

Osteopathic Practice Standards – Equality Impact Assessment

Step 1 Scoping the equality impact assessment (EIA)

Name of the policy

The Osteopathic Practice Standards

Is this a new or existing policy?
--

This EIA relates to a revision of the existing Osteopathic Practice Standards, which were first published in 2011 and implemented from September 2012.
--

What is the main aim, purpose and/or outcome of the policy?
--

The Osteopathic Practice Standards comprise both the Standard of Proficiency and Code of Practice for osteopaths. They set out the standards of competence and conduct required of osteopaths to promote the health and wellbeing of patients and to protect them from harm. This EIA refers both to the current draft of the policy and to the process of review.
--

Who is most likely to benefit from or be affected by the policy?

Patients, practitioners, educators and students of osteopathy.
--

What data, research and other evidence or information is available which is relevant to this EIA?
--

This EIA was initiated in September 2016 and is subject to review at different stages of the Practice Standards process, to reflect the drafting and consultation phases. Implications for equality have been considered throughout the revision process for the Osteopathic Practice Standards. The EIA process included consideration of available demographic data, the results of stakeholder engagement processes, including the call for evidence and stakeholder reference group, and review at a number of stages of the revision process by an external expert on equality, diversity and inclusion (see https://www.linkedin.com/in/agnesfletcher)

What further data or information is needed to carry out a full assessment?

There is no further data required to complete the assessment.

Step 2 Involvement and consultation

If you have involved stakeholders, briefly describe what was done, with whom, when and where. Please provide a brief summary of the response gained and links to relevant documents, as well as any actions.

In terms of the EIA, the key stakeholders are registrants, students and patients with protected characteristics. Therefore analysis of impact has focussed on these groups and involvement of stakeholders has taken account of issues for these groups.
--

Call for evidence from stakeholders

The initial phase of the review process comprised a 'call for evidence'. 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.

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:

1. Which standards could be presented and explained more clearly?
2. Which standards might hinder rather than support good osteopathic practice?
3. Whether there are any areas not covered that would benefit osteopaths, patients and the public?
4. 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 the GOsC 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 nine institutions (January-April 2016); targeted email inviting OEIs to post information for 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'.

Stakeholder Reference Group:

- Following the call for evidence, the responses were analysed and an initial outline of potential changes were discussed with a Stakeholder Reference Group. This group comprises representatives of:
 - The Institute of Osteopathy
 - Council of Osteopathic Education Institutions
 - National Council for Osteopathic Research
 - The Osteopathic Alliance

Patients:

- An initial meeting of the Stakeholder Reference Group was held on the 30

January 2017, following which the draft updated Osteopathic Practice Standards were developed further, with input from the GOSC's Policy Advisory Committee. This was further discussed with the group at its next meeting on 9 May 2017.

Consultation on draft updated *Osteopathic Practice Standards*

The consultation on the updated *Osteopathic Practice Standards* took place between 1 August 2017 and 31 October 2017. The main channel for respondents to give their feedback was online via a dedicated interactive consultation website (adapted from the site used in the call for evidence cited above -

<https://standards.osteopathy.org.uk/>). This was used to publish the updated standards with an embedded consultation form comprising 16 questions. Throughout the consultation period, efforts were made to raise awareness of the consultation and encourage respondents by linking to the dedicated website. These included articles in The Osteopath magazine, e-bulletins, and three direct emails to registrants, informing them of the consultation initially, with two further emails as reminders.

Responses could be made online via the website, or by email. The standards document and the full consultation document could also be downloaded, or a hard copy could be supplied on request. In addition, a number of engagement activities were held. These included:

- Patient focus group
- Meeting with osteopathic educational institutions
- Presentation to senior faculty members at the University College of Osteopathy
- Presentations to regional osteopathic groups (Scotland, London, Kent and East Sussex, Wessex, Western Counties, Bedfordshire)
- Presentations with students (British College of Osteopathic Medicine), University of Swansea)
- Direct feedback from policy officer on the General Medical Council standards and ethics team
- Web meeting with registration assessors/education visitors
- GOSC stand at the Institute of Osteopathy annual convention
- Development of a toolkit which encouraged groups to work together to consider and respond to the consultation.

