



Policy Advisory Committee

16 June 2016

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

Classification	Public
Purpose	For noting
Issue	An update on the review of the 2012 <i>Osteopathic Practice Standards</i>
Recommendation	To note progress on conducting the 2016-17 review
Financial and resourcing implications	There will be a moderate cost incurred over the course of 2016-17 financial year to prepare documentation for public consultation next year, and this has already been approved within the Professional Standards and Communications budgets. The equality impact assessment advice has also been accounted for within the budgets.
Equality and diversity implications	A consultation draft equality impact assessment is being prepared ahead of consultation. We intend to commission an expert in equality and diversity to consider the equality impact assessment and the guidance pre and post consultation.
Communications implications	The draft revised <i>Osteopathic Practice Standards</i> will be subject to a public consultation process in 2017. A communications strategy will be developed to promote the consultation and introduce the revised standards before implementation in 2018. The process of revising the standards will be regularly reported in the osteopathic media to ensure wide awareness as well as through channels to encourage other stakeholders to respond.
Annex	An overview of GOC communications and engagement activity between January and end-May 2016 to inform the standards review.
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Background

1. At its meeting of 12th November 2015, Council approved plans to review the *Osteopathic Practice Standards* 2012. This was to involve a broad process of stakeholder involvement focussing on a 'call for evidence', desk based research, redrafting and further consultation on the revised draft standards.
2. At its meeting of 4 February 2016, Council approved plans for engaging stakeholders in the review process, and for identifying revisions necessary to the *Osteopathic Practice Standards*. These included:
 - a. Monitoring of the external environment. This had already identified likely revisions of the standards and guidance in relation to issues such as:
 - Duty of candour
 - Raising concerns (including in relation to mandatory reporting of Female Genital Mutilation)
 - Changes in the law relating to consent (the Montgomery¹ judgement)
 - Advertising.
 - b. Desk based research: reviewing other healthcare regulator's standards of practice; trends in complaints against osteopaths; common ethical enquiries, and findings of recent research, including that conducted for the GOsC by Prof Gerry McGivern² and our public perception surveys³;
 - c. A 'call for evidence' from stakeholders, including: osteopaths, osteopathic educational institutions, postgraduate education providers, osteopathic special interest groups, the Institute of Osteopathy, osteopathic regional groups, patients (primarily via HealthWatch and the GOsC Public Patient involvement group), and other healthcare regulators.
3. This report provides an update on the review process to date, and outlines a revised timetable, leading to the publication of revised *Osteopathic Practice Standards* in late 2017 and their implementation from the autumn of 2018.

Our approach to the review process

The 'call for evidence' – stakeholder engagement

4. A dedicated website⁴ was established to allow respondents (particularly osteopaths) to provide feedback on each of the current standards in an

¹ https://www.supremecourt.uk/decided-cases/docs/UKSC_2013_0136_Judgment.pdf

² <http://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/research-to-promote-effective-regulation/>

³ <http://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/public-and-patient-perceptions/>

⁴ <http://standards.osteopathy.org.uk/>

accessible and easily navigable format. An overview of our supporting communications and engagement strategy is provided in the annex.

Desk based research

5. This has now commenced, and will continue until August 2016. Other healthcare regulators' standards are being reviewed, along with key research in this area as outlined in 2 above. Trends in fitness to practise cases and complaints will be analysed. Detailed consideration will be given to the Institute of Osteopathy's 'patient charter'⁵ and to the service standards being developed by the Osteopathic Development Group⁶.
6. We have supplemented the desk based research with meetings with others, for example, the General Chiropractic Council to ensure that our standards fit within the health professional environment and also attendance at inter-regulatory groups. We have facilitated sessions with regional communication network leads and osteopathic educational institution leads. We are undertaking meetings with staff, registration assessors and fitness to practise panellists to ensure that we gain feedback on our specific standards in a range of contexts to support a rounded review. We have also met with an osteopath who works within the NHS to gather feedback from a different context on the standards.

