



Education and Registration Standards Committee/Osteopathic Practice Committee

13 October 2015

Review of the Osteopathic Practice Standards

Classification	Public
Purpose	For discussion
Issue	The paper outlines the proposed approach to the review and revision of the 2012 <i>Osteopathic Practice Standards</i> .
Recommendation	To consider the approach to the review of the 2012 <i>Osteopathic Practice Standards</i> set out in the paper.
Financial and resourcing implications	The costs of the review and implementation will be incorporated into the 2016-17 and 2017-18 budgets.
Equality and diversity implications	Equality and diversity issues will be assessed as part of the review project plan.
Communications implications	Any revision and implementation will require a separate communication plan and campaign.
Annex	Note of the seminar on values which took place on 20 May 2015
Author	Tim Walker

Background

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

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

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

Discussion

The need for a revision

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

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

The scope of any revision

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

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

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

The role of values in relation to the OPS

13. Over the past year we have been working with the Collaborating Centre for Values-based Practice in Health and Social Care at St Catherine's College, Oxford, exploring issues around values and osteopathic practice.
14. This work has taken the form of two separate workshops on values in osteopathic practice. The note of the most recent seminar which took place on 20 May 2015 on *Moving forwards on values and standards in osteopathy* is attached at the Annex.
15. The most recent seminar highlighted some important aspects of how new standards should be developed which are set out below.

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

16. In revising the *Osteopathic Practice Standards* we will want to be mindful of the conclusions from this seminar (although we are by no means bound by them).

17. Consideration might be given to incorporating an over-arching values statement as part of the *Osteopathic Practice Standards* (in much the same way as the General Medical Council's *Good Medical Practice* contains the over-arching 'Duties of a doctor'). However, the values underpinning practice standards should probably be owned by the profession rather than the regulator. This is considered further below.

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

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

Improving understanding of standards

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

A potential structure for the standards

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

Level	Content/approach
1. Overarching values/principles	Possible inclusion of a set of high-level over-arching values/principles. Alternatively, reflect those developed and owned by the profession (e.g. Patient Charter').

2. Standards	The existing 37 standards with modifications where required.
3. Guidance	Revised and strengthened guidance, incorporating revisions identified in the review.
4. Learning resources	A range of material explicitly linked to the OPS, providing more explicit explanation of why standards are in place/how they apply in practice. In support, also additional resources, or sign-posting to relevant external resources, case studies, and interactive educational material, etc. This would largely be provided online.

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

Proposed approach to the review

28. There are a number of separate elements that are proposed for the review:

- a. Communications and engagement programme to support standards review.
- b. Desk research including:
 - i. Review of ethical enquiries concerns received
 - ii. Review of external environmental changes (see paragraph 6)
 - iii. Review of changes to other regulators' standards since 2010
 - iv. Review of relevant research (e.g. McGivern, GOsC public-patient surveys, etc)
 - v. Review of fitness to practise and complaints/claims data
- c. Call for evidence from osteopaths, osteopathic organisations, indemnity insurance providers, and other key stakeholders, focussing on problems and limitations identified within the OPS
- d. Consideration of role of values in relation to *Osteopathic Practice Standards* (potentially a further seminar)
- e. Drafting
- f. Consultation on draft
- g. Approval of revised *Osteopathic Practice Standards*

h. Publication and implementation programme.

Timetable

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

30. A potential timetable for the review is as follows:

Approval of review approach	November 2015
Call for evidence; engagement with key stakeholders	January to July 2016
Desk research	January to March 2016
Initial draft to OPC	Autumn 2016
Approval of consultation draft by Council	November 2016
Consultation	January to March 2017
Consultation analysis	April-May 2017
Revised draft considered by Council	July 2017
Publication	Autumn 2017
Implementation / awareness-raising	Autumn 2017 to Autumn 2018
Standards come into force	Autumn 2018

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

General Osteopathic Council Seminar – Moving forwards on values and standards in osteopathy

