

# Policy Advisory Committee 12 June 2018 Review of the Osteopathic Practice Standards

Review of the Osteopathic Plactice Standards	
Classification	Public
Purpose	For decision
Issue	Proposals regarding the publication and implementation of the updated <i>Osteopathic Practice Standards</i> (OPS)
Recommendation	To agree the approach to implementation of the updated Osteopathic Practice Standards.
Financial and resourcing implications	The review has been within budget allocations.
Equality and diversity implications	The Equality Impact Assessment (EIA) developed in relation to the review of the OPS will be updated in relation to the implementation plan.
Communications implications	Communications – and implementation of the revised/updated OPS – are the subject of this paper.
Annexes	None
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# Background

- 1. At its meeting of 15 March 2018, the Policy Advisory Committee considered the outcomes of the consultation into updated *Osteopathic Practice Standards* (OPS), the suggested approaches for dealing with these, and the latest version of the OPS which took such outcomes and approaches into account. Subject to further consideration of certain areas of guidance (see paragraph 2 below), the updated OPS were recommended to Council for final approval.
- 2. The areas raised by the PAC for consideration related to:
  - a. Some tension between guidance to standards D1 and D8 as to whether acceptance of referral fees implied a lack of integrity.
  - b. Whether D1.2.3 was sufficiently clear around the use of the title 'doctor'.
  - c. Whether there was a tension between standard D5.1.4 regarding confidentiality of records, and with the duty of candour.
- 3. These issues were considered and reported to Council at its meeting of 3 May 2018. Council agreed that the issues had been dealt with sufficiently, and agreed the updated OPS (2018) for publication, and that they should come into force from 1 September 2019.
- 4. The purpose of this paper is to seek feedback from the Committee to the approach for implementing the updated OPS, and agreement to the approach outlined.

# Discussion

5. We outline below an overview of our approach to publishing, promoting and implementing the updated OPS (2018), including planned engagement with specified stakeholders.

## Communications strategy

- 6. The communications strategy encapsulates a broad approach to publication and implementation of the updated OPS across a wide range of stakeholders and utilising a variety of methods. By 1 September 2019, our aim is not just to promote awareness that the standards have been updated, but to begin to attempt to embed them as a framework which can be used to support safe and competent osteopathic practice. Key themes include:
  - a. *How we have reached this point*: a transparent narrative around the process of developing the updated standards and a response to how consultation feedback contributed to the final version of the revised OPS. This is particularly important in relation to issues which generated considerable feedback, such as the reference to osteopathic philosophy and principles (B1) and promotion of public health (C6).
  - b. What and where the standards are promoting awareness of the updated OPS, their importance and how they relate to the new CPD scheme. We are

continuing to promote OPS in relation to the new CPD scheme to demonstrate how they integrate, for example that it is important for osteopaths to familiarise themselves with and reflect on the updated OPS and link their CPD to the four themes.

- c. How to use the OPS: practical advice about how the standards provide a framework to support osteopathic practice, supported by resources.
- 7. We will encourage a cultural shift and behaviour change. The McGivern research<sup>1</sup> indicated that osteopaths were almost twice as likely to agree that they complied with the OPS 'to avoid getting into trouble with the GOSC' (49%) or to 'protect themselves from being sued by a patient' (54%). Only 28% agreed that they complied because the OPS reflected what it meant to be a good osteopath. Our aim is to increase this latter group by developing a more positive narrative around the OPS in relation to practice. Rather than reinforcing the concept that the standards are about compliance to avoid fitness to practise proceedings, we will embed them in all our communications, referencing them whenever relevant. To help achieve the culture change that we would like to see, we:
  - a. need to ensure that we ourselves are referencing it often: always promoting/linking to the digital version/specific theme and perhaps also standards when appropriate
  - b. are making the OPS available in a variety of formats, such as the online version, printed hard copy, pocket guide and, possibly, an audio version
  - c. promote the OPS as a resource for osteopaths rather than a set of rules.

#### Publication

- 8. The updated OPS will be published prior to 1 September 2018, in order to comply with our statutory requirement to publish changes to the Standards of Proficiency at least a year before they come into force.
- 9. Final design of the updated OPS is currently being considered. Every registered osteopath will receive a hard copy mailed out to them around 1 September 2018, this will also be published as a pdf on our website. In addition, a digital version of the updated OPS will be published online using the dedicated website that had previously been utilised for the consultation (<u>https://standards.osteopathy.org.uk/</u>). This will provide an accessible and easily navigable way of reaching and interacting with the standards for anyone at a computer or with a mobile device, and will also make promotion of the standards easier.