Baseline statistics

OPS Consultation	
Website users during consultation period	1,429
Number of respondents	318

Social media visits from website	175
Email opens	
Email 1	1,299
Email 2	2,665
Email 3	2,131
Email clicks	
Email 1	403
Email 2	108
Email 3	102
Toolkit requests	37
E bulletin	
September	56 clicks
October	22 clicks

Channels used

- Social media/Video
- GOSC website (www.osteopathy.org.uk)
- o zone (registrant only area of the GOSC website)
- Dedicated email x 3
- Email to stakeholders x 3
- E bulletin x 3
- Dedicated website
- 2 issues of *the osteopath*
- Face to face engagement
- Promotional flyer; 'Tell us what you think'
- Banners and content shared in stakeholder communications (iO newsletter and magazine Healthwatch, Osteopathic Educational Institution Social media)
- Toolkit

Target Audience

The aim was to gather feedback from a broad range of stakeholders, including osteopaths, patients, osteopathic organisations and other healthcare professionals or organisations.

Of those that chose to disclose what role they were responding in, we had:

Osteopath	119 respondents
Lay partner of PCC	2 respondents
Local Osteopathic Group	2 respondents
Member of the public	1 respondents
Osteopathic Educational Institution	1 respondents
Osteopathic educator	1 respondents
Other	1 respondents
Other healthcare professional	1 respondents
Patient	1 respondents
Osteopathic Professional body (The Institute of Osteopathy)	1

Demographics (optional to submit)

Male 40

Female 77

Age range

21 – 30 7 respondents

31 – 40 10 respondents

41 – 50 40 respondents

51 – 60 47 respondents

61 – 70 16 respondents

Total Figures

Respondents via standards site: 227

Respondents via email: 91

318 in total

Our social media reach

YouTube	544 video views
Facebook	Highest reaching post was 2,663
Twitter	Our top tweet earned us 1, 585 impressions

How did people hear about the consultation? (Optional question)

Direct email or E bulletin	99
From a colleague/word of mouth	17
GOSC magazine	14
Face to face meeting	1
Facebook or social	5
Other organisation	15
iO comms	4
iO convention	1

The consultation questions are shown in the following table together with a summary of responses in each case.

Question	Yes	No	no 'Yes or No'
1. Do you support the structure of the proposed updated Osteopathic Practice Standards?	122	10	
2. Do you feel that the content of the standards and guidance in the updated Osteopathic Practice Standards is accessible and clearly worded?	103	23	
3. In relation to standard A4, is the guidance sufficient to support the implementation of this standard?	95	19	
4. See table 2 below			
5. Is updated standard B4 and its supporting guidance sufficiently clear and easy to use?	116	15	
6. Is updated standard C2 and its guidance sufficiently clear and easy to use in relation	127	6	

	to the recording of patient information?			
	7. Is updated standard C3 sufficiently clear and easy to use?	105	10	
	8. Do you feel that updated guidance to standard C6 is clear and adequately sets out the appropriate position of osteopathy in relation to the promotion of public health?	61	234	
	9. Is updated standard D2 and its supporting guidance sufficiently clear and easy to use?	114	15	3
	10. Is updated standard D3 and its guidance in relation to the duty of candour sufficiently clear and easy to use?	113	9	3
	11. Is updated standard D5 and its guidance sufficiently clear and easy to use in relation to the maintenance of patient information?	118	8	
	12. Do you feel that updated guidance to standard D10 is clear and adequately sets out the appropriate position of osteopathy in relation to other healthcare providers?	110	10	1
	13. In your opinion is there anything missing from the document?	25	90	1
	14. Are there any suggestions you can make which you feel would improve the clarity of the document?	24	83	4
	15. Are there any other comments regarding this document that you would like to make?	24	71	6
	16. Are there any aspects of the proposed updated Osteopathic Practice Standards that you think will adversely affect either osteopaths or members of the public in relation to gender, race, disability, age, religion or belief, sexual orientation or any other aspects of equality?	8	101	

Question 4 was more complex and not in a yes/no format.