20 May 2015

Introduction

1. In November 2014 the GOsC held a seminar on *Values, Standards and Osteopathic Care*. This seminar was the start of a collaboration between the GOsC and the Collaborating Centre for Values-based Practice in Health and Social Care at St Catherine's College, Oxford.
2. This first seminar brought together over thirty osteopaths, educators, other professionals, regulators, patients, researchers and students to gain a better understanding of patient and clinician values and their interaction as part of the development of education and standards. The seminar was chaired by Harry Cayton the Chief Executive of the Professional Standards Authority for Health and Social Care.
3. This second seminar took place at St Catherine's College, Oxford on 20 May 2015 and aimed to build on the work of the initial seminar by making more explicit the links between values and standards in osteopathy, as expressed in the *Osteopathic Practice Standards*. The majority of attendees at the second seminar had attended the first seminar.
4. This paper provides an outline of the second seminar discussions and findings.

Session 1 – Welcome and Introduction – Professor Bill Fulford and Tim Walker

5. Bill Fulford welcomed attendees to the seminar and to St Catherine's College and Tim Walker welcomed participants on behalf of the General Osteopathic Council.
6. In introducing the programme for the day, they explained that the first seminar had sought to consider values in the patient/osteopath context and that this session would seek to broaden this out and consider values in relation to existing or proposed regulatory standards.
7. Between them they thanked all the participants for attending and hoped that they would have an enjoyable and productive day.

Session 2 – Setting the scene: a summary of the last seminar – Professor Stephen Tyreman

8. Stephen Tyreman introduced the session reminding attendees that the last seminar had identified that:
 - a. Values are diverse – a wide range of descriptors of values had been generated from the discussions.

- b. Values are common – while descriptions of good osteopathic care were diverse, there were some areas of commonality with the highest responses being around care and compassion, competence, professionalism and communication.
 - c. Values are complex – the discussions about values had identified that while many were common, there were many nuances that arose from individuals’ personal circumstances and experiences.
9. He explained that since the last seminar the findings from the discussion had been used to pull together a draft set of four common core values which are: care; competence; context; and professionalism.
10. Associated with these four values were a range of different component values which are set out in the table below.

<p>Care</p> <p>Component values:</p> <ul style="list-style-type: none"> • Compassionate • Person/Patient-centred • Informed/Informative • Attitude • Consent • Effective Communication • Empathy • Concern • Comfort-giving • Focused 	<p>Competence</p> <p>Component values:</p> <ul style="list-style-type: none"> • Capable • Skilful • Effective • Safe • Reassuring touch • Osteopathic • Communication skills • Knowledgeable • Palpatory awareness • Good hands
<p>Context</p> <p>Component values:</p> <ul style="list-style-type: none"> • Narrative/Story/History • Location • Environment • Culture • Social Status • Expectations • Engendering Trust & Confidence • Occupation • Associations 	<p>Professionalism</p> <p>Component values:</p> <ul style="list-style-type: none"> • Honest • Business-like • Ethical • Desire to develop • Trustworthy • Confidential • Enquiring • Personal values • Sensitive • Reflective

11. He went on to suggest that this draft values framework might be helpful to articulate, in an overarching way, 'what matters' in good osteopathic practice. The values could be seen to both describe how and why osteopaths practise, and what patients and the wider public expect of good osteopathic practice. In a given situation, the values could be used as signposts for reflecting specifically on what constitutes good osteopathic practice from the particular perspectives of the people involved. This approach would be tested in the next session.

