



Policy and Education Committee

10 June 2020

The implementation of the Osteopathic Practice Standards: follow up research by Professor Gerry McGivern and team on exploring and explaining the dynamics of osteopathic regulation

Classification	Public
Purpose	For noting
Issue	A reading room item: This research report is presented to the Committee to consider and read following the meeting. We will have a further discussion about implications at our next Committee meeting.
Recommendation	To note the Osteopathic Regulation Survey 2020
Financial and resourcing implications	This research was funded by a grant from Warwick University for £11 772. GOsC provided in house staff support in liaising with the research team and communications support.
Equality and diversity implications	None specifically.
Communications implications	Professor Gerry McGivern has offered to disseminate the findings to stakeholders in due course We will publish the report following feedback from the GOsC.
Annex	Private: GOsC Regulation Survey 2020 (draft)
Author	Fiona Browne

Background

1. In 2013, the Council commissioned research to explore the following research questions:
 - a. Which regulatory activities best support osteopaths to be able to deliver care and to practise in accordance with the Osteopathic Practice Standards?
 - b. What factors inhibit osteopaths from practising in accordance with the *Osteopathic Practice Standards*?
 - c. What factors encourage osteopaths to practice in accordance with the *Osteopathic Practice Standards*?
2. Professor Gerry McGivern and team were commissioned from Warwick Business School to undertake this research for us. The research was undertaken during 2014 and was published in 2015. The research report 'Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice' is published at: <https://www.osteopathy.org.uk/news-and-resources/document-library/research-and-surveys/dynamics-of-effective-regulation-final-report/>
3. Many of the research findings informed the further development of our updated Osteopathic Practice Standards and the new continuing professional development scheme.
4. The research team secured additional funding in 2019/20 from Warwick Business School in order to assess the impact of their research work. This is useful and enables us to explore the impact of our approach to regulation and to gain new insights that may inform our future activities.
5. This draft report (private) at the Annex is presented as a 'reading room paper' for the Committee. We do not intend for the findings to be discussed at this June meeting. Instead, we suggest that Committee members read and reflect on the implications for all areas of the Committee's work. We will then have a more detailed discussion at our Committee meeting in October 2020 about the findings and the implications.

Discussion

6. Key recommendations from the 2015 research report and our response at the time and to date included:
 - a. 'The GOsC should encourage and support the development of more evidence relating to the benefits and risks of osteopathy.'

Response at 2015: Our role in commissioning this kind of research has enabled us to support a number of projects (for example, the suite of adverse events projects and patient expectations available at

<http://www.osteopathy.org.uk/resources/Research-and-surveys/GOsC-research/>) as well as our support for the National Council of Osteopathic Research patient report outcomes. Further consideration of our role in research may be an area for consideration in the future.

Since this finding we have continued to support the International Journal of Osteopathic Medicine and we have worked with the National Council of Osteopathic Research to promote PROMs as an activity which meets the objective activity requirements of the CPD scheme.

In 2016, we supported discussions between the Advertising Standards Authority, the Institute of Osteopathy to better understand the evidence base in relation to osteopathic treatment leading to various statements at: <https://www.asa.org.uk/advice-online/health-osteopathy.html>.

In 2017, the National Council for Osteopathic Research launched their Centre for Reviews and Summaries which now provides research summaries for the profession on a range of matters. (See <https://www.ncor.org.uk/category/cfrs/>)

In 2019, we published a literature review by Dr Michael Concannon, about Communication and Miscommunication in the Context of Touch which also notes the limited evidence base in the context of touch. We also published tools to support patients and the public to make more explicit what is important to them on the context of a consultation. We have also undertaken some thematic reviews in relation to education including a thematic review of the use of examiners and also patient and public involvement in education.

- b. 'Further communication and training about the OPS' is necessary particularly in the areas of 'communicating risks and gaining consent from patients', 'keeping patient notes' and 'patient dignity and modesty'.