4. What is your preferred option for referencing osteopathic philosophy and	Q4 Option 1 – principles and philosophy as a standard	Q4 Option 2 – principles and philosophy in guidance	Q4 Option 3 – Remove reference to principles and philosophy
	243	45	8

principles?			
<p>As can be seen from the table above, Question 16 of the consultation asked whether there any aspects of the proposed updated Osteopathic Practice Standards that respondents think will adversely affect either osteopaths or members of the public in relation to gender, race, disability, age, religion or belief, sexual orientation or any other aspects of equality.</p> <p>109 respondents answered this question, of which 93% indicated that they did not think there were any such aspects.</p> <p>Some respondents made comments that were not specifically about the Equality Act protected characteristics.</p> <p>One suggested additional resources around ethnic diversity and cultural expectations might be useful, though referenced this in the context of undergraduate education.</p> <p>Another suggested that there might be an impact on those unable to give consent as they lack capacity, and that there should be guidance to deal with this patient group. They also suggested that further guidance should be given for osteopaths to evaluate an individual's capacity, and for dealing with those with protected characteristics such as gender issues or learning disabilities.</p> <p>Another respondent suggested that anything in a written format has the potential to adversely affect osteopaths with dyslexia, for example, or for whom English is not their first language.</p> <p>One respondent suggested that an audio version of the standards would be helpful for those who might find printed documents challenging to read.</p> <p>As a result of the comments received, the following proposed approach was suggested in a report to the Stakeholder Reference Group which met on 9 January 2018.</p> <ul style="list-style-type: none"> Consider production of an audio version of the <i>Osteopathic Practice Standards</i> as part of the implementation process. Consider development of resources to support osteopaths in meeting their requirements under the standards in terms of equality. 			

Step 3 data collection and evidence

What evidence or information do you already have about how this policy might affect equality for people with protected characteristics under the Equality Act 2010?

Please cite any quantitative (such as statistical data) and qualitative (such as survey data, complaints, focus groups, meeting notes or interviews) relating to these groups. Describe briefly what evidence you have used.

In terms of establishing any adverse impact from the operation of the current standards, personal information relating to the personal characteristics of registrants was examined.

Register statistics: 1 June 2017

Osteopaths on the Register: 5,181

Female: 2,632 Male: 2,549

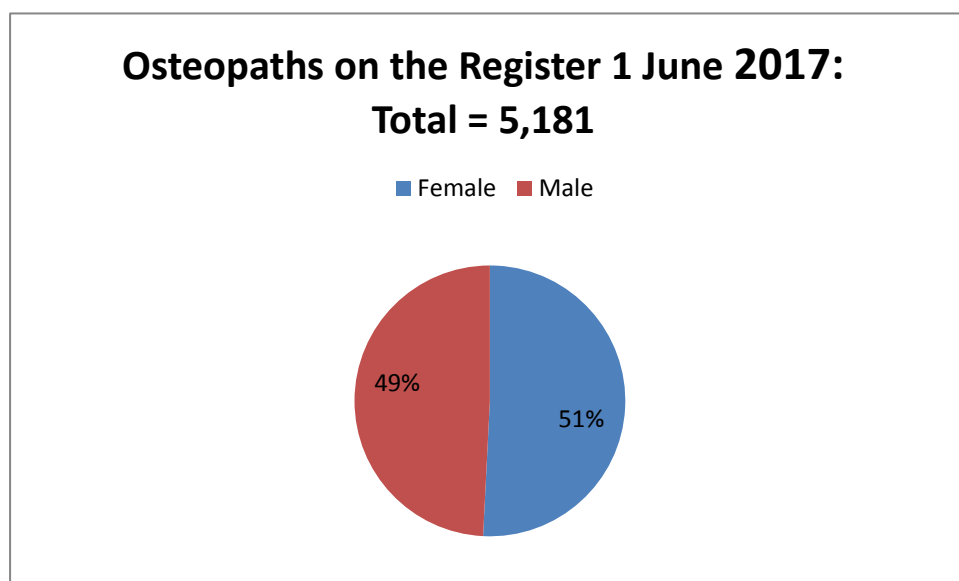
4,433 practise in England

138 practise in Wales

158 practise in Scotland

24 practise in Northern Ireland

428 practise in the rest of the world.

