



Policy Advisory Committee
15 March 2018
Review of the *Osteopathic Practice Standards*

Classification	Public
Purpose	For decision
Issue	A report and analysis on the outcomes of the consultation outlining the approach to the revised <i>Osteopathic Practice Standards</i>
Recommendations	<ol style="list-style-type: none">1. To note the outcomes of the consultation on the updated <i>Osteopathic Practice Standards</i>.2. To agree the proposed approach for dealing with the issues raised during the consultation.
Financial and resourcing implications	The review has been within budget allocations.
Equality and diversity implications	An equality impact assessment has been developed by an independent consultant, and has been updated following the consultation.
Communications implications	A communications strategy relating to the publication and implementation of the updated <i>Osteopathic Practice Standards</i> is being developed and will be reported to the Policy Advisory Committee at its meeting of 12 June 2018.
Annex	<ol style="list-style-type: none">A. Report of the consultation outcomes in relation to updated <i>Osteopathic Practice Standards</i>B. <i>Osteopathic Practice Standards</i>: Consultation analysis and reportC. Updated <i>Osteopathic Practice Standards</i>D. Statement regarding Institute of Osteopathy Patient CharterE. Updated Equality Impact AssessmentF. Statement of changes
Author	Steven Bettles

Background

1. At its meeting of 18 July 2017, Council agreed the updated *Osteopathic Practice Standards* (OPS) for consultation, together with the proposed consultation strategy.
2. The consultation was launched on 1 August 2017 with a dedicated website <http://standards.osteopathy.org.uk/> and a range of engagement events, and ran until 31 October 2017.
3. At its meeting of 10 October 2017, the Policy Advisory Committee noted the progress of the consultation to date, and agreed the timetable for approval of the revised OPS, which is:
 - March 2018 - Further consideration by Policy Advisory Committee
 - May 2018 – Final OPS document submitted to Council
 - Summer 2018 – Publication of updated OPS
 - September 2019 – Updated OPS come into force
4. The purpose of this paper is to seek agreement from the Committee to the proposed approach to dealing with the issues raised in the consultation ahead of Council being asked to formally agree the revised Osteopathic Practice Standards in May 2018.

The consultation outcomes

5. The Report of the consultation outcomes in relation to updated OPS (Report on consultation outcomes) is attached at Annex A and includes a summary of the consultation responses and a summary of all consultation engagement and activities. The Committee will note that an extensive consultation exercise was undertaken and a number of engagement events were undertaken with our stakeholders showing that all steps were taken to ensure that those affected by the consultation had the opportunity to respond.
6. The consultation responses were analysed in-house by Steven Bettles of the Professional Standards team. The responses to each consultation question were collated, with respondents' comments selected to exemplify themes arising or significant issues. This initial analysis was then triangulated by Dr Stacey Clift, also of the Professional Standards team, who also reviewed the data to ensure that the report sufficiently represented the responses received, and any themes arising. The Committee will note that the Report on consultation outcomes at Annex A is a fair and reflective report outlining the response to the consultation from our stakeholders.

Stakeholder Reference Group

7. The consultation outcomes were reported to the Stakeholder Reference Group at its meeting of 9 January 2018, together with a draft analysis report containing

an interpretation of the findings, and proposed approaches for dealing with the issues raised.

8. The Stakeholder Reference Group is formed of representatives from:
 - The Institute of Osteopathy
 - The National Council for Osteopathic Research
 - The Council of Osteopathic Educational Institutions
 - The Osteopathic Alliance
 - Patients
9. The OPS Consultation analysis and report (the consultation analysis report) is attached at Annex B. This report offers an updated analysis of the consultation outcomes, and sets out proposed approaches for dealing with issues raised. These reflect post-consultation discussions held with the Stakeholder Reference Group, and subsequent reflections by the Executive.
10. The post consultation updated OPS is attached at Annex C and this document reflects the outcomes of the analysis report.
11. The minutes of the Stakeholder Reference Group meeting are available on request from Steven Bettles at sbettles@osteopathy.org.uk.

Discussion

Introduction to the OPS

12. In the updated OPS (Annex C), an introductory statement has been added, under the heading '*The Osteopathic Practice Standards and your practice*'.
13. A Statement regarding Institute of Osteopathy Patient Charter is attached at Annex D. The inclusion of the iO Patient Charter (Annex D) in the OPS was discussed with the Stakeholder Reference Group. We sought feedback from the group as to whether including such a statement within the OPS document is likely to be useful to osteopaths and patients and whether it would support the implementation of standards in practice because it was recognised that the OPS were reflected in a document produced by the profession itself. The group felt that the statement was important and the iO Patient Charter should be flagged and raised but not necessarily within the OPS document itself. It was suggested that perhaps attention could be drawn to the iO Charter as reference and background rather than as an integrated part of the document.
14. We therefore suggest that this statement will be issued alongside but not as part of the OPS.

