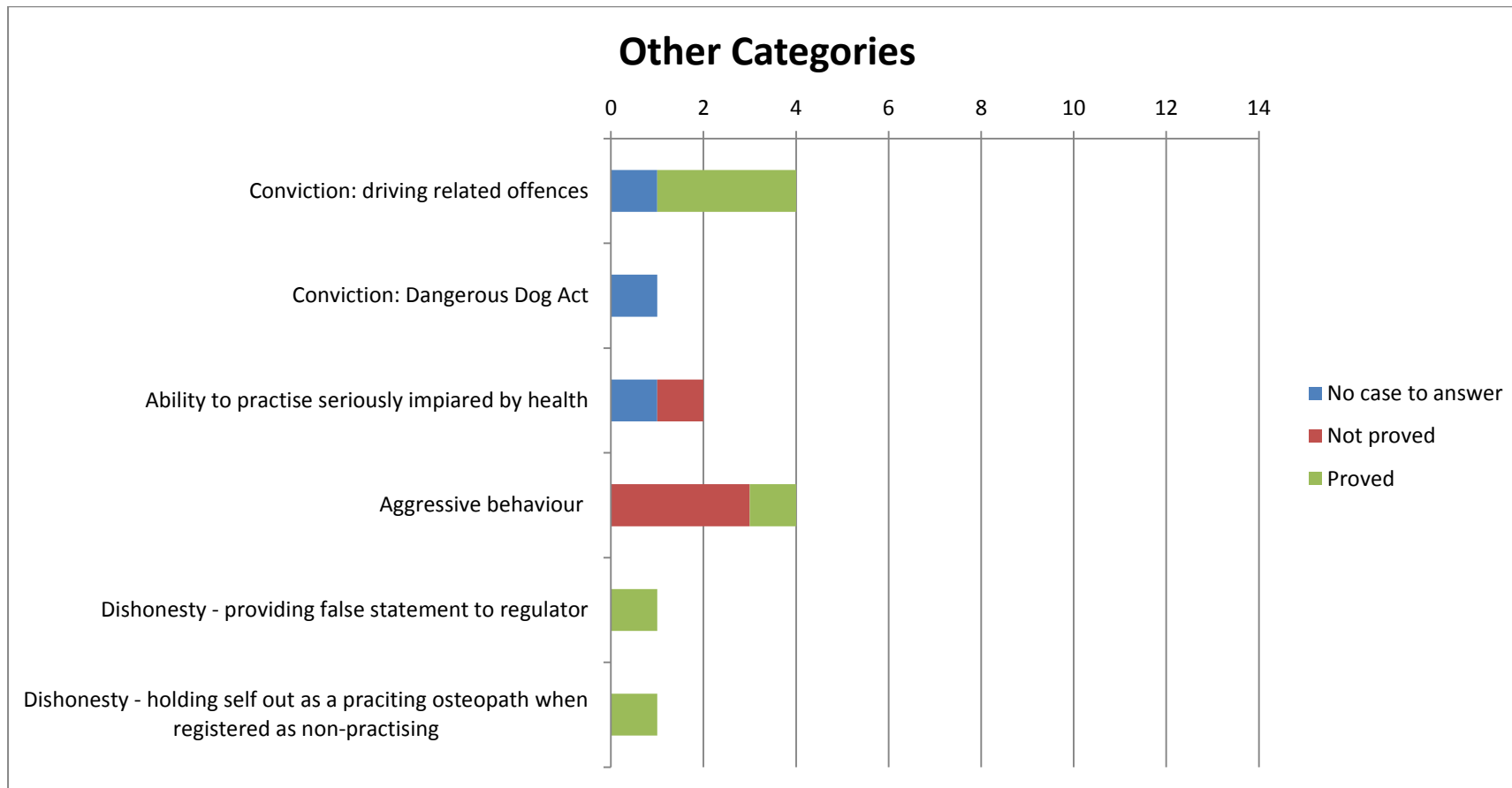


Chart 4



**Chart 5**

Other categories, not included in the Common Classification System, populated by data from the GOsC fitness to practise cases that were closed between 1 June 2012 to 31 July 2013. The data shows the total number of cases that featured in each category and the decisions that were reached by the Fitness to Practise Committees.



