



Policy Advisory Committee
8 June 2017
Review of the *Osteopathic Practice Standards*

Classification	Public
Purpose	For discussion
Issue	An update on the review of the <i>Osteopathic Practice Standards</i>
Recommendation	To consider the progress and development of the revised <i>Osteopathic Practice Standards</i> and associated consultation.
Financial and resourcing implications	The review so far has been within budget allocations. Consultation and engagement, including the preparation of documentation will be accounted for in the 2017-18 budget. The equality impact assessment advice has also been accounted for within the budgets.
Equality and diversity implications	A draft equality impact assessment is being prepared ahead of consultation by an independent consultant.
Communications implications	The draft updated <i>Osteopathic Practice Standards</i> will be subject to a public consultation later in 2017 (August to October). A communications strategy is being developed to promote feedback to the consultation with all our stakeholders including patients and the public. A draft communications strategy to introduce the updated revised standards before implementation in 2018 has been developed. The process of revising the standards will be regularly reported in the osteopathic media to ensure wide awareness, as well as through channels that encourage other stakeholders to be involved.
Annexes	A. Draft of updated <i>Osteopathic Practice Standards</i> B. Draft consultation document C. Draft communications and engagement plan D. Version of the draft updated <i>Osteopathic Practice Standards</i> without additional text or comments.
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Background

1. At its meeting of 2 May 2017, Council noted progress on the review of the *Osteopathic Practice Standards* (OPS) including the outcomes of the discussions at the Stakeholder Reference Group meeting of 30 January 2017, and at the Policy Advisory Committee of 9 March 2017.
2. A minor recommended change to the consultation timetable was noted by Council in that the consultation is now planned to take place from early August 2017 to the end of October 2017 (a month earlier than originally intended). The revised timetable is as follows:

Activity	Date
Multi-stakeholder working group established to collaborate on the development of updated OPS and supplementary guidance documents.	January to May 2017
Report to Policy Advisory Committee	June 2017
Council approval of draft OPS and guidance for consultation	July 2017
Consultation	Early August to end October 2017
Post consultation analysis	November 2017
Publication and introduction	Spring 2018
Preparation for updated OPS coming into force	Spring 2018 to Autumn 2019
Standards come into force	Autumn 2019

3. On 25 April 2017, an internal meeting was held at the GOsC with representatives of each department present. At the meeting, the then current draft OPS was considered line by line, giving each department an opportunity to contribute to the development of standards and guidance, informed by their own experience and perspectives in the different GOsC functions (regulation, registration assessments, communications and education). The updated draft, as a result of this meeting, was then considered by the Stakeholder Reference Group at its second meeting on 9 May 2017, and developed further as a result of this input.
4. A draft consultation document (annex B) has been developed, and feedback sought from Stakeholder Reference Group members.
5. This paper reports on the current draft updated OPS (Annex A) which was updated following the Stakeholder Reference group, and on the draft consultation document and communications and engagement plan.

6. The Committee is invited to consider the draft updated *Osteopathic Practice Standards*, the draft consultation document and the draft communications and engagement plan and is asked to provide advice to the Executive ahead of Council being asked to publish these documents in July 2017.

Discussion

Stakeholder Reference Group Meeting of 9 May 2017

7. The meeting was attended by representatives from the following stakeholders:
- The Council of Osteopathic Educational Institutions
 - The National Council for Osteopathic Research
 - The Institute of Osteopathy
 - The Osteopathic Alliance
 - Osteopathic patients (two patient representatives attended)
8. The Group considered the draft, working through each standard and its associated guidance. In many cases, this resulted in minor editorial changes to better reflect the meaning, intent or presentation of the standard or guidance, and these are reflected in the attached draft.
9. There were some broader issues raised for discussion where a consensus was not reached. These were:
- reference to osteopaths personal lives within the standards.
 - values and equality issues
 - reference to osteopathic philosophy.