B1 – Philosophy and principles

15. A considerable response was generated to the question as to how osteopathic philosophy and principles should be referenced within the standards document. This is set out within the Report on consultation outcomes (Annex A pages 18-21), and further discussed in the Consultation analysis and report (Annex B pages 10-15).
16. The options for referencing osteopathic philosophy and principles which featured in the consultation were:
 - Option 1: Inclusion of the osteopathic philosophy and principles in a standard
 - Option 2: Inclusion of the osteopathic philosophy and principles in guidance (rather than standards)
 - Option 3: Removal of osteopathic philosophy and principles from standards and guidance
17. As will be seen from the Consultation analysis and report (Annex B), 82% of those who responded favoured Option 1, rather than the GOsC's suggested Option 2. It is recognised that this is a contentious issue for the profession, and that it highlights questions around professional identity and the uniqueness of osteopathy, which can be emotive for many. It is clear, however, that views concerning philosophy and principles, what these are and how they should be applied in practice, are far from universal in the profession.
18. The Stakeholder Reference Group discussed the appropriate response in light of the arguments for each of the options and the consultation responses. The Group reached a consensus on this point, which was to accept Option 2, with philosophy and principles referenced in the guidance to B1, but to move this reference to B1.1 – making this the first point within the B1 guidance. It was also suggested within the group that B1 should reference 'being able to apply', as well as having knowledge and skills, and thus B1 has been amended to;

'You must have and be able to apply sufficient and appropriate skills to support your work as an osteopath'.

C6 – promotion of public health

19. This was another standard which generated a large response, as set out in the Report on consultation outcomes (Annex A pages 28-31) and is discussed in detail in the Consultation analysis and report (Annex B pages 19-23).
20. As will be seen from the Consultation and analysis report (Annex B), there was considerable concern raised in relation to this standard around the use of the word 'promote' in relation to public health. Some worried that this would manifest as a mandatory promotion of government health policies which may be at odds with an osteopathic viewpoint or values. The Institute of Osteopathy

(iO) suggested a modified wording referring to osteopaths role in '*enhancing health and social wellbeing*'. The Stakeholder Reference Group discussed this issue at length, and the group, in general, favoured the iO suggestion but with reference to healthcare 'professional' rather than 'provider', and referring to the wider context of the osteopath's role in this respect. The proposed approach reflected in the updated OPS document and explained in the Consultation analysis and report (Annex B), is to change C6 to:

'You must be aware of your wider role as a healthcare professional to contribute to enhancing the health and wellbeing of your patients.'

D1.2.1 – Advertising

21. Although there very few comments regarding the advertising requirements set out in D1.2.1 during the consultation, a number have come in since, prompted by an on-going fitness to practise case and some campaigning on social media. This is discussed in the Consultation analysis and report (Annex B pages 23-25). The Institute of Osteopathy and the Osteopathic Alliance have already issued helpful statements around this subject. The Stakeholder Reference Group were supportive of the GOsC approach to this and the guidance set out in D1.2.1., and no amendments are proposed to the wording of the consultation draft in this respect.

D1.2.3 – Use of title 'Doctor'

22. The standards (D1.2.3) stipulate that an osteopath should not use a title that implies they are a medical practitioner unless they are a registered medical practitioner. One respondent suggested that having a *registrable* medical qualification should be sufficient, rather than having to be GMC registered. The point is discussed in the Consultation analysis and report (Annex B page 24-25).
23. Three options for dealing with this were discussed with the Stakeholder Reference Group.
- Option 1: Leaving the guidance as drafted with reference to being a 'registered medical practitioner' (which does not necessarily mean that they have a licence to practise).
 - Option 2: Refer instead to having a 'registerable' medical qualification'.
 - Option 3: Amend the guidance to require an osteopath using the title doctor (other than in relation to a PhD or similar) to have a GMC licence to practise.
24. The group felt that Option 3 was most appropriate, and considered whether a more permissive wording (*'If you use the title doctor, you must be clear as to the basis upon which you are doing so, for example, licensed medical practitioner, PhD or other doctorate'*) would be clearer, and would ensure patient safety. On subsequent reflection, it was felt that this suggestion did not go far enough to ensure that patients were protected, and the current version within the updated OPS in Annex C now states:

D1.2.3 [You must make sure that] *you do not use any title that implies you are a licensed medical practitioner if you are not. if you use the title 'doctor' because you have a PhD or other doctorate, or you qualified as a medical doctor but you do not have a licence to practise, you should make this clear to patients and others.*

It is felt that this reflects the Stakeholder Reference Group's concerns around clarity for patients.

Equality Impact Assessment

25. The equality impact assessment for the review of the Osteopathic Practice Standards was reported to Council at its meeting of 18 July 2017. This has been updated following the consultation, and is included in Annex E.
26. The equality impact assessment shows that aspects of the updated OPS have been clarified to ensure that protected characteristics have been referenced consistently throughout the guidance. Other comments in the consultation related to accessibility and learning resources are being taken into account as part of the publication and implementation strategy.

Statement of changes

27. Under section 13(3) of the Osteopaths Act 1993 (as amended), the General Osteopathic Council must publicise any changes made to the Standard of Proficiency and provide a minimum of one year's notice before those changes take effect. The Standard of Proficiency currently comprises A1, B1, B2, C1, C2, D1, D2 and D3. A statement of changes made to these, and also to the other standards which currently comprise the Code of Practice, is included in Annex F.

Implementation plan

28. A detailed implementation plan is being developed, and will be considered by the Policy Advisory Committee at its meeting of 12 June 2018. This will include plans for publication and awareness raising, stakeholder engagement activities, and plans for development of supporting resources leading up to implementation in 2019.

Recommendations:

1. To note the outcomes of the consultation on updated *Osteopathic Practice Standards*.
2. To agree the proposed approach for dealing with the issues raised during the consultation.