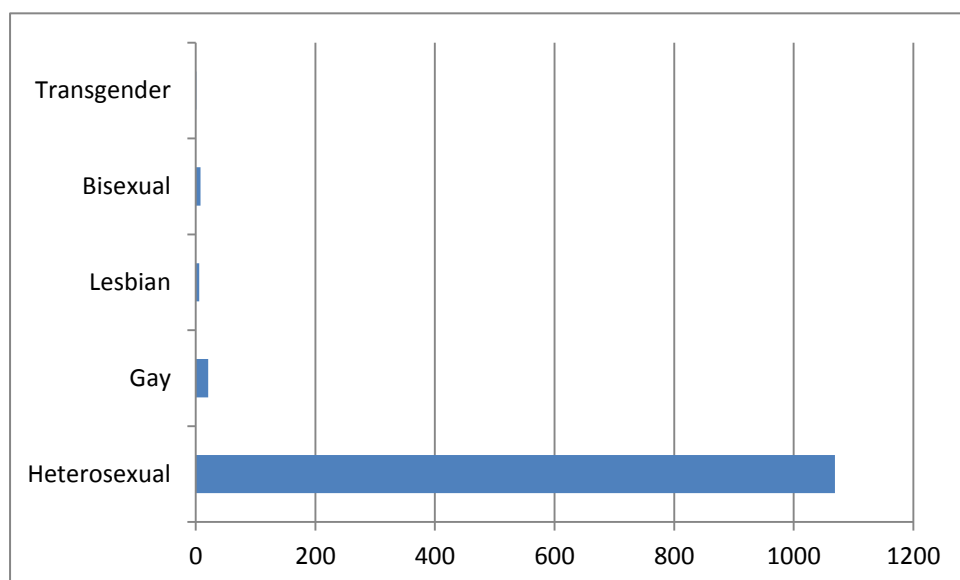


Sexual orientation of registered osteopaths

It is not a requirement that osteopaths disclose this information when registering,

Heterosexual	1069
Gay	21
Lesbian	6
Bisexual	8

Transgender 1



Disabilities declared by osteopaths on the register

Very few osteopaths declare a disability, and there are only six who have done so currently on the register. This gives a percentage of 0.12 per cent of registrants. Given that the estimate for the percentage of the working age population who meet the definition of disability in the Equality Act is 17.5 per cent and that about half of the working age population who meet the definition are in paid work, this is likely to represent significant underreporting. It may be that registrants do not understand the definition against which the GOsC is asking for personal information; it may be that there is limited understanding of the importance of collecting such data or its storage and use.

Data on the age or ethnicity of registrants was not available for this EIA.

What additional research or data is required to fill any gaps in your understanding of the potential or known effects of the policy? Have you considered commissioning new data or research?

Nothing is required for the completion of the EIA but ongoing analysis of complaints would be valuable, including fitness to practise processes, from the perspective of people with protected characteristics, whether registrants or patients - for example tracking the operation of standards in relation to communication and the impact of proficiency in English related to country of origin, the impact of concerns about the physical or mental health of registrants or complaints by patients relating to issues to do with cultural or religious background or disability-related needs.

Step 4 – assessing impact and strengthening the policy**What impact does, or could, the policy have on:**

- **promoting equality of opportunity for people with protected characteristics;**
- **eliminating unlawful discrimination, harassment and victimisation?**

The policy promotes safe and effective practice and is therefore of benefit to all members of the public, including those with protected characteristics. It requires a fair, legal and ethical approach to practice, thereby helping to eliminate discrimination and promote equality for stakeholders, including registrants, students and patients, with protected characteristics.

Particular issues relating to equality are raised throughout the standards and guidance, including the need to respect different needs relating to the protected characteristics, including cultural and disability-related needs.

The reference to “disability” in the previous policy has been changed to refer to “physical and mental health and disability”. In relation to a patient’s requirements in terms of modesty, which may be related to cultural or religious background, the guidance has been amended to include: “If the patient does not wish to be observed, you must respect their wishes and find another way of establishing the clinical information you need.”