Multi-stakeholder working group

7. A multi-stakeholder working group will be established to comment on the development of revised draft standards, develop a consultation draft and advise on key consultation questions, from October to December 2016. This will aim to include representatives from a range of stakeholders, including the Council of Osteopathic Educational Institutions, the Institute of Osteopathy, the Osteopathic Alliance, and the GOsC Patient Participation Group. To maximise involvement and discussion, it is likely this will operate primarily as a 'virtual' group, without the necessity of scheduling face-to-face meetings. Group discussion, where needed, can be facilitated via a webinar.

Preliminary thoughts

8. The initial 'call for evidence' concluded on 31 May. Feedback will be fully analysed in detail over the summer. In reviewing comments and feedback received so far, some preliminary themes have begun to emerge.
9. In the context of the four overarching themes that comprise the current *Osteopathic Practice Standards* (which Council are minded to retain), the following issues have arisen.

⁵ See Institute of Osteopathy, <http://www.osteopathy.org/news/the-io-launch-new-patient-charter/>

⁶ Osteopathic Development Group – Service Standards, see <http://osteodevelopment.org.uk/theme/service-standards/>

Communication and patient partnership

10. There is some repetition and replication within the standards and, in some cases, the guidance raises more questions than it answers.
11. A4 (*You must receive valid consent before examination and treatment*) is a short standard with more than two pages of guidance, and has drawn much comment and query. There seems to be a clear need for greater clarity in this regard. We know that issues such as the Montgomery judgement⁷ need to be reflected in the context of listening to patients, working in partnership with them and receiving valid consent, and in guidelines to support this.
12. In A6 (*Support patients in caring for themselves to improve and maintain their own health*) the guidance seems not to relate particularly well to the standard itself – this is a shortcoming evident throughout the standards.
13. The varying environments in which osteopaths practice is a significant issue cited by some respondents. For example, one respondent who works in the NHS has noted that he frequently must deal with quite challenging patients/cases within a fifteen minute appointment, and he reflects on the impact of meeting the standards for quality care within this time constraint. It may be that more guidance or specific learning resources about the differing contexts within which the same standards are applied may be helpful here.

Knowledge, skills and performance

14. The reference to 'osteopathic concepts and principles and the critical application of these to patient care' (B1) has elicited much comment. Some wish to see the 'osteopathic' element enhanced, but many question this, pointing to differing views on the definitions of osteopathic concepts and principles, and how they should be applied. The relationship between osteopathic principles and the standards themselves has been raised.
15. Again, the guidance seems not always to be helpful, alternating sometimes between the obvious and the vague. That said, we must also be careful of the challenge of being so prescriptive that it enables poor practice not specifically included to miss being captured by the standards and usurping the important role of professional judgement within practice. This balance can be explored further in consultation and indeed in learning resources supplementing the guidance.

Safety and quality in practice

16. The inclusion of the qualifying term 'osteopathic' in C1 and C2 (i.e. references to 'osteopathic patient evaluation' and 'osteopathic treatment plan') has provoked

⁷ This blog by the GNC's Assistant Director of Standards and Guidance gives a helpful overview of the Montgomery case and its implications for healthcare practice:

<https://gmcuk.wordpress.com/2015/05/29/making-decisions-together-the-implications-of-the-montgomery-judgment/>

challenges similar to those outlined in paragraph 14, standard B1. Is this sufficiently understood to be consistent between practitioners? Some elements of the standards here overlap with aspects of Communication and Patient Partnership, and could be better integrated.

17. A number of respondents have asked for clearer guidance and support in relation to cultural and ethnic expectations of patients.