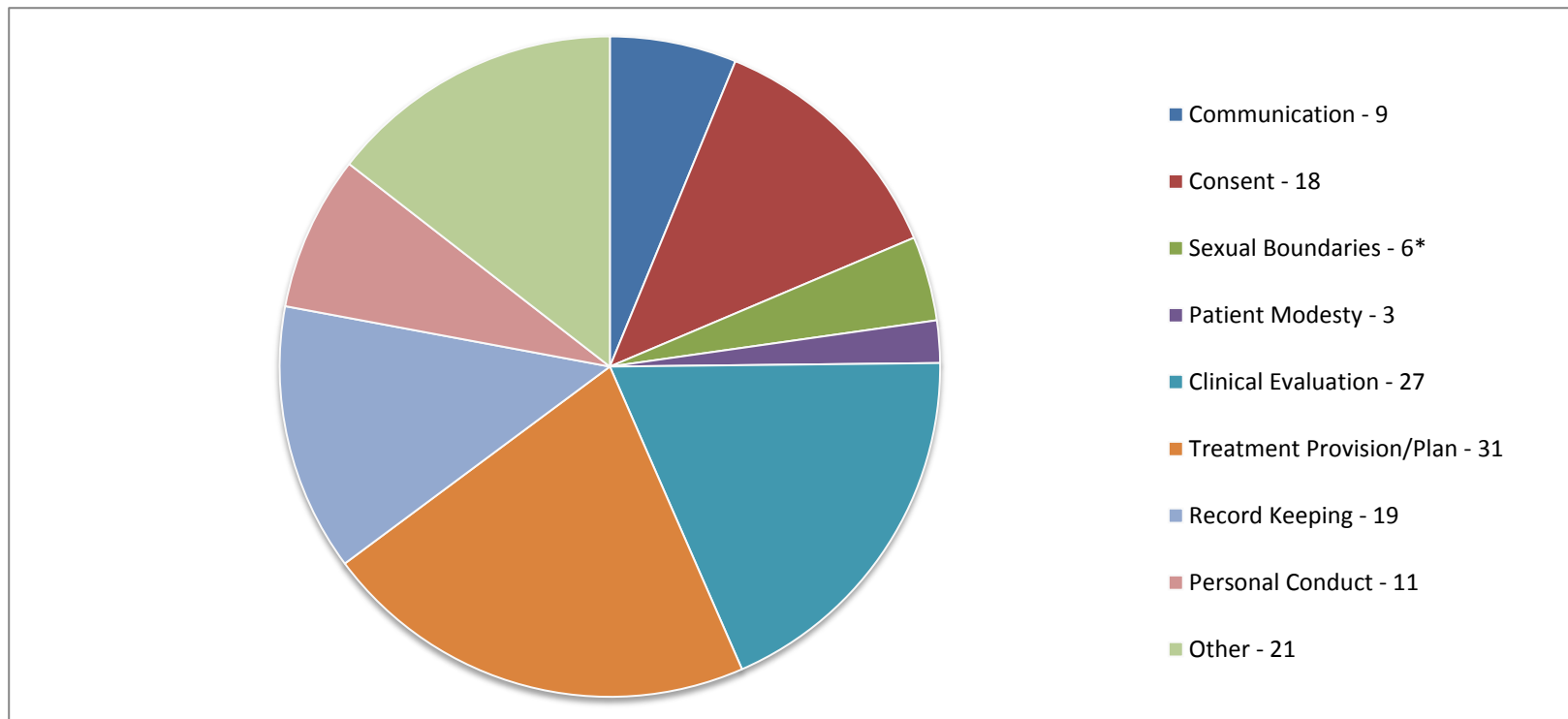
**Fitness to Practise Statistics – 1 January 2010 to 31 May 2012**

**Chart 1**

A breakdown of the different areas of practice that formed allegations in each of the cases closed by the IC and PCC (total 68 cases) are set out in the Areas of Practice chart. This includes proved and not proved allegations. A description of each of these areas of practice is contained in Annex B.

It is usual for more than one area of practice to feature in any one case. For example, it is not uncommon for a case to involve allegations that an osteopath has failed to conduct an adequate clinical evaluation of the patient and failed to formulate an adequate treatment plan.

\*Please note: one case has been included in Sexual Boundaries. The case involved an allegation that the osteopath breached professional boundaries – there was no allegation of a sexual relationship or sexual misconduct.