Reference to personal lives

10. As will be seen in the attached draft updated OPS, the introductory statement to the Professionalism theme has been amended as follows:

'Osteopaths must act with honesty and integrity and uphold high standards of professional and personal conduct to ensure public trust and confidence in the profession. The standards in this theme deal with such issues and behaviours, including the establishment of clear professional boundaries with patients, the duty of candour, and the confidential management of patient information.'

11. The reference to personal conduct in this statement is reflected in the revised standard D7, which states:

'D7. You must uphold the reputation of the profession at all times through your conduct, in and out of the workplace.'

The reference here to 'in and out of the workplace' is an addition to the existing standard in this respect, though the guidance to current standard D17 ('Uphold

the reputation of the profession through your conduct') already reflects aspects of this in paragraphs 1 and 2, which states:

"1. The public's trust and confidence in the profession, and the reputation of the profession generally, can be undermined by an osteopath's professional or personal conduct. You should have regard to your professional standing, even when you are not acting as an osteopath."

and:

'2 Upholding the reputation of the profession may include:

2.1 Acting within the law at all times (criminal convictions could be evidence that an osteopath is unfit to practise).

2.2 Not abusing alcohol or drugs.

2.3 Not behaving in an aggressive or violent way in your personal or professional life.'

12. One member of the Stakeholder Reference Group had a particular aversion to personal lives being referenced in this way within a professional standards document, arguing for example the law had been, at times, highly discriminatory (for example in relation to sexuality). Others felt that it would be very difficult to draw a distinction between professional and personal conduct in this context.
13. However, the approach suggested mirrors that across professions and we have left the reference to personal lives within the current draft for consideration.

Values and equality issues

14. The suggestion for revised standard A7 reflects the content of current standards D4:

'A7. You must make sure your beliefs and values do not prejudice your patients' care.'

The first two elements of guidance to support this standard are as follows:

- '1. The same quality of service and care should be provided to all patients. It is illegal to refuse a service to someone on the grounds of their gender, ethnicity, disability, religion or belief, sexual orientation, transgender status, age, marital or civil partnership status or pregnancy*
- 2. If carrying out a particular procedure or giving advice conflicts with your personal, religious or moral beliefs, and this conflict might affect the treatment or advice you provide, you must explain this to the patient and advise them they have the right to see or be referred to another osteopath.'*

These are both also in the current OPS, though the scope of the categories referred to in paragraph 1 has been extended to reflect current equality law.

15. One member of the Stakeholder Reference Group raised some concerns regarding the guidance in paragraph 2 on the basis that it might imply that personal feelings or values of an osteopath could override equality law. This is not the intent of the guidance, and nor would it be possible to override equality law in this way. Differing views were expressed on this at the meeting, and a consensus was not reached. The draft guidance has been retained as shown above.
16. An earlier draft of the updated OPS was commented on by an equality consultant, with whom we are working on the revision of the standards and guidance. This particular aspect of the guidance was not raised as an issue at the time, though will be raised with the consultant in the light of the Reference Group discussion.

Reference to osteopathic principles and philosophy in the standards

17. The issue regarding reference to osteopathic principles within the OPS was raised in the paper to the last Policy Advisory Committee on 9 March 2017. As was stated, some respondents to the initial call for evidence on the current OPS felt that referring to osteopathic principles within a standard was problematic as they are not universally agreed, understood or applied in practice, and nor, some may argue, are they unique to osteopathy. To attempt to address this issue, the current standards B1 and B2 have been combined into a single new B1: *'You must have sufficient and appropriate knowledge and skills to support your work as an osteopath'*.
18. As will be seen from the draft, the guidance to this standard includes examples of what this knowledge should include, which includes; *'an understanding of osteopathic principles and concepts of health, illness and disease and the ability to critically apply this knowledge in the care of patients'*.
19. The view put forward at the Stakeholder Reference Group on behalf of the Osteopathic Alliance was that this element of guidance did not go quite far enough, and that specific reference should be made to 'osteopathic philosophy' as well as principles.
20. The lack of clarity about what 'osteopathic philosophy' comprises in terms of a standards document was discussed, but a consensus not reached. It was pointed out that 'philosophy' is not mentioned in the current OPS, though, reference to this is made within the *Guidance for Osteopathic Pre-registration Education*¹, which sets out the outcomes students are expected to meet in order to graduate with a Recognised Qualification. Arguably, this makes referring to philosophy within the OPS unnecessary, although the views of the Osteopathic Alliance are acknowledged.