Professionalism

18. This is the largest domain of the *Osteopathic Practice Standards*, currently comprising eighteen standards. There seems to be a consistent call for much greater clarity in relation to many of the standards here.
19. D1 (*You must consider the contributions of other healthcare professionals to ensure best patient care*), D2 (*You must respond effectively to requirements for the production of high-quality written material and data*) and D3 (*You must be capable of retrieving, processing and analysing information as necessary*) are particularly poorly understood.
20. D11 (*Be aware of your role as a healthcare provider to promote public health*) has also elicited much comment. For example, the guidelines in relation to this relate more to health and safety requirements rather than the concept of public health. The intention of the standard is unclear. Indeed, the role of osteopaths within 'public health' was specifically brought up at one of our meetings and perhaps this issue should be explored further as part of our consultation question.
21. In relation to D4, a number of respondents have queried the management of aggressive patients (*Make sure your beliefs and values do not prejudice your patients' care*). The guidance in relation to this standard could be misinterpreted to mean that aggressive patients should be referred on to other osteopaths. Perhaps further guidance or learning resources in this area could help to elaborate this standard more effectively along with increased clarity to the standard.

General issues

22. The call for evidence has only recently concluded at the time of writing this report, and much more detailed and considered analysis needs to be carried out. The preliminary evaluation of feedback so far has strongly indicated important issues that will need to be addressed in the revision of the standards. There is an overarching need it seems for greater clarity in terms of what the standards actually mean in practice. Some standards, on closer examination, give way to ambiguity, and some very brief standards need to be backed up by extensive guidance. This will need to be addressed and improved in the revised standards whilst allowing for application in context and professional judgement to ensure that the standards inform the right actions.

23. There is considerable repetition in the current standards, necessitating exhaustive cross referencing, and queries and feedback from osteopaths have long suggested that this makes the current standards difficult to navigate, understand and apply with confidence. The presentation of standards within each domain will be reviewed so as to improve navigation and clarity.
24. The *2012 Osteopathic Practice Standards* combine the osteopathic Standard of Proficiency with a Code of Practice. Although feedback received to date has not specifically raised this as an issue, there is a general sense that this arrangement contributes to some repetition of content and over-complicates the presentation of the standards. It may be helpful to explore a more seamless integration in the revised standards.
25. The research carried out by Prof Gerry McGivern⁸ et al exploring the dynamics of osteopathic regulation, professionalism and compliance with standards raised a number of key issues, some of which have been echoed by the responses to the call for evidence so far. In summary, the researchers found that many osteopaths believed the *Osteopathic Practice Standards* were a good 'benchmark' against which to compare their practice, but some complained that they were too vague or too rigid. Standards relating to communication of risks, note keeping and modesty, were particularly criticised, and for some, compliance was more 'fear based', as a way of keeping out of trouble, rather than being driven by what they regarded as good practice. These factors will be taken into account in the review process.
26. There are emerging areas which we will continue to develop as key questions for consultation. We will share these with Council at its next meeting.

Supporting guidance and resources

27. The need for improved guidance on a range of issues and more efficient signposting to other, possibly external, resources and websites has been identified. The current standards contain copious guidance, some of which, according to feedback, raises more questions than it answers. In addition to the OPS content, the GOsC provides further guidance on a number of issues via the registrant website, the **o** zone. The scope and presentation of supporting guidance will need to be reviewed.
28. The following aspects of practice have been identified as potentially requiring clearer guidance or links to additional support and resources:
 - Consent
 - Capacity
 - Candour
 - Cultural elements and influences on the therapeutic relationship
 - Risks of treatment

⁸ <http://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/research-to-promote-effective-regulation/>

- Safeguarding
 - Case notes and record keeping
 - Mentoring/supporting colleagues
 - Equality/diversity issues
 - Maintaining boundaries
 - Complaints and a culture of seeking feedback is an issue identified in the external environment which may require further work as part of the review.
29. In many cases, such guidance and resources do exist, but are contained within the **o** zone, requiring a log-in by the osteopath to access them. This seems to act as a barrier and also it means that our guidance to osteopaths is not available to other healthcare professionals. Digital links to these could be more accessible by making the resources publicly available.
30. Consideration needs to be given as to what extent supplementary guidance is included within the standards document itself. Most healthcare regulators' standards do not include guidance – the guidance being provided separately. The advantage of this is the flexibility to update the guidance as circumstances change, without requiring an update to the standards, or making them seem out of date.
31. The scope of the review proposed in the papers to Council of 12 November 2015 and 4 February 2016 remains consistent with the preliminary analysis of feedback and initial desk-based research process, namely:

1. Overarching values/principles	Possible inclusion of a set of high-level over-arching values/principles.
2. Standards	Clarify standards, and reduce ambiguity, vagueness and repetition. Ensure standards are in the appropriate domain.
3. Guidance	Review guidance and consider how this is best presented (i.e. within the Standards document or separately). Consider how links to external resources are best incorporated for ease of access, particularly digitally).
4. Learning Resources	Develop a range of material to support osteopaths to apply the standards in practice

Timetable

32. The proposed timeframe for the review has been modified as follows (though the proposed implementation date remains the same as previous proposals):

Call for evidence – engagement with key stakeholders	February to May 2016
Desk research	February to July 2016
Review of evidence	Summer 2016
Specific patient group consultation	Late September 2016
Report to Policy Advisory Committee with initial structure of revised OPS based on review evidence and feedback – seek feedback regarding consultation draft	October 2016
Multi-stakeholder working group established to provide further comment on the preparation of the draft standards for public consultation	October to December 2016
Council approval of draft OPS for consultation	February 2017
Consultation	March to June 2017
Publication and introduction	Autumn 2017
Implementation/roll out	Autumn 2017 to Autumn 2018
Standards come into force	Autumn 2018

Recommendation: To note progress on conducting the 2016 review of the *Osteopathic Practice Standards*.

An overview of GOSc communications and engagement activity between January and end-May 2016 to inform the standards review.

Overview

At its meeting in February 2016, the Council approved the notion that revising and updating the 2012 *Osteopathic Practice Standards* requires a strategy that enables stakeholders to identify where improvements are needed.

Evidence from recent research suggests that improving the clarity and presentation of practice standards may in turn greatly assist registrants' awareness, understanding and application of standards in practice.

A communications and engagement plan was developed with the aim of widely promoting awareness of the initiation of the review process and providing the opportunity for all interested parties, and particularly the osteopathic profession, to contribute views and recommendations for improving the current standards and supporting guidance. The strategy sought to encourage osteopaths and osteopathic education providers also to identify where supplementary information, signposting and additional CPD resources could helpfully assist good practice.

Between February and end-May 2016, we conducted an extensive campaign to generate stakeholder feedback on the current practice standards.

Collecting feedback

To facilitate feedback on all aspects of the current standards, we created a dedicated website – <http://standards.osteopathy.org.uk> – which allowed respondents to easily access and navigate *Osteopathic Practice Standards*, and lodge comments, publicly or privately, on each individual standard and its associated guidance. The website included an introductory video, hosted on the GOSc's YouTube channel, which introduced and outlined the review process and mechanisms for submitting feedback.

The review process proposed four underpinning key questions:

- Which standards could be presented and explained more clearly?
- Which standards might hinder rather than support good osteopathic practice?
- Whether there are any areas not covered that would benefit osteopaths, patients and the public?
- Where there might be a need to clarify the guidance that supports the standards?

The Review website attracted considerable activity. By the end of May 2016, the site registered:

- Number of video viewings: 365

- Number of comments received on the standards: 334

27 submissions were also received directly via email.

Promoting awareness of the 'call for evidence'

To encourage the submission of as much 'evidence' as possible to inform our review of the Osteopathic Practice Standards, from January to end-May 2016, we conducted a comprehensive programme of communications and engagement, targeting osteopaths (in different sectors), students, patients and the public.