<sup>&</sup>lt;sup>1</sup> <u>https://www.osteopathy.org.uk/news-and-resources/document-library/research-and-</u> <u>surveys/dynamics-of-effective-regulation-final-report/</u>

- 10. At launch we will demonstrate support across the sector for the updated OPS through the use of supportive quotes including a patient voice. We will have encouraged stakeholders to promote across all their channels and at relevant events. Other activity will include emailing all registrants at launch/publication, publishing FAQ, GOsC staff email signatures and stakeholder emails.
- 11. Regular updates about the revised OPS have been included in each issue of The Osteopath magazine. From September, these will amplify into articles and features in each issue and promotion in e-bulletins over the next year to promote the implementation of the standards in practice. We will link the OPS themes both to promote the OPS, and also to encourage the recording of CPD activities in relation to the themes. We will commission and promote case studies and resources where required to illustrate the effective implementation of the standards.
- 12. We will continue to promote the OPS via our main website, the **o** zone and CPD microsite. We will also continue to utilise social media to promote awareness of and engagement with the OPS.
- 13. Once the updated OPS come fully into force, we will promote this message and utilise this hook to increase the focus again on the standards and all the available formats, resources and key messages. We will also get feedback on how people are using it in practice to help us embed it in osteopaths' everyday practice. Following launch, each month we will focus on a different specific topic within OPS as we lead up to September 2019 when they come fully into effect. Further resources planned include an animation on the four themes, audio materials, and case studies.

#### Osteopathic groups

- 14. We regularly present to regional osteopathic and special interest groups, and will proactively offer presentations to these on the updated OPS and, where this has not already been covered, the CPD scheme. Some engagement activities already planned, include:
  - Sutherland Cranial College conference June 2018
  - Institute of Osteopathy conference October 2018

#### Osteopathic educational institutions

- 15. 'Recognised qualifications' should only be awarded to graduates meeting the Osteopathic Practice Standards (2018) by 1 September 2019.
- 16. For graduates qualified in the UK, assurance about meeting our standards is provided by our recognised qualification (RQ) process whereby we assure the quality of the educational institutions through a variety of mechanisms including annual reports supplemented by external examiner evidence, feedback from students, staff and patients, curricula, assessment, progression statistics and the

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annual programme monitoring, visits (typically every five years), reporting requirements in relation to specific conditions or general conditions (incorporating risk factors), sharing of good practice and dialogue.

- 17. As part of this process, it will be necessary for RQ programme learning outcomes and assessments to be mapped to the updated standards. In a meeting with the osteopathic educational institutions on 30 April 2018, this was discussed, with some OEIs indicating that they have already begun this process. To an extent, the updated standards do not represent a radical change from the current version. We have aimed at bringing these up to date, improving accessibility and navigability, reducing repetition and ensuring they reflect contemporary healthcare expectations. In some areas (for example, boundaries with patients) we have expanded the guidance provided, but for an RQ programme that currently teaches to the OPS, we would not envisage an onerous change in curricular content and provision being required. That said, how the OPS are embedded and embodied within a curriculum is more than just a paper exercise in mapping, and we are exploring with the osteopathic educational institutions how we might gain greater insight into how this takes place within their programmes. For example:
  - a. How are faculty supported in role-modelling application of the OPS in practice?
  - b. How are students encouraged to utilise the OPS as a framework to support their practice?
- 18. Face to face engagement with the osteopathic educational institutions' faculty and students will be planned over the 2018-19 academic session, and the updated OPS will be a key element of these sessions.

#### Registration assessments

- 19. For graduates qualified from institutions outside of the UK, we do not assure the quality of the educational provision in the same way. Therefore we assess internationally qualified graduates individually to ensure that they meet the Osteopathic Practice Standards or, in the case of applicants with EU rights, to ensure that there is no 'substantial difference' requiring compensation measures such as a period of adaptation or an aptitude test. Typically, this is a three stage process involving:
  - a. Assessment of qualification
  - b. Completion of a further evidence of practice questionnaire
  - c. Assessment of clinical performance
- 20. In the case of applicants with EU rights, there is a slightly different process which considers assessment of qualification, and professional experience to establish whether there is a 'substantial difference' between the applicants' standards and the UK standards. If there is a substantial difference, the applicant must undergo either an aptitude test (a written and practical

assessment) or a period of adaptation. Further information about these processes is available on our website at <u>https://www.osteopathy.org.uk/training-and-registration/how-to-register-with-the-gosc/</u>

- 21. The current registration assessment processes are mapped against the OPS (2012). In order to ensure that the standards are updated, we will begin a period of review of the current registration assessment process to ensure that it is mapped against the OPS (2018) when these come into force in 2019.
- 22. It is important to highlight that in order to ensure that the OPS (2018) become effective by 1 September 2019, that we will need to adapt our current processes rather than attempt a wholesale review of assessment processes at this stage.
- 23. We are holding webinar sessions with Registration Assessors in order to seek their feedback about the current registration processes and how they might be improved and to seek their involvement as we update and adapt the assessments so that they reflect the updated OPS (2018) from 1 September 2019. We are also taking the opportunity, on a longer timescale, to explore with them how we might undertake the registration assessment processes differently. This will mean that once we have clarity on the Brexit process, we will be able to look more fundamentally at whether the processes we currently operate are the most efficient and effective way to assure that internationally qualified applicants meet the OPS.
- 24. The webinar sessions are being held as follows:
  - 17 May 2018 to seek feedback on the assessment of qualifications documentation.
  - 5 June 2018 to seek feedback on the further evidence of practice questionnaire documentation.
  - September 2018 to look at the Assessment of Clinical Practice documentation.
- 25. Outcomes of discussions with Registration Assessors and any proposed changes to the assessment process will be reported back to the Committee. Assessment material will be updated to map to the updated OPS. Training and preparation of assessors will be scheduled for spring/summer 2019.