### Evaluation of registration assessment training, 2 and 3 November 2013

#### Introduction

1. The registration assessment training was carried out on 2 and 3 November 2013 at GOSC House by Sarah Wallace, independent osteopathic practitioner and Barbara Edwards, Assistant Director, QAA, with Marcus Dye, Professional Standards Manager, GOSC.
2. The training was divided into four separate sessions and the number of participants attending each session is provided in brackets:
  - Non UK (9)
  - Further evidence of practice (11)
  - Assessment of clinical performance (15)
  - Return to practice (9)
3. Participants were able to attend one or a combination of sessions which were arranged in series and a brief explanation of the overall process was provided at the beginning of each for those who had not attended the previous session(s).

#### Participant feedback

4. An evaluation form was circulated at the end of each session. Participants were invited to rate the general organisation of the training on a simple three point scale, but were asked to identify three learning points and also what they had found least useful in each session, and what follow-up activities they would most value.
5. 38 responses were received in total. The number for each session is given below.

#### Non UK (Forms returned: 8)

6. Participants identified three key learning points: the importance of the subject benchmark statement; the need to base their assessment on the evidence presented and not make assumptions; and the need to provide specific and detailed feedback to the osteopath.
7. There were few negative comments and three participants stated that it was 'all useful', but others would have appreciated more time to carry out the tasks and to have had the opportunity to interact with more experienced assessors.
8. Suggestions for follow-up activity included providing a flow chart of the process, and more case studies. Participants also felt that a contact list of assessors should be made available.



### **Further evidence of practice** (Forms returned: 10)

9. The range of responses to what had been learned from this session were more diverse, but again included the need to provide clear, concise and specific feedback. Respondents recognised that comments have to be useful for the Assessment of Clinical Performance assessor and also noted the importance of clear referencing.
10. There were fewer negative comments and these again related to the lack of time to complete the exercise and the amount of 'paperwork to juggle'.
11. The suggestion that a flow chart of the process should be provided was reiterated. Participants also asked for more training on moderation, and for more discussion on good practice and how issues leading to appeals could be minimised in the writing of reports.

### **Assessment of clinical performance** (Forms returned: 12)

12. This session prompted the most numerous and diverse range of learning points. Some respondents again noted the need for meaningful, contextualised feedback and a firm evidence base. The most frequent observation was about the importance of recognising personal bias and there were also a number of comments highlighting the need to use professional judgement in applying the criteria to the individual osteopath. The critical importance of the relationship between the assessor and moderator roles was also noted.
13. There were two main criticisms of the session: the exercise which asked participants to identify good and bad practice from a list of comments extracted from previous reports, and two respondents commented on the way in which certain experienced assessors had tended to dominate the session. One respondent also felt that the process was already sufficiently well-known to them.
14. Suggestions for improvement included the opportunity for new assessors to shadow more experienced assessors; for an opportunity to reflect annually with other assessors on the process; for peer appraisal; and for more examples of anonymised reports to be made available.

### **Return to practice** (Forms returned: 8)

15. The most frequently cited learning points from this session were an understanding of the supportive tone and purpose of the interaction; the need for an empathetic approach; and how this could be demonstrated through an appropriately structured interview and well-formulated questioning techniques.
16. There were very few negative remarks and these referred to the lack of time for preparation for the session.

17. Suggestions for further activity included mentoring; more examples of completed documentation; opportunities for further discussion of points such as the merits of telephone as opposed to face-to face discussions with the osteopath; and the development of a network of assessors. One respondent asked for techniques on speed writing to help complete the 'numerous forms'.

### Summary

18. Overall the sessions achieved their aims. The number of leaning points noted by the respondents exceeded the more negative comments by a considerable margin and reflected the key objectives. There were a number of useful suggestions for further activity, principally involving the provision of more 'worked' examples of the documentation and more regular opportunities to reflect on the process with colleagues and to discuss how to improve mentoring, interviewing and other key techniques through shadowing and assessor networking.

### General organisation

19. All respondents felt that the venue was 'good'; 95% stated that the materials provided were 'good' with 5% rating them as 'satisfactory'; and 92% felt that the organisation on the day was 'good', with 8% rating it as 'satisfactory'.

	Good	Satisfactory	Poor
Organisation on the day	35	3	0
Suitability of the venue	38	0	0
The materials provided	36	2	0

Barbara Edwards  
29 December 2014