¹<http://www.osteopathy.org.uk/training-and-registration/becoming-an-osteopath/guidance-osteopathic-pre-registration-education/>

21. The current draft of the OPS has been left without reference to 'philosophy', but the issue has been raised within the consultation document for broader consultation with the profession and others.

Integration of the Standard of Proficiency and Code of Practice

22. At the Stakeholder Reference Group meeting on 30 January 2017, the group discussed the suggestion that the Standard of Proficiency and the Code of Practice, which are currently separately differentiated within the OPS, be integrated more closely. As was reported to the Policy Advisory Committee on 9 March 2017, the proposal is to have one set of standards which, simultaneously, represent both the Standard of Proficiency and the Code of Practice. Legal advice from Fieldfisher solicitors confirms that this is possible within the provisions of the Osteopaths Act 1993, provided it is clearly stated that this is the case. The group were supportive of this suggestion.
23. We received a communication from one of the Reference Group members raising some concerns regarding the merging of the Standard and Code. This concern relates to the need under Section 13 of the Osteopaths Act for variations to the Standard of Proficiency to be published a year before they take effect. The point was made that we would be bringing the Code of Practice under these constraints too, by having one set of standards that represent both elements, and we would forgo the ability to respond with agility to changes in the law, for example, which required an updating of guidance at short notice.
24. This issue was not discussed at the Stakeholder Reference Group, but we have given it consideration subsequently. As was reported in the paper on this issue to the Policy Advisory Committee on 9 March, legal advice from Fieldfisher solicitors indicates that legally, it is entirely possible to merge the Standard of Proficiency and Code of Practice as suggested, provided a clear statement to this effect is published.
25. The current *Osteopathic Practice Standards* were published in 2012, for the first time combining the Standard of Proficiency and Code of Practice in one document. In effect, we have been in the position of not being able to implement a speedy update of guidance in relation to the Code element of these since that time, with no problems ever having arisen. Functionally, in terms of mapping of undergraduate curricula to the standards, and in applying fitness to practise cases, the standards and code are regarded as one, and the current proposal represents a logical step to acknowledge this.
26. Should circumstances arise where the law changes, or resources are urgently required to support osteopaths in implementing the standards, then these can be produced, regardless of whether these comprise 'official' guidance – that is, they comprise part of the Code of Practice. Clearly in producing such 'guidance' as part of the Code of Practice, Council would make a decision about a fair date of implementation taking all perspectives into account. However, our usual

approach would be simply to develop learning resources, for example, we have done this in relation to the Montgomery judgement and the law of consent.

27. It is worth mentioning that in terms of changes to the law, the updated draft standard B3 (*You must keep your professional knowledge and skills up to date*) contains guidance which includes:

'Keep up-to-date with factors relevant to your practice, including:

2.1 GOsC guidance

2.2 legal requirements or changes to the law in relation to your practice, for example, in relation to data storage (see standard C3), health and safety in the workplace (see standard C5) and equality issues (see standard D6).'

This, then, places a duty on osteopaths to keep up to date with changes in the law relating to their practice.

28. It is still felt that the advantages to be gained by integrating the Standard and Code as suggested outweigh any potential risks, and do not substantially alter the current situation in this regard.