In relation to treating children, the relevant Standard has been amended to: “If you treat children, you must be aware of the law in this respect, which may vary depending on where you practice in the UK. Obtaining consent for treatment to be given to a child or young person is a complex issue: Further details are provided in the GOsC guidance document *Obtaining Consent*.”

The following has been deleted from the guidance:

“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.”

This was as a result of feedback from the Stakeholder Reference Group and the Policy Advisory Committee from an equality perspective, and the equality expert commissioned to support the EIA.

A new paragraph has been added to the guidance requiring osteopaths to comply with the law to protect children and vulnerable adults. In general terms, since the last iteration of the Standards, the process has involved an updating of its presentation of legal and ethical issues related to equality, which should have a positive impact on people with protected characteristics, whether registrants, students or patients.

The listed protected characteristics referenced the guidance to standards A7 and D6 has been put in alphabetical order in the updated document, so as not to infer any

precedence between these.

If the policy is likely to have a negative effect on equality ('adverse impact'), what are the reasons for this?

No negative effects have been identified.

What practical changes will help to reduce any adverse impact on particular groups?

n/a

What could be done to improve the promotion of equality within the policy?

Drafting of the revised Standards has included a number of elements clarifying the scope of the Standards in relation to particular equality groups.

Step 5 – procurement and partnerships

Is this project due to be carried out wholly or partly by contractors? If yes, have you done any work to include equality into the contract already?

A range of channels was used for the engagement aspect of the review, ensuring that stakeholders with different access needs had an opportunity to respond.

An external expert on equality issues was used as an independent reference point.

Step 6 – making a decision

Summarise your findings and give an overview of whether the policy will meet the GOsC's responsibilities in relation to equality.

The review of the Standards has taken account of any potential positive or negative impact on people with protected characteristics and the need to tackle discrimination and promote equality at all stages. The consideration of equality at each stage of the review process has led to Standards which better reflect and express the requirements of registrants in relation to equality.

What practical actions do you recommend to reduce, justify or remove any adverse/negative impact?

n/a

What practical actions do you recommend to include or increase potential positive impact?

The review process itself has resulted in improved Standards in relation to equality.

Step 7 – monitoring, evaluating and reviewing

How will the recommendations of this assessment be built into wider planning and review processes?

Any updating of other GOsC policies should draw on the findings of the consultation

exercise and the drafting changes made as a result of the review and this EIA.

How will you monitor the impact and effectiveness of the new policy?

Through analysis of any relevant comments, complaints and compliments from registrants, students, patients and others.

Give details of how the results of the impact assessment will be published.

This EIA will be presented to the relevant Committee alongside the latest draft of the Standards so that the implications for equality of the review can be included in governance processes.

Step 8 – action plan

Taking into consideration the responses outlined in steps 1-7, complete the action plan below.

	Actions	Target date	Responsible postholder and directorate	Monitoring postholder and directorate
Involvement and consultation – stage 1	This has been conducted as detailed in section 2	Completed		
Data collection and evidence	As in section 3	Completed		
Assessment and analysis	As in section 4	Completed		
Procurement and partnerships	As in section 5	Completed		
Consultation – stage 2	The final draft of the updated OPS was subject to consultation from 1 August to 31 October 2017. The initial call for evidence used a dedicated microsite (http://standards.osteopathy.org.uk/), and this was utilised to facilitate the actual consultation process.	Completed		

Consultation analysis	Conduct an analysis of the consultation responses, highlighting themes and proposing approaches to dealing with issues arising. Seek further input from Stakeholder Reference Group.			
Report to Policy Advisory Committee	Report to Policy Advisory Committee on 15 March 2018 to seek comment and input on consultation outcomes, proposed approaches and post consultation updates, and on an implementation plan.			
Report to Council	Report to Council on 3 May 2018 with final updated Osteopathic Practice Standards for sign-off			
Publication	Summer 2018			
Implementation	From 1 September 2019			
Monitoring, evaluating and reviewing	Ongoing			