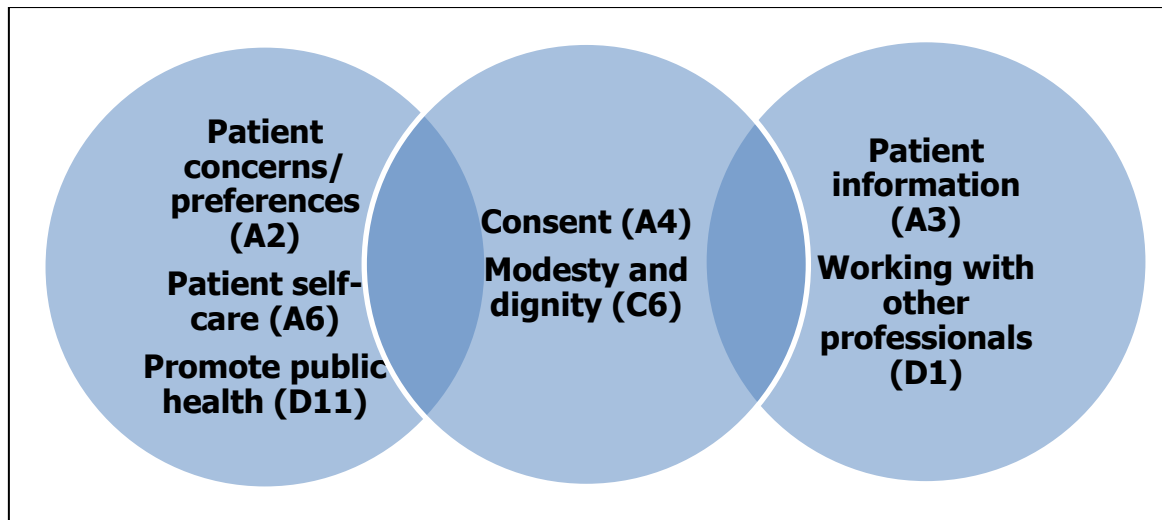
Session 3 – Testing out the common core – Bill Fulford and Stephen Tyreman

12. In this session Bill and Stephen introduced a case study of a patient/osteopath consultation.
13. The case study explored how osteopath and patient values and expectations can conflict and the potential for misunderstanding between those involved can evolve into a potential breach of standards. The case study was presented with three different potential outcomes which were explored by different groups.
14. Each group considered whether the four common core values effectively captured the different issues that arose in the case study. They then went on to consider whether the component values were appropriate, in the right place or whether there were additional component values that needed to be added.
15. The groups then presented their overall thoughts about the feelings, ideas and conflicts of the group as a whole. Each group's key thoughts are captured below.

Group 1

1. Should professional values be encapsulated within the three Cs of competency, context and care?
2. What is the patient opinion of 'professionalism'?
3. Does professionalism start prior to consultation – should the osteopath have taken the patient on?

This group chose to represent the core values as set out in the diagram below with reference to the *Osteopathic Practice Standards* (stated in brackets):



Group 2

1. Context Is it a value? It is where values operate.
Should some of its component parts be redistributed?

- Care Attitudinal?
Sensitivity (also professionalism)
Adaptability of approach

- Competency Good outcome (of knee) but quite reductionist in
approach so far

- Professionalism Sensitive and ethical (though treating knee which is no
longer a problem)

2. Query collegiality – maybe inter-professional/intra-professional relationships

- Promotes trust and confidence – professionalism

- Provides comfort – competency

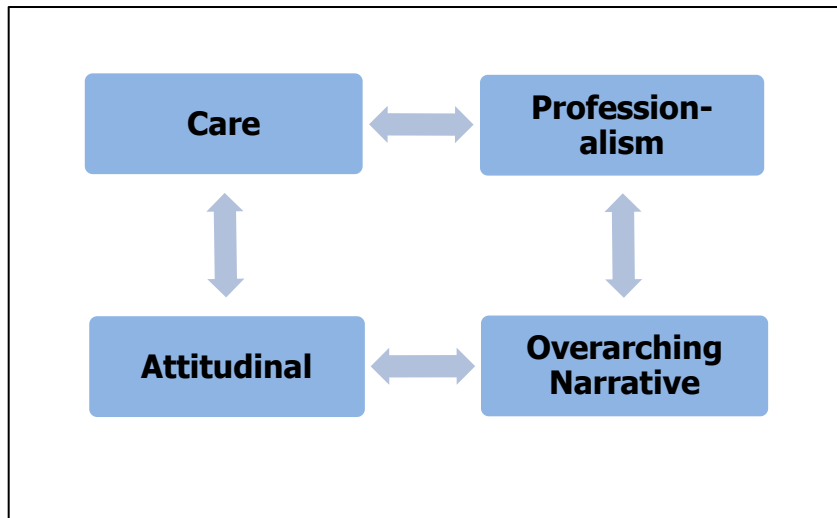
- Nothing obviously missing from component values

- Qualifications – advanced practice? Limits to skill?