Current draft of the updated Osteopathic Practice Standards

29. Following the Stakeholder Reference Group meeting of 9 May, the draft *Osteopathic Practice Standards* document has been further amended to reflect the outcome of discussions, and is attached to this paper as Annex A. A version of the draft without additional comments is included in Annex D for ease of reading.
30. The draft in Annex A shows the current OPS, suggested revisions to these, and suggested guidance. Commentary and notes are shown in relation to each of the standards. Current guidance is not shown, though changes are referred to in the commentary in relation to each. For a full comparison, it is suggested that the draft be compared to the current OPS²

Equality impact assessment

31. We are working with an equality expert in relation to the equality impact of the revisions to the OPS. The initial outline revisions were commented on by her, and her suggestions informed the development of the document discussed by the Stakeholder Reference Group on 30 January. The latest draft is now being considered by the expert from an equality perspective, along with the draft consultation document. An initial equality impact assessment document will be shared with Council at its meeting of 18 July 2017.

² Available at: <http://www.osteopathy.org.uk/standards/osteopathic-practice/>

Consultation

32. The final draft of the updated OPS will be subject to consultation from August to October 2017, which is slightly sooner than the consultation period envisaged in the timetable referred to in paragraph 2 above. The initial call for evidence used a dedicated microsite (<http://standards.osteopathy.org.uk/>), and it is intended to adapt this to facilitate the summary consultation process.

Consultation document

33. A draft consultation document has been prepared, which is provided at Annex B. The document is intended to give a high level overview of the review process, with a detailed narrative as to how we have reached the current point (for example explicitly referencing points made and thinking in relation to how osteopathic philosophy and principles are referenced), and the issues raised. Although this will be available to all throughout the consultation process, it is intended that it will be broken down and summarised somewhat in relation to each theme within the consultation website for ease of engagement.

Stakeholder engagement

34. A strategy for communication and stakeholder engagement throughout the consultation process is being developed, and a draft communications and engagement plan is shown in Annex C to this paper. This approach reflects a broad and inclusive approach to engagement with all stakeholder groups (where possible, including face to face meetings, presentations or, in the case of patients, a focus group) and mirrors that undertaken during the initial call for evidence. Stakeholder Reference Group members have been asked to consider how we might best engage with their respective organisations during the consultation.

Presentation of the Osteopathic Practice Standards

35. A designed version of the updated draft *Osteopathic Practice Standards* will be prepared for the consultation. As reported at the Policy Advisory Committee in March 2017, Consideration is also being given as to a variety of means of publishing the updated OPS and any supporting resources in 2018. As well as a hard copy or PDF version of the standards, this might include a better navigable website (or app) which would facilitate a more interactive and engaging experience for users.
36. Final approval to the updated Osteopathic Practice Standards will be sought in either February or May 2018, depending on the extent of any post consultation changes, and the need for further input of the Policy Advisory Committee.

Issues for consideration

37. In relation to the draft *Osteopathic Practice Standards*

- a. Does the committee have any comments in relation to the following issues referred to in this paper:
 - Personal lives in relation to the standards (paragraphs 10-12).
 - Values and equality (paragraphs 13-15).
 - Osteopathic philosophy (paragraphs 16-19).

- b. In general, is the Committee content with the current draft of the updated *Osteopathic Practice Standards*? (as a framework for discussion, the following questions were circulated to the Stakeholder Reference Group to help in consideration of the draft, and may also be helpful in this context)
 - *Do you feel that the standards and guidance are clearly worded?*
 - *Do you feel that the standards are included within the appropriate themes?*
 - *Do you think that the updated Standards are adequate to ensure public and patient safety?*
 - *Do you think the guidance provided in the document is adequate to support Implementation of the standards?*
 - *Is the balance right between the references to 'should' and 'must' within the guidance?*
 - *Is there anything in the document, which you consider is not required?*
 - *In your opinion is there anything missing from the document?*
 - *Are there any suggestions you can make which you feel would improve the clarity of the document?*
 - *Are there any other comments regarding this document that you would like to make?*

- c. In relation to the consultation document, does the Committee have any comments or feedback to assist in the further development of this? Should the additional matters outlined in paragraph 9 of this paper need to be further reflected in the consultation document?

- d. What advice does the Committee have in relation to the draft communications and engagement plan at Annex C?

Recommendation: to consider the progress and development of the updated *Osteopathic Practice Standards* and associated consultation.