Response: A particularly interesting area of the research analysis was the dissonance between what the *Osteopathic Practice Standards* stated and what was perceived that they stated. Further thought about how we respond to the gap between what we say and what some osteopaths feel that we say (informed by stories from colleagues or their own experiences) is required – perhaps in partnership with other osteopathic organisations. This is a good example of one of the general points in the research about the irrational way people (not just osteopaths) respond to regulation. This is an area for us to consider in detail in order to ensure that we are having the impact that we expect and desire. The suggestion from the research is that regulation premised on the assumption that people will react to it rationally, is likely to be inherently flawed because people react irrationally.

Since this finding and response, we have reviewed the Osteopathic Practice Standards to take into account this finding both in terms of changing,

enhancing and clarifying the language and structure of the Osteopathic Practice Standards and providing additional guidance on key issues such as boundaries and candour. In addition, we invested in a range of implementation activities across all our functions to enhance knowledge and understanding of the Osteopathic Practice Standards. We also strengthened our CPD scheme referring both to the themes of the OPS and communication and consent. This is updated further in the follow up research outlined in this paper.

- c. 'Our research supports the work that the GOsC is doing in reaching out, personally engaging and improving relations with the osteopathy profession.' The research suggests that this approach is influencing the way that osteopaths react (more positively) and comply with the *Osteopathic Practice Standards*.

Response: This is a very powerful finding focussing on the importance of our continued engagement with osteopaths face to face as well as through the tone of correspondence and publications, and the way that we deal with osteopaths on the telephone as a factor influencing their compliance with standards. Again, further thought about how we develop that within our Corporate Plan and Business Plan over the next three years will be required.

Since then, we have continued to engage and have invested heavily in our tone and approach to communication. This is followed up further in the research outlined in this paper.

- d. 'Try to reduce the number of complaints taken into formal disciplinary investigations and FtP hearings'.

Response: This is one of the recommendations which does not take account of our legislative framework requiring us to investigate every complaint made to us. We have fed this back to the research team already for consideration.

Again, this finding is also developed in the follow up research.

- e. Further guidance about the managing of concerns/complaints at local level.
Response: Further thought in relation to this recommendation, our statutory role and the role of others is required.

Since then, we followed up this finding by providing clearer guidance in our peer discussion review guidance about when concerns should be reported to us and when they could be managed locally. Until 2019, complaints and concerns did appear to be at their lowest rate. However, figures seem to be showing an increase on concerns and complaints reported to us.

- f. 'Support and encourage more reflective discussions of practice, learning and sharing between osteopaths'

Response: This recommendation is directly tied in to both our current continuing professional development (providing assurance of continuing fitness to practise) proposals which aim to do precisely this. However, this recommendation and consideration of the detailed findings underpinning it may also enable us to reflect in a wider context, perhaps with reference to work with regional groups and other organisations and networks and the concept of remediation about any potential role this area.

Since then, we have worked on themes of engagement, support and community and building communities as part of the CPD scheme implementation and the Osteopathic Development Group has also worked to support regional groups through resources and support.

- g. Our proposals for peer discussion review (PDR) are supported by the research findings but there are a number of specific recommendations suggested by the research, for example, keeping the PDR confidential (unless serious concerns are raised), undertaking PDRs annually and training for reviewers. Some of these recommendations conflict, on the face of it, with our patient research, for example, about the importance of audit. On the other hand, the annual recommendation perhaps could refer to a process which is different to the PDR that we envisage. The recommendations in relation to training, are to be explored as part of our policy development. Again, further thought is required in relation to these recommendations and the development of our policy and work with others in this area.