3. Key areas Professionalism
Sensitivity
Communication

- Tension Between being sensitive to her modesty but required her
to pay for another treatment
Has he examined her fully in the first place?
Social tensions (her current circumstances)

This group chose to represent the core values as set out in the diagram below:



Group 3

Could and could not be helpful. It depends...

Other core values could be more useful

Some things values appear to be missing, around:

- Decision making
- Risk judgement
- Dealing with conflict of interest
- Boundaries/roles

All of key values appear to be about ethics or knowledge

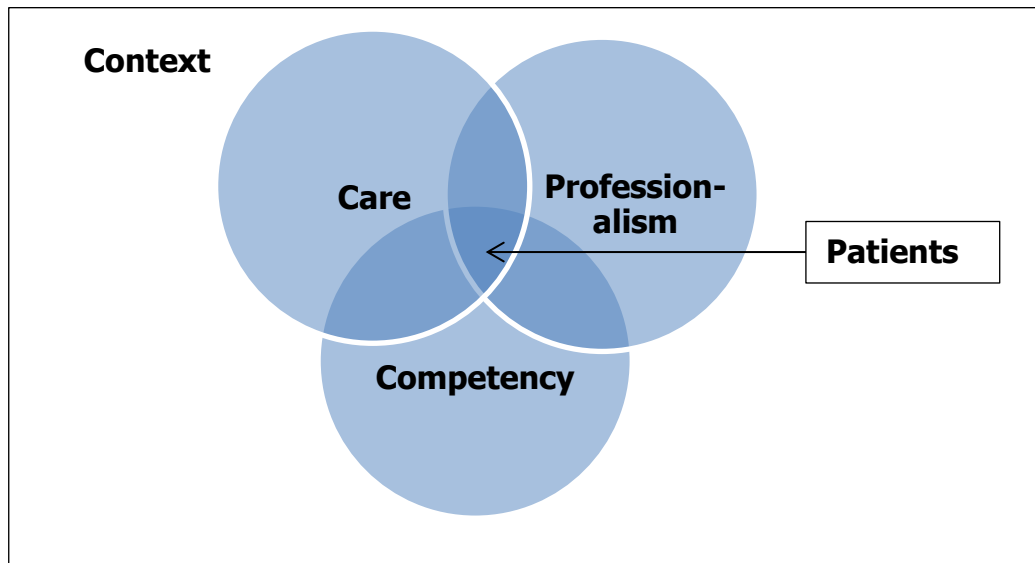
Inter-professional collegiality is also important

Context is important but is it 'values'

Values mean different things to different people

If the values we present don't make sense to osteopaths is regulation, per se, nonsense?

This group chose to represent the core values as set out in the diagram below.



16. In summary, across the groups there were differing interpretations of the language of values and varying views about preferred ways to represent values in a framework or model. There was not a consensus about how to re-classify values or restructure the draft values framework.
17. However, while there was debate about the meanings or definitions of the values and how best to represent them in a framework or model, thinking about different people's values seemed to resonate as a useful signpost to thinking about good, person-centred care.
18. Participants reflected that, overall, the values in the draft framework helped them to draw out different people's viewpoints about what constitutes good osteopathic care compared with only using the *Osteopathic Practice Standards*.