#### Fitness to practise

- 26. From 1 September 2019, complaints taking place will be determined taking into account the updated OPS (2018). Complaints taking place earlier than 31 August 2019 will be determined taking into account the OPS (2012).
- 27. Briefings and training sessions will be scheduled for Investigating Committee members, Professional Conduct Committee members and Legal Assessors. A preliminary session on the updated OPS is planned for an Investigating Committee training session on 28 June. PCC training is planned for November 2018. These will provide an overview of the changes from the current to the

updated OPS, though, as stated above, complaints arising before 31 August 2019 will still be determined against the current OPS.

28. Decision making guidance and Hearings and Sanctions guidance will be updated by summer 2019 with reference to the updated standards.

#### CPD Scheme

29. The implementation of the new CPD scheme from 1 October 2018 provides a further opportunity to raise awareness of the updated OPS, and much of our engagement externally will feature both the CPD scheme and the OPS. With the new requirement to link CPD activities to the breadth of practice including the four themes of the OPS, we will suggest that osteopaths familiarise themselves with the updated OPS (a CPD activity in itself), and consider linking activities to the updated OPS themes. The themes themselves have not changed from the current version of the OPS, but the content, in some cases, has (for example, reference to health and safety has moved from *Professionalism* to *Safety and quality in practice*, and some standards from *Safety and Quality* on communication have been moved to or combined with standards from *Communication and patient partnership*). By the time osteopaths are required to undergo a peer discussion review (2021 at the earliest), the updated standards will have been in force for two years at least.

### CPD providers

30. We have begun to build relationships with CPD providers (in addition to the osteopathic educational institutions where we already knew the providers well) in relation to the roll out of the CPD scheme, and will develop these further in relation to the OPS. Guidance for CPD providers in relation to the new CPD scheme has been developed and we are in the process of disseminating this. We will also provide specific notification to CPD providers on the updated OPS, so that they can consider how their courses link to the updated themes in plenty of time for the implementation date.

#### Supporting resources

- 31. Some areas where supporting resources may be helpful revealed by the initial call for evidence in 2016, and in the consultation on the updated OPS in 2017. These include:
  - a. Communication and patient partnership:
    - Consent
    - Capacity
    - Candour
    - Cultural elements and influences on the therapeutic relationship
    - Risks of treatment
  - b. Safety and quality in practice
    - Safeguarding

- Case notes and record keeping
- c. Professionalism
  - Mentoring/supporting colleagues
  - Equality/diversity issues
  - Maintaining boundaries
  - Issues around honesty and integrity.
- 32. In some cases, this may be a case of signposting to other sources of information, for example, in relation to risk of treatment, the <u>NCOR website<sup>2</sup></u> has a useful range or resources. In others, case scenarios, for example can be a helpful way of demonstrating the application of standards in practice, similar to those developed in relation to the joint statement on <u>conflicts of interest</u><sup>3</sup>. The Stakeholder Reference Group which contributed to the development of the updated OPS has agreed to provide feedback on resources developed to support OPS implementation, which will help to ensure that these take into account a broad range of perspectives. Cases examples can also feature in regular communications such as articles in The Osteopath, to raise awareness in relation to different issues arising in practice, and how the OPS can support management of these.

### Patients

- 33. The publication of the updated OPS (2018) also provides us with an opportunity to highlight to patients the standards that osteopaths practise to. We will continue to do this by:
  - a. Developing tools for osteopaths and patients to support patients to make more explicit what matters them to them and their health in a consultation (our values work)
  - b. Encouraging osteopaths to raise awareness of their registration through the 'I'm registered' and 'We're registered' marks
  - c. Redesigning and rebranding our website to ensure that it is accessible to patients.

#### Other health professionals

34. We continue to work with other organisations, for example Health Education England, other regulators, health professional organisations and colleges and to support the Institute of Osteopathy to work with other health professions, to raise awareness of the standards to which osteopaths practice.

<sup>&</sup>lt;sup>2</sup> <u>https://www.ncor.org.uk/</u>

<sup>&</sup>lt;sup>3</sup> https://www.osteopathy.org.uk/standards/guidance-for-osteopaths/conflicts-of-interest/

### GOsC staff

35. Sessions will be planned with staff teams to ensure that everyone is familiar with the updated OPS, and the implications and impact on their areas of responsibility.

### Audit of documentation

36. An audit of all GOsC material published in relation to the OPS has been undertaken to ensure that relevant updates are made in time for implementation.

### Evaluation

37. In terms of success measures in relation to the OPS implementation strategy, we will seek feedback at each opportunity to gauge how the message is being received, and will review our approach accordingly where possible. Our CPD evaluation survey will provide a regular understanding of how osteopaths are factoring the OPS into their development activities, and managing to link their activities across the OPS themes.

### Equality Impact Assessment

38. The EIA will be further updated to reflect the implementation strategy.

**Recommendation:** to agree the approach to implementation of the updated Osteopathic Practice Standards.