Discussion

7. The 2020 Osteopathic Regulation Survey took place in 2019/20 after a series of follow up interviews. The questions were a mixture of questions used in the original research and others designed to develop understanding around compliance with regulation and the embodying of the Osteopathic Practice Standards.
8. Key findings from the draft report of the Osteopathic Regulation Survey 2020 include:
 - 'The 2020 survey suggests that osteopaths' views of the GOsC (Pro-Regulator) have become more mixed and polarised since 2014. More osteopaths (56% versus 44% in 2014) agreed or strongly agreed they are 'confident that osteopaths are well regulated by the GOsC'. ... However, fewer osteopaths (35% in 2020 versus 43% in 2014) agreed or strongly agreed that the GOsC communicates well with osteopaths;'
 - 'Osteopaths' understanding of regulation and compliance (Understanding regulation) has increased. In 2020, 80% of osteopaths (compared 76% in 2014) agreed or strongly agreed they are 'familiar with the Osteopathic Practice Standards (OPS)'; ..., 63% (versus 49% in 2014) agreed or strongly

agreed that they have a 'clear sense of whether they are complying with the OPS'; ... However, in 2020, only 25% of osteopaths (vs 44% in 2014) agreed or strongly agreed that the 'OPS reflect what it means to be a good osteopath'.

- 'Osteopaths have become significantly more positive about evidence-based practice (Pro-evidence-based practice). For example, in 2020 50% agreed or strongly agreed that 'practising evidence-based osteopathy improves patient care', compared with 38% in 2014.'
- 'Overall levels of reported compliance remain similar. In 2020, 41% (vs 45% in 2014) agreed or strongly agreed that what they do as an osteopath always fully complies with the OPS (20% in 2020 disagreed or strongly disagreed vs 18% in 2014)'
- 'More osteopaths reported complying with regulation due to fear (Fear-based compliance); 61% (vs 45% in 2014) agreed or strongly agreed that they 'comply with the OPS to avoid getting into trouble with the GOsC'. This compares with 43% in 2020 agreeing or strongly agreeing that they 'comply with the OPS because they reflect what it means to be a good osteopaths'.
- While not part of a wider factor, we also note a significant drop in osteopaths' reported understanding of and confidence in GOsC's disciplinary processes ...For example, in 2020 only 35% (vs 43% in 2014) agreed or strongly agreed they 'fully understand the GOsC's process for handling complaints made against osteopaths by patients or the public'. Even fewer (only 16% in 2020 vs 23% in 2014) osteopaths agreed or strongly agreed that they are 'confident that the GOsC's disciplinary procedures produce fair outcomes', with 54% in 2020 (vs 27% in 2014) disagreeing or strongly disagreeing'.
- In 2020, 23% of survey respondents reported feeling anger, 36% irritation, 38% frustration, 38% fed up and 42% cynical about regulation often or very often. Responses to these five questions created a new factor for anger about regulation. 28% of survey respondents felt anxious and 31% worried about regulation often or very often. Responses to these two questions created a separate new factor for anxiety about regulation.
- Our analysis of 2020 survey data and new compliance model again showed that being Pro-regulator, Pro-evidence-based practice and Understanding regulations were highly correlated with Compliance (reflecting the persuasion based pathway). Anxiety about regulation was highly associated with Fear-based compliance but insignificantly correlated with Compliance. Anger about regulation was negatively associated with both Fear-based compliance and Compliance.
- Our analysis suggests that fear, anger and anxiety about regulation are not per se associated with compliance, and that promoting a positive view and understanding of regulation and evidence-based practice appears to be a more reliable pathway to compliance.
- Our model suggests that while osteopaths' greater understanding of regulation and support for evidence-based practice may have increased compliance, this may have been counteracted by higher levels of fear, anxiety and anger about regulation, which reduced compliance, leading to little change in osteopaths' levels of compliance overall.'

9. Committee member are invited, after the meeting, to consider and reflect fully on the findings in the draft report in conjunction with their own experience of perceptions of regulation and to consider:
 - a. What questions do you have about the research findings (please feed these back to Fiona Browne at fbrowne@osteopathy.org.uk)
 - b. What are we as a regulator doing well? (Thinking about our role in terms of developing and regulating the profession of osteopathy, protection of the public and protecting, promoting and maintaining the health, safety and well-being of the public, protecting, promoting and maintaining public confidence in the profession of osteopathy and promoting and maintaining professional standards and conduct for osteopaths)
 - c. What are we doing less well?
 - d. What should we consider stopping, starting or continuing in response to these findings?
 - e. What are the implications for other stakeholders?

Recommendation: To note the Osteopathic Regulation Survey 2020