Session 4 – What we know about different groups' views on professional practice – Sue Roff

19. Sue Roff of the University of Dundee presented findings from research with the osteopathic educational institutions commissioned by the GOsC looking at how different groups – students, faculty and patients – view breaches of professionalism.
20. In her presentations she highlighted:
 - All professions are communities of practice that have 'mappable' cultures
 - Regulators have a role in disseminating and monitoring the values and norms of a profession
 - Concerns raised about osteopaths relate to both conduct and competence
 - There are few tools available to support the learning of professional behaviours

- Collecting data about norms and values among osteopaths and other professionals provides a mechanism facilitate dialogue, feedback and reflective learning.

Session 5 – Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards of practice – Professor Gerry McGivern

21. Professor Gerry McGivern presented findings from his recent research, commissioned by the GOSc, which explored the factors underlying osteopaths' compliance with standards.
22. In his presentation he highlighted:
 - Values affect how osteopaths interpret the *Osteopathic Practice Standards* and respond to regulation
 - Stories and values affect whether osteopaths report concerns
 - Values vary amongst osteopaths, patients and other regulatory stakeholders
 - Some (mis)interpretations of the *Osteopathic Practice Standards* are affected by values and professional stories.

Session 6 – Values underpinning standards – Bill Fulford, Stephen Tyreman and Tim Walker

23. In this session the groups were provided with extracts from the *Osteopathic Practice Standards* which were of most relevance to the case study considered in the morning as well as a summary 'pocket guide' to the standards.
24. The groups were asked to consider whether current standards are supportive of or work against good practice, whether they might be contradictory and if they reflect clear values.
25. The feedback from this session highlighted a number of key issues in relation to the current standards that are summarised in the box below.

- | |
|--|
| <ul style="list-style-type: none">• There is a challenge between the principle of beneficence and the autonomy of the practitioner as a professional• The standards make assumptions that patients and practitioners have the same values• Is the guidance provided in the standards considered to be best practice?• There needs to be more clarity about the 'musts' and 'shoulds'• Whether these are principles or rules is not clearly resolved• In relation to valid consent, the challenge is around the nature of 'validity' |
|--|

- Respecting patients' concerns and preferences must be key
- Standards should be expressed positively
- Standards should be framed as best practice
- There is always going to be uncertainty/shades of grey within standards

Session 7 – Future standards

26. In this session participants were asked to consider the potential implications for the development, implementation and communication of future standards, as well as who needs to be involved in these activities.
27. The feedback from this session highlighted a number of key issues in relation to the development of future standards that are summarised in the box below.

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

Session 8 – Summary and close

28. The seminar concluded with thanks to all those who had attended. It was explained that the seminar would be written up and the notes circulated to participants and also reported back to the GOsC's policy committees and Council.
29. The output from the seminar would be used to inform further thinking about the revision of the *Osteopathic Practice Standards* with the possibility of a further seminar to refine thinking further as the process develops.

List of seminar attendees

Attendees

Mary Agnew – General Medical Council
Steven Bettles – European School of Osteopathy
Douglas Bilton – Professional Standards Authority
Stephen Castleton – Oxford Brookes University
Maurice Cheng – Institute of Osteopathy
Liz Elander – College of Osteopaths
Sarah Eldred – General Osteopathic Council
Bill Fulford – St Catherine's College, Oxford
Dr Sally Gosling – Chartered Society of Physiotherapists
Fiona Hamilton – London School of Osteopathy
Stephen Hartshorn – Institute of Osteopathy
Jonathan Hearsey – General Osteopathic Council
Kit Holmes – General Osteopathic Council
Charles Hunt – British School of Osteopathy
Hilary Jones – Consultant
Keith Lander – Patient
Jan Lander – Patient
Gerry McGivern – Researcher, University of Warwick
Manoj Mehta – British College of Osteopathic Medicine
Samad Peidaei – British School of Osteopathy
Michael Pye – Osteopathic Alliance
Sue Roff – Researcher
Brigid Tucker – General Osteopathic Council
Stephen Tyreman – British School of Osteopathy
Steve Vogel – International Journal of Osteopathic Medicine
Tim Walker – General Osteopathic Council
Alison White – General Osteopathic Council