Summary of activities:

Registrants:

- Lead story in GOsC monthly news e-bulletins to all registrants, January to May 2016.
- Targeted email to all registrants, introducing the review, how to 'get involved', link to dedicated interactive OPS microsite. Follow-up email in April 2016, encouraging registrants to discuss the current standards with colleagues to identify potential improvements.
- *The osteopath* magazine: Feb/March 2016 – launch of OPS review; focus on 'Communication and Patient Partnership, and Knowledge, Skills and Performance'. April/May 2016 – Safety and Quality in Practice, and Professionalism. June-July 2016 – update on review process.
- ● zone: On-going news items in line with overarching themes/messages through life of review (March: Promoting awareness of the review, look at the OPS. April 2016: "Talk to your colleagues". May 2016: "Tell us what you think", last chance, deadline).
- Flyer included in GOsC Renewal of Registration packs sent to over 2,000 registrants between March and May 2016(over 2,000) – 'OPS review: tell us what you think'.

Undergraduate/postgraduate osteopathic education sector:

- Targeted emails to education providers sent March and April 2016.
- GOsC-Osteopathic Educational Institutions (OEIs) meeting, 23 May – interactive workshop on OPS revisions.
- *Osteopathy students:* OPS review highlighted in all GOsC presentations to Final-year students across 9 institutions (January-April 2016); Targeted email inviting OEIs to post information targeting students on institution intranets, and student/alumni sites (Manus Sinistra website, etc).

Osteopathic organisations:

- Institute of Osteopathy, National Council for Osteopathic Research, Osteopathic Educational Foundation – targeted emails March, April and May 2016. Supported by discussion in bilateral meetings.

Regional and local osteopathic groups:

- Targeted emails in March, launching review, encouraging local groups to engage members in discussion of the *Standards* review.
- Regional Communications Network meeting, 18 March 2016 – workshop. Follow-up email, 23 March, with calls to action, offering support to hold regional/local OPS review sessions.

Health and social care regulators (including international competent authorities):

- Targeted emails and cross-regulatory engagement activities.
- Care Quality Commission, Healthcare Improvement Scotland, Health Inspectorate Wales, Regulation & Quality Improvement Authority, Professional Standards Authority, British Acupuncture Council, Complementary and Natural Healthcare Council – targeted emails, February and May.
- Osteopathic International Alliance, Forum for Osteopathic Regulation in Europe (FORE), Osteopathic Board of Australia, Australian Osteopathic Association, Osteopathic Council of New Zealand, Council for Professions Complementary to Medicine, Gibraltar Medical Registration Board, Allied Health Professionals Board of South Africa – targeted emails, February and May 2016. FORE newsletter to members, May 2016.

Osteopathic Indemnity insurance providers:

- Targeted emails, March and May 2016.

Registration assessors:

- Targeted emails, March and May 2016.

Legal assessors:

- Targeted emails, March and May 2016.

Private Health Insurers:

- Targeted emails, March and May

Government departments:

- Targeted emails across the UK.

Patients and public:

- GOsC PPG, Healthwatch (England) network, Community Health Councils (Wales), Scottish Health Councils, Patient and Client Council (N Ireland), Private Patients' Forum, Clinic of Boundary Studies, National Voices – Targeted emails, April and May 2016.
- Website and social media (Facebook posts and twitter feeds). Our first post on Facebook about the review reached 895 and our most recent 632; over 50 newsletter/social media postings by Healthwatch organisations across England, Scottish Health Councils, Welsh Community Health Councils and the Northern Ireland Patient and Client Council.

GOsC staff:

- Staff briefing and updates, March to May 2016. Feedback received from GOsC Regulation, Registration and Communications teams.
- GOsC email signature: 'Tell us what you think of the *Osteopathic Practice Standards*. Visit <http://standards.osteopathy.org.uk> to find out more'.

Governance structure:

- Council email, 29 February 2016.
- Council meeting, 5 May 2016.
- Osteopathic Practice Committee meeting, 3 March 2016.